

Smoker type 2: Pregnant and children at home

Karen is a 32-year-old mother of two and is currently 6 months pregnant with her third child. She has presented to you with a candida infection but is otherwise well. You examine her and prescribe a topical antifungal. She has also brought her oldest son, Sam, to see you. Sam is 5 years old and has been wheezy with a dry cough in the mornings for the last couple of weeks. You examine Sam and hear occasional bilateral wheeze with a normal respiratory rate, pulse, sats and temperature. You suspect asthma and start to make a plan with Karen for Sam. You have cared for Karen during her previous pregnancies and are aware that she has asthma, a history of smoking and that her partner smokes. She has made several attempts to quit in the past using OTC nicotine replacement, but she has not so far been able to sustain a quit. You see in Karen's notes that her midwife implemented a VBA when she booked Karen in. You decide to implement a VBA

ASK: "Are you and your partner smoking at the moment Karen?" Yes, I spoke with the midwife when she booked me in and she said she was concerned and referred me but I have so much to deal with at the moment I just don't think I can do it on my own. I've cut down loads and we only smoke outside now

ADVISE: "So, you've tried nicotine replacement before and didn't succeed. Don't worry though because we know that the best way to quit is combining the NRT with support and we have 7 different forms that are appropriate in pregnancy. "We have a stop smoking service I can refer you to, many of our pregnant women have found it useful.

ACT: "Would you like me to let them know ?" Yes please, I know I should stop

Record in Karen's notes that VBA was performed, and make a referral to the smoking in pregnancy specialist stop smoking service

Key resources:

- <https://www.nice.org.uk/guidance/ph26>
- VBA on smoking for pregnant women: http://elearning.ncsct.co.uk/vba_pregnancy-launch
- VBA on second-hand smoke: http://elearning.ncsct.co.uk/shs_vba-launch
- Midwifery guidance: http://www.ncsct.co.uk/publication_briefing_for_midwifery_staff.php

Expert commentary:

In accordance with NICE guidelines, Karen's midwife performed a **VBA, CO screening, raised her concerns and made a referral to a specialist service** because of the CO test result reading of 16ppm at her booking in consultation. Karen also learned about the effect smoking could have on her baby and her other children. Revisiting the VBA and her CO results has prompted a quit attempt highlighting the value of repeated VBA and a consistent messaging from all the HCPs that Karen encounters. As Karen's partner also smokes, an offer of referral for them should also be made. Encouraging pregnant women to attend with partners can enable such discussions. Active referral on an opt out basis (as shown here) is appropriate and evidence based for pregnant women. But this is not the norm for VBA where smokers are encouraged to book their own appointments for support and treatment so that they "own the attempt" and increase self-efficacy. The DH Tobacco Control Plan aims to reduce the rates of smoking in pregnancy to 6% or less by 2022. The Smoking in Pregnancy Challenge Group (coordinated by ASH), estimates that if the target were to be achieved it would lead to an annual reduction of between:

- 45 – 73 fewer babies stillborn
- 11 – 25 fewer neonatal deaths
- 7 – 11 fewer sudden infant deaths
- 482 – 796 fewer preterm babies and
- 1455 – 2407 fewer babies born at a low birth weight.



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