



Procedure for the use of Nicotine Replacement Patches on Maternity Wards

Author/Owner	Public Health Midwife	
Equality Impact Assessment	N/A if clinical guideline or procedure	Date:
Version	2	
Status	Approved	
Publication date	08/02/2022	
Review date	22/12/2024	
Approval recommended by	Maternity guideline group	Date: 10/06/2021
	Women's Business and Governance Meeting	Date: 19/11/2021
Approved by	CBU 3 Overarching Governance Meeting	Date: 22/12/2021
Distribution	Barnsley Hospital NHS Foundation Trust – intranet Please note that the intranet version of this document is the only version that is maintained. Any printed copies must therefore be viewed as “uncontrolled” and as such, may not necessarily contain the latest updates and amendments	



Table of Contents

	Section heading	Page
1.0	Introduction	3
2.0	Objective	3
3.0	Scope	3
4.0	Main body of the document	3
4.1	Storage of Nicotine patches	4
4.2	Dosage and application of the Nicotine patches	4
4.3	Cautions	5
5.0	Roles and responsibilities	5
5.1	Midwives	5
5.2	Obstetricians	5
6.0	Associated documents and references	5
7.0	Training and resources	6
8.0	Monitoring and audit	6
9.0	Equality, diversity and inclusion	6
9.1	Recording and monitoring of equality, diversity and inclusion	7
Appendix 1	Glossary of terms	8
Appendix 2	Prescribing and Administering Nicotine Patches on the Maternity Ward	9
Appendix 3	Document history/version control – must be the last appendix	10



Section Headings

1.0 Introduction

All healthcare professionals have a duty of care to support pregnant smokers to quit smoking. The prevalence of smoking in Barnsley at the time of delivery in 2020 was 14.6%. Many pregnant women can find quitting to be a particular challenge and need considerable support to stop smoking. For the mother smoking in pregnancy is known to increase the risk of miscarriages, ectopic pregnancy, placenta previa and deep vein thrombosis. For the baby there is increased risk of premature birth, growth retardation, stillbirth and sudden unexpected death in infancy.

Women who smoke should be supported with quitting as early as possible in pregnancy. On admission to the maternity ward smokers will benefit from an immediate offer of NRT and support from the specialist Maternity Stop Smoking Team.

Nicotine Replacement Therapy (NRT) aims to replace the nicotine from cigarettes by other means of delivery such as transdermal patches, lozenges, sublingual tablets, inhalators or nasal spray. The nicotine contained in tobacco is not particularly harmful, it is the carbon monoxide (CO) and tar in tobacco smoke that cause most of the health problems. NRT does not deliver any of the other potentially disease-causing agents that cigarettes do. NRT therefore provides a background level of nicotine that reduces craving and withdrawal, while producing lower blood nicotine concentrations than smoking does.

NRT is safe to use during pregnancy, the postnatal period and for breast feeding mothers. However, to be effective, women consenting to NRT would benefit from referral to the Maternity Stop Smoking for behavioural change support to give the best possible chance of a successful quit attempt.

2.0 Objective

This procedure has been written to support staff on the Barnsley Birthing Centre (BBC), Maternity Triage and Ante Natal Post Natal (ANPN) ward, when offering and dispensing NRT on the unit. For ongoing advice and support, consenting inpatients should be offered a referral to the Maternity Stop Smoking Team. Smokers are four times more likely to quit successfully when in receipt of expert health and advice.

3.0 Scope

This standard procedure will apply to all midwives and obstetricians involved in the administration of nicotine patches on the maternity wards.

