



Guideline for Smoking Cessation in Pregnancy

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Author:	Sharon Webber Public health midwife
Executive Sponsor:	Executive Nurse Director
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Target Audience:

People who need to know about this document in detail	All anaesthetic, obstetric and Midwifery staff working within CTM UHB
People who need to have a broad understanding of this document	All anaesthetic, obstetric and Midwifery staff working within CTM UHB
People who need to know that this document exists	All anaesthetic, obstetric and Midwifery staff working within CTM UHB

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date: September 2025
	Outcome: No negative impact
Welsh Language Standard	Choose an item.
Date of approval by Equality Team:	(00/00/0000)
Aligns to the following Wellbeing of Future Generation Act Objective	Choose an item.



Disclaimer:

If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author, WISDOM or [CTM Corporate Governance@wales.nhs.uk](mailto:CTM_Corporate_Governance@wales.nhs.uk)

Guidelines Definition

Clinical guidelines are systemically developed statements that assist clinicians and patients in making decisions about appropriate treatments for specific conditions.

They allow deviation from a prescribed pathway according to the individual circumstances and where reasons can be clearly demonstrated and documented.

Minor Amendments

If a minor change is required to the document, which does not require a full review please identify the change below and update the version number.

Type of change	Why change made	Page number	Date of change	Version 1 to 1.1	Name of responsible person
Review current guideline	Out of date			1 to 2	Sharon Webber

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1. Introduction and Scope

- The purpose of this policy and guideline is to ensure compliance with national policies, guidelines and strategies in relation to smoking and smoking cessation in pregnancy and following childbirth.
- This Guideline's aim is to compliment the NICE (National Institute for Health and Care Excellence) <http://www.nice.org.uk/guidance/ph26> guideline. It also aims to support clinicians and support staff to identify pregnant women who smoke and ensure they are offered a pathway that supports them to quit and prevent relapse.

This guideline applies to women who smoke and who are:

- smoking at booking
 - smoking throughout pregnancy
 - smoking in the postnatal period
- This guideline also supports partners, family members and friends of the woman who may also be supported to make a quit attempt. This is highlighted in recommendation 7 in NICE Guidance 26 where it states that individuals are more likely to quit and remain abstinent if others in their household do not smoke.
 - There is strong evidence that reducing smoking in pregnancy reduces the likelihood of stillbirth. It also impacts positively on many other smoking-related pregnancy complications such as premature rupture of membranes, placental abruption, low birth-weight and Sudden Infant Death Syndrome (SIDS) (RCOP: 2010). Smoking causes both short-term and long-term problems, from premature delivery to increased risk of miscarriage, ectopic pregnancy, stillbirth or sudden infant death. Children whose mother smoked in pregnancy are more likely to develop learning difficulties including autism, hyperactivity, ear nose and throat problems and obesity (NHS 2019)
 - Second Hand Smoke also has a serious effect on health, particularly for children, with increased reports of lower respiratory tract infections, asthma, wheezing, middle ear infections, sudden unexpected death in infancy and invasive meningococcal disease⁶. This has implications for both the new-born babies and existing children of women who smoke
 - All staff coming into contact with pregnant women have a role to play in triggering quit attempts by using the principles of Making Every Contact Count (MECC) and Very Brief Intervention (VBI). It is estimated that smokers are 4 times as likely to quit smoking if they use a stop smoking service. There is also evidence that if women stop smoking by the second trimester they have the same rates of stillbirth, prematurity and low birth weight as non-smokers. Helping pregnant women who smoke to quit involves communicating in a sensitive, client-centred manner, particularly as some pregnant women find it

difficult to say that they smoke. Such an approach is important to reduce the likelihood that some of them may miss out on the opportunity to get help.

- The NCSCT 2012 (National Institute for Smoking Cessation Support) describes smoking as “the single most modifiable risk factor for adverse outcomes in pregnancy” therefore this potentially preventable activity, is an important health issue in pregnancy and stopping smoking at any stage of pregnancy will be beneficial to the fetus.
- Reducing smoking in pregnancy will reduce instances of fetal growth restriction and intrapartum complications. This demonstrates the complementary and cumulative nature of the care pathway approach. This element reflects the wider prevention agenda, impacting positively on long term outcomes for families and society. It will enhance midwives’ role in promoting public health messages and interventions.
- Smoking has been associated with reduced fetal movements so, as stated in the New All Wales Fetal Movements guideline (2021), for this reason smoking should be stopped during pregnancy
- The policy applies to all maternity staff including midwives, doctors and maternity care assistants and must be adhered to. Non-compliance with this guideline must be for valid clinical reasons only. The reason for non-compliance must be documented clearly in the patient’s notes.
- Implementation of this policy will ensure that smoking cessation practice in maternity is within national guidance and all relevant staff have easy access to local guidance when required. The aim of this guideline is to improve the health of the unborn babies of women who smoke: their partners: children: and others in their household who smoke.
- Midwives, obstetricians and support staff must have the time and the tools to carry out the activities required by this element. They need adequate time at the first booking appointment to carry out the CO test and deliver key messages. CO monitors and relevant consumables must also be sustainably provided. Midwives must have up to date knowledge and skills training to maximise their potential to impact positively on pregnancy outcomes.

