SESLHD PROCEDURE COVER SHEET

NAME OF DOCUMENT	Smoking Cessation Brief Intervention in Maternity Services
TYPE OF DOCUMENT	Procedure
DOCUMENT NUMBER	SESLHDPR/632
DATE OF PUBLICATION	July 2022
RISK RATING	Medium
LEVEL OF EVIDENCE	National Safety and Quality Health Service Standards: Standard 1 - Clinical Governance 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 2025
FORMER REFERENCE(S)	SESLHDPR/494 - Nurse/Midwife Initiated Nicotine replacement therapy (NRT) SESLHD Smoking Cessation Pathway (SES060.130) PD2015_003 - NSW Health Smoke-free Health Care Policy
EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Clinical Stream Director, Women's and Children's Stream
AUTHOR	Clinical Midwifery Consultant - WCCS Stream on behalf of Smoking Cessation in Maternity Services Steering Committee
POSITION RESPONSIBLE FOR THE DOCUMENT	Clinical Stream Director, Women's and Children's Health
FUNCTIONAL GROUP(S)	Women and Babies Health
KEY TERMS	Smoking; nicotine addiction; Nicotine Replacement Therapy (NRT); maternity; pregnancy, carbon monoxide (CO), CO monitoring, CO monitors/Smokelyzer, expired co (CO) reading.
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.
Procedure content cannot be duplicated.

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 Policy Directive PD2015_003 - NSW Health Smoke-free Health Care Policy[ii].

There is strong evidence that smoking cessation advice from health professionals is effective in motivating pregnant women to quit smoking[i]. 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 2020 the rate of smoking for NSW Aboriginal women during pregnancy was 41.7% compared to 7.0% for non-Aboriginal women[iii]. For SESLHD, smoking rates are well below that of the NSW average, with Aboriginal women smoking in pregnancy at 39% and non-Aboriginal women at 2.6%. This data indicates that 39 Aboriginal women and 243 non-Aboriginal women smoked during their pregnancy and would be eligible to receive support to quit through SESLHD maternity services.

The NSW Tobacco Strategy 2012-2021[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 Smoking Cessation Framework for NSW Health Services[v] 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".

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. Informed consent is required prior to smoking cessation management, including CO monitor/Smokerlyzer recording and referral.

See **Appendix 1** for example of eMaternity pathways.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
This Procedure is intellectual property of South Eastern Sydney Local Health District. Procedure content cannot be duplicated.

ASK

- Do you currently smoke cigarettes or vape ? Yes/No
- Current number of cigarettes per day and how soon after waking?
- Does anybody else in your household smoke or vape?
- Have you had withdrawals or cravings on previous quit attempts?
- Is your home smoke or vape free

ASSESS

- Measure Carbon Monoxide level using Carbon monoxide (CO) monitor / Smokerlyzer® (Refer to CO interpretation chart (pages 7-8)
- For women who smoke or have household members who smoke, measure carbon monoxide level using CO monitors/Smokerlyzer

ADVISE

- Go through each page of the booklet "Pregnancy, Families and Smoking – Now is the Time to Quit"; and refer woman to iCanQuit website
- Topics include: Carbon monoxide and your baby, Why do you smoke, Risks to mum and baby, Benefits of Quitting, Myths about smoking and pregnancy, Nicotine Replacement Therapy, Passive Smoking

ASSIST

- Provide Quitline information (Quit Pack, phone and text support service)
- iCanQuit website (www.icanquit.com.au)
- Quit for Two App (Android and iPhone)
- Explain Nicotine Replacement Therapy (NRT)

ARRANGE

- NSW Quitline Referral
- Referral to (GP/Doctor or Pharmacist)
- Follow-up Referral (GP/Doctor, Pharmacist, Smoking Cessation Counsellor)
- Measure CO levels using CO monitor/Smokerlyzer at each visit

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
This Procedure is intellectual property of South Eastern Sydney Local Health District. Procedure content cannot be duplicated.

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[vi]. 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)[vi].

