

SMOKING CESSATION AND CARBON MONOXIDE TESTING

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Approved by:	Maternity Governance Meeting	
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Key Amendments

Date	Amendments	Approved by

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

This guideline has been produced to support and complement the 'Saving Babies Lives' care bundle 2016, and supports the delivery of safer maternity care. There is strong evidence that reducing smoking in pregnancy reduces the likelihood of stillbirth and reducing stillbirth is a mandate objective from the government to NHS England. It should be used for all women who book for antenatal care alongside the antenatal booking guideline.

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Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

Smoking Cessation and Carbon Monoxide Testing

Introduction

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 birth, miscarriage, low birth-weight and Sudden Infant Death Syndrome (SIDS). Whether or not a woman smokes during her pregnancy has a far reaching impact on the health of the child throughout his or her life.

NICE guidance 2010 recommends identifying women who smoke, and referring them for stop smoking guidance and support using appropriate services. This guidance remains, and is the basis for the Saving Babies Lives care bundle which supports a practical approach to reducing smoking in pregnancy.

Carbon Monoxide (Co) Testing

At the booking appointment all women should be offered Carbon Monoxide (CO) testing. A discussion should take place explaining why the test is offered.

It should be explained that the test will show a physical measure of smoking status and/or exposure to other people's smoke or environmental factors such as, faulty heating appliances or pollution.

Ask the woman, if she or anyone else in the household smokes.

To help interpret the CO reading, try and establish smoking amount and frequency. (CO levels fall overnight so morning readings may give a low result).

All appropriate women should be offered CO monitoring at every contact. If the woman declines CO testing at any time, document in the Pregnancy Notes

Results

The results of the test should be discussed. If the level of CO is 4 (parts per million) ppm or above discuss the risks to mum and the unborn baby of smoking in pregnancy including passive smoking.

These include:

- Increased risk of miscarriage
- Increased risk of premature birth
- Lower energy levels
- Low birth weight
- Increased risk of stillbirth
- Increased risk of Sudden Infant Death Syndrome (SIDS)
- Irritable baby as it experiences nicotine withdrawal
- Increased risk of wheezing and chest infections

Discuss the Health benefits of stopping smoking and offer all options of smoking cessation support and refer appropriately (see referral pathway – appendix 1).

Referral Pathway

Who and How to refer

- All women who say they smoke
- Women with a CO reading of 4 ppm or above
- Women who say they have quit smoking in the last 2 weeks.

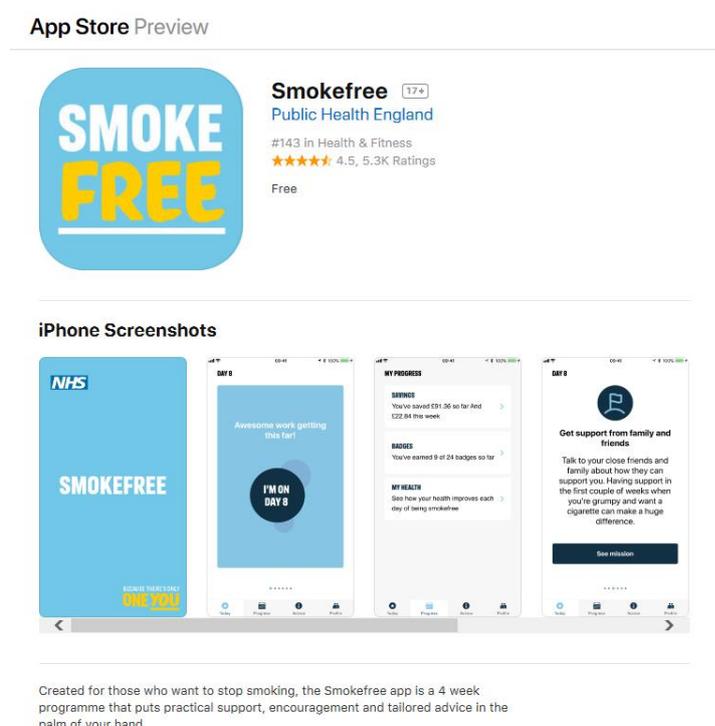
All women who smoke will have consultant care and will have serial growth scans at 28, 34 and 38 weeks.

Discuss with all women the risks of smoking to her and her unborn baby, including smoking by partners or family members.

All women who smoke, or those who register 4 or above when tested will be booked into scan clinic where they will be seen by a 'risk perception' midwife who will offer her smoking cessation advice.

If a woman declines smoking cessation support she should be made aware that this service is available throughout her pregnancy and referral to Smoking Cessation Service should be offered at each antenatal contact. Evidence suggests that some woman are more likely to be motivated to quit once their baby is born, so offer of referral should extend to the postnatal period. Document all discussions in pregnancy notes.

Women can be encouraged to access the NHS Smokefree App:



They can also access the NHS website for up to date information and advice:

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The Carbon Monoxide Monitor

All staff must have training in the use of CO monitors, 'Risk Perception' midwives will attend Baby Clear training and must update as required.

Maternity Mandatory Training MMT which takes place two yearly will include an update on smoking cessation services and a CO monitor update.