2. Antenatal Pathway

- NICE guidance on Smoking in Pregnancy recognises that some women will find it difficult to say that they smoke because of the pressure not to smoke in pregnancy is so intense, this in turn makes it difficult to ensure they are offered appropriate support.
- CTMUHB maternity service supports a smoke free pregnancy which is supported by the smoke free pathways for the acute assessment units, community, antenatal clinic and day assessment unit. (Appendix 1)

- For women who disclose that they smoke > 10 cigarettes per day- (see Fetal Growth Guideline 2019) to receive serial growth Ultra Sound Scans (USS) for growth surveillance. Asking women about their smoking status habit 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 possible cause of IUGR.

2.1 Digital Booking- A woman is asked about her smoking status on the digital booking referral form. The Help Me Quit for Baby (HMQ4B) team aims to pick up these women who have disclosed smoking or vaping within 48 hours of completing the form to obtain an early pregnancy self-disclosure referral. The HMQ4B team then aim to make contact with the woman within 48 hours, allowing for weekends and bank holidays. (Appendix 7)

2.2 Antenatal booking appointment

CO Testing

- At this first contact with a midwife ALL pregnant women will be asked to provide an exhaled carbon monoxide (CO) measurement. This will be documented and inputted into the MITS system
- Regardless of smoking status, the midwife will discuss with her the effects of carbon monoxide and smoking on the mother's health and that of her unborn baby.
- Explain that CO 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 should be informed that the raised level can be reversed by avoiding these factors.
- The CTMUHB 'Carbon Monoxide (CO) and Pregnancy' information leaflet should be prior to her booking appointment (Appendix 2)
- 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 woman's exposure to smoking. Cigarette smoke contains over 7000 chemicals of which hundreds are toxic and may also cause damage to the fetus.
- The woman needs to be made aware that a raised CO reading is linked to poor fetal outcomes due to hypoxia, resulting in miscarriage and can slow the baby's growth, cause placental insufficiency and fetal loss.
- Conduct the CO test - For how to carry out the CO screening during see Appendix 3 and a flow chart for actions based on results (Appendix 4).

2.3 Raised CO Readings

- If CO reading is raised ≥ 4 part per million (ppm) or above try and ascertain the likely reason for the raised level by discussing the ways CO can enter her system, e.g., Smoking/second-hand smoking, shisha use or if a reason cannot be ascertained the woman should be advised to call free Health and Safety Executive Gas Safety advice line on **0800 111999**

- Other factors to consider include the time since she 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.

- For women 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 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.

- Carbon monoxide levels of 6 or over and a non-smoker should be referred to the HMQ4B team for further investigation.

- 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 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**

2.4 Referral Criteria

- Refer all women at booking through an 'Opt-Out' method with any of the criteria below to CTMUHB's researched based smoking cessation service - Help Me quit for Baby. (Appendix 5)

For those who

1. Smoke and have not been contacted by the HMQ4B team already i.e., those who did not disclose smoking on the digital referral booking form
2. Have a raised CO \geq 6PPM and non- smoker
3. Early quitters (quit in past two weeks - due to the risk of relapse) and have not been contacted by the HMQ4B team
4. Partners, family members and friends

2.5 Referral Process

- Risk assessment of home conditions, health and safety or domestic issues should be passed on through the referral form to protect the HMQ4B smoking advisor who may need to visit the woman's home on her own.
- Referrals are made using the electronic referral form (Appendix 5)
- Explain that it is normal practice to refer women to their local specialist stop smoking service as soon as possible in their pregnancy and the service will aim to contact her within 48 hours by text or phone call
- Advice on the health benefits of stopping for the woman and her 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. Any levels of compensatory smoking still increase the risks associated with stillbirth.
- Provide verbal information including that a woman is 4 times more likely to quit with the support of a specialist HMQ4B support worker than on their own. Provide Help Me Quit's "Quitting for Two" information leaflet along with the HMQ4B's contact telephone numbers.
- Discuss the benefits and importance of avoiding passive smoking including 'Smoke free Homes' and cars.
- If she declines the referral, accept the answer in an impartial manner but explain that all pregnant smokers are automatically referred at booking and that they may decline referral when the HMQ4B smoking advisor makes contact. Also highlight the flexible support that HMQ4B provides for pregnant women (for example home visits with support from Maternity Support Workers, treatment with pharmacotherapy, behavioural support, support for partners, friends and other family members).
- 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 in the woman's maternity records.
 - Partners, Friends and family may be referred using the electronic "Friends and Family" referral form (Appendix 6)

2.6 Subsequent Antenatal appointments

- The HMQ4B support worker will aim to feed back to midwives however feedback on an individual basis may be obtained via the generic email link **CTM_HMQForBaby <CTM_HMQForBaby@wales.nhs.uk>**
- For ALL subsequent antenatal appointments everyone who is pregnant will be offered CO testing, their smoking status asked and documented. This provides an opportunity for a Very Brief Intervention (VBI) and to Make Every Contact Count (MECC) and to offer a re-refer to HMQ4B. Re-referral can be made by a simple email detail, name, hospital number, edd/DOB of baby and CO reading.
- The CO and smoking status of ALL women carried out in the third trimester after 36 weeks should not only be recorded in the All-Wales hand-held notes but also inputted into the appropriate IT system (MITS) This allows for the Smoking at Time of Delivery (SATOD) to be established for all women.
- Midwives, obstetricians and support staff are encouraged to discuss CO results, smoking, offer repeat referrals, abstinence for birth and support the smoke free site agenda throughout pregnancy by addressing smoking status carrying out CO readings and documenting all interventions.

