

Reducing the effects of smoking and vaping on pregnancy and newborn outcomes

Summary This Policy Directive establishes minimum requirements for NSW Health services and clinical staff to provide evidence-based and high-quality smoking and vaping cessation support to women before, during and after pregnancy.

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Distributed to Ministry of Health, Public Health System, Divisions of General Practice, Government Medical Officers

Audience Maternity and Newborn; Child and Family Health; Perinatal Infant Mental Health Services (PIMHS); Aboriginal Maternal and Infant Health Services (AMIHS); Building Strong Foundations for Aboriginal Children, Families and Communities (BSF); Oral Health Services; Primary Care and Aboriginal Community Controlled Health Services (ACCHSs)

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POLICY STATEMENT

NSW Health services and clinical staff are committed to provide evidence-based and high-quality smoking and vaping cessation support to women before, during and after pregnancy.

Smoking during pregnancy is the most significant preventable cause of complications for pregnant women and their children, and is associated with preterm birth, low birth weight, babies who are small-for-gestational-age and perinatal death.

SUMMARY OF POLICY REQUIREMENTS

All clinicians working in Maternity and Newborn, Child and Family Health, Perinatal Infant Mental Health Services (PIMHS), Aboriginal Maternal and Infant Health Services (AMIHS), Building Strong Foundations for Aboriginal Children, Families and Communities (BSF), Oral Health Services, Primary Care and Aboriginal Community Controlled Health Services (ACCHSs), and other relevant services are to be appropriately skilled in the management of smoking and vaping in pregnancy.

Carbon monoxide (CO) monitoring is to be offered to all women before asking about smoking status:

- at first pregnancy visit and at the 28 weeks gestation visit.
- at every health visit for women who are known to smoke, or who have recently quit (i.e., in the last 12 months).

The carbon monoxide measurement is to be used as a tool to engage in discussion on smoking status, avoiding second-hand smoke, and to motivate quitting. The expired carbon monoxide reading is to be recorded in the woman's health care record.

Clinicians are to use a sensitive and empathetic approach when discussing smoking and vaping with pregnant women. The 'Ask, Advise, Help' smoking and vaping cessation brief intervention model must be used at every health visit.

Clinicians are to ask and record the smoking and vaping status of all pregnant women and that of their partner and/or household members at all health visits. Clinicians are to advise on the short and long term benefits of quitting and effective ways to quit, and offer culturally appropriate support (help) and resources to assist their attempts to quit.

Clinicians are to provide all Aboriginal women with care that is safe, respectful and trauma informed. A comprehensive, holistic approach must be taken when addressing smoking and/or vaping. This includes the physical, spiritual, cultural, emotional, and social wellbeing of women. This is especially important for Aboriginal women and women having an Aboriginal baby.

Clinicians are to offer consultation with an Aboriginal health worker that the woman is comfortable with, or referral to a culturally safe service, such as Aboriginal Quitline (accessed by calling Quitline and asking to speak to an Aboriginal Advisor).

Support and interventions to quit smoking and vaping are to be self-determined and adopt a strengths-based approach to ensure women and their families feel supported in their progress to quit. A strengths-based approach acknowledges the strengths of Aboriginal people, their families, and their communities, including connection to culture, resilience, and a holistic view of health, and moves away from deficit discourse.

People who smoke or vape may have complex needs associated with their nicotine/tobacco use, including psychosocial issues, trauma, mental health conditions, and drug and alcohol related health issues. Clinicians are to provide smoking and vaping cessation support that is safe, respectful and trauma informed.

Clinical staff are to document carbon monoxide readings, smoking and vaping status, support offered, and outcomes of discussions in the woman's health care record to ensure continuity of care and appropriate follow-up.

REVISION HISTORY

Version	Approved By	Amendment Notes
PD2022_050 October-2022	Chief Health Officer and Deputy Secretary, Population and Public Health	New policy directive

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1. BACKGROUND

The health and wellbeing of a woman during preconception and pregnancy has a lasting impact on fetal development and the health of her baby at birth and beyond. Smoking during pregnancy is the most significant preventable cause of complications for pregnant women and their children^[1], and is associated with preterm birth, low birth weight, babies who are small-for-gestational-age and perinatal death^[2]. The impacts of e-cigarette use or vaping during pregnancy are still being determined^[3]. Pregnant women should avoid using any vaping products due to the lack of evidence regarding their safety and the risks on maternal and fetal health^[1]. Regular e-cigarette use is likely to have adverse health outcomes, such as addiction; intentional and unintentional poisoning; acute nicotine toxicity, including seizures; burns and injuries; lung injury^[4].