The plastic tube is single use and disposable therefore must be changed at each test.

The filter must be changed once per month, or when indicated to do so on the device

Each community midwife must have access to a CO monitor and it is their responsibility to ensure that monitors are maintained

An audit of pregnancy notes will be carried out every six months. Initially throughout the pilot year and then ongoing as appropriate to take into account monitoring at booking, at 36 weeks, and to reflect numbers of women smoking at time of delivery.

Who will monitor compliance with the guideline? Obstetric Governance Committee

STANDARDS	%	CLINICAL EXCEPTIONS
All pregnant women at booking should be offered CO monitoring.	100%	

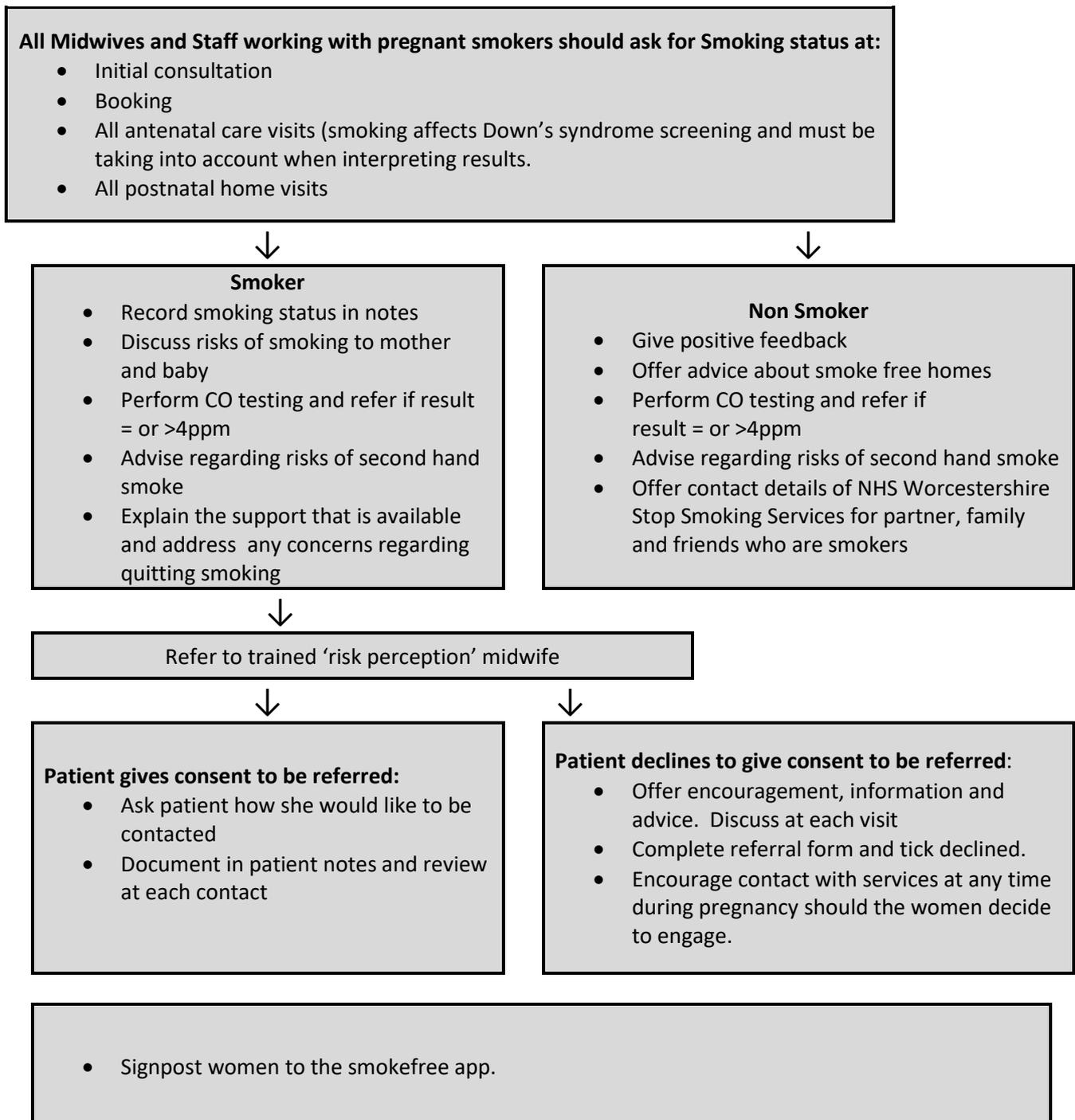
References

- NICE Public Health Guidance 26, quitting smoking in pregnancy and following childbirth, June 2010. <http://www.nice.org.uk/nicemedia/live/13023/49346/49346.pdf>

