



## CLINICAL GUIDELINE

# Quit Your Way Pregnancy Inpatient Pathway, Obstetrics

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

<b>Version Number:</b>	2.1
<b>Does this version include changes to clinical advice:</b>	No
<b>Date Approved:</b>	6 <sup>th</sup> March 2020
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<b>Approval Group:</b>	Obstetrics Clinical Governance Group

### Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

	<b>NHS Greater Glasgow &amp; Clyde</b> Tobacco Planning and Implementation Group Stop Smoking Standard Operating Procedure (SOP)	Effective from	01.04.2020
		Review date	01.04.2023
	Quit Your Way Pregnancy Service Acute Maternity Hospital	Page	Page 1 of 4
		Replaces	Previously issued section of the Smokefree Pregnancy Service Protocol - Supporting Inpatients wishing to quit

The most up to date version of QYW Pregnancy Service Protocol can be viewed on staffnet.

An electronic copy can be sent by contacting the QYW Pregnancy Service on [Quityourway.pregnancy@ggc.scot.nhs.uk](mailto:Quityourway.pregnancy@ggc.scot.nhs.uk)

<b>AIM</b>	To refer pregnant smokers motivated to quit to the QYW Pregnancy Service. Ward staff to ensure smokers not motivated have symptom management for nicotine withdrawal if required.
<b>STATEMENT</b>	Patients admitted to the antenatal wards may be motivated to quit smoking. Acute maternity services therefore provide a window of opportunity for smoking cessation interventions. NHS Greater Glasgow and Clyde's Smokefree Policy does not permit patients to smoke whilst in hospital (including hospital grounds). Acute maternity services therefore require to: <ul style="list-style-type: none"> <li>• Ask patients about tobacco use on admission to hospital and document in their medical records.</li> <li>• Support quit attempt</li> <li>• Manage nicotine withdrawal symptoms in patients to support policy compliance.</li> </ul>
<b>REQUIREMENTS</b>	<b>Promote QYW Pregnancy Service for In-patients:</b> <ul style="list-style-type: none"> <li>• Posters on display each ward area</li> <li>• QYW Pregnancy Service contact phone number on display</li> <li>• All healthcare staff on ward briefed on the QYW Pregnancy Service.</li> </ul> <b>Identify pregnant smokers who wish to quit or are experiencing acute withdrawal symptoms:</b> <ul style="list-style-type: none"> <li>• All patients should be asked about tobacco use on admission to hospital. This should be routinely documented in their medical records by the staff member admitting the patient. Patients should be asked if they want support and help to stop smoking.</li> <li>• Identify pregnant smokers who do not wish to quit however, are experiencing acute withdrawal symptoms. This includes those admitted to manage other addictions to be incorporated into care planning.</li> </ul> <p>The SOP reflects guidance from: NHS Health Scotland &amp; ASH Scotland (2004), Smoking Cessation Guidelines for Scotland Updated 2017 and Stopping Smoking in Pregnancy and after Childbirth (NICE PH26, 2010).</p>
<b>LOCATION</b>	At Special Needs in Pregnancy (SNIP) pre-assessment and / or on admission
<b>TIMING</b>	The procedure should be implemented at pre-admission assessment or at the earliest appropriate opportunity on admission.

