

Smokefree Pregnancy Information Network

smoking in pregnancy
challenge group ●

RESOURCE UPDATE

The Smoking in Pregnancy Challenge Group is a coalition of baby and health charities working to increase the rate of smokefree births and support the Government's ambition to reduce rates of smoking among pregnant women to less than 6% by 2022.

As part of this work we have established the Smokefree Pregnancy Information Network which provides those working in Trusts, CCGs, LMSs and local authorities with timely information, opportunities to share practice and to ask questions of the wider network in relation to smoking in pregnancy.

This update aims to provide an overview of the resources available to support maternity teams and others in their work to support more women to have smokefree pregnancies. For more information or to access hard copies of these resources please email admin@smokefreeaction.org.uk

NATIONAL GUIDANCE

NICE guidance [PH48 'Smoking: acute, maternity and mental health services'](#) and [PH26 'Smoking: stopping in pregnancy and after childbirth'](#) – these provide the evidence-based model for smoking cessation support within maternity settings.

[The Saving Babies Lives Care Bundle Version 2](#) – '*Element 1: Reducing smoking in pregnancy*' recommends carbon monoxide (CO) testing of all pregnant women at antenatal booking appointment; CO testing at 36 weeks; referral to a stop smoking service/specialist based on an opt out system; and training on CO monitor use and Very Brief Advice (VBA) for all relevant maternity staff.

The [Smoking in Pregnancy Challenge Group](#) have produced a series of reports looking at the national policy context and opportunities to further drive down rates of smoking. The most recent update is here: <http://ash.org.uk/download/2018-challenge-group-report-final/>

TRAINING SUPPORT

[The National Centre for Smoking Cessation and Training](#) (NCSCT) has a range of **online briefings and training**. They also provide face to face training and support:

- [Smoking cessation: a briefing for midwifery staff](#)
- [Very Brief Advice on smoking for pregnant women online training](#)
- [Secondhand smoke: promoting smokefree homes and cars online training](#)

The same online training is also provided through **e-Learning for Healthcare**: [Smoking in pregnancy e-learning on the delivery of very brief advice \(VBA\)](#) and by the [Royal College of Midwives](#).

Carbon Monoxide (CO) Screening

Important tips

- Remain non-judgemental in your approach and give evidence-based information
- All discussion must be phrased sensitively to encourage a frank conversation
- Assess her interest in giving up smoking and encourage her to take up the support offered by her local stop smoking service. Make a referral if she agrees
- As with any screening tests, the midwife's role is to facilitate women's informed choice and consent/refusal for CO screening
- You can also encourage her to sign up for the free Stop4Life Information Service for Parents, which provides NHS-approved advice throughout pregnancy and the early years. Visit www.stop4life.nhs.uk

* Bauld L, Hutchings L, Ferguson J et al (2012) Implementation of routine biochemical addition and at-home self-referral pathway for smoking cessation in pregnancy. *Midwifery*, 26(3), 314-340

THIS WORK IS SUPPORTED BY

Carbon Monoxide Screening: advice for health professionals

Carbon monoxide (CO) is a colourless, odourless and tasteless poisonous gas which can kill people. It is present in exhaust fumes, faulty gas appliances, coalwood fires, oil burning appliances and cigarette smoke. It is especially dangerous during pregnancy because it deprives the baby of oxygen, slows its growth and development, and increases the risk of miscarriage, stillbirth and sudden infant death. This is why it is important to offer and encourage pregnant women to have the CO screening.

Test your breath

Why Carbon Monoxide screening matters
Carbon Monoxide (CO) is a poisonous gas which you can't see or smell but which is dangerous for you and your baby. Exposure can prevent oxygen reaching your baby due to growth and development, and can result in miscarriage, stillbirth and sudden infant death. Exposure can be measured through a quick and simple breath test provided by your midwife during a routine antenatal appointment. Feel free to ask your midwife about Carbon Monoxide screening. The test will give you a number which measures the amount of Carbon Monoxide in parts per million (PPM).

0-3 Your current level of exposure to Carbon Monoxide is low.	0-3 PPM shows little exposure to Carbon Monoxide in the last 24-48 hours.
4-9 You have had some recent exposure to Carbon Monoxide.	4-9 PPM suggests you have had recent exposure to Carbon Monoxide and this is of concern.

Exposure
Exposure to Carbon Monoxide is usually from one of three ways:

- Cigarette smoke
- Faulty or poorly ventilated cooking or heating appliances (this includes gas, coal, wood and paraffin appliances)
- Faulty car exhausts

- [Guidance on CO screening for health professionals](#)
- [‘Test your breath’ card explaining CO test to pregnant women \(this is available to download in a number of other languages\)](#)

E-cigarettes in pregnancy

Use of electronic cigarettes in pregnancy

A guide for midwives and other healthcare professionals

There are currently around 2.8 million electronic cigarette users in Great Britain and many smokers state they find them helpful when they are trying to quit. Anecdotally, we know women are using these devices during pregnancy as a replacement for smoking, and members of the midwifery team may be asked for advice.

Are e-cigarettes safe to use?

- E-cigarettes emit nicotine, but they do not emit the harmful tar and carbon monoxide found in cigarette smoke.
- Using an e-cigarette helps you avoid smoking. It is much safer for you and your baby than smoking.

Can I use an e-cigarette to help me quit smoking?

- E-cigarettes provide a safe and effective replacement for cigarettes and gum.
- You find an e-cigarette helpful to help you reduce your cigarette use.

Can I still smoke a bit of tobacco?

- Nicotine is harmful to you and your baby.
- You can use your e-cigarette as often as you like.

Is nicotine harmful for my baby?

