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STANDARD OPERATING PROCEDURE	
TITLE ASPH in-house Tobacco Dependency Treatment Service for Maternity Patients	
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PURPOSE

The purpose of this SOP is to describe the process for managing and reporting in referrals at any stage during pregnancy, to the ASPH NHS Foundation Trust in- house Tobacco Dependency Treatment Service.

OBJECTIVE

To ensure that referrals to the in- house Tobacco Dependency Treatment Service for 100% identified pregnant women who are identified as current smokers at the pregnancy booking appointment with the Midwife and have a high CO (carbon monoxide) 4 PPM level and above.

SCOPE

This SOP applies to all referred smokers at Booking under the care of the Trust.

COMPETENCIES

Registered Midwives, Registered Nursing Associates, Maternity Support Workers, Nursing Apprentices, Ward Managers.
Build on existing programme 'Saving Babies Lives' and incorporate requirements for updated Guidance v3, released June 2023.

PROCESS

1. **At Booking Appointment.**

The midwife should discuss smoking status and ensure CO monitoring at the booking appointment. Target ambition[1] is to achieve 90% CO readings at Booking appointments. All locations have a CO monitor available. Each midwife should ensure they are aware where these are located.

Action plan to achieve 90% ambition target[2] includes regular reminders/ updates at mandatory monthly training meetings. E mail reminders each quarter. A reminder on the 'Management Summary Page' of the digital notes will also be added.

All women with an elevated CO level (4ppm), who identify themselves as smokers or have quit in the last 2 weeks should be referred for treatment by a trained tobacco dependence adviser (TDA) within the in- house tobacco treatment service.

Identified smokers should be referred at any stage in pregnancy. Where feasible CO reading at **ALL** ante- natal appointments and recorded in digital records should be administered.

A **Smoking cessation Referral** should be made using the BadgerNet referral form, which will trigger an initial consultation with the TDA within 48 hours.

From initial consultation, the TDA will have weekly intervention calls for the following 4 weeks, with the client and will record smoking status against Tobacco Treatment Plan. Contact will be made via phone call and smoking status self-reported.

Referral for all identified as smokers at booking and have CO read of 4PPM and above.

Referral to the in-house service will be the system default preference. The existing referral option for the local community service, One You Surrey will continue to be available. The in-house service for identified smokers **is on an OPT- OUT basis**. Note this is a change to the current approach.

All information / data captured will be recorded, so is visible and integrated into the patient's record. Data will be collated each month for both internal and external reporting purposes by Maternity Informatics Team.

The primary objective of the intervention is to establish a firm Quit Date and check smoking status against the agreed Tobacco Dependency Treatment Plan. If the client appointment with the TDA is via phone, smoking status will be self-reported. If the client appointment with the TDA is in person, smoking status will be checked including administering /recording a CO reading. All data will be captured in BadgerNet and integral part of the Client Record.
Client appointments for the intervention meetings with the TDA will be booked in BadgerNet and reminders re appointment timings will be delivered via the maternity digital app.
A scheduled appointment 'no show' with a TDA, will be reported to the relevant healthcare professionals (referee and booking midwife) and no attendance for arranged face to face appointments and booked phone appointments with the TDA will be flagged to appropriate health care staff. The TDA will notify by email and use the communications tool in the digital record tool, so that the communication is kept as part of the record and visible in the notes. The TDA will endeavour to rebook a new appointment as quickly as possible, no later than within the same week.
TDA will hold an intervention appointment in person whenever possible, should the client be visiting the Ashford or St Peter's locations, including community clinics, as part of routine ante natal care. Midwives should not deviate from their existing practice, Saving Babies Lives programme. They currently check smoking status, deliver VBA and record CO levels, at booking,36 weeks gestation and at time of delivery (SATOD). This will continue to be the case.

Guidance on handling resistance / conversations for referral for all identified as smokers at booking and have CO read of 4PPM and above.

Where smoking in pregnancy is verified at booking and/ or an unacceptable CO reading has occurred, the midwife should explain that the next conversation will be with the Tobacco Dependency Service who can explain all options to help and support. The decline of use of the service will be recorded by the TDA and recorded in the digital record.

Training and advice on how to handle the smoker / high CO results who resists referral will be available via the mandatory monthly training meetings.

2. 28 weeks smoking status verification and validation via CO reading.

This intervention milestone will be arranged by the TDA and ideally, will be face to face as verification of smoker status, quit status should be validated by a CO reading. This will be recorded at 28 weeks in all cases for those referred to the Tobacco Dependency Treatment Service. In some, instances the TDA may ask the midwife to ascertain and verify smoking status at 28 weeks and record in the digital record.

3. 36 weeks smoking status verification and validation via CO reading.

Midwife is required to verify smoking status at 36 weeks pregnancy and administer CO monitoring and record in digital records.

4. Availability of Nicotine Replacement Treatment (NRT)[3]

[1] As agreed LMNS December 2023

[2] As agreed LMNS December

For individuals referred to the Tobacco Dependency Service and have committed to a supervised and supported Treatment Plan, the Midwife should routinely check that NRT product supply is adequate, and usage is in line with treatment plan as outlined in digital notes. Record status in smoking summary.

