National Institute for Health and Clinical Excellence

Centre for Public Health

Review decision: October 2013

Consideration of an update of the public health guidance on

'Quitting smoking in pregnancy and following childbirth' (PH26)

1 Background information

Guidance issue date: June 2010

3 year review: 2013

2 Process for updating guidance

Public health guidance is reviewed 3 years after publication to determine whether all or part of it should be updated.

The process for updating NICE public health guidance is as follows:

- NICE convenes an expert group to consider whether any new evidence or significant changes in policy and practice would be likely to lead to substantively different recommendations. The expert group consists of selected members (including co-optees) of the original committee that developed the guidance, the review team that produced the original evidence reviews, and representatives of relevant government departments.

- NICE consults with stakeholders on its proposal for updating the guidance (this review consultation document).

- NICE may amend its proposal, in light of feedback from stakeholder consultation.

- NICE determines where any guidance update fits within its work programme, alongside other priorities.

Although not a formal part of the update process, the original search terms for pregnancy, smoking and cessation/reduction from the evidence reviews were re-run with the aim of looking for new publications published between the time of the previous literature search for guidance development, and May 2013. In general, this search did not locate much new evidence, and in particular it highlighted the lack of new, high quality UK-based research. However, individual studies from this exercise are cited at appropriate points in the sections below.

Since the publication of this guidance two related NICE quality standards have either been prepared, or are in draft form, which draw upon the recommendations in PH26:

- QS22 Antenatal care, Published September 2012
- QS43 Smoking cessation, Published August 2013

Additionally NICE is currently developing guidance on "Smoking cessation in secondary care: acute, maternity and mental health services". This guidance has specifically explored the evidence base for smoking cessation interventions in maternity services and in the draft guidance ratified the relevant recommendations in Quitting smoking in pregnancy and following childbirth.

3 Consideration of the evidence and practice

The expert group discussed published and ongoing research of relevance to the current recommendations. The expert group also discussed changes to policy, legislation and organisations that might affect the recommendations. The expert group noted that all of the recommendations may potentially need updating to reflect changing responsibilities and structures for public health and healthcare commissioning and delivery.

The expert group was asked to consider each of the recommendations in the guidance in light of the following questions:

- Is there significant new evidence that would change or add to the recommendation?
- Would the recommendation benefit from looking at a different type of evidence?
- Is the recommendation still relevant and useful?
- Could the recommendation be amended to improve implementation?
- Will changes in policy or practice affect the recommendations?

The results of feedback from the expert group have been assessed to inform the proposed review decision and are summarised below.

Recommendation 1: Identifying pregnant women who smoke and referring them to NHS Stop Smoking Services – action for midwives

It was noted by a panel member that implementation of this recommendation was difficult for some midwives due to time pressures at the booking appointment. While there was agreement among panel members that these activities should be done at the first appointment, a question was raised about whether the task had to be undertaken by the midwife themselves, or could it be undertake by some other member of the practice?

There was discussion of what the most appropriate threshold level for a CO test should be. While NICE's present guidance specifies 7 parts-per-million as a cut-off point, the panel were aware of other material that specified a lower 4 parts-per-million as a threshold. Some panel members agreed that ideally the NICE guidance should reflect this level as well. It was noted that the recommendation has context text associated with it detailing that some evidence suggests a cut off as low as 3 parts-per million may indicate smoking status.

Other discussion centred on the form of words to use when asking about smoking status, and it was agreed that a CO test should come before the actual verbal question. The expert panel highlighted that that the schematic referral pathway associated with the recommendation in the guidance suggested that the CO test should be carried out before discussion on smoking question.

Relevant on-going research was also cited by panel members, particularly in relation to referral to stop smoking services, including exploring the effectiveness of "opt in" and "opt out" referrals, the results of these were not expected to be available for another 18 months. The panel additionally highlighted a survey conducted in the North West examining barriers faced by midwives when discussing stop smoking issues with pregnant women (Willmore & Beenstock 2011).

The expert panel concluded that the recommendation was still relevant and useful, the barriers to its implementation where not something that the recommendations could address. Given the identified on-going research it was indicated by the expert panel that at present the recommendation remained valid.

