

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Smoking Cessation Brief Intervention in Maternity Services
TYPE OF DOCUMENT	Procedure
DOCUMENT NUMBER	SESLHDPR/632
DATE OF PUBLICATION	July 2019
RISK RATING	Medium
LEVEL OF EVIDENCE	National Safety and Quality Health Service Standards Standard 1 Governance for Safety and Quality in Health Service Organisations Standard 2 Partnering with Consumers Standard 4 Medication Safety There is strong evidence that smoking cessation advice from health professionals is effective in motivating pregnant women to quit smoking ⁱ .
REVIEW DATE	July 2022
FORMER REFERENCE(S)	SESLHD Nurse/Midwife Initiated Nicotine replacement therapy (NRT) SESLHD Smoking Cessation Pathway (SES060.130) NSW Health Smoke-free Health Care Policy
EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Helen McCarthy, Manager - Women's and Children's Health Stream, SESLHD
AUTHOR	A/Clinical Midwifery Consultant - Women's and Children's Clinical Stream on behalf of Smoking Cessation in Maternity Services Steering Committee
POSITION RESPONSIBLE FOR THE DOCUMENT	Manager - Women's and Children's Health Stream, SESLHD
KEY TERMS	Smoking; nicotine addiction; Nicotine Replacement Therapy (NRT); Maternity; Pregnancy
SUMMARY	The Procedure outlines the brief smoking cessation intervention recommended for pregnant women accessing SESLHD Maternity Services. All pregnant women presenting to SESLHD Maternity Services who smoke will be assessed for smoking status, nicotine dependence and provided support to stop smoking.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

**This Procedure is intellectual property of South Eastern Sydney Local Health District.
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1. POLICY STATEMENT

South Eastern Sydney Local Health District (SESLHD) is responsible for providing clients, patients, employees and visitors with a safe and healthy workplace in accordance with the NSW Ministry of Health PD2015_003 [NSW Health Smoke-free Health Care Policyⁱ](#).

There is strong evidence that smoking cessation advice from health professionals is effective in motivating pregnant women to quit smokingⁱ. All pregnant women presenting to SESLHD Maternity Services who smoke will be assessed for smoking status, nicotine dependence and provided support to stop smoking and information about the harms of smoking on the woman and her unborn baby.

2. BACKGROUND

The proportion of mothers who admit to smoking during pregnancy has slowly declined in recent years. However, the proportion of Aboriginal mothers in NSW who reported smoking at some time during pregnancy remains high compared to non-Aboriginal mothers.

In 2016, the rate of smoking for NSW Aboriginal women during pregnancy was 41.3% compared to 6.9% for non-Aboriginal womenⁱⁱⁱ. For SESLHD, smoking rates are well below that of the NSW average, with Aboriginal women smoking in pregnancy at 34.8% and non-Aboriginal women at 2.4%. This data indicates that 39 Aboriginal women and 274 non-Aboriginal women smoked during their pregnancy and would be eligible to receive support to quit through SESLHD maternity services.

The [NSW Tobacco Strategy 2012 - 2017^{iv}](#) outlines a comprehensive set of policies, programs and regulatory initiatives to achieve the ambitious tobacco control targets in the Government's [NSW State Health Plan: Towards 2021](#).

The [NSW Cancer Plan^v](#) also implements activities to prevent and reduce smoking which compliment this procedure.