<p><b>PROCEDURE</b></p>	<p><b><u>In-Patients</u></b></p> <p>This SOP includes guidelines for frontline staff including care pathways which ensure that pregnant smokers are provided with behavioural and pharmacotherapy support which will give the best chance of stopping smoking.</p> <p><b><u>Identify Pregnant Smokers</u></b></p> <p>Patients should be asked if they want support and help to stop smoking.</p> <p>If the patient is <u>not ready</u> to stop however, is (or is likely to) <u>experience acute nicotine withdrawal</u> then Nicotine Replacement Therapy (NRT) can be prescribed.</p> <p>Patients likely to suffer acute nicotine withdrawal during their hospital stay should be offered NRT. <b>Do not refer to QYW Pregnancy Service.</b></p> <p>If the patient is <u>not ready</u> to stop, or <u>does not require NRT</u>, brief opportunistic advice should be given by the health professional. <b>Do not refer to QYW Pregnancy Service.</b></p> <p>Pregnant smokers who are admitted for addiction management are required to remain on the ward and comply with the NHS GGC Smokefree Policy. If required, part of their care plan is the prescription of NRT on admission to manage acute nicotine withdrawal.</p> <p>If the patient is <u>ready</u> to stop smoking and <u>wants support</u> - <b>refer to the QYW Pregnancy Service.</b></p> <p><b><u>Nicotine withdrawal management</u></b></p> <p>Managing symptoms for pregnant smokers with enforced temporary abstinence for policy compliance.</p> <ul style="list-style-type: none"> <li>• Nicotine Replacement Therapy (NRT) can be prescribed on the medicine Kardex by medical staff to manage acute nicotine withdrawal for the duration of the hospital stay. No NRT should be issued on discharge.</li> <li>• A risk/benefit form should be completed by the ward midwife for pregnant smokers who require NRT for acute nicotine withdrawal. This is retained in the patient's case records.</li> </ul> <p>Intermittent oral forms of NRT are preferred during pregnancy.</p> <p>In NHSGGC these are:</p> <p style="padding-left: 40px;">Nicotinell 2mg or 4mg Gum,  Nicotinell 1mg or 2mg Lozenge or  Niquitin 1.5mg or 4mg Minis.</p> <p>If not tolerated, Nicotinell 24hr patch (21mg if smokes more than 20 cigarettes a day, 14mg if smokes less than 20 cigarettes a day), to be removed overnight, can be prescribed. See current BNF for prescribing details.</p> <p><b><u>Stopping smoking: referral to the QYW Pregnancy Service for support</u></b></p> <p>All identified pregnant smokers, should be asked if they want to stop smoking. If the patient is ready to make a serious attempt to stop smoking this should be documented on BadgerNet and a referral to the QYW Pregnancy Service should be made.</p> <p>See Care Pathway for Pregnant Antenatal In-Patients Who Smoke (Appendix).</p>
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The QYW Pregnancy service will either see the patient on the ward or arrange an appointment in one of the QYW Pregnancy Service community clinics depending on discharge date and advisor availability.

**Referral Process for Patients Ready to Stop Smoking**

Referral by telephone to 0141 201 (6) 2335 or via BadgerNet

The referral line has a dedicated answer-phone. When leaving a message, please state the hospital and give patient name, CHI/date of birth, ward, expected date of discharge (if known), Contact number for the client, your name and job title, and ward contact telephone number. Only pregnant smokers identified as motivated to stop to be referred.

Please specify any patient communication requirements e.g. interpreting services.

Care Pathway for Pregnant Antenatal In-Patients Who Smoke

**Assess and document smoking status of all patients.  
If smoker,**

**Advise of Smokefree Policy and offer NRT for  
acute nicotine withdrawal**

**Does your patient want to stop smoking?**

**Yes – ward staff call QYW Pregnancy Services on  
0141 201 2335 or refer via Badgernet**

**No**

**1. QYW Pregnancy Advisor is  
available today or before  
discharge:**

- The QYW admin/advisor will arrange with ward staff a suitable time to see the patient.
- If the patient is experiencing acute nicotine withdrawal (see section 2 of this pathway)
- QYW Advisor will provide support while in hospital
- If suitable for NRT the QYW advisor will complete risk/benefit form and a copy is retained in case notes.
- QYW Advisor/midwife will ask medical staff to prescribe NRT in kardex.
- On discharge ward staff will notify the QYW and ensure the remainder of the 2 weeks supply of NRT is given to patient.
- QYW advisor will ensure an NRT recommendation form is given to the patient to access NRT from community pharmacy
- The QYW advisor will continue support following discharge.

**2. QYW Advisor is not  
available before discharge:**

- QYW Admin/advisor will arrange an appointment with the referrer in one of the community clinics.
- If the patient is experiencing nicotine withdrawal offer to use NRT (see QYW protocol for antenatal inpatients).
- If suitable midwife completes risk/benefit form and retains in case notes.
- Midwife orders 2 weeks supply of NRT using the designated NRT requisition form.
- Medical staff prescribes NRT in Kardex.
- On discharge ward midwife will ensure the remainder of the 2 weeks supply of NRT is given to patient to take home.

**3(a). Not experiencing  
nicotine withdrawal and  
does not want to stop.**

- Highlight the NHSGGC Smokefree Policy
- Discuss the risks of continuing to smoke & benefits of stopping.
- Give QYW leaflet.

**3(b). Is experiencing acute  
nicotine withdrawal and  
does not want to stop.**

- Highlight NHSGGC Smokefree Policy
- Identify if suitable for NRT (see QYW protocol for antenatal inpatients).
- If suitable midwives complete risk/benefit form and retains in case notes.
- Medical staff to prescribe NRT in Kardex to be discontinued on discharge or if they start smoking.
- If the patient wants to stop smoking contact QYW Pregnancy Services.
- Note that admissions for addiction management may have NRT already prescribed as part of their care plan

**Contact Details  
QYW Pregnancy Service  
0141 201 2335**

**Provide: Clients Name;  
DOB/CHI, Hospital, Ward,  
ward telephone number and  
discharge date**