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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

Equality Health Impact Assessment	*An Equality Health Impact Assessment (EHIA) has not been completed.*
Documents to read alongside this Procedure	*Antenatal Care* *GAP Guideline* *Small for Gestational Age Guideline* *Sonography SOP for smoking*

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Disclaimer

If the review date of this document has passed, please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

Summary of reviews/amendments

Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	*22 DEC 2021*	*20 JAN 2022*	New Document
2	*January - November 2025*		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.

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).

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

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.

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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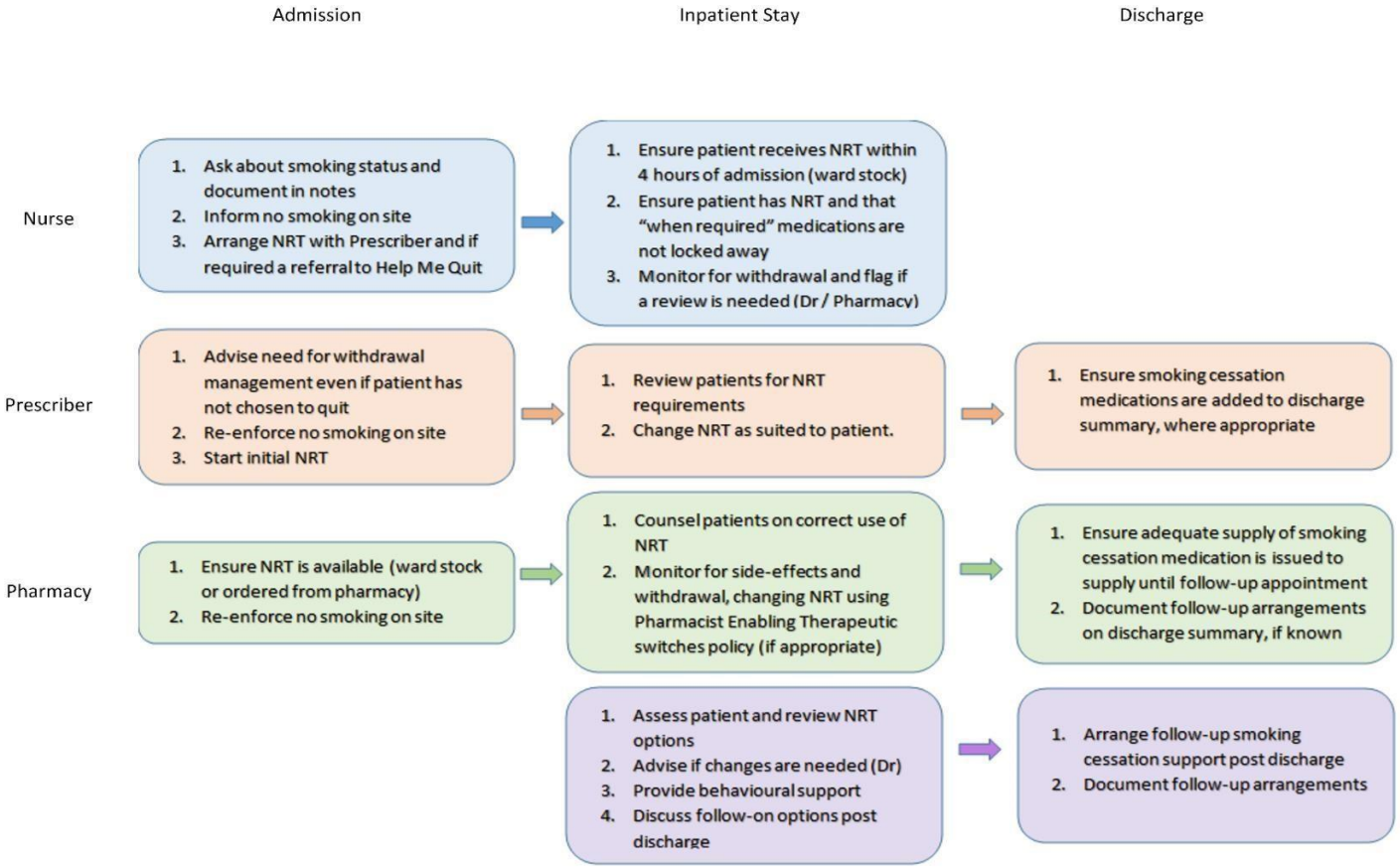
6.2 Breastfeeding: NRT advice