While substantial gains have been made within some groups of women, the proportion of NSW women who smoke during pregnancy remains high (8.6% in 2020)^[5]. Priority populations include Aboriginal women, culturally and linguistically diverse women, young people, women experiencing social disadvantage and those with mental illness, whose rates of smoking in pregnancy are higher than the general population^[2,5].

The reasons for high smoking rates among Aboriginal people are complex and include many systemic and upstream issues such as colonisation, racism, and intergenerational trauma. Contributing factors may include exposure to smoking in early life, social disadvantage, using smoking as a coping mechanism and/or grief and loss^[6].

Services that engage with women and their family's preconception, during pregnancy and after birth play a key role in smoking and vaping cessation support. Services include Maternity and Newborn, Child and Family Health, Perinatal Infant Mental Health Services (PIMHS), Aboriginal Maternal and Infant Health Services (AMIHS), Building Strong Foundations for Aboriginal Children, Families and Communities (BSF), Oral Health Services, Primary Care and Aboriginal Community Controlled Health Services (ACCHSs).

Pregnancy is a critical time to support smoking and vaping cessation, as women are highly motivated to quit for the wellbeing of their baby^[7]. Continuity of care and the formation of trusting relationships between clinicians and women, provide a valuable opportunity to support cessation.

1.1. About this document

This Policy establishes the minimum requirements for NSW Health services and clinical staff to provide evidence-based and high-quality smoking and vaping cessation support to women before, during and after pregnancy.

This Policy aligns with other key clinical guidelines and documents, including:

- [National Safer Baby Bundle initiative \(Stillbirth Centre of Research Excellence\)](#)
- [National Pregnancy Care Guidelines](#)
- [Smoking Cessation Framework for NSW Health Services](#)
- [RACGP Supporting Smoking Cessation: A Guide for Health Professionals](#)

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- [RANZCOG Smoking and Pregnancy Statement](#)
- [Clinical Guidelines for the Management of Substance Use in Pregnancy, Birth and the Postnatal Period](#)
- [Quit for New Life initiative](#)

1.2. Key definitions

Aboriginal people	In this document, Aboriginal and Torres Strait Islander people are referred to as Aboriginal people in recognition that Aboriginal people are the original inhabitants of NSW.
Electronic cigarettes (e-cigarettes or vapes)	An e-cigarette is a battery-operated device that heats a liquid (also known as e-liquid) to produce an aerosol or vapour that the user inhales. E-cigarettes are also called e-cigs, vapes, electronic nicotine delivery systems (ENDS) or alternative nicotine delivery systems (ANDS). Regular e-cigarette use is likely to have adverse health outcomes, such as impaired lung function ^[4] .
Health visit	A health visit in the context of this Policy refers to any visit with a maternity carer (including the preconception, antenatal, childbirth and postnatal period) as well as Child and Family Health visits.
Preconception care	Preconception care is defined as counselling and provision of healthcare to optimise the health of women and their partners prior to pregnancy and to improve health related outcomes for them and their children.
Smoking	Smoking relates to any ignited tobacco product or non-tobacco smoking product and includes smoking from a cigarette, pipe, water-pipe (such as shisha) or any other smoking device.
Trauma informed care	Trauma informed care emphasises physical and psychological safety, creating opportunities for people with lived experience to rebuild a sense of control and empowerment. It supports services moving from a caretaker to a collaborator role, as well as providing a supportive environment for workers, reducing the risk of secondary trauma ^[8] .

