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Greater Manchester and Eastern Cheshire
Strategic Clinical Networks

Greater Manchester Smokefree Pregnancy Guideline and care pathway

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Local Maternity System

Document Control

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1 Introduction and Scope

Smoking during pregnancy has serious consequences on the health of the child. Smoking can lead to an increased risk of miscarriage, premature birth, stillbirth and low birth weight babies which lead to a higher infant mortality rate. (DOH 2007)

There is strong evidence that reducing smoking in pregnancy reduces the likelihood of stillbirth[i] Mothers who stop smoking completely will benefit from a decreased risk of miscarriage, stillbirth, ectopic pregnancy, and placental complications, pre-term rupture of membranes, premature birth, low birth weight and a reduction in the risk of Sudden Infant Death Syndrome.[ii]

The Greater Manchester (GM) Infant Mortality review identified smoking as the most prominent risk factor associated with infant mortality. A universal approach to smoking cessation in pregnancy will help to deliver smokefree pregnancies and smoke free childhoods.

This evidence-based guideline aims to support clinicians and support staff to identify pregnant women who smoke and ensure they are offered a pathway that supports them to quit and prevent relapse.

2 Service Approach

This guideline will support a pan GM approach to support a standardised pathway, as some boroughs have more than one local provider. Due to the way maternity services are provided across GM, a woman may choose to give birth outside of the local area in which she would receive primary care and community services.

Helping pregnant women who smoke to quit involves communicating in a sensitive, client-centred manner, particularly as some pregnant women find it difficult to say that they smoke. Such an approach is important to reduce the likelihood that some of them may miss out on the opportunity to get help.

The recommendations in this guidance which refer to NHS Stop Smoking Services also apply to other; non-NHS Services that offer help to quit and operate to the same standard.

3 Roles and responsibilities

This guideline is for all users who provide health and support services for pregnant women

- Midwives, Maternity Support workers.
- Obstetricians, sonographers, paediatricians/ neonatologists.
- GPs, practice nurses, health visitors, family nurses.

Healthcare workers can use any appointment or meeting as an opportunity to ask women if they smoke. If they do, explain how NHS Stop Smoking Services can help people to quit and advise them to stop.

4 Antenatal Pathway

NICE guidance on Smoking in Pregnancy recognises that some women will find it difficult to say that they smoke because of the pressure not to smoke in pregnancy is so intense, this in turn makes it difficult to ensure they are offered appropriate support.

Development of the Smokefree Pregnancy Journey (Appendix 1) will support practitioners to follow the pathway for women who smoke during pregnancy.

A Carbon Monoxide (CO) Test is an immediate and non-invasive biochemical screening method for helping to assess whether someone smokes or is at risk of increased CO levels. CO screening should be performed prior to establishing smoking status.

Antenatal Booking Assessment

CO Testing

- At the first contact **ALL** pregnant women will be asked to provide an exhaled carbon monoxide (CO) measurement.
- Regardless of smoking status, the midwife will discuss with her the effects of carbon monoxide on the mother's health and that of her unborn baby.
- Explain that CO is a poisonous gas and that CO screening is a simple routine part of antenatal care. That cigarette smoke, environmental factors such as pollution from car exhaust fumes, faulty gas appliances and second-hand tobacco smoke can result in raised CO readings. The woman should be informed that the raised level can be reversed by avoiding these factors.
- The 'Test your Breath' information leaflet should be provided to all women at the booking appointment see (Appendix 2).
- Explain that CO affects the body's ability to transport oxygen around the body, which reduces the oxygen available to the baby but is also a marker for a woman's exposure to smoking. Cigarette smoke contains over 7000 chemicals of which hundreds are toxic and may also cause damage to the fetus.
- The woman needs to be made aware that a raised CO reading is linked to poor fetal outcomes due to hypoxia, resulting in miscarriage and slows the baby's growth, placental insufficiency and fetal loss[iii].
- Conduct the CO test (Appendix 3) for how to carry out the CO screening and a flow chart for result actions (Appendix 4).

Raised CO Readings

- If CO reading is raised ≥4 part per million (ppm) or above try and ascertain the likely reason for the raised level by discussing the ways CO can enter her system, e.g. Smoking/second-hand smoking, shisha use or if a reason cannot be ascertained the woman should be advised to call free **Health and Safety Executive Gas Safety advice line on 0800 300 363.**
- Other factors to consider include the time since she last smoked, the number of cigarettes smoked (and when) on the test day. Note: CO levels quickly disappear from expired breath; as a result, low levels of smoking may go undetected.