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 secondhand 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
 **Mini Lozenge**	1.5mg & 4mg Available in mint and fruit flavours	***<20 cigarettes per day*** 1.5mg lozenge every 12h when urge to smoke ***>20 cigarettes per day*** 4mg lozenge every 1-2h when urge to smoke **Max 15 lozenges per day**	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

 **Inhalator**	15mg cartridge	When the urge to smoke occurs *or* to prevent cravings **Max 6 cartridges daily**	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

Oral spray 	1mg metered dose Available in cool mint or cool berry flavours	1-2 sprays in mouth when urge to smoke or to prevent cravings **Max sprays per episode Max 64 sprays daily**	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

Gum 	2mg & 4mg	***<20 cigarettes per day*** Start with 2mg strength 1 piece every 1-2h ***>20 cigarettes per day*** Start with 4mg strength 1 piece every 1-2h **Max 15 pieces daily**	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)

 **Patches**	7mg 14mg 21mg	***<10 cigarettes per day*** Start with 14mg/24h patch and wear for 16 hours ***>10 cigarettes per day*** Start with 21mg/24h patch and wear for 16 hours	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 Phaechromocytoma/ 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

- 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_Fly

Reference Number: UHBOBS397 Version Number: 1	

Standard Operating Procedure for Midwives - Smoking in Pregnancy

Introduction and Aim

Smoking during pregnancy remains one of the most significant modifiable risk factors affecting maternal and infant health outcomes. Reducing tobacco exposure during pregnancy is a national priority to reduce the health harms associated with exposure to tobacco smoke and to realise the longer-term benefits for both the child and parents.

The introduction of the electronic maternity health record system (Badger Net/Badger Notes) enables improved communication, documentation, and referral processes between midwives and specialist smoking cessation services. This system provides timely identification of pregnant women and birthing people who smoke, consistent delivery of advice and intervention, and efficient referral to specialist maternity stop-smoking services.

This Standard Operating Procedure outlines the required process for identifying and supporting smokers. It defines the role of midwives in providing advice, offering referral and delivering ongoing support throughout pregnancy. It also provides guidance on documenting smoking status, interventions and referrals using the Notes Tool within Badger Net/Badger Notes to ensure a consistent, auditable and patient-centred approach to smoking cessation in maternity care.

Objectives

-To standardise midwifery practice at all stages of maternity care in relation to smoking cessation

-To ensure midwives consistently use the Badger Notes tool to record all smoking-related discussions and referrals

-To support the implementation of an opt-out referral pathway for women and birthing people identified as smokers or recent quitters in line with NICE Guidance:

-To promote continuous engagement between pregnant women and the Specialist Maternity Stop Smoking Service, ensuring ongoing support throughout pregnancy and the postnatal period where appropriate

Scope

This SOP applies to all midwives and maternity staff within Cardiff and Vale University Health Board (CAVUHB) involved in providing antenatal and postnatal care. It covers the identification, advice, documentation and referral processes relating to smoking cessation from the booking appointment through to the postnatal discharge period.

It also applies to all pregnant women and birthing people receiving care with CAVUHB who are identified as current smokers, have recently quit smoking, or who are exposed to second-hand tobacco smoke. This procedure applies across all maternity settings, including community antenatal clinics, hospitalbased maternity units and home-visiting services, from pregnancy registration through to postnatal discharge.	
Equality Health Impact Assessment	*An Equality Health Impact Assessment (EHIA) has not been completed.*
Documents to read alongside this Procedure	*Smoking Cessation and Nicotine Replacement Therapy Guideline* *Antenatal Care Guidance*
Approved by	*Maternity Professional Forum*

Accountable Executive or Clinical Board Director	
Author(s)	

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

Summary of reviews/amendments			
Version Number	**Date of Review Approved**	**Date Published**	**Summary of Amendments**
1			NEW DOCUMENT

1. Background

Reducing tobacco exposure during pregnancy (at initial assessment/during pregnancy/at delivery) is a national public health priority due to the risks associated with smoking and second-hand smoke. Whilst significant progress has been made in recent years in Wales to support pregnant smokers to quit, prevalence of smoking during pregnancy remains the highest across the four UK nations. The most recent birth and maternity statistics show that 13% of pregnant women and birthing people in Wales were smoking at their initial assessment, this figure is 9% in Cardiff and Vale.

