



Aneurin Bevan University Health Board

Maternal Smoking Cessation Programme Guideline and Pathway

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

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1. Introduction/Overview

Smoking during pregnancy has serious consequences on the health of the child, as well as the woman/pregnant person. Smoking can lead to an increased risk of miscarriage, ectopic pregnancy, stillbirth, premature birth, abnormalities, and low birth weight babies which lead to a higher infant mortality rate ([RCOG 2020](#), DOH 2007). The child is also at greater risk of asthma, chest and ear infections, pneumonia, behavioural problems and poor performance at school ([RCOG 2020](#)).

There is strong evidence that reducing smoking in pregnancy reduces the likelihood of stillbirth (Takawira C Marufu, Ananad Ahankari et al, 2015). Pregnant smokers 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 (RCP, 2010).

Reducing exposure to second-hand smoke will further reduce risks of stillbirth, premature birth and other growth and health impacts ([RCOG 2020](#)).

One-third of all deaths in the womb or shortly after birth are thought to be caused by smoking ([RCOG 2020](#)). When a stillbirth occurs, the Aneurin Bevan University Health Board (ABUHB) Perinatal Mortality Review Team will investigate if a referral for stop smoking support was made, and whether the individual engaged with the support offered. The team will also review if the carbon monoxide level has been recorded at booking and acted on appropriately. Furthermore, if a member of the household smokes there must be an offer of stop smoking support made to them and documented. A universal approach to smoking cessation in pregnancy will help to deliver smoke-free pregnancies and smoke free childhoods.

In ABUHB 13.6% of women and pregnant/birthing people are recorded as smokers at their initial assessment, which is comparable with the overall percentage for Wales (13.8%) ([StatsWales 2023](#)).

2. Purpose

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The purpose of this evidence-based guideline and pathway is to ensure Aneurin Bevan University Health Board compliance with national guidance, strategies and plans in relation to providing a smoking cessation pathway for pregnancy.

It is intended that this Guideline and Pathway will complement the [NICE NG209](#) (2023) guidance and support Maternity teams and the Help Me Quit (HMQ) Stop Smoking Team in:

- Identifying all women and pregnant/birthing people who smoke
- Routinely offering a pathway to stop smoking support that is aligned to their antenatal care
- Providing specialist, evidence-based stop smoking support, tailored to their individual needs to help them quit and prevent relapses.

This Guideline and Pathway applies to women and pregnant/birthing people who smoke and who:

- smoke at booking
- smoke throughout their pregnancy
- smoke in the postnatal period

This also applies to the woman/pregnant person's partner, family and friends, who may also be offered support to quit smoking, to support the woman/pregnant person.

3. Scope

This Guideline supports a Gwent-wide approach to ensure a standardised pathway across the 5 local authority areas covered by the Health Board.

Supporting women and pregnant/birthing people who smoke to quit involves communicating in a sensitive, client-centred manner, particularly as some find it difficult to say that they smoke, for fear of being stigmatised. Such an approach is important to reduce the likelihood that some may miss out on the opportunity to get support ([NICE NG209, 2023](#); GM, 2020).

4. Policy statement

Reducing tobacco exposure in pregnancy is both a national and Health Board priority and achieving improvement in this area features in the following strategies:

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- The Tobacco Control strategy, '*A Smoke-Free Wales: Our long term Tobacco Control Strategy for Wales*' and its Delivery Plan, '*Towards a smoke-free Wales delivery plan 2022 to 2024*'
- The NHS Performance Framework 2024-25
- Maternal and Neonatal Safety Programme
- Welsh Government Early Years Prevention funding to Health Boards
- NICE Guidance
- ABUHB IMTP

The Health Board is committed to implementing a standardised pathway to supporting women and pregnant/birthing people who smoke to quit, which is aligned to NICE Guidance NG209.

5. Roles and Responsibilities

This Guideline and Pathway applies to all maternity staff, including:

- Midwives, Health Care Support Workers
- Obstetricians, sonographers, paediatricians/ neonatologists
- Specialist Maternity Stop Smoking Advisors (HMQ)

This Guideline must be adhered to. Non-compliance with this guideline must be for valid clinical reasons only and must be documented clearly in the patient's notes.

Maternity staff can use any appointment or meeting as an opportunity to ask women and pregnant/birthing people if they smoke. As a minimum, this should be done at booking (pregnancy onset) and 36 weeks (pregnancy end). For those that do smoke, explain how NHS stop smoking support can help them to quit, and advise them to stop. It is estimated that smokers are 3 times as likely to quit smoking if they use a specialist stop smoking service.

Smoking has been described as "the single most modifiable risk factor for adverse outcomes in pregnancy" (National Institute for Smoking Cessation Support, 2012). Maternity staff are therefore well positioned to enable a positive change to the health of unborn babies and their families.

The Lead Midwife for Public Health monitors compliance with these responsibilities for Maternity staff.

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6. Antenatal Pathway

Some women and pregnant/birthing people find it difficult to disclose that they smoke to a healthcare professional because the pressure not to smoke in pregnancy is so intense. This can make offering appropriate support challenging ([NICE NG209, 2023](#)).

A Smoke-Free Pregnancy Journey flowchart (Appendix A) and Quick Guide (Appendix F) have been developed to support Maternity staff to follow the antenatal pathway for pregnant smokers.

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 via other methods. CO screening should be performed prior to establishing smoking status (GM, 2020).

Women and pregnant/birthing people who disclose that they smoke > 10 cigarettes per day (see Referral to Midwifery Sonography Service – Appendix E) should be referred to Midwifery Sonography to receive serial growth ultra sound scans (USS) for growth surveillance. Asking people about their smoking status and carrying out a CO reading at each appointment may help pick up those who do not disclose the accurate amount they smoke daily at a later stage of pregnancy. Such a disclosure should trigger an individual assessment with the obstetrician for a possible need for serial growth scans. Smoking should always be considered when palpating symphysis fundal heights and plotting on GROW charts as a possible cause of intrauterine growth restriction (IUGR).