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<p>Water-pipe/Shisha</p>	<p>A water-pipe is a smoking device also known as a nargila, argileh, hubble bubble, hookah, shisha or goza^[9]. A water-pipe consists of four parts: the head, body, bowl, and hose. The smoker inhales through a mouthpiece in the hose. Smoke heated by charcoal is drawn from the head, down the body, through the water in the bowl and into the hose^[9,10]. Shisha smoking is a traditional method of tobacco smoking and is related to cultural identity in the communities that practice it^[10]. Shisha tobacco is usually a combination of tobacco prepared in molasses and flavoured with fruit flavours. Shisha smoke contains nicotine, carbon monoxide, tar and other toxins. Shisha can stain teeth, increase the risk of heart disease, lung cancer and other cancers^[9].</p>
<p>Women</p>	<p>This document refers to ‘women’ as the key client’s accessing maternity care providers, however NSW Health acknowledges that people of diverse genders use maternity services and is respectful of every individual’s experience and needs.</p>

1.3. Related NSW Health documents

This document is to be read in conjunction with the following NSW Health Policy Directives:

Reference	Title
PD2010_016	SAFE START Strategic Policy
PD2015_003	NSW Health Smoke-free Healthcare Policy
PD2019_008	The First 2000 Days Framework
PD2020_032	Nursing and Midwifery Management of Drug and Alcohol use in the Delivery of Health Care
PD2021_016	Smoking Cessation Brief Intervention in Oral Health Settings

It is also to be read in conjunction with:

- [Clinical Guidelines for the Management of Substance Use in Pregnancy, Birth and the Postnatal Period](#)
- [Managing Nicotine Dependence: A Guide for NSW Health Staff](#)
- [NSW Family Focused Recovery Framework 2020-2025](#)
- [Smoking Cessation Framework for NSW Health Services](#)

2. DISTRICT AND NETWORK RESPONSIBILITIES

2.1. Leadership and coordination

Local Health Districts (Districts) and Specialty Health Networks (Networks) must ensure that local processes are in place which enable the effective implementation of this Policy.

Districts and Networks are to ensure feedback about the implementation of, and compliance with, the Policy is provided to appropriate local clinical governance groups.

The NSW Ministry of Health will work with Districts and Networks to support implementation and ongoing compliance. Districts and Networks are to monitor compliance with this Policy using the Implementation Checklist (appendix 9.1).

2.2. Culturally safe support

Services are to partner with multidisciplinary teams, including Aboriginal services and Culturally and Linguistically Diverse (CALD) services, to provide culturally safe smoking cessation support to women (including their partner and/or household members).

Providing appropriate cultural governance may include local Aboriginal and Culturally and Linguistically Diverse representation in planning and coordinating the implementation of this Policy, and appropriate access to Culturally and Linguistically Diverse and Aboriginal support workers or cultural liaison staff.

2.3. Availability of carbon monoxide monitors

An elevated carbon monoxide (CO) reading is a useful marker of regular smoking. Measuring carbon monoxide levels is a beneficial way to engage women in a conversation about the harms of smoking and the benefits of quitting.

Carbon monoxide monitors must be available in all pre and post-natal services including Maternity and Newborn, Child and Family Health, Perinatal Infant Mental Health (PIMHS), Aboriginal Maternal and Infant Health (AMIHS) and Building Strong Foundations for Aboriginal Children, Families and Communities (BSF) services, and used in accordance with the NSW Health [Using an expired carbon monoxide monitor factsheet](#), [COVID-19 Infection Prevention and Control Manual](#), and maintained appropriately.

Note: Vaping will not be indicated by the carbon monoxide monitor.

3. EDUCATION AND TRAINING

All clinicians working in Maternity and Newborn, Child and Family Health, Perinatal Infant Mental Health (PIMHS), Aboriginal Maternal and Infant Health (AMIHS), Building Strong Foundations for Aboriginal Children, Families and Communities (BSF) and other relevant services are to be appropriately skilled in the management of smoking and vaping in pregnancy.

Training is recommended and available via My Health Learning. Modules to cover the base level of knowledge include:

- Smoking and Vaping in Pregnancy - Part A. Course Code:198038468
- Smoking and Vaping in Pregnancy - Part B. Course Code:198038507
- Yarning About Quitting Course. Course Code: 84056788

Clinicians are to be aware of local smoking cessation programs and resources, and of emerging evidence around the dangers of vaping, particularly during pregnancy.

4. SMOKING AND VAPING CESSATION BRIEF INTERVENTIONS

4.1. Carbon monoxide monitoring

Carbon Monoxide (CO) monitoring is to be offered to all women before asking about smoking status:

- at first pregnancy visit and at the 28 weeks gestation visit
- at every health visit for women who are known to smoke*, or who have recently quit (i.e., in the last 12 months)

The CO measurement is to be used as a tool to engage in discussion on smoking* status, avoiding second-hand smoke, and to motivate quitting. The expired CO reading is to be recorded in the woman's health care record.