There are over 7000 chemicals in tobacco including carbon monoxide. Every time a pregnant person smokes these are inhaled reducing oxygen supply to the baby. This increases the risk of complications such as premature births, low birth weight, stillbirth and sudden infant death syndrome. The harmful impact begins in the womb and can continue throughout life with

potential long-term developmental and respiratory problems. Smoking is considered to be the most significant modifiable cause of adverse pregnancy outcomes.)[1]
Women from the most deprived areas of Wales are far more likely to smoke during pregnancy, perpetuating cycles of poor health and inequality. Targeted support can help address this disparity and create better health outcomes for all.

Pregnancy offers a powerful motivation to quit smoking, with many women making their first serious attempt during this time. Providing the right support, such as nicotine replacement therapy and non-judgmental advice, can make a significant difference in helping women quit. However, it is also recognised that there are barriers to pregnant people who smoke accessing services that include the fear of being judged, the influence of partners and social networks and underestimating the risks of smoking.[2]

Help Me Quit is the national NHS stop smoking service for Wales. The service provides support from NHS experts, free nicotine replacement therapy and access to prescription only medicines. Since its launch in 2017, Help Me Quit has empowered thousands of people to take control of their health and embrace a smoke-free future. Within CAVUHB a specialist maternity smoking advisors provides tailored support for pregnant women and facilitates access to nicotine replacement therapy.
CAVUHB has implemented the BadgerNet and BadgerNotes electronic maternity health record system. This digital platform enables real-time documentation of maternity care across all settings, including hospital, community, and home environments. It is designed to support woman-centred care and includes a secure portal (BadgerNotes) enabling women to view and engage with their own maternity records. The platform enables improved communication, documentation, and referral processes between midwives and specialist smoking cessation services.

2. Communication

This SOP will be shared with all maternity staff within Cardiff and Vale University Health Board (CAVUHB) to ensure awareness and consistent application.

The SOP will be:

- Circulated to maternity staff via internal email and clinical communication channels
- Highlighted at maternity team meetings
- Shared with new staff as part of maternity induction and ongoing training programmes
- Available on the CAVUHB maternity intranet and clinical document repository

[1] The clinical case for smoking cessation for pregnant women- NCSCT factsheet

[2] Smoking during pregnancy, stigma and secrets: Visual methods exploration in the UK - ScienceDirect

The Maternity Governance Team are responsible for communicating this SOP and ensuring staff are aware of updates. Any revisions to this SOP will be issued through established communication routes, including email notification and discussion at team meetings.

Staff should direct any queries relating to the implementation of this SOP to the Specialist Maternity Stop Smoking Service Lead or the Maternity Governance Team.

3. Staff Roles/pathway

This section outlines the roles of maternity staff and the structured pathway for supporting pregnant women who smoke, from pregnancy registration through to postnatal care.

Help Me Quit Specialist Maternity Stop Smoking Service (HMQ)

- Receive referrals via BadgerNet at any point on the antenatal pathway and attempt to contact the pregnant woman up to three times per referral.
- Provide tailored support, including behavioural interventions and nicotine replacement therapy.
- Maintain engagement throughout pregnancy and postnatal period where appropriate.
- Communicate outcomes or concerns back to the maternity team via BadgerNet/BadgerNotes.

Midwives / Maternity Staff • Identify smoking status at booking appointment and at subsequent appointments.

- Conduct carbon monoxide (CO) monitoring at booking appointment and re screen at 28 weeks.

