

<b>Reference Number: UHBOBS397</b> <b>Version Number: 2</b> <b>Published: 11/1/26</b>	<b>Date of Next Review: 11<sup>th</sup> January 2029</b> <b>Previous Trust/LHB Reference Number: n/a</b>
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**Smoking Cessation and Nicotine Replacement Therapy**

**Introduction and Aim**

*This bundle will provide the information required to assess and refer women to Help me Quit and the maternity support services, relevant information around the risks of smoking including an individualised letter, and risk assessment for CO monitoring.*

*This includes a quick reference guide which is intended to help healthcare providers make an informed decision with regards to prescribing Nicotine Replacement Therapy for women wishing to stop smoking.*

**Objectives**

- Referral to help me Quit
- Smoking letter to families
- Information for families around the risks of smoking
- Nicotine Replacement Therapy (NRT) information and costings
- Risk assessment for CO monitoring
- Staff roles and responsibilities

**Scope**

This policy applies to all healthcare professionals in all locations including those with honorary contracts

<b>Equality Health Impact Assessment</b>	<i>An Equality Health Impact Assessment (EHIA) has not been completed.</i>
<b>Documents to read alongside this Procedure</b>	<i>Antenatal Care GAP Guideline Small for Gestational Age Guideline Sonography SOP for smoking</i>
<b>Approved by</b>	<i>Maternity Professional Forum and Obstetrics &amp; Gynaecology Quality &amp; Safety</i>

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**Disclaimer**

**If the review date of this document has passed, please ensure that the version**

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**Summary of reviews/amendments**

<b>Version Number</b>	<b>Date of Review Approved</b>	<b>Date Published</b>	<b>Summary of Amendments</b>
1	<i>22 DEC 2021</i>	<i>20 JAN 2022</i>	New Document
2	<i>January - November 2025</i>		Updated to include new opt out referral pathway. COVID 19 information removed Review of NRT Addition of Smoking resources

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## 2 Introduction

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). Furthermore, if a member of the household smokes there must be an offer of stop smoking support made to them and documented.

## 3 Purpose

The purpose of this evidence-based guideline and pathway is to ensure Cardiff and Vale 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.

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## 4 Antenatal process

### 4.1 Referral to maternity services

When women and birthing people complete the Cardiff and Vale booking form or Badgernet referral they will be asked if they smoke.

The following statement is present to form an opt out referral process. 'As part of your care a specialist will be in touch to offer you free NHS support and nicotine replacement. Quitting smoking will improve your health and protect your baby'.

### 4.2 Opt out pathway

The specialist Maternity Smoking Cessation Adviser obtains the contact details of pregnant smokers directly and contacts them to offer smoking cessation support.

The advisor will make three attempts to contact by telephone. If unable to make contact a letter is sent to explain that they the advisor has tried to make contact and that they can access the HMQ service at any point during their pregnancy or in the future.

During the first contact the adviser will discuss the health benefits of stopping for them and their baby and explain what the HMQ service is, the behavioural support offered and NRT available to them.

If contact is made and following the discussion the pregnant smoker does not wish to engage in a quit attempt, they will be advised that they can access HMQ at any point if they change their mind.

If the service is accepted clients receive:

- 1 x assessment session
- 6 x treatment sessions (face to face or over the telephone)
- 12 x weeks of NRT (6 weeks provided during the treatment sessions and 6 weeks at discharge)
- An NRT letter is provided by HMQ and can be taken directly to a participating Level 2 Community Pharmacy to access NRT products. Alternatively, the letter can be taken to a GP for a prescription.

### 4.2 Booking appointment

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).

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All women and birthing people will be asked the smoking questions in the All Wales Hand Held Records (HHR) now Badgernet record.

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).

For women who smoke fewer than 10 cigarettes a day would otherwise be MLC, these scans can be on the midwife sonographer pathway and remain MLC. <H:\Documents\MPF SOP USS for smokers in pregnancy.pdf> (To access- highlight – CTRL – click)

Women who vape with a CO reading of 4 or above should be offered serial growth scans in pregnancy at 28,32,36 and 39 weeks. For women who smoke 10 or more cigarettes a day, should have serial scans under a consultant pathway. [\\rwmbvsrvusrdt06\UserData\\$\Si094813\Downloads\MPF SOP USS for smokers in pregnancy.docx](\\rwmbvsrvusrdt06\UserData$\Si094813\Downloads\MPF SOP USS for smokers in pregnancy.docx)

Nicotine replacement therapy will be offered via the smoking cessation advisor through community pharmacies/GPs. This can also be prescribed in ANC.