6.1 Antenatal Booking Appointment

CO Monitoring

At the first contact **ALL** women and pregnant/birthing people will be asked to provide an exhaled carbon monoxide (CO) measurement.

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Regardless of smoking status, the Midwife will discuss with them the effects of carbon monoxide on the woman/pregnant person's health and on that of their unborn baby and:

- Explain that carbon monoxide 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/pregnant person should be informed that the raised level can be reversed by avoiding these factors.
- Provide the Healthier Together webpage link for information: [Carbon monoxide screening :: Healthier Together \(cymru.nhs.uk\)](http://Carbonmonoxide.screening::HealthierTogether(cymru.nhs.uk)).
- 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 person's exposure to smoking. Cigarette smoke contains over 7000 chemicals of which hundreds are toxic and may also cause damage to the fetus.
- Explain 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 (Reeves S, Bernstein I, 2008).
- Conduct the CO test and explain the results, taking into consideration the time since they last smoked and the number of cigarettes smoked (and when) on the day of the test (see Appendix B for how to carry out the CO screening and Appendix C flow chart for actions based on results).

Raised Carbon Monoxide (CO) Readings

If the CO reading is raised, ie ≥ 4 part per million (ppm), try and ascertain the likely reason for the raised level by discussing the ways CO can enter their system, e.g. smoking/second-hand smoking, shisha use or, if a reason cannot be ascertained, the person should be advised to call the **Public Health Wales Health Protection Team (HPT) on 0300 00 30032, National Gas emergency line on 0800 111 999 and/or Health and Safety Executive advice line on 0800 300 363.**

Other factors to consider include the time since they 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.

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For people 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 – consider repeating CO reading within different environment (e.g. home) or checking another member of the household. Other reasons for exposure need to be considered such as workplace, within cars, faulty boilers, cleaning fluids and some paint fumes. CO testing at next antenatal appointment and throughout pregnancy is essential 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 test 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

Refer all women and pregnant/birthing people through an 'Opt-Out' method (ie automatically) with any of the criteria below to ABUHB's evidence-based stop smoking support - Help Me Quit:

1. Smoke/use shisha
2. Have a raised CO ≥ 4 PPM
4. Are early quitters (ie quit in past two weeks - due to the risk of relapse)
5. Have previously been referred for stop smoking support but not yet engaged

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5. Partners, family members and friends smoke
6. Use a vape/e-cigarette

Referral Process

- Explain that it is routine antenatal practice to pass their details to specialist Stop Smoking Advisors within the team as early as possible in their pregnancy. ABUHB Stop Smoking Advisors will be in touch within 48 hours, either by SMS or phone call.
- Advise on the health benefits of stopping for them and their 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 (Aveyard et al, 2014). Any levels of compensatory smoking still increase the risks associated with stillbirth.
- Explain they are 4 times more likely to quit with the support of an ABUHB Stop Smoking Advisor than on their own.
- Provide HMQ information leaflet and/or link to the Healthier Together webpage: [Smoking in pregnancy :: Healthier Together \(cymru.nhs.uk\)](http://Smoking in pregnancy :: Healthier Together (cymru.nhs.uk))
- Discuss the benefits and importance of avoiding passive smoking, including smoke-free homes and cars
- If support is declined, accept the answer in an impartial manner but explain that details of all pregnant smokers are automatically passed to ABUHB Stop Smoking Advisors at booking and that they may decline support when the Advisor makes contact. Also highlight the flexible support that Stop Smoking Advisors provide for women and pregnant/birthing people (for example appointments linked with existing antenatal appointment, telephone and face to face appointments, treatment with pharmacotherapy, behavioural support throughout their pregnancy, support for partners, friends and other family members). Inform the woman/pregnant person that you will ask about smoking status at each antenatal appointment and if they have not accepted the support, you will provide an opportunity to arrange a further appointment.
- Where appropriate, for each of the stages above, record smoking status, CO level, whether a referral is accepted or declined and any feedback given. Smoking status and any referral made at booking should be recorded on BadgerNet and/or in the patient's handheld notes.

- Pass details to the ABUHB Stop Smoking Advisors via the BadgerNet referral process, or via the QR code for professional referral, ABUHB Applications, email or in clinic (Appendix D). Include any relevant risk assessment details, eg home conditions and safeguarding issues, to protect the Stop Smoking Advisor who may need to visit the person's home on their own.

6.2 Subsequent Antenatal Appointments

The Specialist Stop Smoking Advisors (HMQ) will give feedback to the referring Midwife on the outcome of the referral, including acceptance and any non-engagement, via BadgerNet and CWS (and email for Unable to Contact). This will enable/support the Midwife to re-assess and/or CO test at the next antenatal contact.

For ALL subsequent antenatal appointments ALL women and pregnant/birthing people who smoke should be offered CO testing, their smoking status asked and recorded. This provides an opportunity for Very Brief Advice (VBA), to Make Every Contact Count (MECC) and to offer a re-referral to the Stop Smoking Advisor.

In the third trimester, at approximately 36 weeks (end of pregnancy), ALL women and pregnant/birthing people should have CO testing and their smoking status asked and documented on BadgerNet and/or patient handheld notes. This will enable accurate data collection and reporting for smoking status at the end of pregnancy/36 weeks.

Maternity staff are encouraged to discuss repeat referrals to the ABUHB Stop Smoking Advisors, abstinence for birth and support the smoke free site agenda throughout pregnancy by addressing smoking status, carrying out CO readings and documenting all interventions.

7. Resources

All appropriate staff will be provided with the necessary training and equipment to undertake their role, which may include the need to understand and implement this Guideline and Pathway.

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8.1 Maintenance

All community midwives should have access to their own individual CO monitor.

