NHS North East and North Cumbria

North East & North Cumbria Tobacco Dependency in Pregnancy & The Postnatal Period v6

North East and North Cumbria Local Maternity and Neonatal System

Smoking is the single most modifiable risk factor in pregnancy

Implement a simple, rigorous and evidence based approach which includes:

- When notifying General Practitioner or Midwife of pregnancy to rapidly refer all self reported tobacco dependent persons to Tobacco Dependency Treatment Service (TDTS).
- All pregnant/postnatal persons carbon monoxide (CO) screened at antenatal booking, 36 week appointment & birth and provided very brief advice (VBA) which is electronically recorded.
- All pregnant tobacco dependent persons to be provided with OHID Smokefree baby in cigarette box leaflet.
- Annual VBA training (to NCSCT standards and Smoking in Pregnancy Challenge Group recommendations) provides maternity staff with the knowledge and confidence to undertake the intervention.
- Automatic referral pathway for all pregnant persons and partners self-identified as being tobacco dependent or with a CO reading of 4ppm or more, or who have quit tobacco use in last 2 weeks. CO screening and VBA to take place for all other antenatal appointment for this cohort of pregnant persons.
- A rapid referral by Maternity/HV service within 1 working day, to an in-house (TDTS) with response from the advisor within 1 working day.
- Three telephone/text contacts from the Tobacco Dependency Treatment Advisor (TDA) over three consecutive working days. Letter to be sent to pregnant person for home appointment with TDA who are unable to be contacted by telephone/ text. Feedback to be provided to maternity healthcare professional with regards to treatment plan, progress with quit attempt and non-engagement.
- Offered a 1:1 face to face intervention with a NCSCT Level 2 trained TDA within five days of referral which should last at least 40 minutes.
- A choice of NRT available, free for women requiring pharmacotherapy support.
- NRT should be supplied for at least 12 weeks beyond the quit date.
- Open discussion of vaping to support smoking cessation. Vaping only should NOT be recorded as smokers. Provide a warning that accidental poisoning can occur in young children- advise about safe storage of vaping equipment.
- CO monitors maintained monthly and replaced in accordance with manufacturers instructions and infection control policies.
- Maternity staff ask pregnant person and partners, who have used tobacco at any time during their pregnancy, about their tobacco use at every contact and complete CO reading.
- Pregnant person identified as being tobacco dependent to be provided with an enhanced intervention immediately after the dating and anomaly scan appointments and at the first postnatal contact undertaken by the Health Visiting Service.
- Women ≥ 36 weeks to be referred in to community Stop Smoking Services.
- All CO/or alternative forms of biochemically validating to be electronically recorded.
- On admission to hospital, all pregnant pregnant persons being CO monitored.
- On admission to hospital, all pregnant persons who are tobacco dependent being offered VBA and NRT stocked and offered for temporary abstinence and support to quit. An opt out referral to the TDTS made and discharge should include 2 weeks supply of NRT.
- Advice for pregnant persons about vaping on hospital sites.
- Past/present tobacco use status of woman and partner documented in maternity handover to Health Visitors.
- All professionals enquire about tobacco use status of mother and household members. Provide CO monitoring, VBA and refer to TDTS/ community Stop Smoking Service where available. Advise about risk of sudden infant death and importance of smokefree environments.

Further Information:

Stopping Smoking in Pregnancy: A briefing for maternity care providers
Hiding in plain sight: Treating tobacco dependency in the NHS | RCP London
Smoke-free generation: tobacco control plan for England - GOV.UK
Smoking Cessation in Pregnancy: A review of the Challenge – ASH
NHS Long Term Plan » Smoking
Passive smoking and children – RCP London
Reports – ASH
Saving Babies Lives Care Bundle Version 3
NICE NG209 Guidance

NENC Tobacco Dependency in Pregnancy & The Postnatal Period Pathway V6

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All professionals enquire about smoking status of pregnant person and household members. Provide CO monitoring, VBA, Smoke Free app and refer to stop smoking service/advisor where available. Advise about risk of sudden infant death and importance of smokefree environments.

First contact to book pregnancy to be asked if pregnant person uses tobacco

Advise of automatic referral to Tobacco Dependency Treatment Service

First maternity contact & 36 weeks gestation or at time of birth if earlier

CO monitoring of all pregnant persons & electronically recorded.
All tobacco dependent pregnant persons with CO reading of 4ppm or more, or who used tobacco within 2 weeks prior to appointment, or previous tobacco user:
-automatically referred to in-house Tobacco Dependency Treatment Service (Community Stop Smoking Service if ≥ 36/40) within 1 working day,
-provided with Smoke Free app & OHID Smokefree leaflet
- to be CO tested at all other antenatal appointments

All partners offered CO reading and appropriately referred as above (documentation not required)

Health visiting service informed of tobacco dependency status

At dating and anomaly scans

Provided with an enhanced support conversation. Tobacco dependency Service/Advisor to begin providing holistic home visits where there has been poor engagement. Reminded about Smoke Free app

At all mandated postnatal contacts birth to 5 years old

CO monitoring of all women and partners (optional). Those with a reading of 4ppm or more or identified as tobacco dependent automatically referred to community Stop Smoking Service within 24 hours & provided with Smoke Free app.