- For women who have not been exposed to smoking but have a raised CO it is imperative that professionals understand the increased risk of carbon monoxide poisoning – repeat CO at next antenatal appointment and throughout pregnancy if concerns persist with CO levels

  N.B. Staff need to be aware that CO has a short half-life, this means that CO levels will reduce by half after around 3-4 hours. Be aware they may not have been exposed for some time so the result may be less than the actual exposure levels i.e. prolonged waits in ANC, appointments at the end of the day

- **Discuss**
  Any symptoms that maybe related to CO poisoning– tension type headache, dizziness, sickness, tiredness and confusion, stomach pains, shortness of breath/breathing difficulty, 'flu' like symptoms (unlike flu, CO does not cause a high temperature). Being aware that symptoms may be less severe when you are away from the source of CO - ideally CO as soon as possible on entering the clinical area

- **N.B. For those with exceptionally high CO rates ≥ 15 or symptoms of CO poisoning – we need to understand and be confident that the levels of CO are not due to smoking, it should be strongly recommended that they seek medical attention at local A & E.**

- **For those who identify as non-smokers we should consider urgent referral at a lower level of CO**

Referral Criteria

- Referral criteria – refer all women through a 'Opt-Out' method with any of the criteria below to local specialist stop smoking services (Appendix 5) who:
  - Smoke/shisha use
  - Have a raised CO ≥ 4 PPM
  - Recent vapour/e-cigarette users (quit since conception- due to the risk of relapse).
  - Early quitters (quit since conception- due to the risk of relapse).
- Explain that it is normal practice to refer women to their local specialist stop smoking service as soon as possible in their pregnancy, this can be an immediate telephone call or inform them that they will be referred, and the service will contact her within the next working day

- Advice on the health benefits of stopping for the woman and her baby, advice should be to stop smoking completely rather than 'cutting down' as this may divert smokers from stopping smoking to reducing and may create a false impression of risk reduction[iv]. Any levels of compensatory smoking still increase the risks associated with stillbirth.

- Provide verbal and written information with local and national help lines numbers.

- Discuss the benefits and importance of 'Smokefree Homes' and cars.
- If she declines the referral, accept the answer in an impartial manner; leave the offer of help open. Also highlight the flexible support that many Specialist Stop Smoking

Services offer pregnant women (for example, the offer home visits with support from Maternity Support Workers, treatment with pharmacotherapy, behavioural support).

- Where appropriate, for each of the stages above record smoking status, CO level, whether a referral is accepted or declined, and any feedback given. This should be recorded in the woman's maternity records.

Subsequent Antenatal appointments

- The Specialist Stop Smoking Service will give feedback to the referring midwife on any non-engagement with their service. This will encourage the midwife to re-address/CO test at the next antenatal contact.
- For those who were found to be smokers at the booking appointment who have not engaged with Stop Smoking services by the time of their booking scan, they will be identified for the Risk Perception Intervention interview that will be undertaken by specially trained midwives following the woman's booking scan and re-referred to the Specialist Stop Smoking Services.
- For **ALL** subsequent antenatal appointments everyone who is pregnant will be offered CO testing, their smoking status asked and all documented. This provides an opportunity for Very Brief advice to be given and re-refer to Stop Smoking services.
- **In the third trimester (approx. 36 weeks) ALL women should have CO testing, their smoking status asked and documented. Midwives are encouraged to discuss repeat referral to stop smoking services, abstinence for birth, support the smokefree site agenda. It is an additional opportunity for any discussion that may support the thoughts of a quit attempt prior to birth. The latest smoking status should inform the Smoking at time of delivery information recorded.**

5 Use and care of your CO Monitor

Please see monitor user manual for instructions.

For accurate results the CO monitor should be used at room temperature.

No products containing alcohol should be used as it affects the functioning and effectiveness of the monitors.

Single use mouthpieces should be removed and disposed of.

After each use clean monitor with damp cloth only, detergents will damage the monitor.

If the woman has an obvious respiratory infection, do not perform the monitoring.

6 Referral to Stop Smoking Services

The midwife will need to refer by locally agreed referral methods (Appendix 5).

Stop smoking advice and referral should also be made at any given opportunity.

Address any factors which prevent the woman from using Specialist Stop Smoking services; this could be a lack of confidence, lack of knowledge around services, fear of failure and concerns about being stigmatised.

If women are reluctant to attend clinics, consider self-help materials, visiting at home, or at another venue, if it is difficult for them to attend.