#### 4.3 Subsequent antenatal appointments

CO monitoring can be offered at any stages in pregnancy. Women who may not have accepted smoking cessation advisor at booking should be offered at subsequent visits. Ongoing CO monitoring should be offered at all follow up visits.

Provide routine carbon monoxide testing at the first antenatal booking appointment and at the 28-week appointment to assess the pregnant woman or pregnant person's exposure to tobacco smoke. Provide carbon monoxide testing at all other antenatal appointments if they:

- smoke **or**
- are quitting **or**
- used to smoke **or**
- Vape **or**
- tested with 4 parts per million (ppm) or above at the first antenatal appointment. **[2023]**

If women or household members identify themselves as smokers at a later date midwives can refer them to the smoking cessation advisor via emailed to [allen.joshyjohn@wales.nhs.uk](mailto:allen.joshyjohn@wales.nhs.uk).

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Women who state the vape can be referred to Help Me Quit but will be eligible to be seen by the in house smoking cessation advisor. Help Me Quit can offer a one of behavioural session.

## 5 Carbon Monoxide Monitoring

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

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).
- 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).

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## 6 Patients Who Smoke: Advice to Healthcare Staff

- Inform patients that all hospital grounds are smoke free, no smoking is allowed anywhere on site.
- If your patient smokes, follow the advice below to support abstinence during their quit attempt/ inpatient stay.
- Inform the patient that they can have nicotine replacement therapy (NRT) during an ante natal clinic appointment/ inpatient stay.

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## 6.1 Pregnancy: NRT advice

Ideally, pregnant women should stop smoking without using NRT but, if this is not possible, NRT may be recommended to assist a quit attempt as it is considered that the risk to the foetus of continued smoking by the mother outweighs any potential adverse effects of NRT.

The decision to use NRT should be made following a risk-benefit assessment as early in pregnancy as possible. The aim should be to discontinue NRT use after 2-3 months. **“When required” (PRN) forms of NRT are preferable during pregnancy** although a patch may be appropriate if nausea and/or vomiting are a problem. If patches are used, they should be removed before going to bed at night (patch to be worn for approx. 16h/day). Liquorice-flavoured products should be avoided.

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## 6.2 Breastfeeding: NRT advice

NRT can be used by women who are breastfeeding. The amount of nicotine the infant is exposed to from breast milk is relatively small and less hazardous than the second-hand smoke they would otherwise be exposed to if the mother continued to smoke. If possible, patches should be avoided.

