

## **Policy to Practice: Implementing the ‘Reducing the effects of smoking and vaping on pregnancy and newborn outcomes’ policy directive across NSW**

### **Authors:**

Izabel Gibson<sup>1</sup>, Damien McCaul<sup>1</sup>, Carolyn Murray<sup>1</sup>, Edwina Dorney<sup>1</sup>, Sally Ioannides<sup>1,2</sup>, Justine Salisbury<sup>1</sup>, Alix Woldring<sup>1</sup>

<sup>1</sup>Centre for Population Health, NSW Ministry of Health, Australia <sup>2</sup> School of Medicine, University of New South Wales

Email: [izabel.gibson@health.nsw.gov.au](mailto:izabel.gibson@health.nsw.gov.au)

**Background:** In New South Wales (NSW) 7.9% of pregnant women smoke, with disproportionately high rates in rural / remote areas and in Aboriginal women. Smoking during pregnancy is the most significant preventable cause of adverse outcomes for pregnant women and their children, and is associated with preterm birth, low birth weight, small-for-gestational-age babies, and perinatal death. While the impacts of vaping during pregnancy are still being understood, regular vape use may lead to adverse outcomes such as addiction, cough, dizziness, headaches, nausea, poisoning and seizures.

**Description of Model of Care/Intervention:** In October 2022 NSW Health published a policy directive establishing minimum standards for clinicians to provide evidence-based, high-quality smoking and vaping cessation support to women and their families before, during and after pregnancy. The policy requires routine Carbon Monoxide (CO) monitoring, ‘Ask, Advise, Help’ brief interventions, documentation, and culturally safe care for women having an Aboriginal baby.

**Effectiveness/Acceptability/Implementation:** Given the diverse population in NSW and wide range of maternity settings, targeted clinical engagement was critical to inform implementation and improve outcomes. Key drivers of success included a state-wide implementation working group, staff champions, local governance structures, site visits, training, and data for quality improvement. This approach proved highly acceptable to maternity stakeholders (per feedback), and functions as a best practice example for implementing clinical change.

**Conclusion and Next Steps:** A complex problem, in a post-pandemic environment called for united implementation driven by staff champions within local health districts, with support and coordination from NSW Health. Together, work is ongoing to ensure the new standards are embedded in routine clinical care.

**Disclosure of Interest Statement:** *No interests to disclose.*