Specialist Stop Smoking services are to document the care given and any NRT administration in the maternity hand-held records. This promotes a team approach and increases the woman's engagement in the service.

The Specialist Stop Smoking services will give feed back to the referrer if the woman does not engage with the service as per the Saving Babies Lives Care Bundle.

The stop smoking service will have appointments weekly until the 4-week quit is achieved, then offer monthly support until birth, ensuring the quit is CO validated

7 Risk perception Intervention

All women who were smoking at the time of booking should be identified at their booking scan and those who remain smoking or have not engaged with the Specialist Stop Smoking service will receive a Risk Perception Intervention (RPI).

- Prior to her booking scan the women who have not engaged or declined Specialist Stop Smoking services should be identified.
- The Ultrasound department will ensure the pregnant smoker is directed to the midwife trained in RPI following her scan.
- The specially trained midwife will undertake the RPI.
- Following the Intervention those who accept will be re-referred to the stop smoking service

Information

- The woman is informed about the risks to her and the fetus (including morbidity and mortality).
- Discussion of risk of harm to the fetus from exposure to carbon monoxide.
- Information regarding management of pregnancy and delivery.
- Clear documentation of discussions/information given to the woman.

N.B. for those who do not receive RPI e.g. late bookers who are not scanned, specially trained staff can utilise elements of the RPI conversation to personalise a conversation for

those not engaging and encourage referral to stop smoking services. RPI that are not performed should be highlighted through incident reporting methods.

8 Nicotine Replacement Therapy

Please see local agreements for NRT provision.

9 In-patient care

Women who have smoked throughout their pregnancy are likely to experience symptoms of nicotine withdrawal during their hospital stay, it is essential that the women are identified as smokers as part of entry into the maternity system e.g. Maternity triage, Antenatal ward, during labour and following the delivery of their baby, particularly women who have a prolonged postnatal admission (e.g. following a premature birth or a caesarean section).

All areas to review abstinence plan (part of the 36-week assessment tool) and ensure availability of Nicotine replacement therapy in all in-patient areas to support with withdrawal symptoms.

Make women aware of the hospital smokefree policy antenatally and help them to make plans to be smokefree and access NRT by referral to Specialist Stop Smoking Services.

Women are to be assessed with 30 minutes of admission, start NRT as soon as possible

10 Postnatal Care

The postnatal ward plays an intrinsic part in the possible period of abstinence. Encouragement should be given to those women who have remained abstinent during their hospital stay, continued availability of NRT is crucial to further facilitating the abstinence attempt.

For those who remain smoking, utilise the ‘Making every contact count’ and offer Very Brief advice whilst on the ward.

It is important that the smoking status is communicated between maternity and neonatal care teams. This will allow neonatal colleagues to also offer appropriate very brief advice whilst the baby is an inpatient and have a useful discussion around smokefree homes upon discharge.

Discuss the risks of second-hand smoke to the baby and provide information on the higher incidence of Sudden Infant Death Syndrome. Advise the mother that bed sharing is especially dangerous if she and/or her partner are smokers (no matter where they smoke) Document in the postnatal notes and child health record (red book).

Support women who have successfully stopped during pregnancy to remain smokefree postnatally by continuing to access their Specialist Stop Smoking service.

Reinforce the benefits of staying smoke free and having a smokefree home.

When supporting breastfeeding mothers, use the opportunity to raise awareness of the physiology of breastfeeding when smoking, i.e. that nicotine will be found in breast milk and that smoking can reduce the quantity of breast milk and increase the risk of colic, which may help some women to remain non-smokers.

11 Monitoring and Evaluation

- Team responsible for monitoring: Team leaders, Matron, Specialist Midwives for those responsible in delivering the Smokefree Pregnancy pathway.
- Frequency of monitoring: Monthly review of key standards, quarterly report.
- Process for reviewing results and ensuring improvements in performance: Monthly key standard data to be reported on a monthly basis and disseminated to clinical leads. Key standards to be included in Saving Babies quarterly report. Key standards also to be reported at Saving Babies Lives meetings held monthly who will review and monitor any outstanding actions. Quarterly report to obstetric directorate meeting for review and monitoring of outstanding actions (via directorate manager).
- Adverse incidents relating to this Guideline should be reported via the Trust Incident Reporting System.
- The requirement to audit this guideline will be included in Trust Quality Improvement programmes.