If the pregnant woman has disclosed smoking or has a CO reading over 4ppm:

- Document all smoking-related discussions, CO readings and referrals in BadgerNotes (Progress Notes tab).
- Offer opt-out referral to the HMQ Specialist Maternity Stop Smoking Service via BadgerNet/BadgerNotes if they have not engaged already.
- Carry out CO monitoring ideally at every appointment but at 28 weeks as a minimum.
- If CO scores is 4 ppm or over Midwives and Maternity Care Assistants to refer pregnant women to HMQ Specialist stop smoking advisor via BadgerNet if they have not engaged already.

- Provide health promotion information to support cessation discussions *Smoking Cessation and Nicotine Replacement Therapy Guideline* *Antenatal Care Guidance* Quit for two, me and you (printed booklet available)
- Offer NRT prescription if appropriate *Smoking Cessation and Nicotine Replacement Therapy Guideline* *Antenatal Care Guidance*

Midwives/ Maternity Staff Pathway for Supporting Smoking Cessation in Pregnancy

Offer CO monitoring at every opportunity if possible. If not possible carry out at booking and 28 weeks as a minimum.

1. **10-12 weeks**

   If the pregnant women or birthing person discloses that they are a smoker refer them to the HMQ advisor if they have not already engaged – this can be checked on BadgerNet – progress notes tab. To refer use the referral note function and choose smoking cessation.

   In line with NICE guidance carry out CO monitoring at first antenatal/ booking appointment, if the CO reading is above 4ppm, actively refer to HMQ advisor if they have not engaged already. This can be checked on BadgerNet- progress notes tab.

   Provide the pregnant woman with information surrounding the harms of smoking to themselves and the baby.

   Inform the pregnant smoker of the HMQ service, ensure they know about the expert support and free nicotine replacement therapy. Give them a HMQ flyer- Maternity Smoking Cessation Flyer English Maternity Smoking Cessation Flyer Welsh

2. **15-17 weeks**

   At this appointment, check the progress notes tab on Badgernet- have they spoken to HMQ advisor? If the pregnant smoker has not been contacted or did not respond or engage refer them to the HMQ Stop Smoking Specialist again via BadgerNet using the referral note.

   Provide them with information around the harms of smoking to themselves and to the baby Quit for two, me and you (printed booklet available).

   Use Smoking in pregnancy: How to raise the issue poster to approach conversation

   Inform the pregnant smoker of the HMQ service, ensure they know about the expert support and free nicotine replacement therapy. Give them a HMQ flyer- Maternity Smoking Cessation Flyer English Maternity Smoking Cessation Flyer Welsh

3. **18-21 weeks**

   Repeat step 2

4. **25 weeks** Repeat step 2

5. **28 weeks**

   Repeat CO monitoring. Discuss harms of smoking and relay health promotion information (Repeat step 2)

6. **31 weeks** Repeat step 2

7. **34 weeks** Repeat step 2

8. **38 weeks**

   Repeat step 2. At this stage, introduce the conversation about risks of second-hand smoke.

9. **40 weeks**

   Repeat step 3. At this stage, you need to also further explain the risks of second-hand smoke.