All antenatal clinics should have access to their own CO monitor.

It is the responsibility of the individual community Midwife to ensure that their monitor is serviced when required. If the below symbols are shown on your Bedfont Pico Baby Monitor please contact your local Stop Smoking Advisor or Public Health Specialist Midwife who will get your machine calibrated. Do not use the machine when the below symbols are shown as this will not give an accurate carbon monoxide reading.



Problems with CO monitors should be reported to the Public Health Specialist Midwife or one of the HMQ Stop Smoking Advisors.

D-Pieces should be changed monthly.

Monitors should be cleaned in-between use with non- alcoholic wipes.

Batteries should be removed on a day-to-day basis and spare batteries should always be carried.

Single use mouthpieces be removed and disposed of.

CO monitors should be used in accordance with manufacturer's instructions.

8.2 Training

All maternity staff issued with or who are expected to use a CO monitor, will receive training from the Public Health Specialist Midwife on how to use a CO machine and conduct CO monitoring.

Midwives, Healthcare Support Workers and neonatal Nurses should complete annual mandatory face to face Best Start in Life MECC training.

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Completion of the optional virtual smoking in pregnancy bitesize session (training video available on Sharepoint) is also recommended.

The Lead Midwife for Public Health will oversee training compliance.

8.3 Use of Carbon Monoxide (CO) Monitor

- Wash hands prior to use
- For accurate results the CO monitor should be used at room temperature
- Use the flow chart to address CO result (Appendix C)

9. Help Me Quit Maternity Support

Help Me Quit Maternity support consists of 3 Maternity Stop Smoking Advisors who can provide evidence-based support to stop smoking during pregnancy. The Advisors are part of the Maternity service and are based at antenatal clinics across the Health Board, although line management is received from the wider ABUHB Help Me Quit Team, supported by a Team Lead, Service Development Manager and 2 Administrators. Support is also received nationally from Public Health Wales as this is a national programme being delivered.

The Advisors aim to contact women and pregnant/birthing people within 48 hours of receiving their details. They will make 4 attempts to contact the person using telephone and SMS and if contact is not established, a letter will be issued to the person. In addition, an email will be sent to the Lead Community Midwife notifying them of this and requesting that they verify contact details and engage in brief intervention with the person to encourage the person to engage with support.

Should support be declined, Advisors will address any factors which prevent the person from engaging; this could be a lack of confidence, lack of knowledge around services, fear of failure and concerns about being stigmatised.

Advisors will inform and reiterate Midwives conversations about the benefits of becoming smoke-free during pregnancy.

Appointments can be made face to face at antenatal clinics, over the telephone and/or aligned to existing antenatal appointments. They will

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also have the option of a home visit for CO validation (subject to risk assessment).

Assessment and treatment sessions on a standard treatment plan lasts 7 weeks but this is flexible and is sometimes less or more (as per Russell Standard). Behaviour therapy is provided together with the aid of the Help Me Quit "Passport to Smoke-free".

Support from Advisors includes advice on types of Nicotine Replacement Therapies (NRTs) available, aim of NRT and how to administer, side effects, safety and direction to nearest Community Pharmacies who are responsible for NRT prescribing.

CO validation is undertaken at 4 weeks.

The Advisor will accept as many re-referrals as required for one person from the point of initial onset/booking to 28 days post birth, including those whose pregnancy ends for any other reason (such as miscarriage, termination).

Progress updates at key intervals will be recorded on BadgerNet and CWS. This promotes a team approach and increases the person's engagement with support. Records will also be completed via Quit Manager and Health Board level records via spreadsheets.

HMQ Advisors and the Team Leader also have a role in supporting training of maternity staff.

10. Nicotine Replacement Therapy (NRT)

Please see local agreements for NRT provision.

11. Inpatient Pathway

People who have smoked throughout their pregnancy are likely to experience symptoms of nicotine withdrawal during their hospital stay. It is therefore essential that they 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. This is particularly

pertinent for those who have a prolonged postnatal admission (e.g. following a premature birth or a caesarean section).

Smoking status should be identified on admission as an inpatient and NRT should be provided as soon as possible to support withdrawal symptoms. Midwives should provide NRT in accordance with the [Homely Remedies Protocol](#). Should the person wish to make a quit attempt, contact the Maternity Stop Smoking Advisors (HMQ).

Women and pregnant/birthing people should be made aware of the hospital smoke-free policy during the antenatal period to help them make plans to be smoke-free and access NRT and quit support by referral to the specialist stop smoking Advisors (HMQ).

Partners, friends and family should continue to be offered support and referral.

12. Postnatal Care

The postnatal ward plays an intrinsic part in the possible period of abstinence.

Encouragement should be given to those individuals 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' approach 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 smoke-free homes upon discharge.

Staff should discuss the risks of second-hand smoke to the baby and provide information on the higher incidence of sudden infant death syndrome. They should advise the parent that bed sharing is especially dangerous if they and/or their partner are smokers (no matter where they smoke) (Further information available at: [The Lullaby Trust](#)). This should be documented in the postnatal notes, so that stop smoking support can continue in the community throughout the postnatal home visits by the community Midwife, and documented in the child health record (red book).

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People who have successfully stopped smoking during pregnancy should be supported to remain smoke-free postnatally by continuing to access their Specialist Stop Smoking support.

The benefits of staying smoke-free and having a smoke-free home should be reinforced.

When supporting breastfeeding people, use the opportunity to raise awareness of the physiology of breastfeeding when smoking, i.e. that nicotine can transfer into breast milk and that it may be less nutritional, the quantity may be reduced and that breastfeeding is less likely to be initiated and sustained. Infant nicotine exposure can also result in appetite suppression and other issues. However, breastfeeding should still be encouraged as the benefits of breastfeeding outweigh many of the risks of second-hand smoke exposure ([Breastfeeding Medicine, 2023](#)). This may help some people to remain non-smokers. Further advice on smoking and breastfeeding can be found on the Breastfeeding Network <https://www.breastfeedingnetwork.org.uk/smoking/>.

