Frimley Health NHS Foundation Trust

Standard Operating Procedure

Maternity Tobacco Dependency Advisor (MDTA) within the Smoking Cessation in Pregnancy Service

Key point

This document outlines the role of the Maternity Tobacco Dependency Advisor (MTDA) and their responsibility within the in-house Smoking Cessation in Pregnancy Service

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Abbreviations

CO	Carbon Monoxide
LTP	Long Term Plan
MTDA	Maternity Tobacco Dependency Advisor
NRT	Nicotine Replacement Therapy
PPM	Parts Per Million
SBLv3	Saving Babies' Lives Care Bundle Version 3
SOP	Standard Operating Procedure

Contents

PURPOSE

The purpose of this standard operating procedure (SOP) is to provide guidance on the role and responsibilities of the Maternity Tobacco Dependency Advisor (MTDA). This document outlines the Smoking Cessation in Pregnancy Service including the process of referral and the roles and responsibilities of the MTDA within the pathway.

This SOP will guide the postholder and should be used in conjunction with relevant Trust guidelines and policies.

INTRODUCTION

Smoking during pregnancy is linked with a range of poor health outcomes including:

- Low birth weight and preterm birth
- Restricted head growth
- Placenta insufficiency
- Increased risk of miscarriage
- Increased risk of still birth
- Sudden Infant Death Syndrome

Smoking is also linked to lung disease, circulatory disease, heart disease, cancer, stroke and vascular dementia, amongst many other harmful health implications.

The NHS Long Term Plan (LTP) (2019) provides strategies to improve NHS care. The agenda asks for all maternity services to offer pregnant women who smoke specialist support to quit with focused treatment including nicotine replacement therapy (NRT).

Saving Babies' Lives Care Bundle Version 3 (SBLv3) (2023) drives forward a number of initiatives to improve maternity care so to meet the national ambition of a 50% reduction in the rates of stillbirth and neonatal mortality by 2025. Element 1 of SBLv3 focuses on reducing smoking in pregnancy and sets out guidance for delivering tobacco dependence treatment within maternity services:

> **Element 1**
> Reducing smoking in pregnancy by identifying smokers with the assistance of carbon monoxide (CO) testing and ensuring in-house trained tobacco dependence adviser is offered to all women who smoke, using an opt-out referral process.

RESPONSIBILITIES

CO Monitoring

Carbon Monoxide (CO) is a poisonous gas. It prevents blood from carrying oxygen around your body properly. CO is produced when tobacco products are burnt. It is found in inhaled and exhaled smoke. CO levels in the exhaled breath of smokers and people exposed to smoke will be higher than those in non-smokers. CO can also be emitted from malfunctioning or poorly ventilated fossil or wood fuel heating and cooking appliances and should be seriously considered if a raised CO reading is found unexpected.

Analysis of exhaled breath is a useful indicator of exposure to CO and to tobacco smoke. A CO test is an immediate and non-invasive biochemical screening method for identifying increased CO levels.

CO testing is offered to all pregnant women and birthing people at the antenatal booking appointment and at the 36-week antenatal appointment by the midwife.

CO testing is offered by the midwife at all other antenatal appointments to the following groups:

- Those that smoke or
- Are quitting or
- Used to smoke or
- Had a CO reading of 4 parts per million (ppm) or above at the antenatal booking appointment.

The midwife will provide an opt-out referral to the MTDA for stop-smoking support for pregnant women and birthing people who:

- Smoke or have stopped smoking in the past 2 weeks or
- Have a CO reading of 4 ppm or above or
- Have previously been provided with an opt-out referral but have not yet engaged with stop-smoking support.

Those who exclusively use e-cigarettes (vapes) are classified as non-smokers and should not be referred.

REFERRAL PROCESS AND APPOINTMENT SETTING

The midwife will complete the referral on Epic to the maternity specific Smoking Cessation in Pregnancy Service. The MTDA will pick up these referrals.

The MDTA will:

- Triage referrals daily (Monday to Friday)
- Contact all pregnant women and birthing people that have been referred to the service via telephone, discuss smoking and pregnancy and the importance of cessation using a non-judgemental, person-centred, supportive approach.
- Invite women and birthing people to use the service with an appointment set within 5 working days.
- Provide an initial conversation to deliver information about the risks of smoking to an unborn child and the benefits of stopping smoking for both mother and baby.
- Where necessary, make at least 3 contacts using different methods. Advise the booking midwife of the referral outcome via the message function in Epic.
- Document where contact has been made and service inclusion declined, and document where contact has been attempted but has been unsuccessful.

During periods of MTDA leave, where possible, there should be cross-site cover in relation to referral, initial contact and appointment organisation.

Other household members who are smokers should be offered to be referred to external services via the relevant QR codes and are not eligible to receive smoking cessation via the Smoking Cessation in Pregnancy Service.

SMOKING CESSATION IN PREGNANCY SERVICE

Following an initial appointment where a “quit date” is set, weekly face-to-face appointments should take place for at least 4 weeks following the quit date, followed by regular appointments (as required, but at a minimum monthly).

The initial appointment should also address any barrier or challenges that might prevent the woman from using the Smoking Cessation in Pregnancy Service. This may include, but is not limited to:

- Lack of confidence or self-efficacy
- Lack of knowledge about the services on offer
- Difficulty accessing the services on offer
- Lack of suitable childcare
- Fear of failure and concerns about being stigmatised.

The MDTA will provide the pregnant women or birthing person with intensive and ongoing support, including regular monitoring of smoking status and regular CO testing. CO measurements at each appointment should be taken to best encourage a successful quit.

The MDTA will also provide holistic and personalised support to develop professional rapport with those using the service to best encourage a successful quit.

Two weeks of NRT can be provided by the midwife to pregnant smokers at their booking appointment. Ongoing provision of NRT will be provided by the MDTA in line with the Trust NRT protocol.

STAFF TRAINING

The MDTA will also:

- Provide education to staff to raise awareness of smoking and nicotine and the effects on pregnancy.
- Lead on the training of maternity staff on Very Brief Advice (VBA) and CO monitoring and maintain a training log to achieve compliance in line with SBLv3 and the Core Competency Framework (Version 2).
- Ensure that maternity staff are up to date with current practice and techniques in helping pregnant women, birthing people or members of their household to quit smoking and provide support as necessary.
- Support staff with understanding the referral process at booking.

DOCUMENTATION

All documentation should be completed in Epic.

MTDAs should regularly feedback to the named midwife and/or midwifery team about the individual’s stop smoking support.

The MTDA will be responsible and appropriately supported to gather required data for reporting, including experience feedback from service users about the accessibility and acceptability of the offered stop smoking service. The MTDA may be required to work with appropriate teams to enhance and improve pathways as required too.

EXCLUSIONS

- Women or birthing people who opt out of smoking cessation services
- Other household/ family members who smoke
- Women or birthing people who exclusively vape

MONITORING PERFORMANCE

To monitor quality and effectiveness of pathways, maternity services should set ambitions for the pathway with regular view (minimum of quarterly) of data and targeted quality improvement work to ensure they are being achieved.

Full version control record

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This guideline has been registered with the trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt, contact a senior colleague or expert. Caution is advised when using guidelines after the review date.

This guideline is for use in Frimley Health Trust hospitals only. Any use outside this location will not be supported by the Trust and will be at the risk of the individual using it.

Version History

Version	Date	Guideline Lead(s)	Status	Comment
1.0	Dec 2024	Rebecca Edwards Nicola Rose-Stone	Final	First version, ratified at Cross site Obstetrics Clinical Governance meeting, 16.12.2024

Related Documents

None