University Hospitals of Derby and Burton NHS Foundation Trust

SMOKING IN PREGNANCY - FULL CLINICAL GUIDELINE

Reference No.: UHDB/AN/11:21/S9

Contents

1. Introduction

Smoking in pregnancy remains a key public health concern and is the single biggest modifiable risk factor for adverse outcomes in pregnancy, posing significant health risks to the woman, baby and family. It is a significant risk factor in infant mortality and can cause serious problems including, increased risk of miscarriage, premature birth, complications during labour, low birth weight and stillbirth.

2. Purpose and Outcomes

Cessation of maternal smoking early in pregnancy is associated with reduced spontaneous pre-term birth and stillbirth, as well as lower rates of intrauterine growth restriction and as such forms the first preventative element of the Saving Babies' Lives care bundle.

3. Abbreviations

APH	-	Antepartum haemorrhage
CO	-	Carbon Monoxide
ELLSCS	-	Elective Lower Segment Caesarean Section
NRT	-	Nicotine Replacement Therapy
PAU	-	Pregnancy Assessment Unit
PN	-	Postnatal
SATOD	-	Smoking Status at time of Delivery
SSS	-	Stop Smoking Service
VBA	-	Very Brief Advice

4. Key Responsibilities and Duties

CO monitoring according to the guidelines is the responsibility of midwifery staff. To inform women of the risks is the responsibility of all medical staff involved in the woman's care.

5. Booking Appointment

For all women at first maternity booking appointment

- Offer a carbon monoxide (CO) test, prior to any discussion of smoking.
- Explain that exposure to CO in pregnancy can be cause for concern
- Explain that the CO test will allow her to see a physical measure of her exposure to CO
- Record the result in the maternity handheld records and in the maternity electronic health record
- Ask and record smoking status
- Ask and record exposure to second hand smoking
- Ask and record exposure to other sources of CO

If smoking at booking or stopped within 2 weeks prior to booking:

- Refer to the stop smoking service on an opt-out basis
- Refer unless the woman expressly declines
- Advice only to stop and not to reduce

Referrals should be sent electronically from the maternity system.

6. Subsequent Appointments

For women referred to smoking cessation services, continue CO monitoring as per Trust Antenatal Care Guideline and in addition:

- Ask if they have engaged with the stop smoking service (SSS)
- Ask if they have stopped smoking
- Advise to stop if still smoking
- Re-offer referral to women who have not engaged with SSS

If active smoking:

- Explain UHDB is a smoke-free Trust
- Re-offer referral to SSS
- For planned LSCS:
    - Advise abstinence from smoking for a minimum of 2 weeks prior to surgery
    - Advise about the adverse effects of smoking on respiratory complications

7. Inpatients

For all women admitted in pregnancy or labour:

- Document current smoking status

If current smoking:

- Provide NRT if wishes
- Post-delivery inform about:
    - The dangers of second-hand smoke to their baby
    - The risks of third hand smoke (residue on clothing etc)
    - Baby should not be left unaccompanied on the ward

8. Delivery – SATOD

To ensure accurate documentation of the mandatory collection of **smoking status at time of delivery** (SATOD) it is vital that women are asked their current smoking status following the delivery and entered onto the electronic information system.

9. PN CO and Health Visitor Handover

Babies of mothers who are (ex)-smokers or are going to a household with anyone who smokes should be informed about the risks of smoking and the link to SIDS.

A discussion should take place about how they can keep their babies safe to reduce this risk.

Handover to HV should include smoking status.

10. E-Cigarettes

Electronic cigarettes are designed for users to inhale nicotine through a vapour rather than through smoke.

There is insufficient evidence to support the safety.

Women who smoke e-cigarettes:

- Are likely to measure a normal CO reading
- Are classed as non-smokers

11. Monitoring Compliance and Effectiveness

In line with Saving Babies Lives Care Bundle

12. References

East Midlands Maternity Clinical Network 2019 guidelines.

Documentation Control

Reference Number: UHDB/AN/11:21/S9	**Version: 2**		**Status: Final**	
Version / Amendment	Version	Date	Author	Reason
	1	Feb 2020	Cindy Meijer – risk support midwife	New clinical guideline
	2	Nov 2022	Cindy Meijer – Lead midwife guidelines, audit and digital	CO for all women included in the AN care guideline
	2.1	June 2023	Joanna Harrison-Engwell - Lead midwife for Guidelines, Audit and Quality	Clarification made to section 6 made - no clinical changes
Intended Recipients: All staff caring for women				
Training and Dissemination: Cascaded through lead sisters/midwives/doctors; Published on Intranet; NHS mail circulation list;				
To be read in conjunction with: Antenatal care, small for gestational age				

Development of Guideline:	Cindy Meijer
Consultation with:	Maternity Guidelines group
Business Unit sign off:	10/12/2019: Maternity Guidelines Group: Miss S Rajendran – Chair 14/10/2021: Maternity Development & Governance Committee / ACD: Miss S Raouf
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