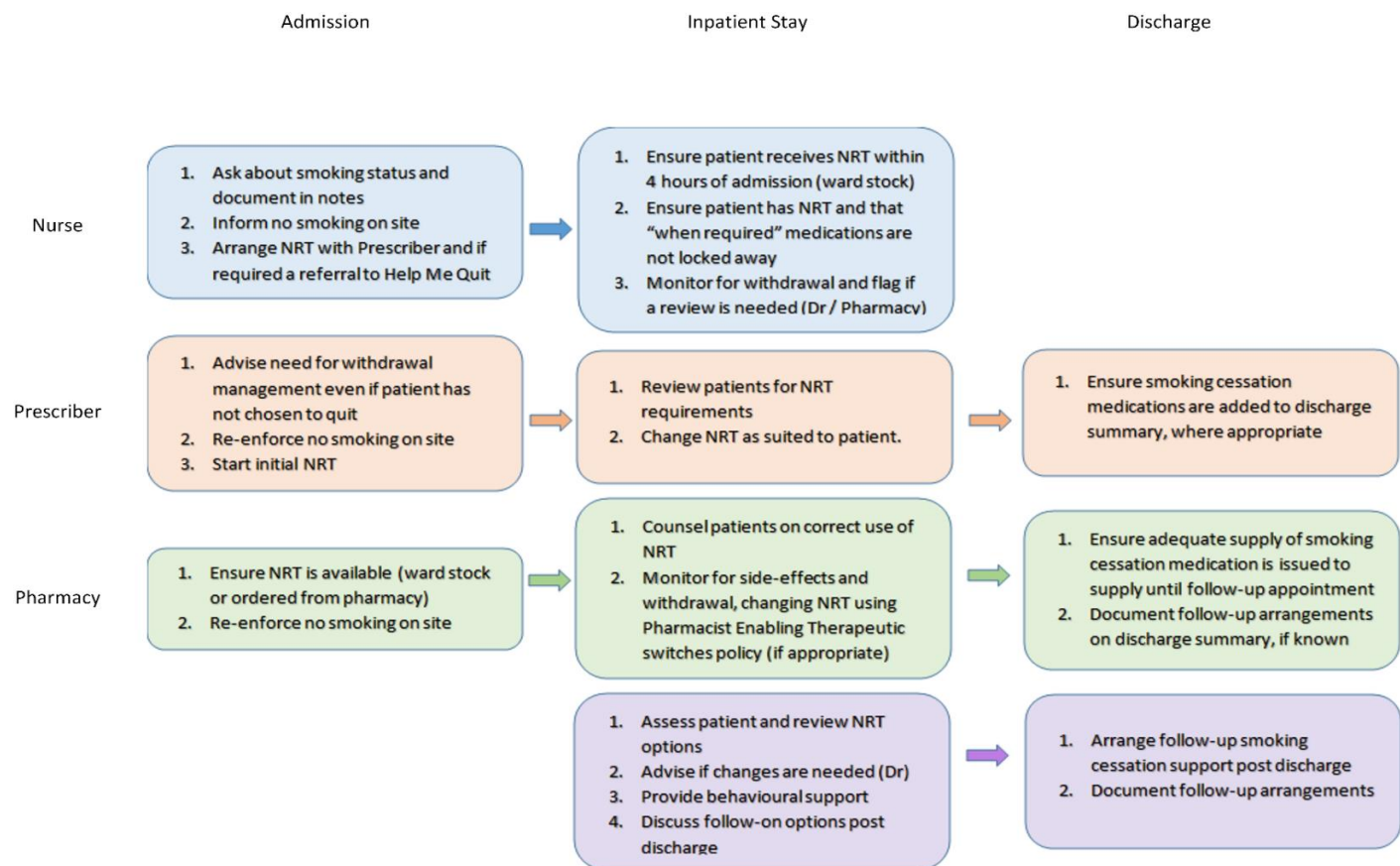
NRT products taken “when required” are preferred as their use can be adjusted to allow the maximum time between their administration and feeding of the baby, to minimise the amount of nicotine in the milk.

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## 7 Nicotine Replacement Therapy (NRT)




### 7.1 NRT while in hospital: Staff Roles and Responsibilities




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## 7.2 When Required (PRN) Nicotine Replacement Therapy


Product	Preparations	Dosing regimen	How does it work?	Benefits	Cautions	Side effects	Cost
 <p><b>Mini Lozenge</b></p>	1.5mg & 4mg Available in mint and fruit flavours	<b>&lt;20 cigarettes per day</b> 1.5mg lozenge every 1-2h when urge to smoke <b>&gt;20 cigarettes per day</b> 4mg lozenge every 1-2h when urge to smoke <b>Max 15 lozenges per day</b>	Nicotine is absorbed through lining of mouth/ tongue	Smokers looking for discreet and fast craving relief	Nicotine can cause gastric irritation, therefore caution in peptic ulcer disease. Concurrent acidic drinks (e.g., coffee, fruit juice) can decrease nicotine absorption.	Indigestion Dry mouth	4mg – 80 lozenges £12.17 2mg – 204 lozenges £14.94 1.5mg – 100 lozenges £14.04 1mg – 204 lozenges £12.77
 <p><b>Inhalator</b></p>	15mg cartridge	When the urge to smoke occurs <u>or</u> to prevent cravings <b>Max 6 cartridges daily</b>	Nicotine vapour is directly absorbed through the lining of mouth (lasts 40 minutes)	Smokers looking for a substitute for the hand to mouth action of smoking	Take care with obstructive lung disease or chronic throat disease	Sore throat Dry mouth	20 cartridges - £19.02
 <p><b>Oral spray</b></p>	1mg metered dose Available in cool mint or cool berry flavours	1-2 sprays in mouth when urge to smoke or to prevent cravings <b>Max sprays per episode</b> <b>Max 64 sprays daily</b>	Nicotine is absorbed through lining of mouth (quick acting- 60 seconds)	Smokers looking for discreet and fast craving relief	Nicotine can cause gastric irritation, therefore caution in peptic ulcer disease. Concurrent acidic drinks (e.g., coffee, fruit juice) can decrease nicotine absorption.	Indigestion Dry mouth	13.2mls - £13.66