Guidance on CO monitoring can be found in the NSW Health [Using an expired carbon monoxide monitor factsheet](#).

**Note: Vaping will not be indicated by the CO monitor.*

4.2. 'Ask, Advise, Help' model

Clinicians are to use a sensitive and empathetic approach when discussing smoking and vaping with women. The 'Ask, Advise, Help' smoking and vaping cessation brief intervention model must be used at every health visit.

4.2.1. ASK

Clinicians are to assess and record the smoking (including different forms of tobacco such as shisha) and vaping status of all women, and that of their partner and/or household members, at all health visits.

Methods to assess nicotine dependence can be used to inform the type of cessation support clinicians offer to women. For more information including how to assess nicotine dependence, refer to [Managing Nicotine Dependence: A Guide for Health Staff](#).

4.2.2. ADVISE

All women who smoke or vape, including their partner and/or others in their household who smoke or vape, are to be provided with information in a non-judgemental way. Discuss:

- The benefits of quitting completely, not just cutting down.

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- The benefits of quitting as early as possible, ideally before pregnancy or during the first trimester.
- The short- and long-term benefits of quitting for themselves and the baby.
- The harms of nicotine for women and the baby.
- Effective ways to quit smoking and vaping, including behavioural intervention sessions through Quitline and if appropriate, the use of nicotine replacement therapy (NRT).
- The harms of second-hand smoke (and vapour) and how to minimise exposure.
- The importance of remaining abstinent.

For women who have recently quit (in the last 12 months), discuss:

- The benefits and importance of remaining abstinent in pregnancy and beyond (recognising that they are at higher risk of relapse).
- Supports available to assist them to stay quit.

4.2.3. HELP

All women who smoke or vape, including their partner and/or others in their household who smoke or vape, must be offered support and resources to assist their attempts to quit including culturally appropriate support for Aboriginal women.

Support may include:

- Offering all women a referral to Quitline via electronic medical records (eMR), online via [iCanQuit](#), and/or to a local smoking cessation specialist service including services provided by a local Aboriginal Community Controlled Health Service.
- Setting a quit date and a client-initiated quit plan.
- Utilising family support if available.
- Assessing barriers to quitting and assisting to identify strategies to overcome them.
- Considering nicotine replacement therapy (NRT) if women and/or others in their household are unable to quit otherwise. For more information, including risks and benefits of nicotine replacement therapy and dosage, refer to:
 - [Supporting smoking cessation during pregnancy – nicotine replacement therapy \(NRT\) guideline](#); and
 - [RACGP Supporting smoking cessation: A guide for health professionals](#).

Note: Exposure to nicotine via e-cigarettes is difficult to quantify. Nicotine exposure may be significantly higher or lower than traditional cigarettes. Caution must be taken in estimating the dose of nicotine replacement therapy.

If women (or their partner and/or others in their household) who smoke or vape are not ready to quit they must also be supported by:

- Assessing and addressing barriers to quitting via motivational interviewing techniques.

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- Identifying any myths or mistaken beliefs about smoking and vaping cessation and providing any necessary information and support to address these.
- Reviewing and monitoring smoking and vaping status at every health visit.

5. SUPPORT FOR ABORIGINAL FAMILIES

Clinicians are to provide all women with care that is safe, respectful and trauma informed. A comprehensive, holistic approach must be taken when addressing smoking and/or vaping. This includes the physical, spiritual, cultural, emotional, and social wellbeing of women. This is especially important for Aboriginal women and women having an Aboriginal baby. Clinicians are to offer the opportunity to consult an Aboriginal health worker that the woman is comfortable with, or a culturally safe service, such as Aboriginal Quitline (accessed by calling Quitline and asking to speak to an Aboriginal Advisor).

Support and interventions to quit smoking and vaping are to be self-determined and adopt a strengths-based approach to ensure women and their families feel supported in their progress to quit. A strengths-based approach acknowledges the strengths of Aboriginal people, their families, and their communities, including connection to culture, resilience, and a holistic view of health, and moves away from deficit discourse.

6. RECOGNISING AND RESPONDING TO COMPLEX ISSUES

People who smoke or vape may have complex needs associated with their nicotine / tobacco use, including psychosocial issues, trauma, mental health conditions, and drug and alcohol related health issues. Clinicians are to provide smoking and vaping cessation support that is safe, respectful and trauma informed.