All families advised about smoke-free environments and risk of Sudden Infant Death (SIDS)

At all mandated postnatal contacts birth to 5 years old

All tobacco dependent persons referred to the stop smoking service & provided with Smoke Free app

All tobacco dependent persons and those dependent in the last year provided with an enhanced support conversation at the first HV postnatal contact and or on identification of tobacco dependence.

Tobacco dependence service/advisor contacts women by text/call within 1 working day

Minimum 40 minute 1:1 Face to face appointment with pregnancy trained advisor within 5 working days. Discussion including combination pharmacotherapy throughout pregnancy & afterbirth, use of vapes, gaining a partners support, providing Smoke Free app.
Support to set a quit date as early as possible.
Commence NENC ICS incentive scheme* (in participating NHS Trusts)

Weekly face to face contact in weeks 1-4

Week 4
Face to face contact and CO/or alternative forms of biochemically validating quit electronically recorded

Week 5-12
weekly face to face and/or telephone contacts. Each Incentive CO validated

4 week postnatal CO validation and provide/revisit discharge plan.

Discharged with a relapse prevention plan

Tobacco dependent pregnant persons | All pregnant/ postnatal persons | All professionals | Tobacco dependency Advisor | Maternity actions | Health Visiting Service actions

NB: "Partners" includes significant others residing in the same property.

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*NENC ICS Tobacco Dependency in Pregnancy Maternity Incentive Scheme

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The scheme will include an option to give additional support to maintaining quit status into the postpartum period using "Love to Shop" vouchers for pregnant persons.

- Discuss the incentive scheme with the pregnant persons, if wishes to participate obtain verbal consent and document this in the Maternity Records (digital/hand-held record) and complete the activity and order spreadsheets. Email the order spreadsheet to Love to Shop (follow how to guide).
- The reward codes will be generated and issued directly to the recipient (from love2shoprewards@dotdigital-email.com) normally the following day via email, however it can take up to 72 hours.
- For any vouchers not received email aftersales@love2shop.co.uk attaching the original spreadsheet sent to request the voucher (containing the recipients details) keeping the PHPiM team copied in necsu.nhc-tr.nenc.phpim@nhs.net

Voucher schedule	Voucher value (upto £380 per scheme)
Quit date set	£20
Successful 4-week quit and every subsequent 6 weeks onwards until birth. All MUST be CO validated	£40 (max 6 vouchers)
Successful 4 weeks postnatal quit. MUST be CO validated	£80
Successful quit for partners at 4 weeks postnatal. MUST be CO validated	£40

- Pregnant persons will be eligible twice in the one pregnancy
- Vouchers can not be issued if CO reading 4ppm or above. If pregnant persons report maintained quit repeat CO validation 1 week later.
- Regular support from NHS Maternity Tobacco Treatment Advisors (as per maternity pathway)
- The option to identify and recruit a smokefree partner or significant other who will also be entitled to receive a voucher
- Provide encouragement to make their home smokefree.

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North East & North Cumbria Tobacco Dependency in Pregnancy Script v6

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The following information is a guide to inform conversations around tobacco dependence in pregnancy.

All pregnant persons and household members (optional) are routinely screened for carbon monoxide (CO) at very first booking appointment – this should be done before asking tobacco use status:

"I now need to test your baby's exposure to carbon monoxide, a poisonous gas that can come from a variety of sources including car exhausts, faulty boilers, and tobacco smoke".

Tobacco use status should then be verified using multiple choice questions such as:
Which of the following best describes you?

A) Daily tobacco user
B) Infrequent / Social tobacco user
B) Ex-user of tobacco –more than 2 weeks
D) Ex- user of tobacco– less than 2 weeks
E) Non tobacco user
F) Vape/e-cigarette (non smoker)

CO reading 4ppm or more who advise that they are not tobacco dependent

Ask if pregnant persons is lactose intolerant or household members are tobacco dependent. If report of exposure to secondhand smoke, inform of risks as per tobacco dependency information box below. Clearly inform: "If other members of your household use tobacco we can also refer them as secondhand smoke is exceptionally harmful to you and your baby. You will be contacted with an appointment in the next 48 working hours. Please also contact the Health and Safety Executives Gas Safety line 0800 300 363 to have your home reviewed for faulty appliances leaking carbon monoxide".