12 Example of auditable points and data collection

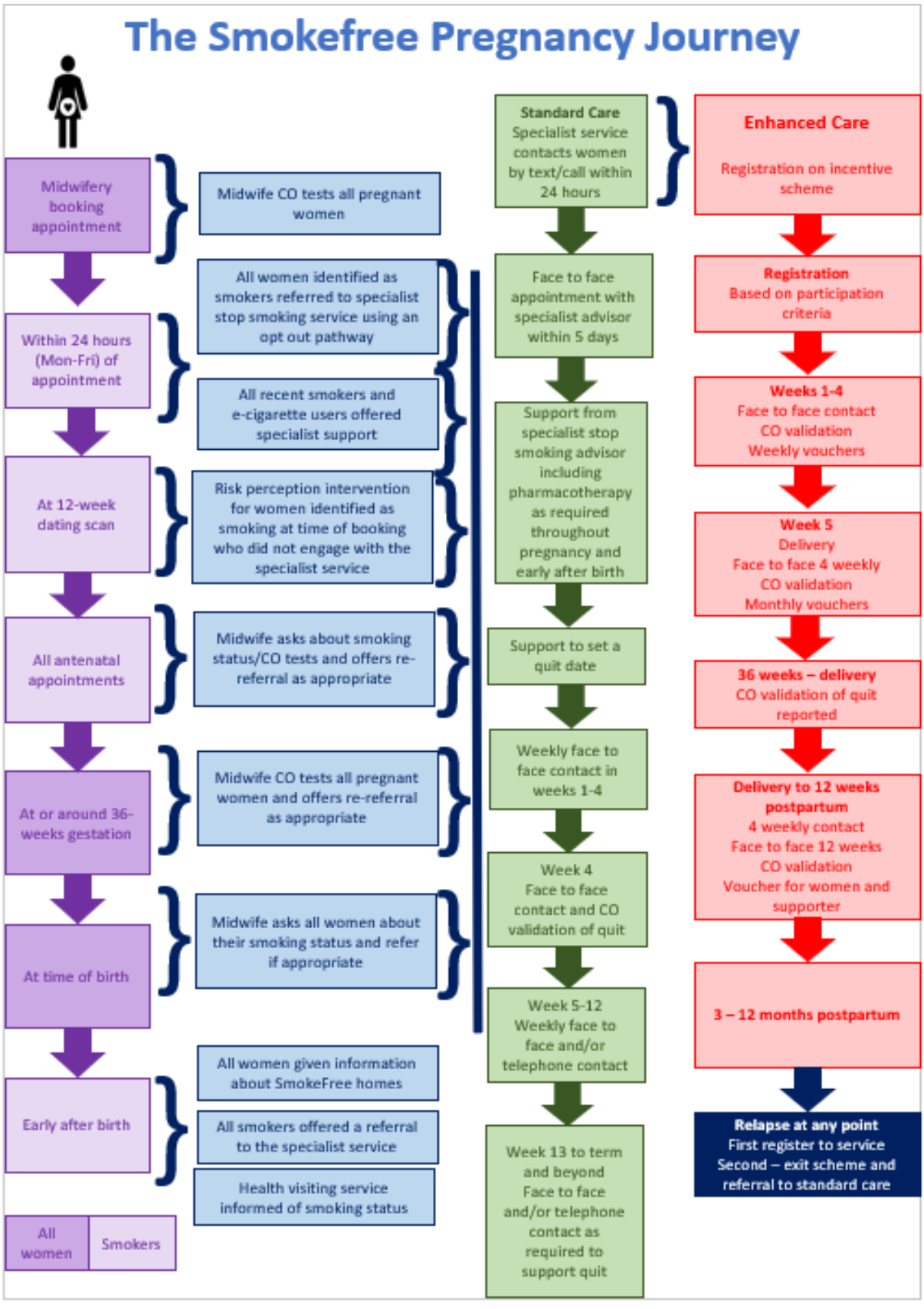
- Percentage women CO screened at booking > 95%.
- Percentage women CO screened at 36 weeks > 95%.
- Percentage of women identified as smokers at time of booking referred to the Specialist Stop Smoking Service > 90%.
- Percentage of women Smoking at the time of booking.
- Percentage of women identified as smokers at time of booking referred within one working day >90%.
- Percentage decrease in women smoking between booking and 36 weeks.
- Percentage women who do not engage following booking referral offered RPI >75%.
    - Percentage of those receiving the RPI accepting referral for Specialist Stop Smoking support >50%.
    - Number not engaged following referral at booking.