Referral and/or re-referral to specialist stop smoking support (Help Me Quit) should be encouraged at every opportunity up to 28 days post-natal.

Partners, friends and family should continue to be offered support and referral.

13. Vaping

Public Health Wales have recommended that vapes should not be used in pregnancy. Women and pregnant/birthing people who present using vapes with or without nicotine should be referred to the specialist stop smoking Advisor (HMQ). For those who solely use vapes, a one-off behavioural session can be provided. Behavioural support and NRT can be provided for dual users (those who use tobacco and vape products).

14. Implementation

This document will be shared with all appropriate staff digitally. The Public Health Specialist Midwife and Senior Public Health Practitioner will provide

training on the Guidance and Pathway, provide ongoing support and monitor progress and compliance.

14.1 Monitoring and Evaluation

Team responsible for monitoring: Senior Public Health Practitioner (ABGPHT), Public Health Midwife (ABUHB), HMQ Team Leader (HMQ).

Frequency of monitoring: monthly and quarterly review of key performance indicators.

Process for reviewing results and ensuring improvements in performance:

- Review of monthly referral outcomes and CO monitoring data, which is shared with Public Health Midwife for dissemination across all antenatal clinics and senior Midwifery leads and HMQ Maternity Advisors.
- Review of monthly treated smoker and 4 week quit data.
- Monthly smoke-free maternity meeting to monitor progress and drive improvements.
- Bi-monthly performance meeting to review progress.

Submissions to Welsh Government for evaluation purposes occur on a quarterly basis.

Quarterly progress updates are provided to the Maternity Assurance Board.

Any adverse incidents relating to this Guideline should be reported via the [ABUHB Incident Reporting System / Datix](#).

Issues with this guideline should be raised to the Senior Public Health Practitioner and Public Health Midwife through the appropriate forum.

14.2 Auditable points and data collection

- Number / percentage of women and pregnant/birthing people who smoke at booking/pregnancy onset
- Number / percentage of pregnant smokers who are referred at booking

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- Number / percentage of women and pregnant/birthing people who have carbon monoxide levels recorded at booking
- Number / percentage of pregnant smokers referred who engage with Help Me Quit support
- Number / percentage of pregnant smokers referred who decline support from HMQ
- Number / percentage of pregnant smokers referred who are unable to be contacted (UTC)
- Number / percentage of pregnant smokers who become treated smokers
- Number / percentage of pregnant smokers who have quit at 4 weeks
- Number / percentage of women and pregnant/birthing people who are smoking at time of delivery/36 weeks/pregnancy end

15. Further Information Clinical Documents

This Guideline is based on and compliments NICE Guidance NG209. It also includes recommendations from the Royal College of Obstetricians and Gynaecologists, Department of Health, as well as statistics from Welsh Government and StatsWales. For a full reference list, see section 21.

16. Health and Care Standards Wales

The Guideline and Pathway contributes to compliance with the following Health and Care Standards:

- Safe – by routinely identifying all pregnant smokers and offering evidence-based support to stop smoking, harm can be prevented and risks to the woman and pregnant/birthing person and unborn child reduced
- Timely – Identification of smoking status and the offer of support will be made at the earliest opportunity during pregnancy, ideally at the booking appointment
- Effective – the Guideline and Pathway reflects evidence-based best practice
- Efficient – This Guidelines and Pathway optimises contacts already occurring within a Maternity setting. By engaging early, further treatment and costs can be prevented at a later point

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- Equitable – This Guideline and pathway is to be applied to ALL pregnant smokers across ABUHB
- Person-centred – Discussions about smoking should take place in a supportive, non-judgemental environment, that enables a person to set the goals that are right for them
- Leadership – Clear collaborative leadership from within the Public Health Team, Midwifery, Help Me Quit and Public Health Wales to drive a quality programme
- Workforce – Maternity staff are trained in CO monitoring and Very Brief Advice, and Stop Smoking Advisors are fully trained behaviour change experts
- Culture – Staff are supported and encouraged to raise ideas and concerns
- Information – The programme is closely monitored and evaluated
- Learning, improvement and research – The programme fosters an approach of continual improvement
- Whole systems approach – Support for the pregnant smoker goes beyond that of support to stop smoking. Staff can refer/signpost to a range of partner organisations

17. Equality

An Equality Impact Assessment is not required for this Guideline and Pathway. Details of the evidence-base that has been amalgamated into this document, can be found in the References section.

This document promotes equality of opportunity as it is applicable to ALL pregnant smokers across ABUHB, as part of routine antenatal care.

18. Environmental Impact

An Environmental Impact Assessment is not required for this Guideline and Pathway. Details of the wider smoke-free legislation can be found here: [Smoke-free law: guidance on the changes from March 2021 \[HTML\] | GOV.WALES.](#)

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The [NICE Baseline Assessment Tool](#) can be used to evaluate whether practice is in line with the recommendations in tobacco: preventing uptake, promoting quitting and treating dependence (NG209). It can also help to plan activity to meet the recommendations.

HMQ Minimum Service Standards are also used to ensure service delivery is following evidence-based practice.

20. Review

This Guideline and Pathway will be reviewed every three years, or sooner should the author or legal requirements deem it to be relevant or required.