4.0 Main body of the document

- All women attending the BBC, Maternity Triage and the ANPN ward must be assessed for exposure to tobacco smoke during routine admission observations. Pregnant women need to be asked if they smoke and all women should be offered routine CO monitoring regardless of whether or not they smoke.
- All smokers, women whose CO reading is 4 parts per million (4ppm) or above and those have stopped smoking in the last two weeks are offered:



- Support
- Very Brief Advice (VBA)
- Nicotine Replacement Therapy (NRT)
- Electronic referral to the Maternity stop Smoking Services
- All midwives and maternity support workers receive annual VBA training and can discuss the risks and benefits of NRT with pregnant women.
- NRT is considered a homely remedy on the Drug Prescription and Administration Record, therefore staff can administer the first NRT patch without a prescription. Women should not experience unreasonable delays in accessing NRT on the ward.
- Women requiring ongoing NRT should have it prescribed. For all smokers, quit success is more likely if they are supported to consistently access enough nicotine to help manage their cravings when trying to stop smoking.
- Women who decline NRT and/or a referral to the Maternity Stop Smoking team should have their referral left open and support should be re-offered at every contact thereafter.
- All discussions, referrals and interventions made to support smokers to quit should be documented in the women's notes.

4.1 Storage of Nicotine Replacement patches

The AN/PN Ward and Triage will stock NRT patches. They should be stored at room temperature between 20°C and 25°C in a locked cupboard.

4.2 Dosage and application of the Nicotine patches.

NRT Patch Dose	Smoking History
25mg clear patch	Pregnant woman who smokes more than 10 cigarettes/day
15mg clear patch	Pregnant smokes less than 10 cigarettes/day

- NRT should only be administered with the woman's informed consent
- On waking, women should apply a patch to an area of dry, non-hairy skin on the hip, trunk, or upper arm. It should be held in position for 10–20 seconds to ensure adhesion. Women should be advised not to place the NRT patch over a tattoo(s) as this is likely to increase the rate of nicotine absorption when placed on the tattoo.
- Women are advised to remove the patch before going to sleep and dispose of it by folding it on itself.
- Women who require further doses are advised to place the next patch on a different area and avoid using the previous site for several days. After 2 -3 days, the patch may be applied to a previous site if there is no sign of irritation.
- Two midwives will check the correct patch dose is being administered and the expiry date on the patch.
- They will check the woman's details with the prescription sheet to ensure that the correct NRT product is given to the correct woman in line with Trust Policy. The woman will be asked to confirm her name and date of birth.
- A referral to the Maternity Stop Smoking Team should be made as soon after admission as possible via either:
 - The electronic referral system
 - OR Email: maternity.stopsmoking@nhs.net
 - OR Telephone ext. 2193



4.3 Cautions

- Patches should not be placed on broken skin or tattoos and should be used with caution in women with skin disorders. It is likely that
- It is not unusual for the patch to irritate the skin on application, reassure the woman that this is common and should ease after a short period of time.
- Pregnant women should be strongly advised to avoid placing patches on their abdomen.

IMPORTANT: If the skin becomes very red or blistered advise the woman to remove the patch and report to the maternity Stop Smoking Team on ext. 2193.

5.0 Roles and responsibilities

5.1 Midwives

Midwives must ensure that the ward stock of NRT is available and in date for patient usage.

Midwives have a responsibility to follow the instruction of this procedure and refer smokers to the Maternity Stop Smoking Team.

Midwives must follow the Trust Policy for the administration of drugs when dispensing the Nicotine patches.

Midwives must provide best evidence-based care for women in accordance with appropriate guidance throughout pregnancy to delivery.

5.2 Obstetricians

Obstetricians have a responsibility to prescribe on going NRT for smokers whose expected length of stay may be longer than 24 hours (1 day).

Obstetricians have a responsibility to prescribe none-stock NRT products such as inhalators and oral spray should the woman prefer these instead of patches.

Women can be prescribed two NRT products together (dual therapy) with their consent.

Obstetricians will provide evidence-based information on smoking in pregnancy and the use of NRT.

6.0 Associated documents and references

Smoking: Stopping in pregnancy and after childbirth Public health guideline [PH26]
Published date: June 2010

BNF Online accessed: May 2021

Borg, R. and Ashton, A., 2015. A case of overdose via tattoo. Journal of the Intensive Care Society, 16(3), pp.253-256.