3. Equipment and Training

3.1 Maintenance

- All community midwives should have access to their own individual CO monitor.
- All clinical areas should have access to their own CO monitor.
- It is the responsibility of the individual community midwife or clinical area manager to ensure that monitors are serviced by the date instructed by clinical engineering
- Problems with CO monitors should be reported to the Public Health maternity team via the generic email CTM_HMQForBaby <CTM_HMQForBaby@wales.nhs.uk>
- 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
- Spare batteries should always be carried
- Single use mouthpieces be removed and disposed off

3.2 Training

- Everyone using a CO monitor should have Point of Care training
- Completion of mandatory Public Health including Brief Intervention and MECC early training via ESR eLearning.
- One to one Public Health training / induction with one of the Public Health midwives for all new community and antenatal clinic staff.

3.3 Use of Carbon Monoxide (CO) Monitor

- Handwashing prior to use
- For accurate results the CO monitor should be used at room temperature
- Use the flow chart to address CO result (appendix 4)
- All information is Point of Care file found in each clinical area / shared file

4. The Help Me Quit for Baby service

The HMQ4B service is modelled on MAMSS (Models for Access to Maternal Smoking Cessation support) Bennett et al. (2015) is a research-based service, however it has evolved over the years with changes to recommendations:

- Team includes two MSWs for CTMUHB and are managed by the Public Health Specialist Midwife with additional support available from the Public Health Wales team in CTMUHB and "Help Me Quit"
- Aim to make contact within 48 hours
- Will try and contact woman 3 times via telephone and 3 times via text as a minimum.
- Inform and reiterate midwives' conversations on the risks to mother and fetus (including morbidity and mortality)
- Can provide face to face and / or telephone support.
- Assessment and treatment sessions on standard treatment plan lasts 7 weeks but this is flexible and is sometimes less or more (as per Russell Standard)
- Use behaviour therapy together with the aid of the "Help Me Quit" "Passport to Smoke free"
- Advise 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.
- Accepts as many re- referrals for one woman from booking to 28 days post birth and also those women who miscarry.
- Keep records using the national smoking cessation IT system "Quit Manager" and at Health Board level records via spreadsheets.
- Role also involves supporting training of staff.

5. Nicotine Replacement Therapy (NRT)

Please see local agreements for NRT provision.

6. Antenatal Care

Every opportunity should be taken to:

- Provide BI / MECC and address smoking status
- Document in notes (near CO reading box in antenatal event box) the smoking status
- Perform CO monitoring and document.
- Use Carbon Monoxide in Pregnancy Flowchart (Appendix 4) for guide on readings.

- If smoker offer support from, document whether referred or if referral declined and complete online referral form.
- Partners, friends and family should continue to be offered support and referral.

Health Visiting

Where health visiting antenatal visits are offered a brief intervention on advantages of making a quit attempt will be carried out, including plans for a safer sleep environment for the baby. Women interested in re-engaging with the HMQ4B service can be directed back to the CTMUHB's pregnancy website [Help Me Quit for Baby – Smoking in Pregnancy - Cwm Taf Morgannwg University Health Board](#)

7. Inpatient Care

- Women who have smoked throughout their pregnancy are likely to experience symptoms of nicotine withdrawal during their hospital stay, it is essential that the women are identified as smokers as part of entry into the maternity system and offered NRT particularly if they have a prolonged hospital admission. Utilize hospital Help Me quit or refer to HMQ4B using the generic email.
- Women admitted to Triage units, day assessment units or priority units should have a CO reading and smoking status check. High CO readings in non-smokers can mimic other antenatal complications e.g., headaches, dizziness, nausea and vomiting.
- Make women aware of the hospital smoke free policy during antenatal period to help them make plans to be smoke free and access NRT and quit support by referral to Help Me Quit for Baby.
- Partners, friends and family should continue to be offered support and referral.

8. Postnatal Care

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

- Encouragement should be given to those women who have remained abstinent during their hospital stay, continued availability of NRT is crucial to further facilitating the abstinence attempt.
- CO reading should be carried out in the women's home following birth, this may be carried out by a maternity support worker, and for those who remain smoking re- referral to the HMQ4B service should be offered up to 28 days post birth. The post birth CO reading should be documented in the postnatal pathway.
- 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.

- Discuss the risks of second-hand smoke to the baby and provide information on the higher incidence of Sudden Infant Death Syndrome (this is a prime opportunity to carry out CO monitoring and offer referral). The dangers of bed sharing when either partner smokes should also be discussed regardless of where they smoke.
- Reinforce the benefits of staying smoke free and having a smoke free home. When supporting breastfeeding mothers, use the opportunity to raise awareness of the physiology of breastfeeding when smoking, i.e., that nicotine will be found in breast milk and that smoking can reduce the quantity of breast milk and increase the risk of colic, which may help some women to remain non-smokers. Further advice on smoking and breastfeeding can be found on the Breastfeeding Network <https://www.breastfeedingnetwork.org.uk/smoking/>
- Partners, friends and family should continue to be offered support and referral.
- Health visitors may also re-direct women and family members who wish to re-engage with HMQ4B via the CTMUHB pregnancy website [Help Me Quit for Baby – Smoking in Pregnancy - Cwm Taf Morgannwg University Health Board](#)

9. Monitoring and Evaluation

- Team responsible for monitoring: Team leaders, Matron, Specialist Midwives for those responsible in delivering the Smoke free Pregnancy pathway.
- Frequency of monitoring: Monthly review of key standards, quarterly report, yearly audits
- Process for reviewing results and ensuring improvements in performance: Monthly key standard data to be reported on a monthly basis and disseminated to clinical leads.
- Adverse incidents relating to this Guideline should be reported via the CTMUHB Incident Reporting System / Datix.
- Issues with this guideline should be raised to the Public Health Specialist Midwife through the appropriate forum.