21. References

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22. Appendices

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Appendix A: Smoke Free Pregnancy Journey

Woman/pregnant person attends first antenatal appointment (8 week booking appointment)

Midwife/Health Care Support Worker (HCSW) to:

- Explain that measuring carbon monoxide (CO) level is part of routine antenatal care to assess their exposure to tobacco smoke
- Measure carbon monoxide level using CO machine and explain the results
- Ask smoking status
- Ask if anyone in their household, or friends and/or family smokes (if raised CO reading, but no exposure to smoking, explore reasons and ensure advice is provided)
- Record CO level and smoking status on BadgerNet/patient handheld notes/CWS

If the woman/pregnant person is identified as a smoker/smokes and vapes/has quit smoking in the past 2 weeks/has a CO reading of 4ppm or above/previously referred to Help Me Quit (HMQ) but not yet engaged, Midwife/HCSW to explain:

- As part of their routine antenatal care, you will make an appointment for them with our specialist stop smoking team (ie the person's details will be **automatically** passed to our ABUHB Stop Smoking Advisors (HMQ))
- Attending these appointments is important because it is the most effective way to stop smoking and ensure best care for them and their baby
- CO levels will be regularly measured to enable them to see a physical measure of their smoking and exposure to other people's smoking
- What their CO reading means, taking into consideration the time since they last smoked and the number of cigarettes smoked (and when) on the day of the test

Those using vapes only can be offered an appointment, though this is not part of the opt out process

Midwife/HCSW to send the individual's details to ABUHB Stop Smoking Advisors (HMQ) via BadgerNet, professional referral (QR code/ABUHB Applications), email, or clinic within 48 hours of appointment

If support is declined:

- Accept the answer in an impartial manner but explain that details of all pregnant smokers are automatically passed to ABUHB Stop Smoking Advisors at booking and that they may decline support when the Advisor makes contact
- Highlight the flexibility of the support available (eg appointments aligned to existing antenatal appointments)
- Inform them that you will ask about smoking status at each antenatal appointment and if they have not accepted the support, you will provide an opportunity to arrange a further appointment

Midwife/HCSW to record request for stop smoking support on BadgerNet/patient handheld notes

Request received by HMQ Stop Smoking Team

HMQ Admin Team to update referral excel sheet on sharepoint and allocate to Stop Smoking Maternity Advisor caseload (colour code system)

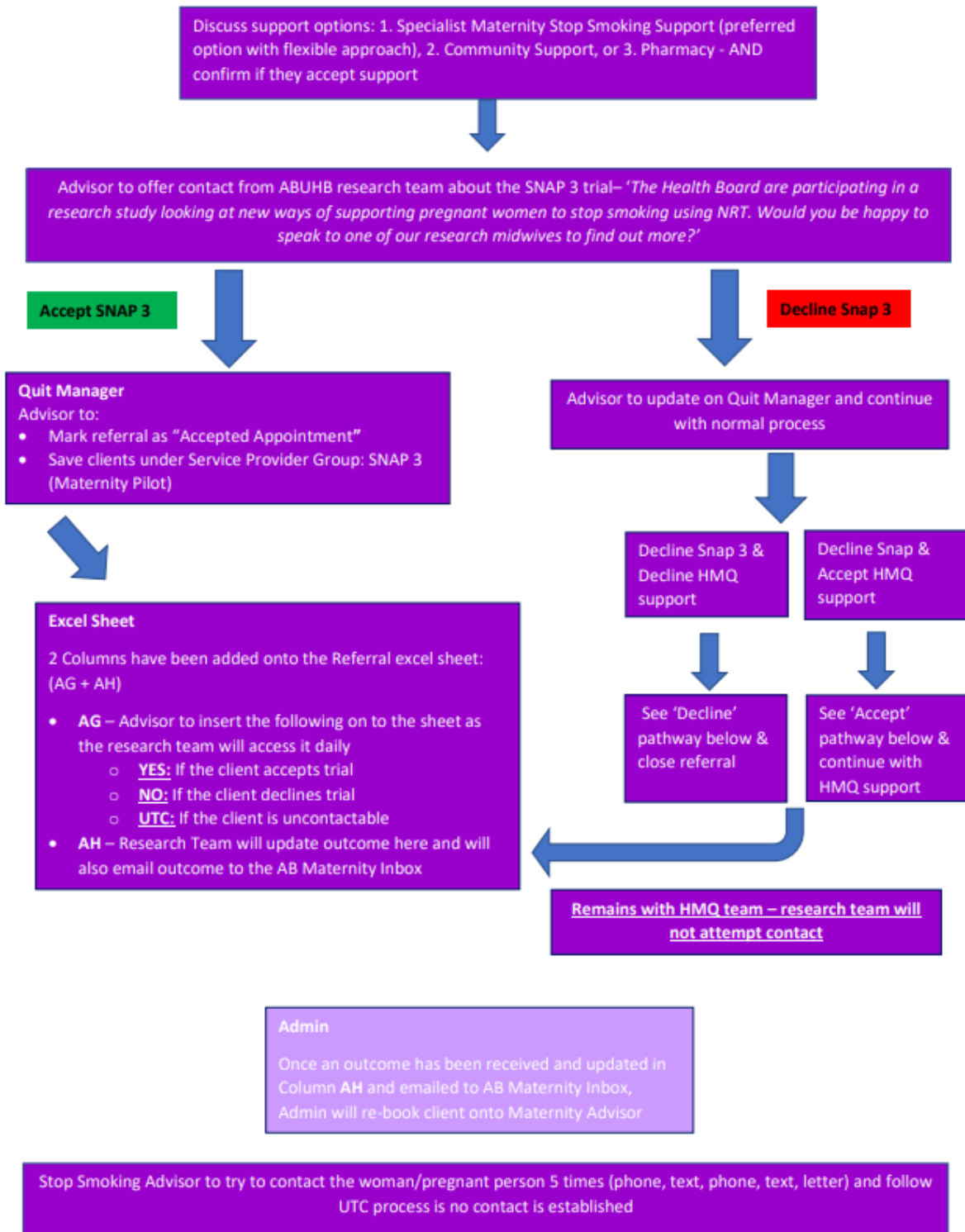
Stop Smoking Maternity Advisor to contact the person* by telephone or face to face (if in clinic) within 48 hours of receipt of request for support