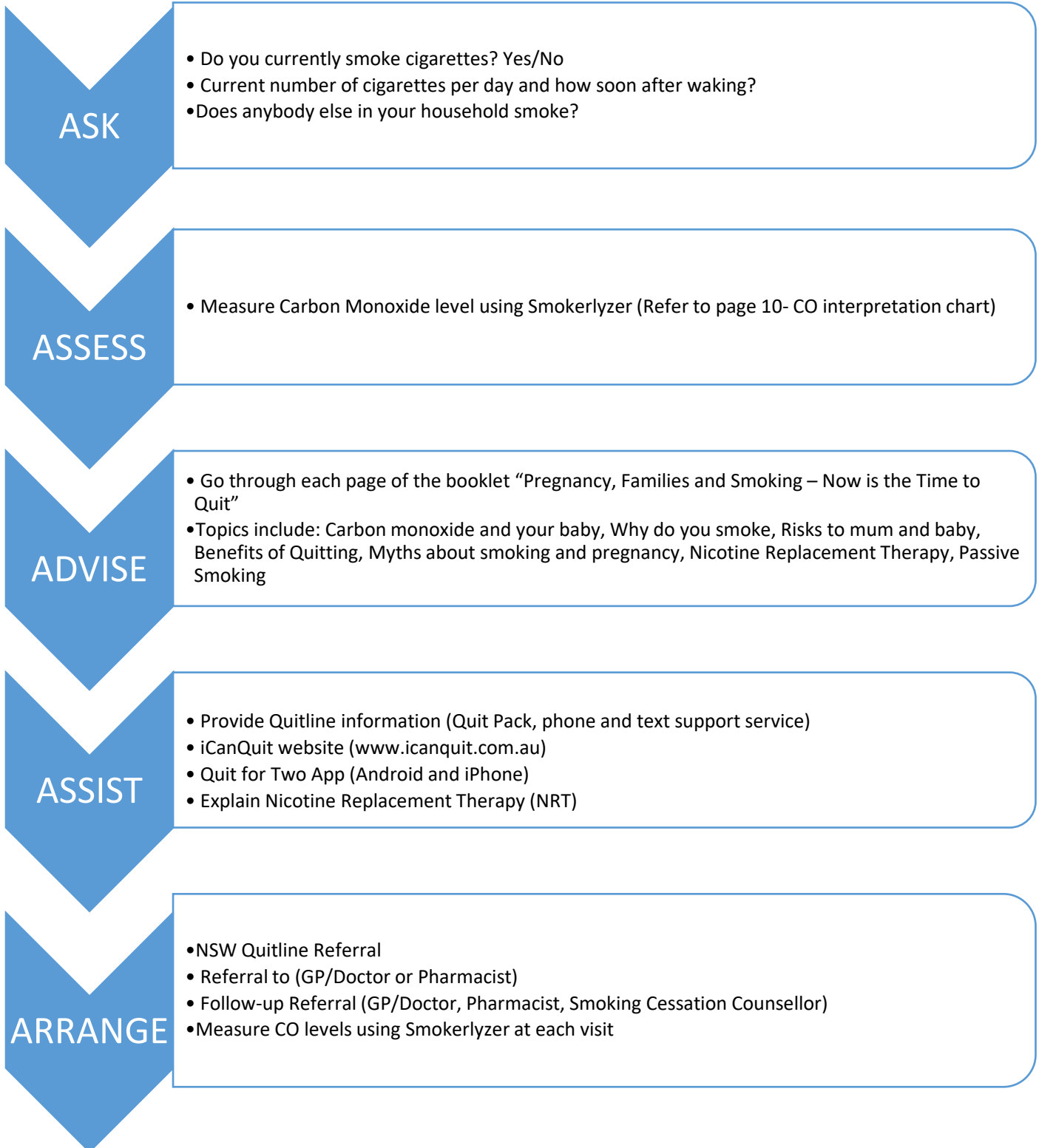
The [Smoking Cessation Framework for NSW Health Services^{vi}](#) provides practical guidance on how to develop and implement smoking cessation interventions within LHDs. It sets out four implementation strategies for smoking cessation, including suggested actions and success factors that can be adapted to meet the local needs. This procedure falls under Strategy 1 of this framework "Leadership and governance structures", specifically under the suggested action: "Standardise smoking cessation and related policies, protocols, guidelines and clinical tools; and encourage health professionals to suggest ways to integrate smoking cessation into routine care on their ward or within their health unit".