10. Audible points and Data collection

- Number / percentage of women who smoke at booking (SATOB).
- Number / percentage of pregnant smokers who are referred at booking
- Number / percentage of women who have carbon monoxide levels recorded at booking
- Number / percentage of pregnant smokers referred who engage with MAMsS (Help Me Quit for Baby).

- Number / percentage of pregnant smokers who become treated smokers i.e. reach treatment session 1 and therefore reap the benefits of:
 - a. More likely to quit smoking
 - b. More likely to have smoke free home
 - c. Cut down the amount they smoke
 - d. Discourage their children not to become smokers
 - e. Make future quit attempts
 - f. Make a successful quit attempt in future
- Number / percentage of pregnant smokers who actually quit in pregnancy.
- Number / percentage of women who are smoking at time of delivery (SATOD)
- Audit of notes to observe documentation of smoking status, referrals and CO readings in All Wales hand held records

11. Electronic Cigarettes /Vaping

Public Health Wales have recommended that ENDS (Electronic Nicotine Delivery Systems e.g., E-cigarettes / Epens / e-pipes / e-hookah should not be used in pregnancy.

Women who present using ENDS with or without nicotine will be picked up at digital referral and given behaviour change intervention by the HMQ4B team. The input is not a program of intervention as with tobacco use (as per Russell Standard) and will usually be a one-off intervention, however a follow up maybe carried out if requested. Those women seeking support in pregnancy may also be referred. NOTE- vaping should not raise the CO level.

The HMQ4B service is mirroring generic HMQ services to prides an equitable service for women who vape, Services are awaiting further guidance on supporting people who vape from Welsh Government.

12. References

All documents should comply with current approved practice and the author will need to references these within the document.

- Bennett, L et al. (2015) Models for Access to Maternal Smoking cessation Support (MAMSS): a study protocol of a quasi-experiment to increase the engagement of pregnant women who smoke in NHS Stop Smoking Services. Online <https://bmcpublihealth.biomedcentral.com/articles/10.1186/14712458-14-1041>

Bornholm, SM, et al. Maternal smoking during pregnancy and risk of stillbirth: results from a nationwide Danish register-based cohort study. Acta Obstetrecia et Gynecologica Scandanavia 2016 Nov; 95 (11):1305–12.

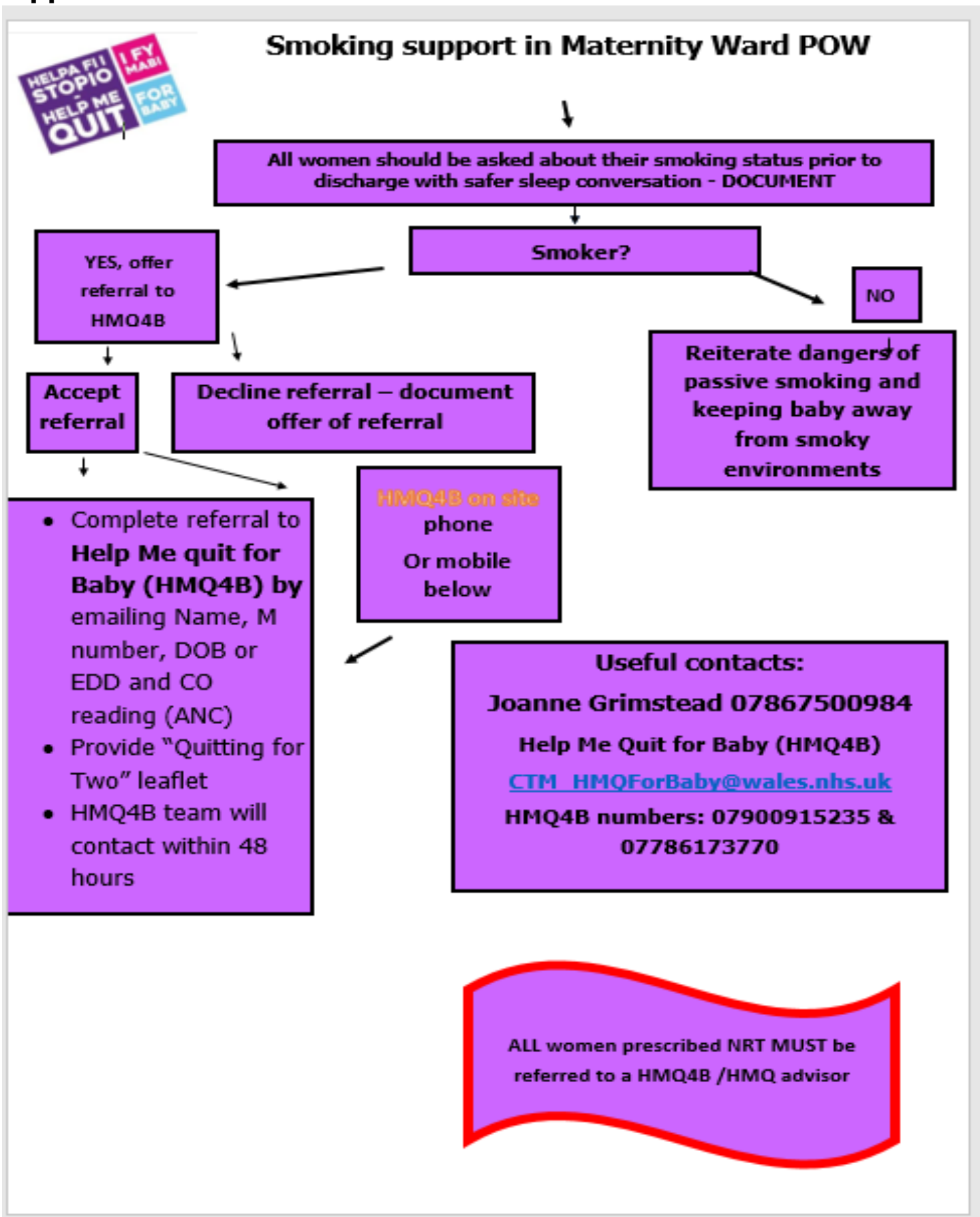
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- <https://mecc.publichealthnetwork.cymru/en/>
- <https://www.breastfeedingnetwork.org.uk/smoking/>
- Maternal smoking and the risk of stillbirth: systematic review and metanalysis; Takawira C Marufu, Ananad Ahankari, Tim Coleman and Sarah Lewis BMC Public Health 2015, 15:239 doi:10.1186/s 12889-015-1552-5.
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- Shaw L.E. (2021) *All Wales Fetal Movements guideline*
- West, R. (2005) Assessing smoking cessation performance in NHS Stop Smoking Services: The Russell Standard (Clinical). as cited online in NCSCT. <https://www.ncsct.co.uk/usr/pub/assessing-smoking-cessation-performance-innhs-stop-smoking-services-the-russell-standard-clinical.pdf>

