

Smokefree Pregnancy Champions Q&A

What should you be asking your trust?

Purpose

This document sets out key questions to assess your trust's progress towards supporting women to quit smoking before, during and after pregnancy, in line with NICE guidance [PH26](#) and [PH48](#) and the [Saving Babies Lives Care Bundle v2](#).

If you have any queries please email admin@smokefreeaction.org.uk

Why is stopping smoking important?

Smoking during pregnancy is the leading modifiable risk factor for adverse birth outcomes. Treating mothers and their babies (0-12 months) with problems caused by smoking in pregnancy is estimated to cost the NHS [between £20 million and £87.5 million every year](#).

Reducing rates of smoking in pregnancy to less than 6% by 2022, as set out in the Government's [Tobacco Control Plan](#), would mean [30,000 fewer women smoking during pregnancy](#), resulting in 45 – 73 fewer stillbirths, 11 – 25 fewer neonatal deaths and 7 – 11 fewer sudden infant deaths.

10 questions for your Trust

Identification and referral

1. Are all maternity staff aware of stop smoking support pathways, and able to make opt out referrals at the first booking appointment, and throughout pregnancy for those who continue to smoke?
2. Are all women tested for Carbon Monoxide (CO) at their first booking appointment, the 36-week antenatal appointment, and at appropriate points in-between?
3. Is data on the number of referrals to a stop smoking specialist and subsequent attendance readily accessible?

NICE guidance [PH26](#) recommends that all pregnant women are CO monitored and those with elevated levels (4ppm and above) are referred via an opt-out system for specialist support. This is reiterated in the [NHS Long Term Plan](#) and the [Saving Babies' Lives Care Bundle](#). However, this is not being universally implemented in all localities and is often held back by issues such as: limited access to CO monitors, unclear local referral pathways, and poor or fragmented data recording. Improvements in data coordination can translate into higher referral rates and increased uptake of support, leading to significant improvements in outcomes for women. To help assess your activity refer to the [CLEaR smoking in pregnancy deep dive tool](#).

Addressing inequalities

4. Is your Trust targeting pregnant smokers from communities with higher rates of smoking, for example those from more deprived backgrounds or whose partners smoke?

Rates of smoking among young, white women in routine and manual occupations are currently [more than double](#) that of women on average. For many women struggling to quit throughout pregnancy or prior to conception the home environment and the communities they live in will play a crucial role in their ability to quit successfully, whether they relapse to smoking once the baby is born and if they and their baby are exposed to secondhand smoke. There is a real need to improve training for maternity and early years professionals to better enable them to engage with families who smoke.

Nicotine as a quitting aid

5. Are women able to access Nicotine Replacement Therapy (NRT) from the maternity service?
6. What is the Trust's policy on e-cigarettes? Does this policy support women using e-cigarettes to quit throughout pregnancy?

Licensed Nicotine Replacement Therapy (NRT) products such as nicotine patches, gum and inhalers are safe to use during pregnancy and should be made available to pregnant smokers as first line treatments. [E-cigarettes can also be effective in helping people to quit smoking](#), particularly when combined with support from a stop smoking specialist. Although e-cigarettes are not currently available through the NHS as licensed medication, if a pregnant woman chooses to use an e-cigarette to quit smoking completely and stay smokefree, she should be supported to do so. E-cigarettes are much less harmful to health than cigarettes and, unlike cigarettes, they don't contain or burn tobacco so don't produce tar or carbon monoxide, which are very harmful to babies.

Trusts should have a clear policy on the use of NRT and e-cigarettes in pregnancy, which takes into account the latest guidance from [Public Health England](#) and best supports pregnant women to stay tobacco-free. Further information is available in the Smoking in Pregnancy Challenge Group briefing '[Use of electronic cigarettes before, during and after pregnancy: A guide for maternity and other healthcare professionals](#)'.

Training for staff

7. What training do maternity staff receive to use the Ask, Advise, Act model to deliver Very Brief Advice (VBA) on smoking?
8. Does your trust have a dedicated practitioner to support women to stop smoking in pregnancy e.g. a specialist stop smoking midwife or support worker?

NICE guidance [PH26](#) & [PH48](#) recommend that all midwives are trained to use the Ask, Advise, Act model to deliver VBA. However, knowledge and skills to address smoking are not consistently embedded in the training or practice of maternity professionals.

Healthcare professionals can access free e-learning resources on smoking in pregnancy developed by Public Health England and Health Education England [here](#). For Royal College of Midwives' members, VBA training can also be accessed [here](#), and there is open access to VBA training [here](#). Further information about training opportunities and resources is available on the Challenge Group '[Training materials](#)' webpage.

Engaging local partners

9. Do you know who the key contacts are in your area for smoking in pregnancy? This could include LMS prevention leads, Maternity Clinical Network reps and Local Authority tobacco control leads.

The [Saving Babies' Lives Care Bundle](#) recommends that maternity providers "work with local partners to develop effective pathways of care for referral for specialist stop smoking advice." This involves developing feedback mechanisms between maternity, health visiting, stop smoking services and local authority public health practitioners, to share information on referrals and coordinate local activity.

Partners and household

10. Are partners who smoke offered support to help them quit in line with NICE guidance?

Women who live with a smoker are [6 times more likely to smoke throughout pregnancy](#) and those who live with a smoker and manage to quit are more likely to relapse to smoking once the baby is born. An estimated [20% of women are also exposed to secondhand smoke](#) in the home throughout their pregnancy, leading to many of the same adverse birth outcomes experienced by women who smoke.

NICE [PH26](#) recommends that partners who smoke also receive behavioural support to quit. Evidence indicates that family groups attempting to quit together achieve higher success rates. Additionally, the [NHS Long Term Plan](#) includes a commitment to deliver an opt-out smokefree pregnancy pathway for expectant mothers and their partners.