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3. SMOKING CESSATION IN PREGNANCY PROCEDURE – FLOWCHART

It is up to each Maternity Service to determine how the implementation of this flowchart will be undertaken locally and is offered as a guide only. Please refer to **Appendix 1** for a step by step process in eMaternity:



4. NICOTINE REPLACEMENT THERAPY (NRT) & PREGNANT/LACTATING WOMEN

NRT can support pregnant women who are unable to cease smoking on their own. NRT is safer than continued smoking while pregnant, as it does not contain any of the harmful chemicals in cigarette smoke such as carbon monoxide and tar. The use of NRT to quit smoking will increase the likelihood of smoking cessation if used for up to a period of eight weeks^{vii}. Intermittent forms of NRT (e.g. nicotine gum, lozenges, inhalers and mouth sprays) are preferred during pregnancy because they provide smaller daily doses of nicotine than continuous-use formulations (e.g. nicotine patches). For women that are highly addicted to nicotine, patches may be used. All women who require NRT must be referred to their GP/obstetrician or pharmacist for commencement or monitoring.

More information about using NRT can be found in: [Managing Nicotine Dependence: A Guide for NSW Health Staff, NSW Ministry of Health \(2015\)](#)^{viii}.

Further information about NRT in pregnancy can be found at **Appendix 2**.

5. RESPONSIBILITIES

The procedure is to be used as a guide for all SESLHD maternity services in clinical practice. All SESLHD midwifery managers need to determine the best approach in delivering the Smoking Cessation Intervention within their specific unit and clearly advise staff how they are expected to deliver the procedure locally.

5.1 Midwives/Nurses:

- Through eMaternity, identify pregnant women who smoke or have recently quit and enter the smoking related data into eMaternity
- Follow the flowchart for providing a brief intervention, informing women of the risks of smoking whilst pregnant (including passive smoking) using the 5A's approach
- Provide information about smoking in pregnancy and other quit smoking resources appropriate for the woman
- Refer women to appropriate quit smoking support services
- Provide a referral to a GP/doctor or local community pharmacist for provision of NRT
- Provide non-judgemental support and monitor woman's use of NRT and withdrawal symptoms.

5.2 Medical staff:

- Reinforce the health benefits of smoking cessation in pregnancy
- Review for contraindications and precautions to NRT and then prescribe
- Monitor woman's use of NRT and withdrawal symptoms
- Monitor woman for signs of altered pharmacokinetics and adjust medication dosages (i.e. the effect of decreased nicotine on regular medications). Please refer to [Quick guide to drug interactions with smoking cessation](#) for contraindications.

5.3 Clinical midwifery educators/smoking cessation champions:

- Provide leadership in maternity services in regards to smoking cessation interventions
- Provide on the job training and support for midwives to implement smoking cessation interventions to pregnant women and their families

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- Ensure smoking cessation interventions in maternity services are implemented and evaluated
- Keep abreast with up to date knowledge in regards to smoking cessation interventions in maternity services, and ensure the service is informed
- Ensure the smokerlyzers are calibrated annually.

6. EDUCATION

The following HETI online courses are available to support staff to implement this procedure:

- HETI Code: 85947004 [Smoking cessation: A Guide for Staff \(30 minutes online\)](#)
- HETI Code: 198038468 [Smoking in Pregnancy - Part A \(25 minutes on line\)](#)
- HETI Code: 198038507 [Smoking in Pregnancy - Part B \(45 minutes on line\)](#)
- HETI Code: 84056788 [Yarning about Quitting](#) (Aboriginal specific)

Further resources can be found at **Appendix 3**.

7. DOCUMENTATION

Document all steps of this procedure into the eMaternity database and on the woman's 'Antenatal Record' (Yellow Card). See **Appendix 1** for full details.

8. AUDIT/MONITORING

SESLHD Maternity Services will audit the smoking cessation intervention as part of its usual quality improvement services. SESLHD is bound by its Service Agreement through the Chief Executive and will collect and report on the following indicators:

- Number of pregnant women who identified as a smoker at booking in (eMaternity)
- Number of women who ceased smoking during pregnancy (first half/second half)

9. CALIBRATION OF SMOKERLYZERS AND SMOKERLYZER CONSUMABLES

Calibration of the Smokerlyzers will be the responsibility of the Clinical Midwifery Educators/Smoking Cessation Champions.