- Number of women receiving the RPI.
- Number not engaged following referral at RPI.
- SATOD reducing aiming for 6% by 2022.

13 Abbreviations

ANC	Antenatal Clinic
CMW	Community Midwife
CO	Carbon monoxide
GP	General Practitioner
HV	Health Visitor
NHS	National Health Service
NICE	National Institute of Clinical Excellence
SATOD	Smoking at Time of

Appendix 1: The Smokefree Pregnancy Journey



Appendix 2: CO Testing Leaflet

Test your breath

Why Carbon Monoxide screening matters

Carbon Monoxide (CO) is a poisonous gas which you can't see or smell but which is dangerous to you and your baby.

Exposure can prevent oxygen reaching your baby, slow its growth and development, and can result in miscarriage, stillbirth and sudden infant death.

Exposure can be measured through a quick and simple breath test provided by your midwife during a routine antenatal appointment. Feel free to ask your midwife about Carbon Monoxide screening. The test will give you a number which measures the amount of Carbon Monoxide in parts per million (PPM).

0-3 **Your recent level of** *0-3 PPM shows little* **exposure to Carbon Monoxide is low.** *exposure to Carbon Monoxide in the last 24-48 hours.*

4+ **You have had some exposure to Carbon Monoxide.** *4+ PPM suggests you have had recent exposure to Carbon Monoxide and this is of concern.*

Exposure

Exposure to Carbon Monoxide is usually from one of three ways;

- Cigarette smoke
- Faulty or poorly ventilated cooking or heating appliances (this includes gas, coal, wood and paraf½ n appliances)
- Faulty car exhausts

If you or anyone in your home smokes, this is the most likely explanation for the high reading.

Reducing your exposure to cigarette smoke is the most important thing you can do for you and your baby's health. This may be by quitting smoking yourself or reducing your exposure from others, by asking smokers not to smoke in the home, car or in front of you. Once you stop, the Carbon Monoxide clears from your bloodstream and that of your baby's, allowing a good ¾ow of oxygen to support their growth and development.

Your midwife can discuss options to help you, including referring you to your local stop smoking service. To ½nd out more about the free support available, call the *NHS Smokefree helpline on 0300 123 1044 (minicom 0300 123 1014).* Or visit the Smokefree website at *www.smokefree.nhs.uk*

To sign up for NHS approved advice throughout pregnancy and the early years, visit *www.start4life.nhs.uk.*

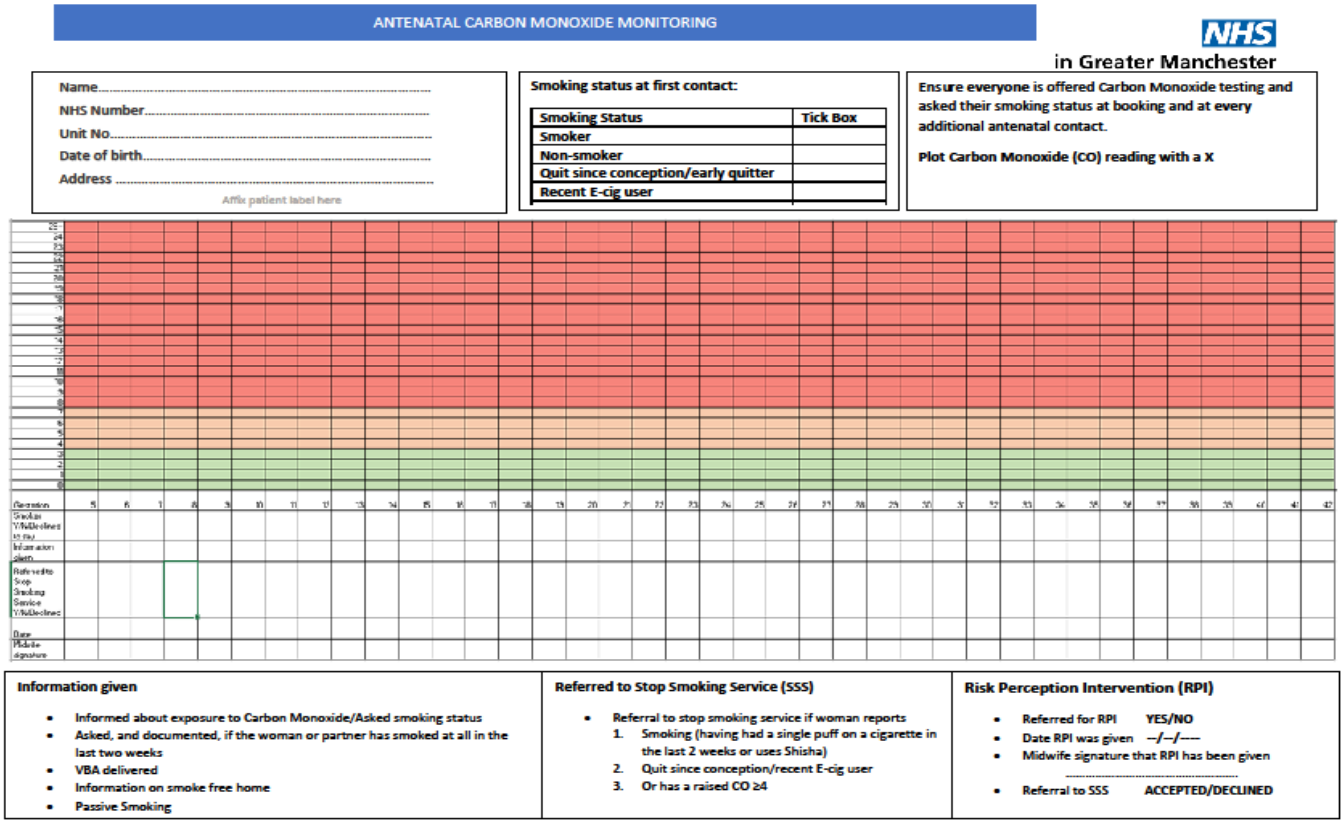
If you are not usually exposed to cigarette smoke, but you have a reading of 4 or more, you may have been exposed to Carbon Monoxide through faulty heating or cooking appliances.