5. Referral later in pregnancy

If at any stage later in pregnancy, a woman who previously declined engagement with the TDAs but evolving risks / rediscussion means the woman would now like a further discussion, refer in the same way as at booking.

See Tobacco Dependency Treatment Pathway in Appendix 1

RESPONSIBILITIES

Maternity Support Workers

To ensure smokers are identified and provide ongoing encouragement/ support for Tobacco Treatment Programme

Trained Midwives

To ensure smokers are identified at Booking, Record and Monitor CO readings, Refer to TDA for intervention, provide support for Tobacco Treatment Plan, Feedback to TDA on issues arising.

Ward Managers

To ensure smokers are identified and support Tobacco Treatment Plan as required.

Midwife

Each Midwife should ensure all mandatory fields on smoker status/history are completed. Support operational aspects of TDTS as needed.

Leadership Staff

To ensure staff are optimising use of in- house Service, attending essential training and briefing sessions on tobacco dependence and treatment pathways.

Maternity Medical Staff

To ensure full optimisation of use of in- house Service, attending essential training and briefing sessions on tobacco dependence and treatment pathways.

AUDIT

- Performance monitoring and tracking via Monthly Reports. We will collate reportable data for external reporting purposes.

RISKS

1. BadgerNet Change Requests for enhanced ease of Data Capture.
2. Continuity of NRT Supply to support Tobacco Treatment Plan

MITIGATION FOR RISKS

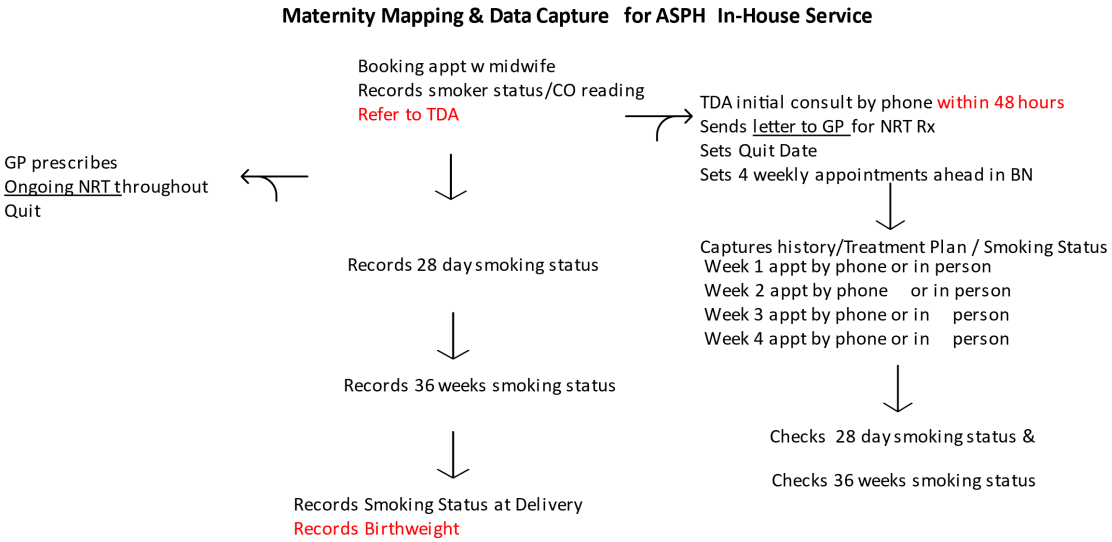
1. TDTS (Tobacco Dependency Treatment Service) in partnership with the ASPH Chief Nursing Information Officer, ASPH Digital Midwife for maternity and the ASPH informatic teams will jointly problem solve for digital adapts required ongoing to support efficient and effective service operations. This is a new service introduction for the Maternity Unit and will be closely performance monitored with immediate course correction as required.

2. From Booking appointment, excepting the 12- and 20-week Ultrasound scans at the Hospital sites, antenatal care provided is delivered within the community setting. This creates a potential challenge for the ongoing supply of NRT. At launch, the in-house service will need to leverage local GP and Pharmacy support. The Project team will continue to work on future enhancements that open additional supply pathways. These options will include utilising the Advanced Pharmacy Scheme (launched nationally by NHS England in 2022, and the exceptions provided to enable Midwives to access NRT from allowable and controlled supply sources.

Appendix

1. Pending separate SOP providing Guidance on how to administer Nicotine Replacement Treatments in line with digital recorded Treatment Plans
2. Maternity Mapping and Data capture for ASPH In-House Service

Appendix 2


Maternity Mapping & Data Capture for ASPH In-House Service
Booking appt w midwife
Records smoker status/CO reading
Refer to TDA
TDA initial consult by phone within 48 hours
Sends letter to GP for NRT Rx
Sets Quit Date
Sets 4 weekly appointments ahead in BN
GP prescribes
Ongoing NRT throughout
Quit
Captures history/Treatment Plan / Smoking Status
Week 1 appt by phone or in person
Week 2 appt by phone or in person
Week 3 appt by phone or in person
Week 4 appt by phone or in person
Records 28 day smoking status
Records 36 weeks smoking status
Checks 28 day smoking status &
Checks 36 weeks smoking status
Records Smoking Status at Delivery
Records Birthweight