SESLHD Health Promotion Services will provide Smokerlyzers and all equipment.

10. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
September 2018	1	Draft for comment period
11/12/2018	1	Smoking Cessation in Maternity Services Steering Committee
February 2019	1	Formatted by Executive Services prior to submitting to QUMC and Clinical and Quality Council for approval
March 2019	1	Not approved by QUMC. Returned to author with comments from QUMC.
May 2019	1	Formatted by Executive Services prior to submitting to QUMC.
June 2019	1	Approved by Quality Use of Medicines Committee



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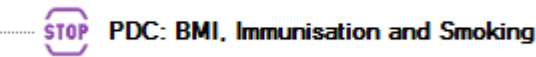
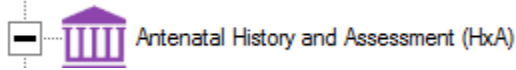
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July 2019	1	Approved by Clinical and Quality Council. Procedure published.
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APPENDIX 1: EMATERNITY PROCEDURE – Step By Step



ASK:

Do you currently smoke cigarettes? (Yes/No) (eMaternity)

ANTENATAL PDC DETAILS Gestation at First Comprehensive Antenatal Assessment: Gestation Weeks 15 Height: 165 Pre Pregnancy Weight: 78 Pre Pregnancy BMI: BMI 28.65		PDC Smoking in 1st Half of Pregnancy Do you currently smoke cigarettes? No <input checked="" type="checkbox"/> Yes
IMMUNISATIONS Influenza Vaccination this Pregnancy: No Pertussis Vaccination (Whooping Cough) this Pregnancy: No Scheduled Immunisation Completed: Yes		Quit During This Pregnancy: 0
SMOKING IN 1ST HALF OF PREGNANCY Smoking in 1st Half of Pregnancy: Yes Smoke Free Home: Yes Smoking at Home: No		

Current number of cigarettes per day?

Menu DETAILS OF SMOKING Current Number of Cigarettes Per Day Withdrawals or Cravings on Previous Quit Attempts How Soon after Waking Expired CO Meter Reading	
SUPPORT Support Offered Today Support Accepted Today	

Current Number of Cigarettes Per Day Per day, how many cigarettes do you smoke currently? <input checked="" type="checkbox"/> Number: 0	
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Withdrawals or Cravings on Previous Quit Attempts?

Withdrawals or Cravings on Previous Quit Attempts Did you have withdrawals or cravings on previous quit attempts? No No Previous Attempts Yes	
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How soon after waking do you smoke your first cigarette?

How Soon after Waking	
How soon after waking do you smoke your first cigarette?	
Within 5 Minutes (score 3)	
Within 6 to 30 Minutes (score 2)	
After 30 Minutes (score 1)	
Not Known	

Support Offered Today?

Support Offered Today	
Was smoking cessation support offered on this visit?	
No	
No Additional Support Needed	
Yes	<input type="checkbox"/>

Support Accepted Today?

Support Accepted Today	
What smoking cessation support was accepted today?	
<input type="button" value="Previous"/>	Select up to 4 Answers
<input type="button" value="Next"/>	
Did Not Accept Support Offered	
Not Applicable	
Nicotine Replacement Therapy	
Referral to Smoking cessation program/support officer/quit group	<input type="checkbox"/>
Referral to Quitline	
Other	<input type="checkbox"/>

Quit During this Pregnancy?

<input type="checkbox"/>	
DETAILS OF SMOKING BEFORE QUITTING	
Number of Cigarettes Per Day Before Quitting	
Withdrawals or Cravings on Previous Quit Attempts	
Smokerlyzer Reading	
Number of Cigarettes Per Day Before Quitting	
Before you quit how many cigarettes did you smoke per day?	
Number	<input type="text" value="0"/>

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Withdrawals or Cravings on Previous Quit Attempts?