We strongly recommend that you get expert help from the Gas Safety Advice Line *0800 300 363.*

It is important to check that your heating and cooking appliances are safely installed. You may wish to buy a Carbon Monoxide alarm that will detect low levels of Carbon Monoxide in your home.

THIS WORK IS SUPPORTED BY

Appendix 3: CO Monitoring Tool



ANTENATAL CARBON MONOXIDE MONITORING

NHS in Greater Manchester

Name.....
NHS Number.....
Unit No.....
Date of birth.....
Address .....
Affix patient label here

Smoking status at first contact:

Smoking Status	Tick Box
Smoker	
Non-smoker	
Quit since conception/early quitter	
Recent E-cig user	

Ensure everyone is offered Carbon Monoxide testing and asked their smoking status at booking and at every additional antenatal contact.

Plot Carbon Monoxide (CO) reading with a X

Information given

- Informed about exposure to Carbon Monoxide/Asked smoking status
- Asked, and documented, if the woman or partner has smoked at all in the last two weeks
- VBA delivered
- Information on smoke free home
- Passive Smoking

Referred to Stop Smoking Service (SSS)

- Referral to stop smoking service if woman reports
  1. Smoking (having had a single puff on a cigarette in the last 2 weeks or uses Shisha)
  2. Quit since conception/recent E-cig user
  3. Or has a raised CO ≥4

Risk Perception Intervention (RPI)

- Referred for RPI **YES/NO**
- Date RPI was given **--/--/----**
- Midwife signature that RPI has been given
  .....
- Referral to SSS **ACCEPTED/DECLINED**

Please print the above tool using the PDF below – please use double side colour if possible.