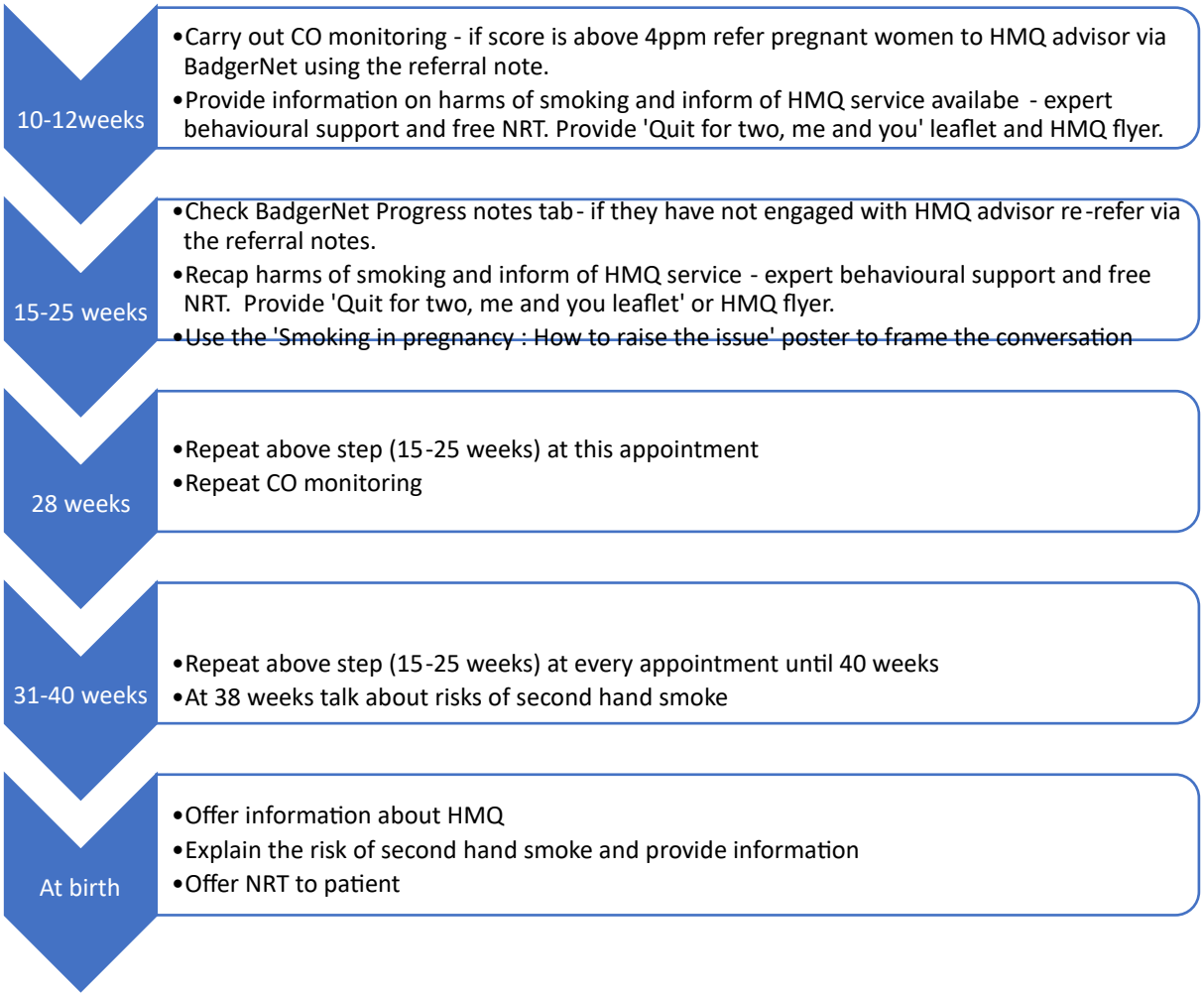
10. **At birth**

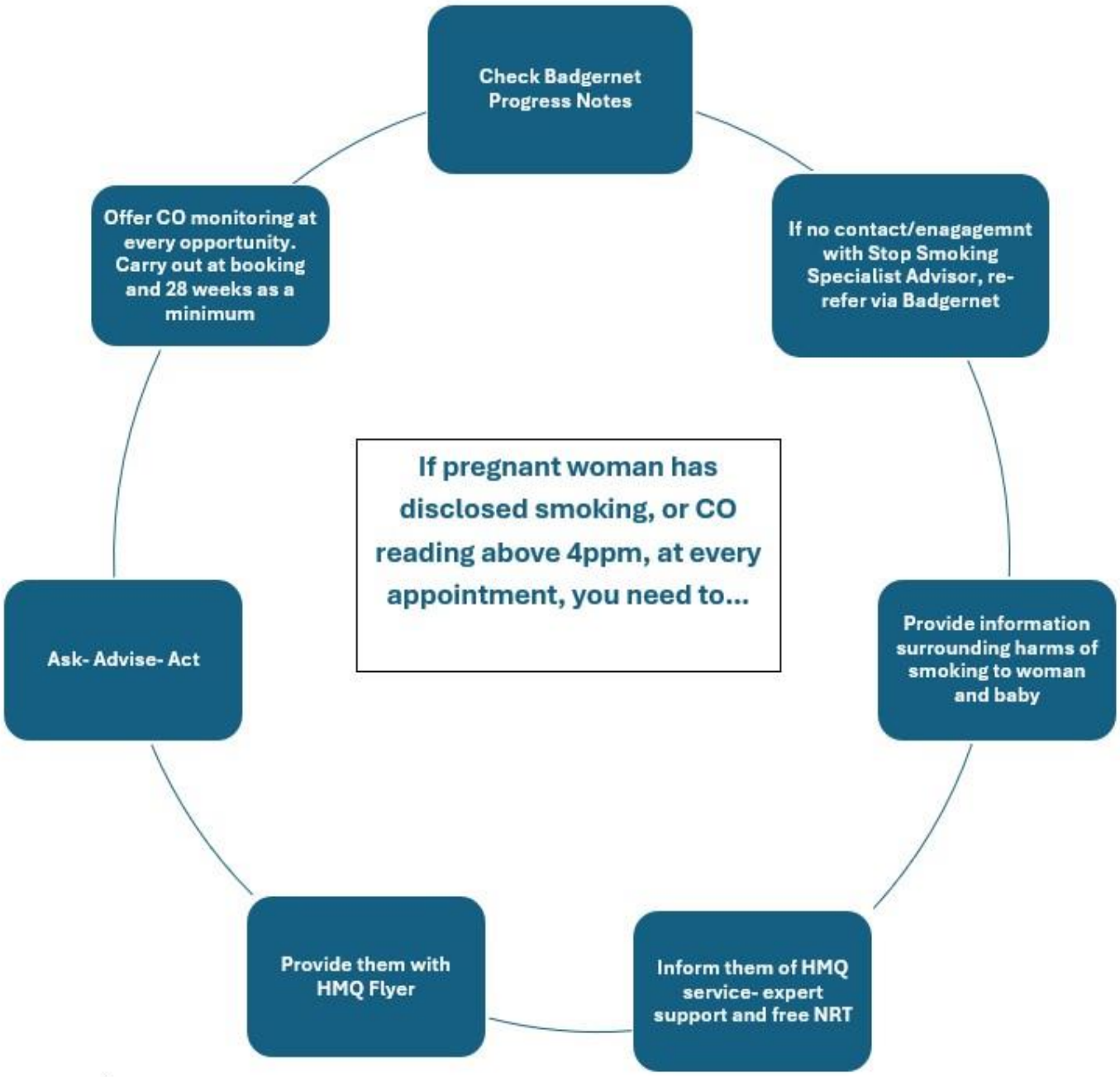
    Information should be offered on HMQ services within the community. Offer NRT to inpatients.

7.7

4. Flowchart

7.8


10-12weeks
•Carry out CO monitoring - if score is above 4ppm refer pregnant women to HMQ advisor via BadgerNet using the referral note.
•Provide information on harms of smoking and inform of HMQ service availabe - expert behavioural support and free NRT. Provide 'Quit for two, me and you' leaflet and HMQ flyer.
15-25 weeks
•Check BadgerNet Progress notes tab- if they have not engaged with HMQ advisor re-refer via the referral notes.
•Recap harms of smoking and inform of HMQ service - expert behavioural support and free NRT. Provide 'Quit for two, me and you leaflet' or HMQ flyer.
•Use the 'Smoking in pregnancy : How to raise the issue' poster to frame the conversation
28 weeks
•Repeat above step (15-25 weeks) at this appointment
•Repeat CO monitoring
31-40 weeks
•Repeat above step (15-25 weeks) at every appointment until 40 weeks
•At 38 weeks talk about risks of second hand smoke
At birth
•Offer information about HMQ
•Explain the risk of second hand smoke and provide information
•Offer NRT to patient


If pregnant woman has disclosed smoking, or CO reading above 4ppm, at every appointment, you need to...
Check Badgernet Progress Notes
If no contact/enagagemnt with Stop Smoking Specialist Advisor, re-refer via Badgernet
Provide information surrounding harms of smoking to woman and baby
Inform them of HMQ service- expert support and free NRT
Provide them with HMQ Flyer
Ask- Advise- Act
Offer CO monitoring at every opportunity. Carry out at booking and 28 weeks as a minimum