Withdrawals or Cravings on Previous Quit Attempts
Did you have withdrawals or cravings on previous quit attempts?
<input type="radio"/> No
<input type="radio"/> No Previous Attempts
<input type="radio"/> Yes

Smoke Free Home

Smoke Free Home
Is your home smoke-free?
<input type="radio"/> No T
<input checked="" type="radio"/> Yes

Smoke at Home?

Smoking at Home
Does anyone in your household smoke? e.g. your partner
<input checked="" type="radio"/> No
<input type="radio"/> Yes

Have you previously quit smoking? (Yes/No) How did you do this?

Have you used Nicotine Replacement Therapy? (Yes/No) What sort did you use?

(Answer to these questions can be recorded in additional notes section in ematernity)

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ASSESS:

Currently Smoking:

Record Smokerlyzer reading (ppm)

Expired CO Meter Reading

Expired CO Meter Reading	
Was a CO reading taken at this visit?	
No	
ppm	<input type="text" value="0"/>

Quit Smoking:

Record Smokerlyzer reading (ppm)

Smokerlyzer Reading	
Was a Smokerlyzer reading taken at this visit?	
No	
ppm	<input type="text" value="0"/>

Smokerlyzer CO Interpretation Chart

Breath ppm	Blood COhb (%)	Baby FCOHb (%)
35-60	6-10	11-19
21-30	3-5	7-9
11-20	2-3	3-6
7-10	1-2	2-3
0-6	0-1	0-2

Mother	Baby
Heavy Smoker	Danger
Smoker	
Non-smoker	Safe

ADVISE:

Go through each page of the booklet “Pregnancy, Families and Smoking – Now is the Time to Quit”

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ASSIST:

Offer Support

Support Offered Today	
Was smoking cessation support offered on this visit?	
No	
No Additional Support Needed	
Yes	<input type="checkbox"/>

Support Accepted Today	
What smoking cessation support was accepted today?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nicotine Replacement Therapy	
Referral to Smoking cessation program/support officer/quit group	<input type="checkbox"/>
Referral to Quitline	
Other	<input type="checkbox"/>
Additional Support Service Not Needed	
Did not Accept Any Support Offered	

Talk about strategies to give up smoking –

- [Quitline](#) (phone and text support service)
- [iCanQuit website](#)
- [Quit for you - Quit for Two App \(Android and iPhone\)](#)

Explain options for Nicotine Replacement Therapy and reassure safety in pregnancy over continued smoking

- Oral – gum, lozenges, tabs
- Inhalers
- Patches

ARRANGE:

1. [Quitline Referral](#)
2. For provision of NRT, refer woman to:
 - GP/RHW Doctor; or
 - Local community Pharmacist; or
3. Fill in referral for follow-up:
 - Smoking Cessation Counsellor;

Measure CO levels using smokerlyzer at each visit

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Additional documentation in eMaternity:

- Any education provided (e.g read through 'Pregnancy, Families and Smoking – Now is the time to Quit' booklet)
- Provided standard Quitkit or self-help brochures on quitting
- Referral faxed to NSW Quitline
- Women referred for NRT to: GP/Local community Pharmacist
- Women referred for follow-up support to: GP/Pharmacist/Smoking Cessation Counsellor
- Ongoing management plan discussed

Additional documentation in eMaternity:

 Antenatal Care
 Antenatal Visits
 Considerations
Smoking

REMEMBER TO CHECK ON HOUSEHOLD SMOKING AND SMOKING AT HOME AND CAR	
Current Smoking Status	
Expired CO Meter Reading	
Support Currently Used	
Support Offered Today	
Support Accepted Today	
Notes	

Current Smoking Status	
Current Smoking Status	
Recent Quitter	<input type="checkbox"/>
Smoker	<input type="checkbox"/>

Current Number of Cigarettes	
Has there been any change in the number of cigarettes smoked daily since last visit?	
Smoking Less	<input type="checkbox"/>
Smoking More	<input type="checkbox"/>
Smoking the Same	<input type="checkbox"/>