CO Monitoring Tool Final .pdf

Appendix 4: Taking a CO Breath Test

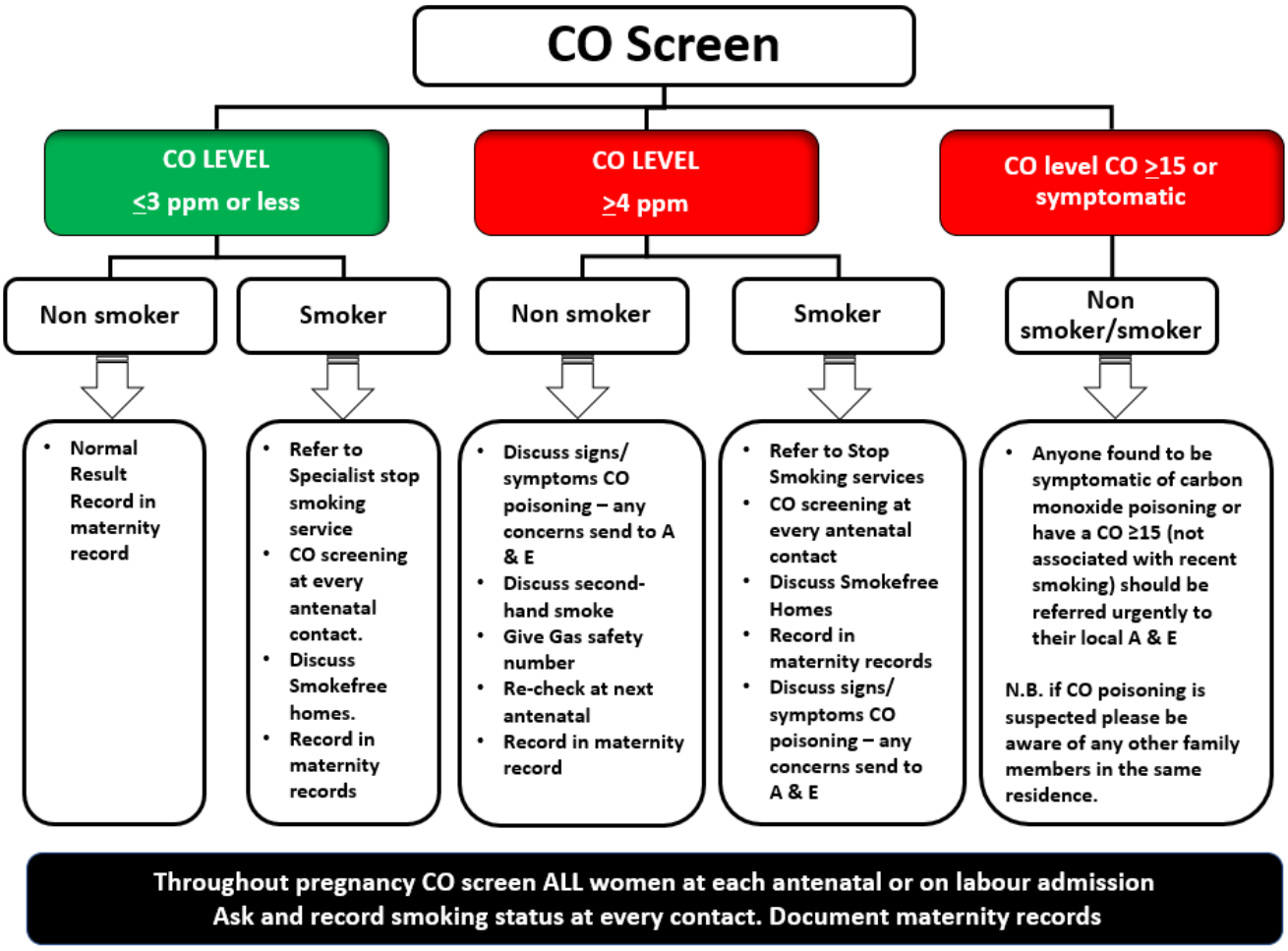
Please ensure you are familiar with the devices specific to your locality; this is an example….

Taking a breath test

1. Attach a breath sampling D-piece™ and new SteriBreath™ mouthpiece
2. Turn on the monitor by pressing the power button once
3. Press 'breath test' symbol on screen,  or
4. To cancel the breath test, press
5. Inhale and hold breath for the pre-set 15 second countdown
6. A beep will sound during the last three seconds of the countdown.
7. Blow slowly into mouthpiece, aiming to empty lungs completely

8. The ppm and equivalent %COHb and/or %FCOHb levels will rise and hold onscreen.
9. On the piCO™ and piCO$^{baby™}$, when the test is finished will appear at the bottom of the screen
10. On the Micro$^{+™}$, when the test is finished will appear at the bottom of the screen
11. If a high reading has been recorded, you can mute the sound by pressing
12. To repeat breath test, press once to return to the home screen and repeat steps 3-8
13. To save the reading (Micro$^{+™}$ only) press and select the relevant patient profile
14. Remove the D-piece™ between tests to purge sensor with fresh air
15. To switch off, press and hold the power button for 3 seconds, unit will also power off after 2 minutes of inactivity to save power.