Self reported tobacco dependency or a CO reading of 4ppm or more

Tobacco dependent pregnant person/ partner are clearly informed: **"I am concerned about the level of carbon monoxide in your blood and the risks that this poses for you and for your baby. Tobacco dependency increases the risk of miscarriage by 23%. Your baby may not grow healthily and there is a risk he/she could die before birth. As your baby develops their heart has to work harder therefore are more likely to have heart abnormalities. Tobacco smoke is like squeezing the babies cord; stopping oxygen getting to its vital organs. Babies born to tobacco dependent persons are more likely to be premature, under-developed or too sick to go straight home. These babies often struggle in labour and are more likely to be born by caesarean section. Once your baby is born he/she is 4 times more likely to die of sudden infant death, more likely to have ear and breathing problems and as a young child more likely to be hyperactive, be disruptive and have mental health problems in later life".**

"Whilst tobacco satisfies your addiction to nicotine, it also expose you to 5000 poisonous and fatal chemicals in tobacco smoke. It's standard for me to refer you/and partner for treatment to eliminate these risks. You are 67% more likely to stop tobacco use if you quit together. We can help you quit".

NOTE: Do not ask 'is this okay?' or 'are you happy for me to refer you?' otherwise this then becomes an opt-in and weakens the intervention. If tobacco dependent pregnant person advise that they will cut down or stop they are still required to be referred to a Tobacco Dependency Treatment Service for support.
Every identified tobacco dependent pregnant person should be referred unless they explicity refuse sharing of their information (they should be informed without sharing any personal information to the SSA to be included in data collection).
Where possible electronically record all pregnant person's CO recordings.
Inform Health Visiting team of any previous/current tobacco use.

Ex-tobacco user quit less than 2 weeks

Congratulate pregnant persons/partner and advise that the tobacco dependency treatment service will contact them to provide support to help them stay smokefree.

North East & North Cumbria Tobacco Dependency in the Postnatal period Script v6

The following information is a guide to inform conversations around tobacco dependency in the postnatal period.

ASK

Patients and household members (optional) are routinely screened for carbon monoxide (CO) – this should be done before asking tobacco use status.

"I now need to test your exposure to carbon monoxide – can you tell me anything you already know about carbon monoxide?"

Affirm any correct responses and reinforce that **"carbon monoxide is a poisonous gas that can come from a variety of sources including car exhausts, faulty boilers, and tobacco smoke. Being exposed to carbon monoxide is a risk to both you and your baby so it's important that we check your levels."**

Following the CO reading, tobacco use status should then be verified using multiple choice questions such as:

Which of the following best describes you?

A) Daily tobacco user
B) Infrequent / Social tobacco user
B) Ex-tobacco user –more than 2 weeks
D) Ex-tobacco user – less than 2 weeks
E) Non-tobacco user
F) Vape/e-cigarette (non-smoker)

ADVISE

"Stopping tobacco use is the best way to reduce your baby's/child's exposure to the thousands of harmful chemicals found in secondhand smoke, most of which is invisible and can stick to your clothes even if you smoke outside. Exposure to second-hand smoke in infancy and childhood, carries similar risks to smoking. Your baby is 4 times more likely to die of sudden infant death and as a young child more likely to be obese, hyperactive, be disruptive and have mental health problems in later life".

"Did you also know that tobacco dependency decreases male and female fertility and increases the risk of early menopause"?

"Whilst tobacco satisfies your addiction to nicotine, it also exposes you to 5000 poisonous and fatal chemicals in tobacco smoke. The most effective way to overcome tobacco dependency is with a combination of support and medication. Because of the risks to you and your baby, it's standard for me to refer you/and partner for treatment to eliminate these risks."

NOTE: Do not ask 'is this okay?' or 'are you happy for me to refer you?' otherwise this then becomes an opt-in and weakens the intervention. If smokers advise that they will cut down or stop they are still required to be referred for support.

Every identified tobacco dependent pregnant persons should be referred unless they explicitly refuse sharing of their information (they should be informed without sharing any personal information to the SSA to be included in data collection).

IF PATIENT IS NOT TOBACCO DEPENDENT: Ask if other household members use tobacco – if so, clearly inform: **"If other members of your household are tobacco dependent we can refer them for treatment as secondhand smoke can be very harmful to you and your baby. In the meantime, it's very important to protect your baby by making your house completely smokefree. Smoking in the home, even if it's in one room with windows open, still causes tobacco smoke to be spread throughout the house. Children exposed to this are more likely to develop asthma, bronchitis, and ear problems, as well as being more likely to become smokers themselves."**

ACT

"I'll refer you for local, friendly support. Someone will be in touch very soon to offer you an appointment with a specialist practitioner. In the meantime, it's very important to protect your baby by making your house completely smokefree. Smoking in the home, even if it's in one room with windows open, still causes tobacco smoke to be spread throughout the house. Children exposed to this are more likely to develop asthma, bronchitis, and ear problems, as well as being more likely to become tobacco dependent themselves."

Referrals for tobacco treatment services should be made within 24 hours of the intervention to maximise the chance of engagement.