6.1. Psychosocial issues

The experience of psychosocial stressors, such as recent life stress, relationship issues, lack of social support or a history of trauma may impact a woman's ability or willingness to quit during pregnancy.

Women experiencing psychosocial stress can be identified using a validated psychosocial assessment tool as outlined in the NSW Health Policy Directive *SAFE START Strategic Policy* ([PD2010_016](#)). Clinicians are to consider referral to specialist or support services via local pathways.

6.2. Mental health conditions

Mental health conditions such as depression, anxiety or psychosis can be a barrier to smoking and vaping cessation. Smoking and/or vaping may be part of a woman's attempt to self-manage symptoms.

Women experiencing mental health problems can be identified using a validated screening tool as outlined in the NSW Health Policy Directive *SAFE START Strategic Policy* ([PD2010_016](#)). Clinicians are to consider referral to mental health services for appropriate therapeutic intervention and treatment of underlying mental health issues as part of the overall management plan.

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For women who would benefit from or are already engaged with mental health services, a collaborative approach to care planning around smoking and vaping cessation may improve outcomes.

6.3. Drug and alcohol related health issues

Clinicians are to refer to the NSW Health [*Clinical Guidelines for the Management of Substance Use During Pregnancy, Birth and the Postnatal Period*](#).

Women who experience substance dependency in addition to smoking or vaping are to be offered specialist assessments and help. This may include referral to a drug and alcohol specialist, a consistent case manager and care team, and specific drug and alcohol treatments (e.g., counselling, pharmacotherapies).

For Aboriginal women, local programs may be available via Aboriginal Maternal and Infant Health Services (AMIHS) and Building Strong Foundations for Aboriginal Children, Families and Communities (BSF) services and Aboriginal Community Controlled Health Services.

7. DOCUMENTATION

Clinical staff are to document carbon monoxide readings, smoking and vaping status, support offered, and outcomes of discussions in the woman's health care record to ensure continuity of care and appropriate follow-up.

8. REFERENCES

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9. APPENDICES

9.1. Implementation checklist and compliance self-assessment

Organisation / Facility:			
Assessed by:		Date of Assessment:	
Key Policy Requirements	Not commenced	Partial compliance	Full compliance
<p>Leadership and coordination</p> <p>Local processes are in place which enable the effective implementation of the policy.</p> <p>This may include appointing an Implementation Sponsor, Project Lead, and local Steering Committee.</p> <p>Consideration is given to include local Aboriginal and CALD representation in planning and coordinating the implementation of the policy.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
<p>Identify staff, train staff, support staff</p> <p>Staff are appropriately educated to implement the policy.</p> <p>Consideration is given to role appropriate levels of training and support.</p> <p>Managers have a process in place to monitor training needs and attendance.</p> <p>Clinical (and other staff) staff attend education as needed.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
<p>Coordinate smoking cessation activities</p> <p>Resources</p> <p>Managers ensure that equipment such as carbon monoxide monitors are available, maintained and used correctly. This may include liaison with Facility Bio-medical Department staff.</p> <p>Managers ensure that support materials such as brochures and posters are available to support implementation of the policy. This may include liaison between health promotion, clinical services and others as needed.</p> <p>Managers have a process in place to evaluate clinician use and advice given about nicotine replacement therapy (NRT). Facility Pharmacy audits may be required.</p> <p>All staff are aware of the resources available and local referral pathways and use them appropriately.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			

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Key Policy Requirements	Not commenced	Partial compliance	Full compliance
<p>Coordinate smoking cessation activities</p> <p><i>Communication</i></p> <p>Local processes are in place to ensure that staff are aware of the policy. Consideration is given to routine communication between executives, managers, clinicians, and patient representatives on the implementation of the policy.</p> <p>Managers will ensure that the progress and issues identified in the implementation of the policy are reported via local governance channels.</p> <p>Clinical staff will document CO monitor assessments, support and interventions provided, and outcomes associated with the policy.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Establish accountability mechanisms</p> <p>Local processes are in place to ensure that the implementation of the policy is monitored.</p> <p>Managers will monitor staff training, smoking population and demographics, interventions, impacts and outcomes. Consideration will be given on how this data will inform service delivery, clinical practice and patient experience in the implementation of the policy.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>