

No18 COMMUNITY AND SECONDARY CARE PATHWAY FOR CO MONITORING IN PREGNANCY – 01/02/2026 V10

Provide routine carbon monoxide testing at the first antenatal appointment and at the 36-week appointment to assess the pregnant woman or pregnant person's exposure to tobacco smoke.

Provide carbon monoxide testing at all other antenatal appointments if they:

smoke or are quitting or used to smoke or

tested with 4 parts per million (ppm) or above at the first antenatal appointment.

Explain:

that it is normal practice to refer anyone who is pregnant and who smokes or has recently quit

that the carbon monoxide test will allow them to see a physical measure of their smoking and exposure to other people's smoking

what the carbon monoxide reading means, taking into consideration the time since they last smoked, and the number of cigarettes smoked (and when) on the day of the test.

Provide an **opt-out referral** to receive stop-smoking support during pregnancy for those who:

say they smoke or have stopped smoking in the past 2 weeks or

have a carbon monoxide reading of 4 ppm or above or

have previously been provided with an opt-out referral but have not yet engaged with stop-smoking support.

If the pregnant woman or pregnant person has a high carbon monoxide reading (more than 10 ppm) but says they do not smoke:

advise about possible carbon monoxide poisoning

ask them to contact the Gas Emergency Line (0800 111 999) for gas safety advice

phrase any further questions about smoking sensitively to encourage a frank discussion.

If the pregnant woman or pregnant person does not smoke but has a carbon monoxide level of 3 ppm or more, help them to identify the source of carbon monoxide and reduce it. (Other sources include household or other second-hand smoke, heating appliances or traffic emissions.)

Record carbon monoxide level and any feedback given in individual antenatal records in the appropriate form on BadgerNet

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This guidance does not replace the need for application of clinical judgment by clinicians to each individual presentation and specifics of the situation.
Pathways current at time of Publication.