Appendix 1

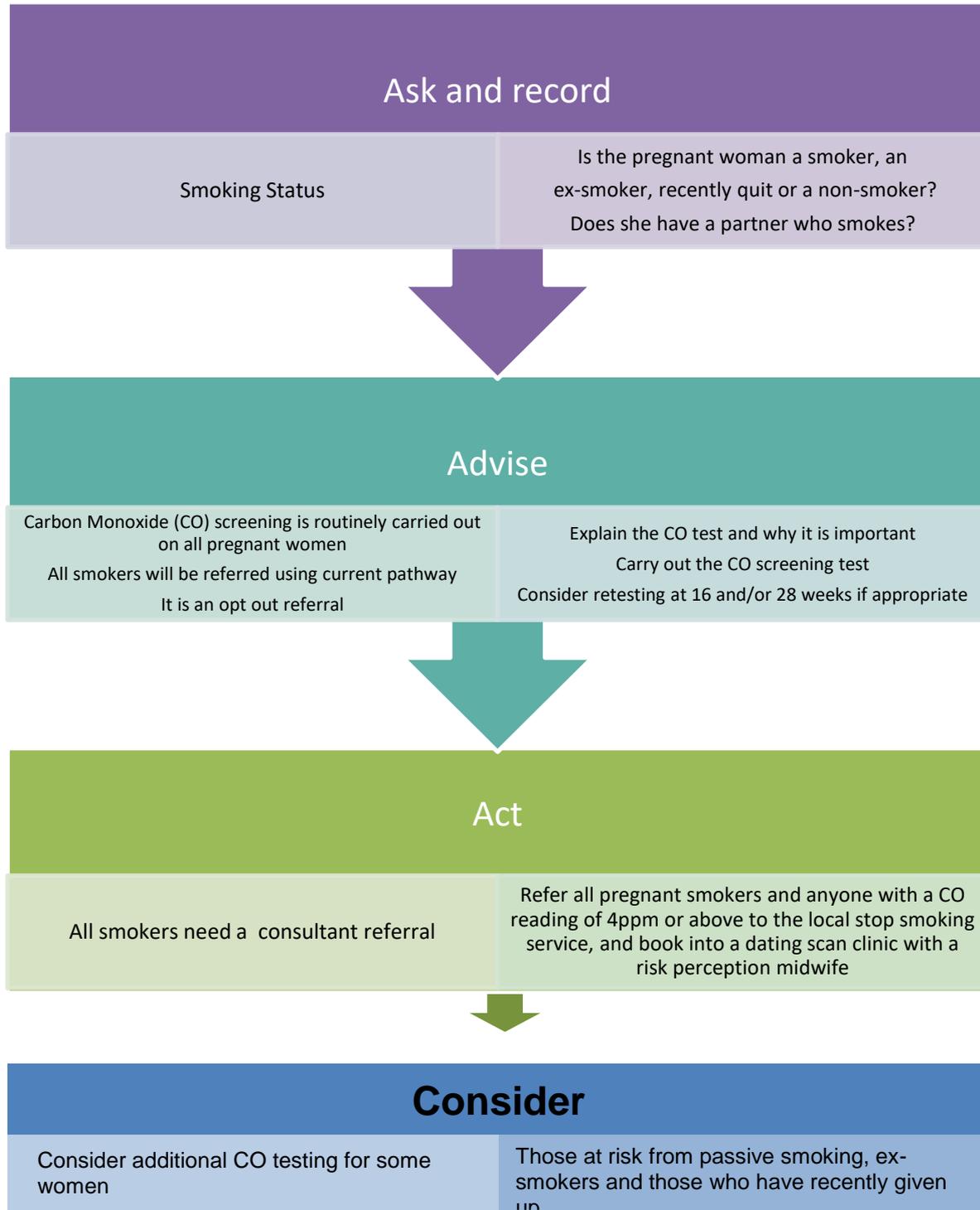
Referral Care Pathway for Pregnant Smokers

Supporting NICE Public Health smoking cessation services guidance 10



Carbon Monoxide Monitoring Tool and Flowchart

At initial contact with all women



- Discuss the dangers of smoking when pregnant; confirm that the best way of stopping smoking is with a combination of support and medication
- Complete smoking referral form, using most recent version
- **Access the generic training module - National Centre for Smoking Cessation and Training - website www.ncsct.co.uk/VBA**

Maternity referral to stop smoking services

At booking (and subsequent appointments)
Use CO breath test

- Ask the woman if anyone in the household smokes
- Ask if she smokes
- Record smoking status and CO level in notes (Including the woman's hand-held notes)

Refer all women who smoke to Stop smoking services & for consultant led care

Refer all women regardless of smoking status who record 4ppm or above to risk perception midwife

&

Check if referral was taken up

Consider additional testing or re-testing for women whose partners smoke or for those who are ex-smokers or have recently quit

At next appointment

No

If no referral, or referral not taken up, offer another referral to stop smoking services
Record in notes

Yes

If referral taken up, provide feedback as appropriate and record in notes

Review at subsequent appointments (CO breath test at every contact) record in notes.

Referral accepted

- Refer to stop smoking services
- Confirm consultant referral
- Refer to risk perception midwife
- Give the NHS Smokefree helpline number 0300 123 1044
- Record in notes (including hand-held)

Referral declined

- Accept the answer non-judgementally
- Leave the offer of help open
- Record in notes (including hand-held)
- Review at next appointment

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Support provided by stop smoking services

Contribution List

Key individuals involved in developing the document

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