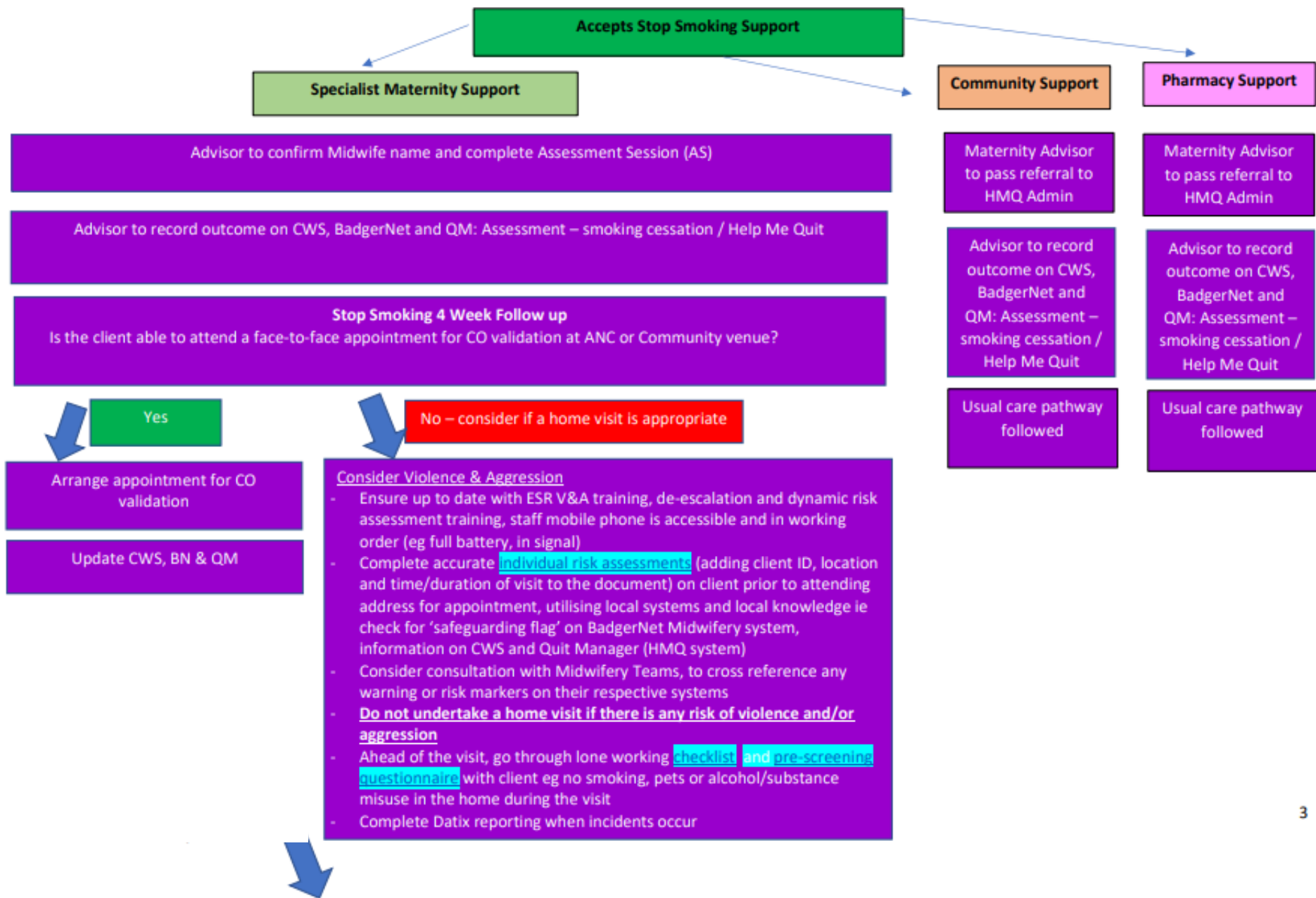
***Follow Advisor script to maximise effectiveness of the conversation with the client and increase chance of the offer of support being accepted**

Vaping Only

Smoking Only or Dual Use

Offer and undertake a one-off behavioural session (if support accepted). Record action on BN, CWS, QM. **No further action required.**





Offer the option of a home visit (within normal office hours: 9am – 5pm) for the purpose of CO validation only if you are satisfied it is safe to do so

Undertake the home visit

Consider Lone Working

- Implement revised lone working [Pathway](#), [Procedure](#) and [checklist](#) for options around vehicle safety checks and adverse weather conditions
- Ensure home visit is clearly recorded on outlook calendar including, client ID, location and time/duration of visit
- Ensure Buddy (office-based Admin Team for home visits) is aware of visit details and follows protocol if no contact is made following the visit
- Staff mobile phone accessible and in working order (eg full battery, in signal)

Consider Property/Site Assessment

- Ensure up to date with ESR V&A training, de-escalation and dynamic risk assessment training
- Complete Datix reporting when incidents occur
- Read the [Slip, Trip & Fall Hazard Spotting checklist](#) before the visit to help identify hazards upon arrival
- Ensure exit routes, such as doors, are not locked behind you after entering premises
- On entry, room layout to be observed, removing any obvious obstructions to allow open space for movement in the event of violence from client and easy escape route, and to avoid slips, trips or falls
- If too dark, request lights to be put on/curtains to be open for clear visibility
- Items which may be potential weapons such as cups, utensils etc to be removed prior to session starting
- If animals/pets are present, eg dogs, request that they are removed to alternative room for duration of visit (if you feel appropriate)
- Be prepared to remove yourself from any situation that makes you feel uncomfortable or at risk. This includes entering a property that has potential hazards such as waste, litter, hoarding, drug paraphernalia, smoking or unexpected relatives / visitors who may pose a potential threat to staff attending

