

Tobacco Use and Exposure during Pregnancy

More than 20% of all women in the United States smoke. About 11% also smoke during pregnancy. One important fact is that cigarette smoke contains more than 2,500 chemical toxins that may be harmful to an unborn baby, like for example, carbon monoxide and nicotine. Quitting smoking BEFORE becoming pregnant greatly reduces the risk of the mother and unborn infant developing health complications. In 1996, nearly \$400 million was spent in the United States on pregnancy delivery problems related to smoking. This statistic has continued to grow with increased health care costs seen in the last 10 years.

Symptoms *may* include:

- Delayed growth and development of unborn baby
- PROM (premature rupture of membranes)
- Pre-term labor and delivery

What *your doctor* can do:

- Recommend smoking cessation programs BEFORE becoming pregnant to include a smoking cessation counseling program AND aids like nicotine gum, patches, inhalers or other medications.

NOTE: Any medication, gum, patch or inhaler that contains nicotine can still adversely affect the unborn and newborn baby

- Screen all women for smoking who desire to become pregnant and pregnant women at first prenatal care visit and throughout entire pregnancy
- Counsel pregnant women who smoke according to the 5A's program:
 - Ask every patient about tobacco use
 - Advise all smokers to quit
 - Assess smokers' willingness to make a quit-attempt
 - Assist smokers' with treatment and referrals
 - Arrange follow-up contacts for patients
- Recommend a nutrition plan for a healthy pregnancy and exercise program, for example brisk walking.
- Recommend a smoking cessation program with and without smoking cessation aids
- Recommend an exercise program
- Monitor unborn baby for growth and development

What *you* can do:

- Follow-up with your doctor regularly if you are diagnosed as being pregnant. Consistent, regular pre-natal care can greatly reduce the risk of complications, can help identify problems and issues early, and can offer treatment options.
- Talk to your doctor about quitting smoking BEFORE becoming pregnant.
- If you are a smoker and discover you are pregnant, talk to your doctor about quitting within the first 3-4 months of pregnancy; though quitting BEFORE becoming pregnant is best, this may help to reduce the risk of having a low-birth weight baby and/or other complications.
- Ask smokers in your household or place of employment to not smoke around you.
- Avoid places where smoking is permitted
- Talk to your doctor about nutrition as some people may gain weight after quitting smoking. Your doctor can help you to develop a good eating plan and exercise program
- Tips for quitting smoking

This material has been provided by your doctor as an educational tool and is not meant to take the place of professional care. Please consult your doctor for any questions, concerns or changes in your condition.

- Talk to friends and family about your plan to quit smoking - Ask for their support
- Make a list of reasons to quit that are beneficial to the mother and baby
- Set a date to quit on your calendar
- Request information from your doctor on programs for quitting smoking
- Once you have stopped smoking, remember the 4 D's for smoking urges:
 - Delay
 - Deep breathe
 - Drink water
 - Do something else
- Change your daily habits to avoid smoking urges like replace smoking with a walk, read a favorite pregnancy book, register for your baby shower, review your list of reasons for not smoking, or visit a friend or family member who can support you.
- Stop smoking before pregnancy, do not smoke during pregnancy, and continue not smoking after delivery
- Contact the American Lung Association re: quitting smoking at (800) 586-4872
- Contact the March of Dimes regarding smoking cessation at (914) 997-4488
- Contact the American Cancer Society's Quitline at (800) 227-2345
- Online resources include:
 - www.ffsonline.org <<http://www.ffsonline.org/>>
 - <<http://www.helppregnant smokersquit.org/>>
 - <<http://www.helppregnant smokersquit.org/article.aspx?i=cc41fae7-9f3f-4a56-b2e1-3ee0cfe76b65>>
 - <<http://www.smokefree.gov/>>
 - <http://www.marchofdimes.com/professionals/14332_1171.asp>
 - <<http://www.americanpregnancy.org/pregnancyhealth/smoking.html>>

What you can expect:

- Smoking may contribute to infertility problems (not able to become pregnant)
- Smoking during pregnancy increases the risk of:
 - Miscarriages
 - Ectopic pregnancy (pregnancy outside of womb)
 - Delayed growth of baby in womb
 - Pre-term births with underdeveloped lungs (baby has difficulty breathing)
 - Low-birth weight newborns who often have multiple health problems, spend more time in hospital following delivery, or may die of complications during birth or within the first year
 - Placenta problems like placenta previa or placental abruption which can lead to heavy bleeding during delivery. This can endanger the life of both the mother and baby. Stillbirths may also result from placental problems.
 - Pre-term premature rupture of membranes (PROM) before 37 weeks of pregnancy, leading to a premature infant
 - Delivering a newborn who is "addicted to" smoking; some display withdrawal like symptoms, are jittery and difficult to soothe
 - Death of infant from sudden infant death syndrome (SIDS); three times as likely when compared to infants born to non-smokers
 - Pre-mature and low-birth weight babies both have the increased risk of suffering from chronic medical conditions like cerebral palsy, mental retardation, and death during the

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newborn period

- Unborn baby “smokes” when mother smokes - Poisons and toxins like nicotine and carbon monoxide enter the baby's bloodstream and limit food and oxygen supplies necessary for complete growth and development
- Reducing the amount of cigarettes smoked does not necessarily reduce the effects of smoking
- Passive exposure of cigarette smoke to pregnant mother (spouse or other household member smokes but mother does not) may also increase the risk of health problems to unborn infants
- Passive exposure of cigarette smoke to newborn infant (mother, spouse or other household member smokes) may also increase the risk low-birth weight at delivery and are at risk for SIDS
- Passive exposure of cigarette smoke to newborn infant (mother, spouse or other household member smokes) may lead to lung problems like bronchitis, pneumonia, asthma; increased instances of coughs, colds and middle ear infections, and slow lung tissue growth.
- Nicotine is transferred from a mother who smokes to the newborn baby
- Long-term effects of smoking on children are:
 - Learning disabilities
 - Shorter in height
 - Lower body weights
 - Increased risk of becoming smokers due to role models (Parents smoking)
- Risks of developing heart disease, stroke, cancers (lung and others) and other lung/breathing problems like emphysema are greatly reduced after the mother quits smoking

Consult with your doctor if are thinking about becoming pregnant; if you are thinking about becoming pregnant and you are a smoker; if you smoke and discover that you are pregnant; and need advice on a smoking cessation plan.