Further Information

- https://www.tommymys.org/sites/default/files/Ecig%20infographic%20DRAFT%2010%20V1%0TOMMYS_0.pdf
- <http://smokefreeaction.org.uk/wp-content/uploads/2017/06/eCigSIP.pdf>

- [http://www.ncsct.co.uk/usr/pub/Electronic_cigarettes. A briefing for stop smoking service.pdf](http://www.ncsct.co.uk/usr/pub/Electronic_cigarettes._A_briefing_for_stop_smoking_service.pdf)

Appendix one





Smoking support in Maternity Ward PCH

All women should be asked about their smoking status prior to discharge with safer sleep conversation - DOCUMENT

Smoker?

NO

YES, offer referral to HMQ4B

Reiterate dangers of passive smoking and keeping baby away from smoky environments

Accept referral

Decline referral – document offer of referral

HMQ4B on site phone
Or mobile below

- Complete referral to **Help Me quit for Baby (HMQ4B)** by emailing Name, M number, DOB or EDD and CO reading (ANC)
- Provide "Quitting for Two" leaflet
- HMQ4B team will contact within 48 hours

- Nicotine Replacement Therapy (NRT) may be prescribed by a medical officer or Midwife in ANC
- If pregnant 16-hour patches are given
- Post birth 24-hour patches may be given – NRT is safe with breastfeeding mothers
- REFERRAL TO HMQ4B MUST ACCOMPANY ANY NRT PRESCRIBED

Useful contacts:
SAM (Hospital HMQ) 07901 115390
Help Me Quit for Baby (HMQ4B)
CTM_HMQForBaby@wales.nhs.uk
HMQ4B numbers: 07900915235 & 07786173770
LEE POWELL (HMQ4B) IS BASED IN ANC MOST THURSDAYS



Smoking support in Maternity Day assessment

Unit POW

Carbon monoxide reading offered to all women - DOCUMENT

All women should be asked about their smoking status - DOCUMENT

YES, offer referral to HMQ4B

Smoker?

NO

Accept referral

Decline referral – document offer of referral

Document CO reading & smoking status
high reading 4-5 provide CO information leaflet

If over 6 refer to HMQ4B for investigation

- Complete referral to **Help Me quit for Baby (HMQ4B)** by emailing Name, M number, DOB or EDD and CO reading (ANC)
- Provide "Quitting for Two" leaflet
- HMQ4B team will contact within 48 hours

Useful contacts

Help Me Quit for Baby (HMQ4B)
CTM_HMQForBaby@wales.nhs.uk
HMQ4B numbers: 07900915235 & 07786173770

ALL women prescribed NRT MUST be referred to a HMQ4B /HMQ advisor



Smoking Support in Ante- Natal Clinic Pathway

YCR



Carbon monoxide reading offered to all women - DOCUMENT

All women should be asked about their smoking status - DOCUMENT

YES, offer referral to HMQ4B

Smoker?

NO



Accept referral

Decline referral – document offer of referral

Document CO reading & smoking status
high reading 4-5 provide CO information leaflet
If over 6 refer to HMQ4B for investigation

Midwife to assess need for NRT using Nicotine Replacement Therapy (NRT) in Maternity tool

- Complete referral to **Help Me quit for Baby (HMQ4B)** by emailing Name, M number, DOB or EDD and CO reading (ANC)
- Provide smoking cessation Bundle (includes advice letter)
- Midwife to provide 2-week supply of NRT
- HMQ4B team will contact within 48 hours

Help Me Quit for Baby (HMQ4B)
CTM_HMQForBaby@wales.nhs.uk
HMQ4B numbers: Tanya
07900915235 & 07786173770

ALL women prescribed NRT MUST be referred to a HMQ4B /HMQ advisor

Smoking support in Antenatal clinic pathway



POW

Carbon monoxide reading offered to all women - DOCUMENT

All women should be asked about their smoking status - DOCUMENT

YES offer referral to HMQ4B

Smoker?