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How Soon after Waking
How soon after waking do you smoke your first cigarette?
Within 5 Minutes
Within 6 to 30 Minutes
After 30 Minutes
Not Known

Expired CO Meter Reading
Was a CO reading taken at this visit?
No
ppm <input type="text" value="0"/>

Support Currently Used
What (if any) smoking cessation support are you currently using?
<input checked="" type="checkbox"/> Previous Select up to 4 Answers <input type="checkbox"/> Next
Nicotine Replacement Therapy <input type="checkbox"/>
Smoking cessation program/support officer/quit group <input type="checkbox"/>
Quitline calls <input type="checkbox"/>
None <input type="checkbox"/>
Other <input type="checkbox"/>

Support Offered Today
Was smoking cessation support offered on this visit?
No Additional Support Needed
No <input type="checkbox"/>
Yes <input type="checkbox"/>


Support Accepted Today
What smoking cessation support was accepted today?
<input checked="" type="checkbox"/> Previous Select up to 4 Answers <input type="checkbox"/> Next
Did Not Accept Support Offered <input type="checkbox"/>
Not Applicable <input type="checkbox"/>
Nicotine Replacement Therapy <input type="checkbox"/>
Referral to Smoking cessation program/support officer/quit group <input type="checkbox"/>
Referral to Quitline <input type="checkbox"/>
Other <input type="checkbox"/>


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Notes
Record concise notes relating to this visit.
NIL
Notes <input type="text"/>

 Prelabour, Labour and Birth

 Maternal Perinatal Data Collection (PDC)

Midwives in birthing suite must ask the woman and check the antenatal booking response

PDC	Smoking in the Pregnancy
Did you smoke cigarettes in the pregnancy at any time?	
No	
✓	Yes <input type="button" value="0"/>

Quit Smoking in This Pregnancy
Did you in this pregnancy stop smoking all together?
No
Yes <input type="button" value="0"/>

Number of Cigarettes Per Day in 2nd Half
Per day in 2nd half, how many cigarettes smoked? If NIL in 2nd half, enter 0.
Number (0-99) <input type="text" value="0"/>

APPENDIX 2: NICOTINE REPLACEMENT THERAPY IN PREGNANCY

Factsheet



Nicotine Replacement Therapy in pregnancy

Purpose of the fact sheet

This fact sheet has been developed by the Centre for Population Health within the NSW Ministry of Health, in consultation with NSW Kids and Families. It aims to provide evidence-based guidance to Local Health Districts (LHD) and other health professionals with regard to the use of Nicotine Replacement Therapy (NRT) in pregnancy. It has been informed by a review of the literature including information from the Cochrane Collaboration, the Therapeutic Guidelines and the Royal Australian College of General Practitioners.

Key messages:

- *Smoking is the most important modifiable cause of adverse pregnancy outcomes*
- *Behavioural approaches to smoking cessation are safest, however, NRT should be recommended to pregnant women who are otherwise unable to quit*
- *Intermittent NRT and patches can be used in pregnancy, and are safer than continued smoking.*
- *Pregnant women metabolise nicotine faster and need more NRT to reduce cravings and manage symptoms of nicotine dependence than they would in their non-pregnant state*

NRT use in pregnancy

NRT has been shown to double smoking cessation rates among non-pregnant smokers (1). The use of NRT in pregnancy has been controversial because of concerns about effectiveness and safety. However, there is growing consensus among experts, and evidence, that NRT is much safer than continued smoking and offers an important opportunity to increase the likelihood of smoking cessation (2,3). Guidelines from the Royal Australian College of General Practitioners and the Therapeutic Guidelines now suggest NRT as a smoking cessation support in pregnancy (4,1).

NRT delivers lower levels of nicotine to the fetus than continued smoking (1, 5) and does not contain any of the other harmful chemicals in cigarette smoke. In addition, NRT has been shown to reduce smoking in pregnant women sufficiently to increase birth weight (6).