Nicoderm (2019) *Frequently Asked Questions*. <https://www.nicodermcq.com/faq.html> - accessed 19/10/2021

7.0 Training and resources

Training will be delivered annually within Midwifery mandatory training as outlined in the Maternity Training Needs Analysis. This is updated on an annual basis. Staff are supported to develop skills and knowledge within their remit of practice and job role. All midwifery staff and maternity support workers will receive training to equip them with the skills to conduct CO testing and recording, VBA, making referrals to the Maternity Smoking Team.

8.0 Monitoring and audit

Any adverse incidents relating to the procedure for the use of Nicotine Replacement Patches on Maternity Wards will be monitored via the incident reporting system. Any problems will be actioned via the case review and root cause analysis action plans. The action plans are monitored by the risk midwife to ensure that improvements in care are made. The trends and any root cause analysis are discussed at the monthly risk meetings to ensure that appropriate action has been taken to maintain safety.

The procedure for the use of Nicotine Replacement Patches on Maternity Wards will be audited in line with the annual audit programme, as agreed by the CBU. The audit action plan will be reviewed at the monthly risk management meetings on a quarterly basis and monitored by the risk midwife to ensure that improvements in care are made.

9.0 Equality and Diversity

This section is mandatory for all Trust Approved Documents and must include the statement below:

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This procedure should be implemented with due regard to this commitment.

To ensure that the implementation of this procedure does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This procedure can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this procedure.



This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

9.1 Recording and Monitoring of Equality & Diversity

This section is mandatory for all Trust Approved Documents and must include the statement below:

The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all procedures will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.



Appendix 1

Glossary of terms

Antenatal Postnatal ward (ANPN)

Barnsley Birth Centre (BBC)

Barnsley Hospital NHS Foundation Trust (BHNFT)

Carbon Monoxide (CO)

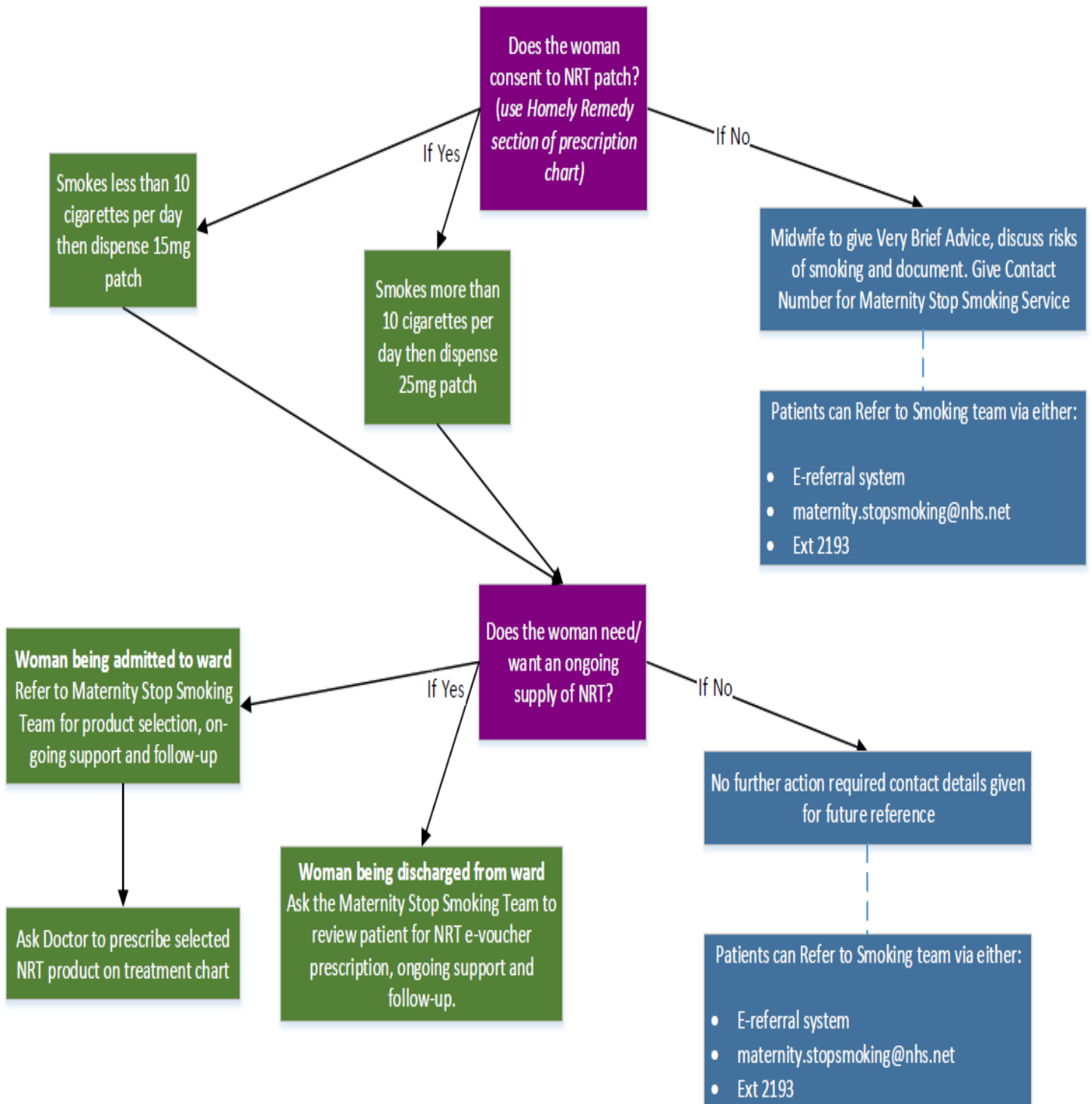
Nicotine Replacement Therapy (NRT)