NO

Accept referral

Decline referral – document offer of referral

HMQ4B NOT ON SITE
Midwife to assess need for NRT using **Nicotine Replacement Therapy (NRT) in Maternity tool**

Document CO reading & smoking status
high reading 4-5 provide CO information leaflet
If over 6 refer to HMQ4B for investigation

- Complete referral to **Help Me quit for Baby (HMQ4B)** by emailing Name, M number, DOB or EDD and CO reading (ANC)
- Provide smoking cessation Bundle (includes advice letter)
- Midwife to provide 2 week supply of NRT
- HMQ4B team will contact within 48 hours

Useful contacts

Joanne Grimstead 07867500984
Help Me Quit for Baby (HMQ4B)
CTM_HMQForBaby@wales.nhs.uk
HMQ4B numbers: 07900915235 & 07786173770

ALL women prescribed NRT MUST be referred to a HMQ4B /HMQ advisor



Smoking support in Ante- natal clinic pathway

PCH



Carbon monoxide reading offered to all women - DOCUMENT

All women should be asked about their smoking status - DOCUMENT

YES offer referral to HMQ4B

Smoker?

NO

Accept referral

Decline referral – document offer of referral

Document CO reading & smoking status
high reading 4-5 provide CO information leaflet

If over 6 refer to HMQ4B for investigation

HMQ4B on site
phone 72506
Or mobile below

HMQ4B NOT ON SITE
Midwife to assess need for NRT using **Nicotine Replacement Therapy (NRT) in Maternity tool**

Useful contacts

Samantha Hughes: 07901 115390

Lucy

Help Me Quit for Baby (HMQ4B)

CTM_HMQForBaby@wales.nhs.uk

HMQ4B numbers: 07900915235 & 07786173770

- Complete referral to **Help Me quit for Baby (HMQ4B)** by emailing Name, M number, DOB or EDD and CO reading (ANC)
- Provide smoking cessation Bundle (includes advice letter)
- Midwife to provide 2 week supply of NRT
- HMQ4B team will contact within 48 hours

ALL women prescribed NRT MUST be referred to a HMQ4B /HMQ advisor



Smoking support in Maternity Day assessment

Unit PCH



Carbon monoxide reading offered to all women - DOCUMENT

All women should be asked about their smoking status - DOCUMENT

YES, offer referral to HMQ4B

Smoker?

NO

Accept referral

Decline referral – document offer of referral

Document CO reading & smoking status
high reading 4-5 provide CO information leaflet

If over 6 refer to HMQ4B for investigation

- Complete referral to **Help Me quit for Baby (HMQ4B)** by emailing Name, M number, DOB or EDD and CO reading (ANC)
- Provide smoking "Quitting for Two leaflet"
- HMQ4B team will contact within 48 hours

HMQ4B on site
phone 72506
Or mobile below

Useful contacts

Tanya Gee-wing: 07900 915235

Lee Powell: 07814 168526

Help Me Quit for Baby (HMQ4B)

CTM HMQForBaby@wales.nhs.uk

HMQ4B numbers: 07900915235 & 07786173770

- **Nicotine Replacement Therapy (NRT) may be prescribed by a medical officer or Midwife in ANC**
- **If pregnant 16-hour patches are given**
- **Post birth 24-hour patches may be given – NRT is safe with breastfeeding mothers**
- **REFERRAL TO HMQ4B MUST ACCOMPANY ANY NRT PRESCRIBED**



Community Midwifery Smoking Referral Pathway



The community midwife following NICE guidance:

- Assess exposure to tobacco smoke and Carbon Monoxide (CO) at booking appointment
- Discuss the health risks to mother and fetus but also the benefits of quitting- provide literature
- Record CO and actions in hand held records regardless of smoking status –
- **Refer ALL pregnant smokers or women with Carbon monoxide reading 6 or above to the HMQ4B service**
- **Provide raised CO reading leaflet to all with CO over 4**

Throughout Pregnancy:

- CO monitoring carried out at **all antenatal appointments** including consultant clinics
- CO reading to be used as a tool to address smoking or carbon monoxide exposure

Follow CO flowchart for high readings and provide leaflet to those with high readings and refer to HMQ4B if ≥ 6

Document smoking/vaping status at each appointment and also actions taken

- Re- refer smokers back into HMQ4B as often as required up to 28 days post birth
- Provide Quitting for two leaflets for those who do not engage
- Remind women of the benefits of quitting to the health of themselves and their unborn baby
- Refer partners, family or friends to HMQ4B if possible
- Remind women that there is no smoking in the hospital or grounds so good idea to quit while pregnant
- Diminished fetal movements, headaches and nausea are symptoms of Carbon monoxide symptoms of Carbon monoxide exposure in non-smokers and smokers



Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Contact numbers:

Tanya Gee-wing: 07900 915235

Lee Powell: 07814 168526

Public Health Midwives

Sharon Webber: 07468 707646

Carolyn Jenkins: 07766 465399

CARBON MONOXIDE (CO) AND PREGNANCY



- Your CO reading will be recorded throughout your pregnancy as part of your antenatal check.
- CO is a highly toxic, dangerous gas which is colourless and odourless.
- CO makes the blood stickier and takes the place of oxygen (O²) in the bloodstream.
- CO is higher in foetal blood than in maternal blood.
- High CO readings can cause:
 - Low birth weight babies
 - Still birth
 - Behavioural problems in children

