

<b>STANDARD OPERATING PROCEDURE</b>	
<b>TITLE</b> 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 to the 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**

The midwife should discuss and offer CO monitoring at the booking appointment. 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.

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 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 current referral system to One You Surrey will form the baseline data set for reference.

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 and this will be flagged to the

community midwife. The TDA will endeavour to rebook a new appointment 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 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.

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.

### **Digital Midwife**

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**

**Maternity Mapping & Data Capture for ASPH In-House Service**