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<p style="text-align: center;"><b>Gum</b></p> 	2mg & 4mg	<p><b>&lt;20 cigarettes per day</b> Start with 2mg strength 1 piece every 1-2h <b>&gt;20 cigarettes per day</b> Start with 4mg strength 1 piece every 1-2h <b>Max 15 pieces daily</b></p>	Nicotine is absorbed through lining of mouth/ tongue	Smokers that are concerned about gaining weight and want something to do instead of smoking	Nicotine can cause gastric irritation, therefore caution in peptic ulcer disease. Concurrent acidic drinks (e.g., coffee, fruit juice) can decrease nicotine absorption.	Throat irritation Increased salivation Indigestion	4mg – 105 pieces £12.90 2mg – 210 pieces £17.04
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### 7.3 Continuous Nicotine Replacement Therapy (Second Line)

 <p style="text-align: center;"><b>Patches</b></p>	7mg 14mg 21mg	<p><b>&lt;10 cigarettes per day</b> Start with 14mg/24h patch and wear for <u>16 hours</u> <b>&gt;10 cigarettes per day</b> Start with 21mg/24h patch and wear for <u>16 hours</u></p>	Nicotine continuously absorbed through the skin	Once a day application associated with fewer compliance problems. Option for those suffering with nausea/ vomiting	Caution in those with skin disorders; do not apply to broken skin.	Sleep disturbances Application site reactions	25mg – 14 patches £18.72 15mg – 7 patches £11.43 10mg – 7 patches £11.43
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## 7.4 Precautions When Using NRT

### 7.4.1 Cardiovascular Disease

Caution in use with haemodynamically unstable patients hospitalised with severe arrhythmias, myocardial infarction, or cerebrovascular accident. Initiation should only be under medical supervision. If there is a clinically significant increase in cardiovascular or other effects attributable to nicotine, the dose should be reduced or discontinued.

### 7.4.2 Diabetes Mellitus

Caution in use with haemodynamically unstable patients hospitalised with severe arrhythmias, myocardial infarction, or cerebrovascular accident. Initiation should only be under medical supervision. If there is a clinically significant increase in cardiovascular or other effects attributable to nicotine, the dose should be reduced or discontinued.

### 7.4.3 Phaeochromocytoma/ uncontrolled hyperthyroidism

Use nicotine replacement with caution with these conditions. Smoking cessation can slow down metabolism and consequently there may be a rise in the blood levels of the following drugs: theophylline, clozapine and ropinirole

### 7.4.4 Peptic ulcer/ inflamed stomach lining

Some oral nicotine replacement products cause irritation to the stomach. If irritation occurs, then consider switching to non-oral products.

### 7.4.5 Predisposition to seizures

Caution in use with haemodynamically unstable patients hospitalised with severe arrhythmias, myocardial infarction, or cerebrovascular accident. Initiation should only be under medical supervision. If there is a clinically significant increase in cardiovascular or other effects attributable to nicotine, the dose should be reduced or discontinued.

### 7.4.6 Renal/Hepatic Impairment

Caution in use.

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## 7.5 Effect on other medicines

Nicotine replacement does not affect other medicines. However, smoking can cause some medicines to be rapidly metabolised. As a result, many medications will need a review. Speak to the pharmacy team for more information/ advice.

- aminophylline
- dextropropoxyphene
- olanzapine
- chlorpromazine
- flecainide
- pentazocine
- cinacalcet

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- fluphenazine
- ropinirole
- clozapine
- theophylline

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## 7.6 NRT: Stock kept on all Obstetric Areas

Including: ANC, OAU, M1FW, M1FN, M1FE, Delivery Suite

Product	Strength	Flavour
Nicorette Inhalator	15mg	N/A
Nicorette Quickmist	1mg	Cool Berry
Nicorette Quickmist	1mg	Fresh Mint
Niquitin Clear Patch	21mg/24 hours	N/A
Niquitin Clear Patch	14mg/24 hours	N/A
Nicorette mini lozenge	4mg	mint
Niquitin mini lozenge	1.5mg	mint
Niquitin gum	4mg	Mint
Niquitin gum	2mg	Mint

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## 8 Smoking flyers and resources from HMQ



Smoking in  
Pregnancy\_Raising t



Maternity\_Smoking  
Cessation\_Flyer.pdf



Maternity\_Smoking  
Cessation\_Welsh\_Flyer.pdf