

Appendix H: COVID-19 and CO monitoring in pregnancy

We are aware of some concern about carbon monoxide (CO) testing in the context of the coronavirus outbreak.

In view of the unprecedented circumstances, we suggest it is appropriate to **pause CO testing of pregnant women during this period as a precautionary measure**. It should be reintroduced as soon as the COVID-19 situation has resolved to a background risk.

We have seen communication from the manufacturers of CO monitors supporting their safety in relation to viruses. However, we recognise the anxiety related to COVID-19 transmission and we are mindful of the pressure facing the workforce, and the move to change ways of working and reduce face-to-face contacts within the health service.

In light of this, we feel that CO monitoring should not cause any additional pressure on either pregnant women or maternity professionals at this time, and a pause in CO monitoring is appropriate.

As a precautionary measure, the government has classed pregnant women as a group at risk of severe illness with COVID-19. People who smoke have an increased risk of more severe respiratory infections. **It has therefore never been more important for a pregnant woman to look after her respiratory health, and it is vitally important that we help smokers to quit**. We recommend that all women are still asked about their smoking status at antenatal appointments and given appropriate advice and support. Opt-out referral pathways to specialist support should also remain in place.

The following advice can be used by healthcare professionals seeing pregnant women during this period:

- Midwives and doctors should still ask about and document smoking status at booking and 36 weeks, provide very brief advice and refer women who smoke to specialist stop-smoking support on an opt-out basis.

- Advise women that they are much more likely to stop smoking with support (*be aware that this local provision may also have had to change recently – eg from face-to-face support to telephone consultations*).
- Continue to provide or recommend women use nicotine replacement as part of their quit attempt: eg a patch as well as a faster-acting product, such as inhalator, gum or spray. *Women may wish to consider purchasing this while awaiting their stop-smoking appointment.*
- This situation should be regularly reviewed and plans put in place to reinstate CO monitoring as soon as it is considered safe to do so.
- Women should be asked if other people in the household smoke, advised about the risks of exposure to secondhand smoke and informed of support available for partners or family members to quit, for instance local telephone support or the national smoking helpline (0300 123 1044).

Further information is available from ASH and the Smoking in Pregnancy Challenge Group on [Smoking and COVID-19](#).

Saving babies' lives care bundle version 2 – tracker survey: In light of this information and current circumstances, the SBLCB Version 2 tracker survey will be paused until further notice.

Useful resources

- [The NCSCT standard treatment programme for smoking in pregnancy](#)
- [Smoking in Pregnancy Challenge Group resources on vaping in pregnancy](#)
- [RCM position statement on nicotine in pregnancy](#)