The lack of evidence for NRT use in pregnancy in a recent Cochrane review (7) is likely to be due to several factors including inadequate dosing due to the increased metabolism of nicotine and cotinine in pregnancy (8) and low adherence to therapy in some studies (9).

NRT should be recommended to all nicotine dependent pregnant women who have been unable to quit using non-pharmacological approaches. Intermittent NRT (gum, lozenge, mouth spray, strips and inhalator) is preferred as it more closely mimics nicotine levels from smoking and delivers a lower overall dose (4). However, intermittent NRT may not be tolerated by some pregnant women as the higher peaks of nicotine may be associated with side effects such as gum and throat irritation

(10) and worsening of pregnancy related nausea. For these women, transdermal patches should be recommended and used for 16 hours rather than 24 hours (1,4).

NRT use in breastfeeding women

Breastfeeding mothers who smoke should also be offered NRT (4). Nicotine levels in the infant from NRT use while breastfeeding are low and are unlikely to cause harm (11). Infant exposure can be further reduced by breastfeeding immediately before intermittent NRT use.

The Quit for new life program

Quit for New Life is a smoking cessation support program for pregnant women having an Aboriginal baby. The program is an initiative of the NSW Ministry of Health in partnership with NSW Kids and Families, and is being delivered through Local Health Districts principally Aboriginal Maternal and Infant Health Services (AMIHS) and Building Strong Foundations for Aboriginal Children, Families and Communities (BSF) programs. Smoking cessation care, including brief intervention, Quitline referral, free NRT and extended follow-up care are offered to pregnant women having an Aboriginal baby who smoke and their household members. NRT is provided either directly by the service or through a voucher system redeemable at local community-based pharmacies.

References

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10. Oncken CA & Kranzler HR. What do we know about the role of pharmacotherapy for smoking cessation before or during pregnancy? *Nicotine and Tobacco Research* 2009; 11(11):1265-73.
11. Dempsey DA & Benowitz NL. Risks and benefits of nicotine to aid smoking cessation in pregnancy. *Drug Safety* 2001; 24(4):277-322.

For more information on the QFNL program or the use of NRT in pregnancy contact:

- Rhonda Matthews, Quit for new life Coordinator, Centre for Population Health, NSW Ministry of Health: Rhonda.matthews@doh.health.nsw.gov.au
- Visit the Quit for new life page on NSW Health website: www.health.nsw.gov.au/tobacco/Pages/quit-for-new-life.aspx
- Quitline: 13 7848 (13 Quit)

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APPENDIX 3: FURTHER RESOURCES

NSW Health Smoking and pregnancy Factsheet
NSW Health Nicotine Replacement Therapy in pregnancy – factsheet
NSW Health Tobacco Smoking and Pregnancy (website)
NSW Health Managing Nicotine Dependence: A Guide for NSW Health Staff
The Royal Australian College of General Practitioners (2011) Supporting smoking cessation: A guide for health professionals
National Institute for Health and Care Excellence (2010) Smoking: stopping in pregnancy and after childbirth
iCanQuit (website)
Quitline Referral Form
NSW Health Services to help you quit (website)
NSW Health Quick guide to drug interactions with smoking cessation for contraindications

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- i The Royal Australian College of General Practitioners (2011). [Supporting smoking cessation: a guide for health professionals](#).
- ii [NSW Health \(2015\). NSW Health Smoke-free Health Care Policy](#).
- iii [NSW Ministry of Health \(2017\). HealthStats NSW. Sydney: Accessed 16.05.18](#)
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- v [NSW Health \(2016\) NSW Cancer Plan, Cancer Institute NSW, Sydney. Accessed 8.2.18](#)
- vi [Cancer Institute NSW \(2018\). Smoking Cessation Framework for NSW Health Services. Accessed 1.4.19 <https://www.cancer.nsw.gov.au/>](#)
- viii [NSW Health \(2015\). Managing Nicotine Dependence: A Guide for NSW Health Staff. Accessed 8.10.17](#)