Update CWS, BN and QM

Maternal Smoking Cessation Programme Guideline and Pathway

Owner: Aneurin Bevan Gwent Public Health Team

Midwife to check Advisor update on CWS/BN and discuss smoking and re-send details if appropriate

Stop Smoking 12 Week Follow up
Advisor to update CWS, BN and QM

Midwife to check Advisor update on CWS/BN and discuss smoking and re-send details if appropriate

Advisor to update QM following each appointment

DNAs (Did Not Attend) (2 weeks)

Advisor to: close down episode on Quit Manager database, send SMS text to client AND update CWS & BadgerNet

Declines Stop Smoking Support

Advisor to confirm Midwife name

Advisor to record outcome on CWS, BadgerNet and QM

Midwife to check Advisor update on CWS/BN and discuss smoking and re-send details if appropriate

Incorrect Contact Details/ Unable to Contact (UTC)

Advisor to record outcome on CWS, BadgerNet and QM: Assessment – smoking cessation / Help Me Quit

Advisor to send UTC email template to Community Lead Midwives

Advisor to send letter to home address

Midwife to check update on BN/CWS, discuss smoking with pregnant person at next opportunity and re-send details to HMQ Stop Smoking Team, if appropriate

At 36 weeks (and ideally all subsequent antenatal appointments following booking), Midwife/HCSW to measure and record CO level of ALL women and pregnant people, ask about smoking status and if the person is a smoker or has quit in the past 2 weeks, follow procedures as per Box 2 and onwards above.

Midwifery

Pregnant Person

Stop Smoking Advisor

Stop Smoking Admin Team

Maternal Smoking Cessation Programme Guideline and Pathway

Owner: Aneurin Bevan Gwent Public Health Team

Appendix B: Guidance on how to carry out the CO screening

How to perform a breath test:

Bedfont® Scientific Ltd. has put together some advice on how to safely perform breath tests during the pandemic, however, first and foremost, it is recommended that you follow your local guidelines on breath testing procedures and necessary PPE



- 1**

The piCO™ should be wiped clean with the alcohol-free antibacterial wipes provided with the monitor before and after each test
- 2**

The external surfaces of the D-piece™ filter should also be wiped down before and after each test
D-piece™ should be replaced every 30 days
- 3**

A new Sterilbreath™ mouthpiece should be used for each patient. It is best practice for the patient to insert their own mouthpiece
- 4**

Follow the instructions on the piCO™ to complete a breath test

The patient will be prompted to inhale and hold their breath

There will be a 15 second countdown

The patient will be prompted to exhale slowly into the monitor, and should aim to completely empty their lungs
- 5**

The results will rise and stabilise onscreen
- 6**

Allow the patient to throw away their used mouthpiece
- 7**

Results can be interpreted using the Smokerlyzer™ CO Chart
- 8**

The external surfaces of the D-piece™ filter should also be wiped down before and after each test
- 9**

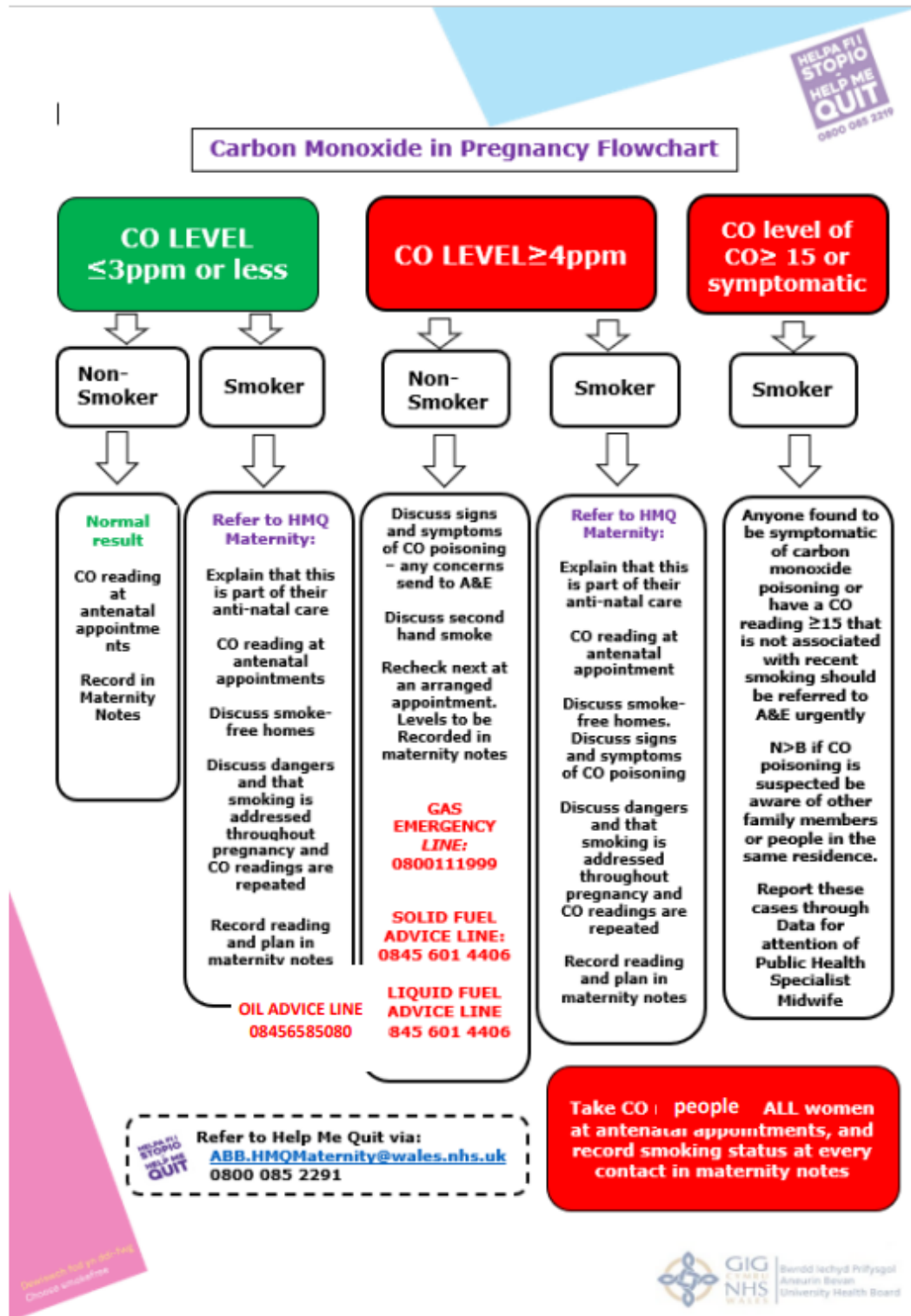
The piCO™ should be wiped clean with the alcohol-free antibacterial wipes provided