Standard Operation Procedure (SOP)

Very Brief Advice (VBA)

Nicotine Replacement Therapy (NRT) on the Maternity Wards

Nicotine Replacement Patches (NRT) on the Maternity Wards





Appendix 3

Maintain a record of the document history, reviews and key changes made (including versions and dates)

Version	Date	Comments	Author

Review Process Prior to Ratification:

Name of Group/Department/Committee	Date
Reviewed by Maternity Guideline Group	10/06/2021
Reviewed at Women's Business and Governance meeting	19/11/2021
Approved by CBU 3 Overarching Governance Meeting	22/12/2021
Approved at Medicines Management Committee (if document relates to medicines)	N/A



Trust Approved Documents (policies, clinical guidelines and procedures)

Approval Form

Please complete the following information and attach to your document when submitting a policy, clinical guideline or procedure for approval.

Document type (policy, clinical guideline or procedure)	Procedure	
Document title	Procedure for the use of Nicotine Replacement Patches on Maternity Wards	
Document author (Job title and team)	Public Health Midwife	
New or reviewed document	Reviewed	
List staff groups/departments consulted with during document development	Specialist midwives, senior midwives, consultant obstetricians	
Approval recommended by (meeting and dates):	Reviewed by Maternity Guideline Group	10/06/2021
	Reviewed at Women's Business and Governance meeting	19/11/2021
	Approved by CBU 3 Overarching Governance Meeting	22/12/2021
Date of next review (maximum 3 years)	22/12/2024	
Key words for search criteria on intranet (max 10 words)	Nicotine	
Key messages for staff (consider changes from previous versions and any impact on patient safety)		
I confirm that this is the <u>FINAL</u> version of this document	Name: Charlotte Cole Designation: 26/01/2022	

FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

Approved by (group/committee): CBU3 Governance
Date approved: 22/12/2021
Date Clinical Governance Administrator informed of approval: 27/01/2022
Date uploaded to Trust Approved Documents page: 08/02/2022