Recommendation 2: Identifying pregnant women who smoke and referring them to NHS Stop Smoking Services – action for others in the public, community and voluntary sectors

Members of the panel noted some changing context with respect to this recommendation, specifically the move to more local services, and the need to refresh guidance language to reflect this, for example, any possible changes to the way in which NHS commissioned stop smoking services are referred to. No new evidence was identified that would impact on the recommendation, and the panel concluded that no other substantive changes to this recommendation were warranted.

Recommendation 3: NHS Stop Smoking Services – contacting referrals

No new relevant evidence was noted by the panel, although it was highlighted that this was not primarily a research-driven recommendation.

One contextual issue highlighted by the panel was the increased use of text messaging in healthcare. It was speculated that this could be taken into account were this recommendation revised. One panel member was a member of a practice where text messages were used in a relevant way. It was noted that there a larger body of research into text message interventions, which while outside the issue of smoking and pregnancy, could probably still offer relevant evidence. The results of the literature search conducted by NICE did not highlight any specific evidence in relation to text messaging and stop smoking services.

One terminology issue was identified by the panel, specifically with respect to the reference to the "maternity booking midwife", and it was suggested that currently, "lead midwife" might be a more recognised term. The panel concluded that no other substantive changes to this recommendation were warranted.

Recommendation 4: NHS Stop Smoking Services – initial and ongoing support

Panel members noted an in-progress Cochrane Review on behavioural interventions that may be relevant to this recommendation. Additionally the panel highlighted a similar United States review that is due to be published. The panel also highlighted the forthcoming “Leap” trial results on physical activity as an aid to smoking cessation during pregnancy, although this is not due to report until later in 2013. Other possibly relevant research projects were mentioned for example ‘birth and beyond’, but again, these projects were on-going and would not report for some time.

The use of incentives was discussed, but the problem of a lack of UK research remained – as it had done at the stage of original guidance production. The panel noted a large ongoing phase II trial in Scotland looking at use of incentives to aid smoking cessation among pregnant women but follow-up was not due to be completed until later this year and results unavailable until 2014. The internal literature search identified, one UK-based incentives study (Mantzari et al., 2012) – but this was a small study of qualitative research design that did not attempt to assess effectiveness.

The panel also acknowledged that the forthcoming review of NICE’s Behaviour Change guidance could impact on the contents of this recommendation.

The panel concluded that until results of on-going research were available the recommendation was still valid and useful.

Recommendation 5: Use of NRT and other pharmacological support

The possibility of “mixed messages” from NICE on the issue of smoking was raised by the panel, specifically in light of the recent Public Health guidance on Tobacco harm reduction (PH45). In connection to this, the changing context in which e-cigarettes are now more readily available and heavily promoted was also discussed, as was the possible MRHA regulation of these devices. It was clarified at the meeting that pregnant women were excluded

from Tobacco Harm Reduction guidance. Other potential mixed messages were also discussed as possibly resulting from the wording of the guidance, whereby the context to the recommendation notes no evidence of effectiveness for NRT for pregnant women, while at the same time the recommendation inviting professional judgment to be used in individual cases for prescribing NRT to these women.

No new published evidence was cited by the panel members. Two on-going trials on the use of NRT in pregnant women were however flagged - a French trial of 500 women, and a United States trial of 50 women. It was noted that even when these were finished, the results would need to be reflected on and incorporated into an updated Cochrane review (probably in the next two years) before they could be seen in context. A forthcoming study exploring key elements of NHS Stop Smoking Services was also highlighted but again this has yet to publish.

The original guidance noted that the UK ‘SNAP’ trial (a randomized control trial of nictotine replacement therapy in pregnancy) was on going during the guidance development. The expert panel confirmed that the final results from this trial are yet to publish.

In the absence of new evidence, the other main issue noted by the expert panel was the “practice gap” with respect to this recommendation. A recent analysis of FP10 (GP prescription) data, showed that around 11% of pregnant smokers were receiving NRT. The panel discussed anecdotal evidence that suggested that some pregnant women specifically request NRT, particularly if they have already used it in a quitting attempt prior to pregnancy. There was a concern that mixed messages, and overly restrictive guidance could undermine the NRT use that does occur among pregnant women.

In conclusion the panel felt that given the volume of work currently being conducted on the use of pharmacological support during pregnancy that the

recommendation was at present valid, but, should be reviewed when results from this research are available.

