

Smoking during pregnancy and COVID-19

Guidance for Local Maternity Systems

Maternity services have made excellent progress in supporting pregnant smokers to quit. As the healthcare service faces unprecedented challenges in keeping patients safe and well, **it is vital that support to quit remains available to pregnant smokers.**

Harms of smoking during pregnancy

Smoking during pregnancy is the leading modifiable risk factor for poor birth outcomes, including stillbirth, miscarriage and pre-term birth.¹ Smoking during pregnancy contributes to increased respiratory conditions among children and the World Health Organization has highlighted that exposure to secondhand smoke is a major cause of bronchitis, pneumonia, coughing and wheezing and asthma attacks in children.²

In 2015/16, it's estimated that maternal smoking during pregnancy cost the NHS over £20 million through 10,032 episodes of admitted patient care.³

It is therefore essential, that we continue to provide pregnant smokers with behavioural support and NRT to support quit attempts throughout their pregnancy.

Smoking and COVID-19

Preliminary evidence indicates that smokers who contract the new coronavirus (COVID-19) have more severe symptoms.⁴ One survey from China has found that smokers with COVID-19 are 14 times more likely to develop severe disease.⁵ As a precautionary measure, the government has classed pregnant women as a group at risk of severe illness with COVID-19.

It has therefore never been more important for pregnant women to look after their respiratory health, and it is vitally important that we help smokers to quit

Secondhand smoke exposure also elevates risks, so it is important that smokers are supported to maintain a smokefree home and pregnant women are not exposed to secondhand smoke in the home.

Referring pregnant smokers to stop smoking services

Whilst **CO monitoring should be paused during this period** as a precautionary measure, NHS England still recommends that all women **are asked about their smoking status** at antenatal appointments, and time of delivery, and given appropriate advice and support.⁶

Opt-out referral pathways to specialist support should also remain in place.

CO monitoring should be re-introduced as soon as the COVID-19 situation has resolved to a background risk.

Providing specialist stop smoking support to pregnant women

Trusts should **continue to provide specialist stop smoking support for pregnant women** via telephone or remote systems, in line with the guidance from the National Centre for Smoking Cessation and Training (NCSCT).⁷ In addition to specialist support, there is further information and advice available to smokers at: www.todayistheday.co.uk

To help enable continuity of specialist support for pregnant smokers, we recommend:

- LMSs liaise with local authorities to create a picture of the support being provided through stop smoking services (the Challenge Group can help provide contact details for this)
- Review provisions for the supplying of nicotine replacement therapy to pregnant women
- Liaise with trusts to assess possibilities for ensuring continuity of specialist support through maternity services.

NHS England's [new guidance around smoking and COVID-19](#) provides this advice which can be used by healthcare professionals seeing pregnant women during this period:

- Midwives and doctors should still ask about and document smoking status at booking and 36 weeks, provide Very Brief Advice and refer women who smoke to specialist stop smoking support on an opt-out basis.
- Advise women that they are much more likely to stop smoking with support (be aware that this local provision may also have had to change recently e.g. from face to face support to telephone consultations)
- Continue to provide or recommend women use nicotine replacement as part of their quit attempt e.g. a patch as well as a faster acting product, such as inhalator, gum or spray. Women may wish to consider purchasing this whilst awaiting their stop smoking appointment
- This situation should be regularly reviewed and plans put in place to reinstate CO monitoring as soon as it is considered safe to do so.
- Women should be asked if other people in the household smoke, advised about the risks of exposure to secondhand smoke and informed of support available for partners or family members to quit, for instance local telephone support or the national smoking helpline (0300 123 1044).

Further resources

- NCSCT [Standard treatment programme for pregnant women](#) which can continue to be used, without CO monitoring
- Smoking in Pregnancy Challenge Group resources on the [use of e-cigarettes during pregnancy](#)
- Royal College of Midwives Position Statement on [Support to Quit Smoking in Pregnancy](#)

References

1 Smoking in Pregnancy Challenge Group. [Review of the Challenge](#). 2018.

2 International Consultation on Environmental Tobacco Smoke (ETS) and Child Health. Consultation Report, WHO, 1999.

3 Royal College of Physicians. [Hiding in Plain Sight: Treating tobacco dependence in the NHS](#). 2018.

4 Vardavas C, Nikitara K. [COVID-19 and Smoking: A systematic review of the evidence](#). Tob. Induc. Dis. 2020;18(March):20

5 Liu W, Tao Z-W, Lei W, Ming-Li Y, Kui L, Ling Z. [Analysis of factors associated with disease outcomes in hospitalized patients with 2019 novel coronavirus disease](#). Chinese Medical Journal: February 28, 2020.

6 NHS England. [Saving babies' lives care bundle Version 2: COVID-19 information](#). March 2020.

7 National Centre for Smoking Cessation and Training. [COVID-19 recommendation 18th March 2020](#). 2020