Carbon Monoxide (CO) Exposure-Advice for women who have high CO readings in pregnancy ≥4

Checklist of possible causes:

- Smoking is main cause of CO exposure and stopping smoking can improve the outcome of your pregnancy and health of your baby
- Passive smoking
- Faulty household and caravan appliances (including gas, coal, oil, coke & wood)

- Neighbours' faulty appliances (may leak through walls)
- Exposure to vehicle exhausts
- Cleaning fluids and paint fumes (some contain methylene chloride (dichloromethane), which can cause carbon monoxide poisoning if breathed in)

Think:

- Could you be exposed to CO at work?
- Could the CO be coming from inside your car?
- Do your heating appliances need checking?
- Does your home/building have a Carbon monoxide detecting alarm fitted?
- If symptomatic is anyone else at the property affected with similar symptoms?
- Lactose intolerance (discuss with GP if first reading high with no explanation)
- Prolonged headache, drowsiness, chest pain, falls, sickness/nausea, dyspnoea, "tired all the time" could be a sign of carbon monoxide poisoning






Help Me Quit for Baby is a maternity smoking cessation service for support with quitting smoking and vaping.

We can help with **FREE NHS** support and treatment from one of our trained Maternity Support Workers in your own home or a clinic area.

Lee Powell – 07786 173770
Tanya – 07900 915235
CTM_HMQforbaby@wales.nhs.uk



APPENDIX 3

Step	Action
1	<p>The PICO baby™ should be wiped clean with the Clinell wipes provided with the monitor before and after each test</p> 
2	<p>Ensure socially distanced from health professional for this test</p> <p>Please clean your hands using the alcohol gel provided. If there is no mousse/gel available please clean your</p> 
3	<p>A new SteriBreath™ mouthpiece should be used for each woman. The woman should insert their own</p> <p style="text-align: right;">mouthpiece</p> 
4	<p>You can now turn the CO Monitor 'On' by pressing the power button once, a round button, which can be found at the top of the CO Monitor.</p> <p><i>If this symbol comes onto the screen, please remove by pressing the house shaped symbol found at the bottom of the CO Monitor screen</i></p>  

5

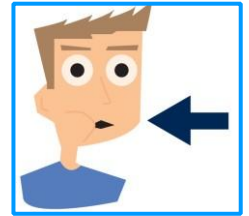
inhale symbol will appear on the screen:

1. Press to start
2. At this point turn away from the professional and take a deep breath
3. Hold breath for 15 seconds the will count you down. **Keep**

holding your breath

4. Machine will bleep at the last 3 seconds

The



health



symbol

If you are unable to hold your breath in for the 15 seconds due to illness e.g., lung disease or chest ailments start at a comfortable point e.g., at 10 seconds.

6

Once the countdown reaches zero **the 'exhale' symbol will appear.**

Then blow gently into the mouthpiece aiming to empty your lungs



7

Show the reading to the health professional Remove the mouthpiece and dispose in bin provided
Sanitise hands again!



8

The number highlighted on the screen (*as seen by this example*) shows the percentage of carbon monoxide in your breath.

The health professional will advise you what this reading means and actions that may need to be taken