- Nicotine is harmful to you and your baby.
- It is OK for others to use it.
- You can use your e-cigarette as often as you like.
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- You can use your e-cigarette as often as you like.

Is it OK for others to use e-cigarettes around me?

Can I still smoke a bit of tobacco?

Are e-cigarettes safe to use?

Can I use an e-cigarette to help me quit smoking?

Is nicotine harmful for my baby?

Is it OK for others to use e-cigarettes around me?

- [Guidance on the use of nicotine and e-cigarettes in pregnancy for health professionals](#)
- [Infographic that can be provided to women](#)

Health visiting and relapse prevention

SMOKING AND YOUR BABY Advice for Parents

THREE GOOD REASONS TO QUIT

- For your baby now – reduced risk of sudden infant death (SIDS), chest infections, asthma and meningitis.
- For your next pregnancy – quit now and you'll have a much lower chance of miscarriage, stillbirth or having a premature or unwell baby.
- For you – more energy, fewer illnesses, more money in your pocket and reduced risk of long term illness like cancer, lung or heart disease.

FACT Quitting smoking is the most effective way to protect your child from the harms of secondhand smoke.

FACT Two babies die suddenly every week in the UK because their mothers smoked during pregnancy or after birth.

FACT Every year, more than 17,000 children under five are admitted to hospital in the UK because of the effects of secondhand smoke.

FACT It's illegal to smoke in a private vehicle with someone under the age of 18.

FACT There is lots of support available to help you quit.

FACT Quitting smoking could save you around **£1600** a year, based on 11 cigarettes per day.

Why is having a smokefree home important?

A: Over 80% of cigarette smoke is **invisible** and stays in the air for several hours after a cigarette has been put out. Quitting smoking completely is the best thing you can do for your baby. If you are unable to quit smoking outside, away from the house, also decreases the risk that your baby could die suddenly or develop middle ear disease, chest infections or asthma.

Does it matter if other people in the family smoke?

A: You stand a better chance of **quitting** smoking and staying **smokefree** if your partner or family members also quit. If you are all successful your home will be free from cigarette smoke for your child. The children of non-smokers have fewer diseases and they are less likely to become smokers themselves.

Can I get help to quit?

A: Yes. You are much more likely to quit successfully with the help of a trained stop smoking professional who can provide specialist support, medicines or nicotine replacement therapy products such as gum, patches or spray to help you deal with cravings, and advice about using e-cigarettes (vapes).

Find support and local services at: <https://www.nhs.uk/smokefree>

Can't I just open my window?

A: No. Opening windows doesn't protect your baby from secondhand smoke, as it's invisible you won't know how much smoke is still in the room. If you need to smoke you should take at least 2 steps outside to stop smoke drifting inside.

What if I'm not ready to quit completely?

A: Some people need to use other sources of nicotine to help them keep their home smokefree and/or as a complete replacement for smoking. You can use NRT or e-cigarettes to protect yourself and your baby from harmful cigarette smoke. There is currently no evidence of harm to those around you from exposure to e-cigarette vapour.

What should I expect from my health visitor or midwife?

A: You should be:

- Provided with information about the risks of smoking and benefits of quitting for you and your baby.
- Encouraged to remain smokefree and referred to a specialist stop smoking services where you can get help to quit.
- Even if you are unable to quit smoking, your health visitor will let you know where to get NRT to help you keep your home smokefree.

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- [Conversation aid for health visitors](#)

STAYING INFORMED

Smokefree Pregnancy Information Network: Colleagues can sign up for regular updates by subscribing [here](#). As part of the Network all Local Maternity Systems should have received a tailored briefing with local data. [Email us](#) if you would like to see a copy of your local briefing. Going forwards the Network will seek to ensure that all those leading on prevention within LMSs around the country:

- Have access to timely information about relevant national activity;
- Are able to share good practice, template materials etc.;
- Can share challenges and pose questions of the wider network;
- Can provide feedback to inform the development of national work.

WEBINARS

1. **Local maternity systems opportunities and case studies, Wednesday 27th February** – This webinar provides case studies from three LMS's to provide an overview of key actions LMS's can take to embed treatment for smoking in pregnancy in maternity services, and highlight examples of local partnerships which can support the development of joined-up, local strategies. A recording of the webinar is available [here](#).

2. **Nicotine in pregnancy, Friday 8th March** – This webinar provides evidence concerning the safety and effectiveness of the use of nicotine in pregnancy. A recording of the webinar is available [here](#).

Speakers:

- Professor Linda Bauld, *University of Edinburgh*
- Professor Peter Hajek, *Queen Mary University of London*

3. **Incentive schemes, Thursday 28th March** – This webinar sets out the evidence base for the use of incentive schemes in pregnancy and the context for successful schemes. A recording of the webinar is available [here](#).

Speakers:

- Professor David Tappin, *University of Glasgow*
- Fran Frankland *Co-creator and project manager for the Supporting a Smokefree Pregnancy Incentive Scheme*

4. **Health visitors and relapse prevention, Thursday 25th April** – This webinar explores the role of health visiting in supporting women following birth and protecting future pregnancies through relapse prevention. A recording of the webinar is available [here](#).

Speakers:

- Hilary Wareing, *Director of the Tobacco Control Collaborating Centre*
- Dr Caitlin Notley, *University of East Anglia*

Access previous webinar on e-cigarettes and pregnancy here: <https://youtu.be/UnOk9UQJjwc>

- **Smoking in Pregnancy Challenge Group Autumn 2019 regional strategy events:** There will be four regional strategy events (North, Midlands, London and the South West) in Autumn this year. These will include Trusts, LMS, local government and other relevant professionals with a focus on joining up local strategic approaches to reduce rates of smoking in pregnancy before, during and following pregnancy. More information and a full agenda will be circulated shortly.