Appendix 5: Acting on results of a breath test



Appendix 6: GM Stop Smoking in Pregnancy Support services

Bolton	
Delivered by specialist midwife/MSW team, Ingleside Birth and Community Centre, Swinton Park Road, Salford, M6 7EU	
Referral methods	Tel: 07827992883
	E-referral: specialistservice@boltonft.nhs.uk

Bury	
Lifestyle Service, first floor, Radcliffe Library, Stand Lane, Radcliffe M26 1WR	
Referral methods	Tel: 0161 253 7554
	E-referral: LifestyleService@bury.gov.uk

Manchester/ North Manchester/Trafford	
Smoking cessation delivered by specialist midwife/MSW team, Withington Community Hospital, Nell Lane, Manchester M20 2LR	
Referral methods	Tel: 0797115482
	E-referral: mft.maternity.stopsmoking@nhs.net

Oldham Positive Steps, Medtia place, Union St, Oldham OL1 1DJ	
Referral methods	Tel: 0800 288 9008
	E-referral: www.positive-steps.org.uk

Rochdale Delivered by specialist midwife/MSW team, Rochdale Infirmary, Whitehall Street, Rochdale, OL12 0NB	
Referral method	Tel: 07966 240892

Tameside	
Delivered by specialist midwife/MSW team, Tameside General Hospital, Fountain Street, Aston-under-Lyne, OL6 9RW	
Referral method	E-referral: tga-tr.Tameside.Maternity.StopSmoking@nhs.net

Stockport	
Delivered by specialist midwife/MSW team, Stepping Hill Hospital, Poplar Grove, Stockport, SK2 7JE	
Referral methods	Tel: 0161 419 4734 or 07876351391
	E-referral: maternity.stopsmoking@stockport.nhs.uk

Stockport Specialist Stop Smoking Service – external service	
A Better Life (ABL), 5th floor, Kingsgate House, Wellington Road South, Stockport, SK4 1LW	
Referral methods	Tel: **0161 870 6492**
	E-referral: wellness.ablstockport@nhs.net

Wigan	
Maternity Smokefree Pregnancy Team, c/o Midwives office, Longshoot Health Centre, Scholes, Wigan, WN1 3NH	
Referral methods	Tel: **07786 501322**
	E-referral: MaternitySmokeFree.PregnancyTeam@wwl.nhs.uk

Appendix 7: E-Cigarettes

E-cigarettes (EC) are designed to appear and feel like real cigarettes but allow users to inhale through vapour without the concentrated toxic compounds found in tobacco smoke. Most E-cigarettes have three components including a battery, atomiser and replacement cartridge, which suspends nicotine in propylene glycol, water and flavourings. Liquid in the cartridge is heated and evaporates when users draw on the E-cigarette. Varying levels of nicotine (if used) are then delivered through a vapour, and some products light up at the tip at this point to resemble a lit cigarette.

There has been an overall shift towards the inaccurate perception of EC being as harmful as cigarettes over the last year in contrast to the current expert estimate that using EC is around 95% safer than smoking. E-cigarettes are almost certainly much safer than smoking cigarettes (PHE 2015).

Recent studies support the Cochrane Review findings that EC can help people to quit smoking and reduce their cigarette consumption. There is also evidence that EC can encourage quitting or cigarette consumption reduction even among those not intending to quit or rejecting other support. More research is needed in this area.

However, for now, the initial advice to women should be that the National Institute for Clinical Excellence (NICE) guidelines recommends that if a person uses product containing nicotine to help them quit smoking, it is best to use one that is licensed instead of e-cigarettes. It is better for the woman to consider using nicotine replacement products (NRT) that have been tested and are known to be safe to use during pregnancy.

Advise women who smoke to contact their local stop smoking service as her chance of quitting completely is much higher than if she tries to do it alone. Local stop smoking services offer free specialist support.

If a woman chooses to use an e-cigarette to quit, she should not be discouraged but should be advised to still go to her local stop smoking services team for advice and support. New regulations currently planned should also maximise the public health opportunities of EC.

If a woman is using an e-cigarette/vaping, this is not considered as smoking for recording purposes and the woman should be recorded as being a non-smoker.

There is a risk of fire from the electrical elements of EC and a risk of poisoning from ingestion of e-liquids. These risks appear to be comparable to similar electrical goods and potentially poisonous household substances. Please see local policies regarding E-cigarette batteries being recharged on Trust premises. All staff should be aware of the fire hazard associated with the use and recharging of e-cigarettes. E-cigarettes are not to be used in an oxygen rich environment.

Further information

https://www.tommys.org/sites/default/files/Ecig%20infographic%20DRAFT%2010%20V1%0TOMMYS_0.pdf

http://smokefreeaction.org.uk/wp-content/uploads/2017/06/eCigSIP.pdf

http://www.ncsct.co.uk/usr/pub/Electronic_cigarettes._A_briefing_for_stop_smoking_service.pdf

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