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Appendix C: Acting on results of a Carbon Monoxide Test



Maternal Smoking Cessation Programme Guideline and Pathway

Owner: Aneurin Bevan Gwent Public Health Team

Appendix D: QR code for professional referral, email: ABB.HMQMaternity@wales.nhs.uk

HELPA FFI STOPIO - HELP ME QUIT

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Pregnant smoker or partner, friend, family that smoke? Refer them using the QR code below.

Help Me Quit has trained, expert stop smoking NHS Advisors who can help them (and their partner, friends and family) quit smoking for good.

TOP TIP
Please add the latest mobile/contact number as this helps us to establish contact

SCAN ME

Call the team on 0800 085 2219 or text HMQ to 80818

Version v01a June 2023

Status: Issue 1

Issue date: 27-11-24
Review by date: 26-1-27

Appendix E: Referral to Midwifery Sonography Service
Referral to Midwifery Sonography Service

Consultant.....
Addressograph here **EDD**.....
BMI.....

High Risk Pathway- 28, 32, 36 + 39/40

- Previous SGA <3%ile
- Previous Stillbirth
- Pre-existing HTN/PET/PIH (This pregnancy)
- Diabetic Type I and II
- Maternal Autoimmune condition (See list)
- Drugs e.g Beta Blockers
- Any renal impairment
- Low Papp-A <0.41 MoM
- Ongoing hyperemesis >20wks
- Unexplained significant APH
- IVF Donor Egg pregnancy
- Previous Placental Abruption
- Previous Hx of VTE
- Any current eating disorder
- Cystic Fibrosis/PKU/ Confirmed Zika Exposure/ Cardiac disease
- Current or previous cancer diagnosis
- Epileptic on medication
- x2 Indications on Moderate risk

(State) _____

• Other _____

Signed _____

Cons Reg SHO Midwife

Status: Issue 1

Issue date: 27-11-24
Review by date: 26-11-27

Maternal Smoking Cessation Programme Guideline and Pathway

Owner: Aneurin Bevan Gwent Public Health Team

Referral to Midwifery Sonography Service

Consultant.....

Addressograph here

EDD.....

BMI.....

Moderate Risk Pathway- 30, 34, 38/40

- Previous SGA >3rd <10th centile 3kg
- BMI >35 at booking
- Current smoker (>10) ongoing >15/40 Exclude Vaping
- Drug/alcohol misuse
- Women >40 years old at booking
- Age 15 or under
- Previous Bariatric surgery
- Significant Mental Health under PNMH clinic
- Recurrent small APHs
- Late miscarriage >12/40
- x3 consecutive miscarriages
- Fibroid >6cm/Multiple fibroid uterus

Signed _____

Cons

Reg

SHO

Midwife

Status: Issue 1

Issue date: 27-11-24
Review by date: 26-1-27

Referral to Midwifery Sonography Service

Addressograph here

Consultant.....

EDD.....

BMI.....

'Other' Pathway- 34 + 38/40

- IVF Pregnancy- Own Egg (Donor- HIGH Risk pathway)
- Previous EARLY onset PET
- Previous SGA >3rd%ile BW >3kg
- Previous LGA >97%ile
- Previous baby NICU admission for cooling

• Other: _____

Signed _____

Cons

Reg

SHO

Midwife

Status: Issue 1

Issue date: 27-11-24
Review by date: 26-11-27

Maternal Smoking Cessation Programme Guideline and Pathway

Owner: Aneurin Bevan Gwent Public Health Team

Appendix F: Smoke-Free Pregnancy Journey Quick Guide for Midwifery

Pregnant person attends antenatal appointment (booking and 36 weeks)

ASK

Explain that measuring carbon monoxide (CO) level is part of routine antenatal care

Measure carbon monoxide level using CO machine and explain the results

Ask their smoking status (and record it on BadgerNet) and
Ask if anyone in their household, or friends and/or family smokes

If they smoke/have quit in the past 2 weeks/have a CO reading of 4ppm or above/previously referred to HMQ but not yet engaged...

ADVISE

As part of their routine antenatal care, you will make an appointment for them with our specialist stop smoking team

Accepting support is the **most effective** way to stop smoking and ensure best care for them and their baby

Their CO levels will be regularly measured so they can see a physical measure of their smoking and exposure to other people's smoking

ACT

Encourage them to engage with specialist stop smoking support by advising:

- The benefits of quitting for themselves and their baby
- The specialist stop smoking team are friendly and supportive, not judgemental

Make an appointment with the stop smoking team (automatic referral via BadgerNet/ABUHB applications, email, clinic) within 48 hours of appointment

Vaping

Public Health Wales have recommended that vapes should not be used in pregnancy. Those who present using vapes should be offered an appointment with HMQ. For those who solely use vapes, a one-off behavioural session can be provided. Behavioural support and NRT can be provided for dual users (those who use tobacco and vape products).