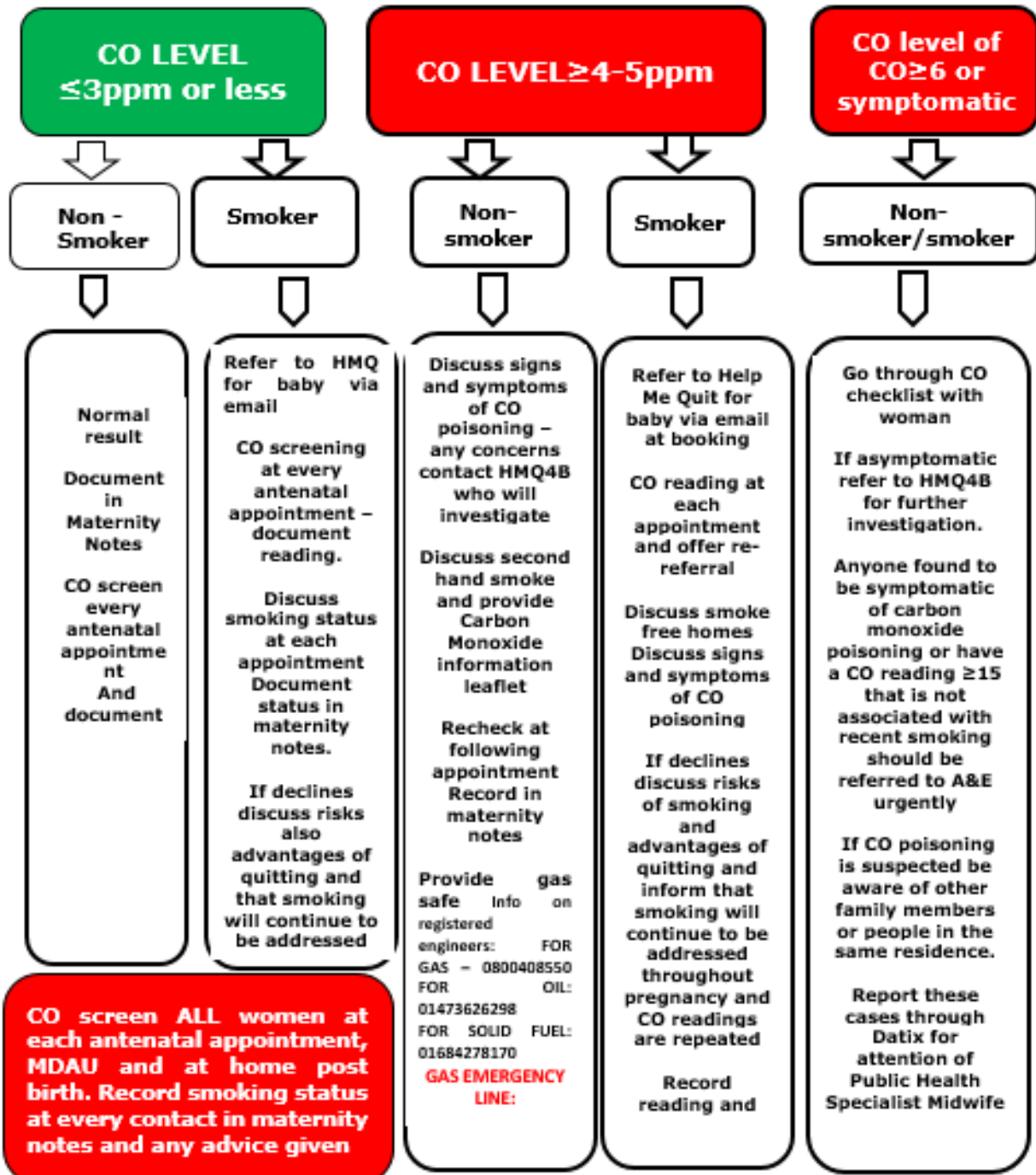
10

Please **turn the CO Monitor OFF** by pressing and holding down the power button for 3 seconds.

Thank you for carrying out a 'breath test'



Carbon Monoxide in Pregnancy Action Flowchart



HMQ for baby referral – pregnancy and postnatal



Name :

Hospital number:

CO READING :

Address:

Date of referral:

Due Date:

Home telephone number:

Automatic Referral if uses any of following (*tick all relevant*)

- Cigarettes / Tobacco
 - E-cigarettes / Vaping / ENDS
 - Smokes Cannabis or other drugs
 - Stopped smoking in past 2 weeks (*still refer*)
 - CO reading above 4ppm (*if non-smoker*)
- (use CO escalation pathway for guidance)*

IT IS THE MIDWIVES ROLE TO INFORM THE WOMAN OF DANGERS TO MOTHER AND UNBORN BABY

Name of Referrer:

Designation:



FOR OFFICE USE ONLY

ASSESSMENT			ACCEPTED	
TS1			DECLINED	
TS2			LOST CONTACT	
TS3			CALL ATTEMPTS IN TS	
TS4			STATS	
TS5			QUIT MANAGER/RJ	

APPENDIX 6

**Friends and family
 Referral Form
 For Smoking Cessation Support
 Ask – Advise – Act**

Today's date: _____

Name of Midwife: _____

Please complete this referral form for friends and family of relatives who smoke and wish to have support from smoking cessation services.

Name of person to be referred:
Address: D.O.B.:
Telephone number:

Name of pregnant woman who is associated with this person:
M number:

Is the pregnant woman a smoker: yes, no?

If yes has the woman been referred to MAMSS yes no
 quit on own N/A

Discuss the benefits of a smoke-free home

Ask whether anyone else in the household smokes. If so, raise awareness of the dangers of **second**-hand smoke and that Help Me Quit and many pharmacies offer support to adult smokers **who** want to quit locally.

HmQ4b worker to complete
Referred to Help Me Quit online
other actions:

Please return this form to the Maternity Support Worker
 Please ring the Maternity Support Worker on _____ if you have any queries



Digital booking

(As early as 4 weeks – completed by Pregnant person - picked up)

Attempt to make contact with Client via telephone (3 attempts at different times)

YES

Does the client want

NO

- Check all personal details
- Complete assessment using pre assessment template
- Discuss NRT products
- Discuss which pharmacy they will attend
- Complete HMQ NRT pharmacy form and send to relevant pharmacy
- Send the original HMQ pharmacy sheet in the post to the pharmacy
- Arrange appointment for next week
- Send out passport and leaflet within 5 days

- Complete the pre assessment using template
- Ensure client is aware of the services available
- Ensure client is aware of how to re-access the service self-referrals, midwife, obstetricians.
- Discuss having CO readings at each maternity appointment
- Send out HMQ pre quit kit book with contact details, Quit for two leaflet and decline letter

- Support give via telephone or face to face up to 7 weeks
- Encourage client to set a quit date
- Support client with behaviour therapy and pharmacy support if required
- 4 week follow up for anyone who quits or exits the service
- Liaise closely with community midwives
- Document on quit manager and local spreadsheets

Any DNA or loss of contact:

- 3 attempts made by telephone
- 3 attempts made by text
- Continue to have CO readings in community clinics and antenatal clinics
- Re-referrals accepted throughout Pregnancy and postnatal period to 28 days post birth

Community Midwives to inform HMQ4B team of CO reading at booking for smokers and high readings

Re-referral offered for all smokers and document in notes offer of referral as well as details if client is referred