

Nurse Prescribing of NRT in Pregnancy

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Background to Prescribing

- Disjointed service
 - Referring back to GP
 - Tested motivation?
 - Difficulties with appointments
 - Wastage of products
- Health Visitor/ prescribing background
- Worcestershire Stop Smoking Service





Guidelines

- NICE (Mar 2002)
 - Pregnant smokers should discuss the use of NRT with a Health Professional before it is prescribed.
 - Risk/ benefit analysis
 - Special circumstances



Guidelines 2

- BNF / NPF changes
 - Contra-indication to caution
 - NRT an effective aid to smoking cessation for those smoking 10 cigs/day or more
 - Use only if cessation without NRT fails



In Practice



- Local protocol
 - Medicines Management Committee
 - Survey of GP's
 - Assessment for prescribing
 - Consent form
 - Letter for GP/Midwife
- Individuality
- Tailor made service



Reality of Prescribing

- Whole range of products available
 - Number smoked
 - CO level
 - Previous experiences
- Positive effect on quit rates
- Client satisfaction
- Professional satisfaction





Case Study



- Maeve: primigravida, 12 weeks
 - Normally 20/day
 - Now 3/day. Can't get off them
 - Motivational help not effective
 - Low dose patch
 - 2 weeks later off patch and did not smoke again during pregnancy



In Conclusion



- Use guidelines to assist practice
- Know your information
- Use your experience and that of others
- Keep the client as your main focus and their needs as an individual
- Reflect on those who relapse and those who succeed
- Move practice forward to benefit all



Research

- Benowitz N.L & Dempsey D.A (2004)
Pharmacotherapy for smoking cessation during
Pregnancy, Nicotine & Tobacco Research 6(2)
S189-2002.
- Oncken C.A & Kranzler H.R(2003)
Pharmacotherapies to enhance smoking cesation
during pregnancy Drug & Alcohol Review 22, 191-
2002.