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Midwife Sonographers – SOP for women who smoke in pregnancy (10 and under cigarettes per day)

Introduction and Aim

This guideline is for health professionals within maternity services, to support clinical practice and the care of women who smoke 10 and under cigarettes per day during their pregnancy, who would otherwise be receiving midwife-led care.

This aim of this SOP is to provide low risk pregnant women who smoke 10 and under cigarettes per day with a fetal ultrasound surveillance service that confirms a normally grown fetus and enables women to remain MLC. It is also to identify the SGA/ FGR fetus and refer for obstetric review.

Objectives

- Recommended practice based on the most up-to-date research evidence.
- To provide clear pathways to guide clinical practice.
- To support women to make informed choices about their care.

Scope

This procedure applies to all of our staff in all locations including those with honorary contracts

Equality Health Impact Assessment	An Equality Health Impact Assessment (EHIA) has/has not been completed. (please delete as necessary) Where it has not been completed indicate why e.g. 'This is because a procedure has been written to support the implementation the Policy. The Equality Impact Assessment completed for the policy found here to be a negative/positive/no impact.
Documents to read alongside this Procedure	
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Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1			New Document

1 Table of Contents

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2 Background

Smoking increases the risk of having a SGA/FGR fetus. Fetal growth restriction is associated with stillbirth, neonatal death and perinatal morbidity.

3 Eligible Women: -

- Pregnant women who smoke 10 and under cigarettes per day and are midwife-led care.

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- Women that smoked cigarettes at booking but have since stopped and are midwife-led care.
- Women who exclusively vape with a CO2 reading of 4 or above

4 Exclusions: -

- Women who have any other reason to be consultant-led care
- Women who smoke more than 10 cigarettes per day
- Women who exclusively vape with a CO2 reading of less than 4

5 Standard Operating Procedure

All women who are identified to smoke 10 or under cigarettes per day at any stage of their pregnancy who are MLC, should be booked on a serial scan pathway with the Midwife Sonographers (DAUOB12 List / DAUOB14 list).

Fetal growth, liquor assessment and UA Doppler measurement USS should be performed ideally at 28, 32, 36 and 39 weeks gestation and plotted on the woman's online customised growth chart.

If growth is within the normal boundaries ie between the 10th and 90th centiles and is following the centile curve, fetal growth can be monitored by the Midwife Sonographers only.

If growth becomes “static” or “slow” or there is abnormal UA Doppler measurements or Liquor Volume the woman must be referred to a Senior Obstetrician for review, ensuring clear documentation in the electronic records.

If fetal growth is normal, place of birth can be decided at 36 weeks by the Midwife Sonographer and the pregnant woman.

For these women NO symphysis fundal height measurements should be undertaken or documented.

Cigarette use should be monitored by the Midwife Sonographer and referral for consultant review should be made if cigarette use exceeds 10 per day Discussion of the smoking cessation services available should be undertaken and referral should be made if appropriate