Recommendation 6: NHS Stop Smoking Services – meeting the needs of disadvantaged pregnant women who smoke

The panel discussed some new research (Graham et al, 2010) on disadvantaged women, it was agreed that this did not contain new material which would contradict or alter the current recommendation.

Recommendation 7: Partners and others in the household who smoke

It was noted by the panel that research literature relating to this recommendation had been recently investigated by the World Health Organisation. The experts felt that the content of the WHO report would not alter the recommendation.

In terms of the UK context, it was noted that the Department of Health and Public Health England are now running national campaigns warning of the harms associated with smoking in relation to second hand smoke in cars and around children in general.

The internal literature search conducted by NICE highlighted one new relevant UK-based intervention study, (Koshy et al., 2010), although this was a very small scale qualitative study and did not attempt to address effectiveness.

The panel concluded the recommendation was still useful and valid.

Recommendation 8: Training to deliver interventions

Implementation of the recommendation was discussed by the expert panel, particularly the difficulties for midwives finding time to attend training and the greater use of online training for NHS staff. The panel felt that the description

of the NHS Centre for Smoking Cessation and Training standards was outdated and should be refreshed.

No new research evidence was identified by the committee as being relevant to this recommendation.

The panel concluded that the recommendation was still valid and useful but needed to be updated in line with the current National Centre for Smoking Cessation and Training courses.

Research recommendations

The expert panel discussed the research recommendations detailed in the guidance and suggested that to date there had not been substantial progress on resolving any of them. It was agreed that they were still relevant.

Terminology

The expert group discussed changes to the policy and delivery context for this guidance, which have been substantial. They observed that terms and language used within the guidance document had changed since publication, as a result of changing responsibilities and structures for public health, healthcare commissioning, and delivery. It was agreed that a general "refresh" of language in the guidance would be helpful.

Implementation and post publication feedback

Consideration was given to the need for guidance revision in the light of original guidance implementation, uptake of recommendations, and post publication feedback.

No new evidence was identified through post publication enquiries or implementation feedback that would indicate a need to update the guidance at this time. In addition, no guidance uptake research work has been undertaken.

4 Stakeholder consultation

In July 2013, a proposal was made to stakeholders to consider the guidance for review in 2 years (July 2015) and that the existing guidance has a brief terminology refresh.

Nineteen stakeholder organisations responded including Action on Smoking and Health, Royal College of Nursing, Department of Health and Public Health England. Overall, stakeholder comments did not identify new evidence which would invalidate recommendations and necessitate an update of PH26. Stakeholders did, however, raise broader issues that might be considered in the development of subsequent guidance.

Some stakeholders suggested that the recommendation on training could be expanded to include compulsory smoking cessation training for student midwives.

Stakeholders identified other interventions that could be considered in a future update, for example digital interventions for supporting smoking cessation and the use of text messaging for referral appointments. No evidence on this was discussed by the panel. The NICE literature searches identified two pieces of research (Jareethum 2008; Naughton et al 2012) which suggested positive outcomes, but were not conclusive for continuous or validated abstinence measures.

Some stakeholders suggested an update should produce more detailed recommendations to guide practice. It was suggested that a time frame of 24 hours for local stop smoking services to contact referrals who were pregnant and that they should then be seen within a week. The guidance does not specify timeframes for a referral to Stop Smoking Services.

Several stakeholders commented that the carbon monoxide test cut off for a referral to stop smoking services was too high and should be reduced from 7ppm to 4ppm in line with publications from other organisations. The guidance does acknowledge that it is unclear what constitutes the best cut-off

point for determining smoking status. The guidance flags that low levels may go undetected or undistinguishable from passive smoking and that it is best to use a low cut-off point to avoid missing someone who may need help to quit.

The stakeholder comments agreed with the suggestion to reconsider updating the guidance in 2 years' time.

5 Equality and diversity considerations

There has been no evidence to indicate that the guidance does not comply with anti-discrimination and equalities legislation.

6 Conclusion

In conclusion, no new evidence was identified which appeared to contradict the existing recommendations. However, there is a substantial amount of directly relevant research and reviews that will become available in the next two years. Although there have been some changes to the policy context since the original guidance was published, it is highly unlikely that this would invalidate or change the direction of the current recommendations, however some terminology could be refreshed to make the guidance current.

7 Decision

The guidance will be considered for review in 2 years (July 2015) and the existing guidance will have a terminology refresh.

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8 REFERENCES

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