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 to support smoking cessation interventions
- With support from health promotion service, provide on the job training and support for midwives to implement smoking cessation interventions to pregnant women and their families

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
This Procedure is intellectual property of South Eastern Sydney Local Health District. Procedure content cannot be duplicated.

- Ensure smoking cessation interventions in maternity services are implemented and evaluated
- Keep abreast with up-to-date knowledge such as the Safer Baby Bundle (SBB)[vii], on smoking cessation interventions in maternity services, and ensure the service is informed.
- Are responsible for calibrating CO monitors/ Smokerlyzer. Refer to SBB CO monitor user manual for issues relating to calibration and maintenance. https://www.bedfont.com/documents/smokerlyzer-manual.pdf

6. EDUCATION

Online courses Smoking cessation - A Guide for Staff, Smoking in Pregnancy Part A, Smoking in Pregnancy Part B and Yarning about Quitting (Aboriginal specific) are available through My Health Learning.

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).

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).

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
This Procedure is intellectual property of South Eastern Sydney Local Health District. Procedure content cannot be duplicated.

9. 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
July 2019	1	Approved by Clinical and Quality Council. Procedure published.
June 2022	2	Minor Review. Links updated. Approved by Executive Sponsor. To be tabled at Quality Use of Medicines Committee.
July 2022	2	Approved by Quality Use of Medicines Committee. Published by SESLHD Policy.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
This Procedure is intellectual property of South Eastern Sydney Local Health District. Procedure content cannot be duplicated.

APPENDIX 1: eMaternity database

ASK:

Do you currently smoke cigarettes (Yes/No)

Current number of cigarettes per day?

Withdrawals or cravings on previous quit attempts?

How soon after waking do you smoke your first cigarette?

Was support offered today?

Was support accepted today?

Have you quit during this pregnancy?

Have you had withdrawals or cravings on previous quit attempts?

Do you live in a smoke free home?

Do any family members smoke at home?

Have you previously quit smoking?

How did you do this?

Have you used Nicotine Replacement Therapy?

What sort did you use?

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
This Procedure is intellectual property of South Eastern Sydney Local Health District. Procedure content cannot be duplicated.

ASSESS:

Currently smoking:

Record Expired CO monitor/Smokerlyzer reading (ppm)

Quit Smoking:

Record Expired CO Monitor/Smokerlyzer reading

CO Monitor/Smokerlyzer Interpretation Chart

- This is chart includes how to explain the readings. It can be accessed from this NSW health factsheet – Using an expired carbon monoxide monitor.

LED colour	How to explain what the reading means	Reading (ppm)	
		Adult (not pregnant)	Pregnant or adolescent
Green	Great place to be.	Low 0-6	Low 0-3
Amber	You have a moderate /high /very high amount of CO in your bloodstream which is going through the placenta to the baby. This reduces the amount of oxygen the baby is getting which can be harmful for baby's growth and development. To get you back into the green zone, we need to reduce your exposure to cigarette smoke. How about I organise for you to have a chat with a stop-smoking specialist*? You can also discuss Nicotine Replacement Therapy (NRT) with your doctor to help manage your nicotine withdrawal symptoms.	Moderate 7-10	Moderate 4-6
Red		High 11-25	High 7-15
Darker Red		Very high 26+	Very high 16+
- The maternity setting threshold of **<4ppm** is designed to avoid missing someone who may benefit from support. CO disappears from expired breath within 24 hours which can result in smoking going undetected or being indistinguishable from passive smoking. - At **>6ppm** the fetus will have much higher COppm. Offer a referral to a quit smoking support service and encourage the patient to discuss NRT with their doctor.			

ADVISE:

Go through each page of the booklet "Pregnancy, Families and Smoking – Now is the Time to Quit" http://icanquit.snap.com.au

ASSIST:

Offer Support

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

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
This Procedure is intellectual property of South Eastern Sydney Local Health District. Procedure content cannot be duplicated.

- 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 CO monitor/Smokerlyzer at each visit

Additional documentation in eMaternity:

- Any education provided (e.g read through 'Pregnancy, Families and Smoking – Now is the time to Quit' booklet)
- Provided standard Quit kit or self-help brochures on quitting, available from http://icanquit.snap.com.au
- Referrals can be made online here.
- Women referred for NRT to: GP/Local community Pharmacist
- Women referred for follow-up support to: GP/Pharmacist/Smoking Cessation Counsellor

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
This Procedure is intellectual property of South Eastern Sydney Local Health District. Procedure content cannot be duplicated.

APPENDIX 2: NICOTINE REPLACEMENT THERAPY IN PREGNANCY

Factsheet

NSW GOVERNMENT Health

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

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
This Procedure is intellectual property of South Eastern Sydney Local Health District. Procedure content cannot be duplicated.

(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

1. Therapeutic Guidelines. Psychotropic drug use during pregnancy: non-prescribed psychoactive drugs [Revised June 2013]. In: eTG complete [Internet]. Melbourne: Therapeutic Guidelines Limited; 2013. Mar. Accessed 2013 August 6 at http://etg.hcn.com.au/desktop/tgc/ptg72/12044.htm#12116
2. Brose LS, McEwan A & West R. Association between nicotine replacement therapy use in pregnancy and smoking cessation. *Drug and Alcohol Dependence* 2012 (Epub ahead of print).
3. Pollak KL, Oncken CA, Lipkus IM, Lyna P, Swamy GK, Pletsch PK, Peterson BL, Heine RP, Brouwer RJ, Fish L, Myers ER. Nicotine replacement and behavioural therapy for smoking cessation in pregnancy. *American Journal of Preventive Medicine* 2007; 33(4):297-305.
4. Zwar N, Richmond R, Borland R, Peters M, Litt J, Bell J, Caldwell B & Ferretter I. Supporting smoking cessation: a guide for general practitioners. Melbourne: The Royal Australian College of General Practitioners, 2011.
5. Benowitz NL, Dempsey DA, Goldenberg RL, Hughes JR, Dolan-Mullen P, Ogburn PL, et al. The use of pharmacotherapies for smoking cessation during pregnancy. *Tobacco Control* 2000; 9(Supp 3):1191-4.
6. Wisborg K, Henriksen TB, Jespersen LB, Secher NJ. Nicotine patches for pregnant smokes: a randomized controlled study. *Journal of Obstetrics and Gynaecology* 2000; 96: 967-71.
7. Coleman T, Chamberlain C, Davey MA, Cooper SE, Leonardi-Bee J. Pharmacological interventions for promoting smoking cessation during pregnancy. *Cochrane Database of Systematic Reviews* 2012; 9:CD010078.
8. Dempsey D, Jacob P III, Benowitz NL. Accelerated metabolism of nicotine and cotinine in pregnant smokers. *Journal of Pharmacology and Experimental Therapeutics* 2002; 301:594-8.
9. Coleman T, Cooper S, Thornton JG, Grainge MJ, Watts K, Britton J et al. A randomized trial of nicotine replacement therapy patches in pregnancy. *The New England Journal of Medicine* 2012; 366(6):808-18.
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)

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

This Procedure is intellectual property of South Eastern Sydney Local Health District. Procedure content cannot be duplicated.

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

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
This Procedure is intellectual property of South Eastern Sydney Local Health District. Procedure content cannot be duplicated.

REFERENCES

[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 (2020).Health Stats NSW. Sydney

[iv] NSW Tobacco Strategy 2012-2021

[v] Cancer Institute NSW (2018). Smoking Cessation Framework for NSW Health Services. Accessed 1.4.19 https://www.cancer.nsw.gov.au/

[vi] NSW Health (2015). Managing Nicotine Dependence: A Guide for NSW Health Staff.

Accessed 8.10.17

[vii] Clinical Excellence Commission Safer Baby Bundle – Smoking Cessation (2019)

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
This Procedure is intellectual property of South Eastern Sydney Local Health District. Procedure content cannot be duplicated.