



## BASIC INFORMATION

### DESCRIPTION

Smoking is associated with numerous medical and health disorders including cancer, heart disease and lung disorders. In pregnancy, smoking is associated with many specific complications, some of which can extend into early childhood. Infants born to mothers who smoke have more serious respiratory infections and, when they get older, these children have more ear infections, respiratory symptoms and asthma. Pregnancy is a good time for both parents to embark on a joint effort to stop smoking. The medical and economical benefits gained by the family will outweigh any inconvenience, stress or other concerns caused by the smoking cessation.

### FERTILITY EFFECTS

Smoking in either partner may lead to problems even before pregnancy. Studies have shown that smoking can reduce fertility in both men and women and make it more difficult to conceive or cause delays in conceiving (smokers may take more than one year to conceive). Smoking is associated with higher miscarriage rate.

### EFFECTS ON THE FETUS

- The various by-products and additives in cigarettes can reduce the amount of oxygen available and inhibit the supply of nutrients to the fetus.
- Nicotine slows fetal breathing and causes the arteries in the placenta and cord to contract, which in turn reduces the flow of oxygen; fetal heartbeat quickens to try to increase the oxygen supply.

### POSSIBLE COMPLICATIONS

- Ectopic pregnancy (implantation of a fertilized egg outside of the uterus, usually in a fallopian tube).
- Spontaneous abortion (miscarriage).
- Intrauterine growth retardation (IUGR).
- Low newborn birth-weight.
- Placenta previa; abruptio placentae; preterm birth.
- Vaginal bleeding.
- Perinatal death (those that occur just before, during, or right after birth).

### POSSIBLE BIRTH DEFECTS

- Cleft palate (uncertain).
- Cardiovascular or urogenital abnormalities (uncertain).

### COMPLICATIONS IN INFANTS

- More risk of severe respiratory disorders.
- Increased risk of sudden infant death syndrome (SIDS).
- In general, babies of smokers aren't as healthy as babies of non-smokers.
- Cognitive learning disabilities.

### EXPECTED OUTCOME

For discontinuing smoking:

- Stopping smoking as soon as you know you are pregnant (before the fourth month) can usually substantially reduce the risks to a fetus. It doesn't matter how long you smoked before you became pregnant.
- Can reverse the majority of other health risks, some within one year, others within 10 to 15 years.
- Expect withdrawal symptoms to occur. The intensity varies from person to person.



## TREATMENT

### GENERAL MEASURES

- The majority of smokers who quit do it on their own; others are helped by a variety of methods. No one way works for everyone.
- Self-help steps in quitting:
  - 1) Analyze your smoking habits by determining when and why you smoke.
  - 2) Make up your mind to quit.
  - 3) Choose the day and quit on that day.
  - 4) Use any kind of substitute (gum, hard candy). Give up those activities temporarily that you associate with smoking.
  - 5) Reward yourself for not smoking (buy something special).
  - 6) During the first few weeks, eat plenty of low-calorie snacks; drink lots of water.
- For help in quitting, check with the local office of the American Cancer Society or The American Lung Association, or call The National Cancer Institute Information Service 800-4-CANCER; website [www.nci.nih.gov](http://www.nci.nih.gov).
- Join a support group or a formal smoking cessation program.
- Try out other ideas such as hypnosis or acupuncture.
- Concerns about quitting:
  - 1) Weight gain—average amount is 5 to 8 pounds over 5 years; this extra weight is not a health threat.
  - 2) Stress—know in advance it may occur; get counseling or help with stress-management.
  - 3) Withdrawal—physical symptoms subside in about 10 to 14 days; psychologic symptoms may persist for months or longer.
  - 4) Fear of failure—relapse is common; if it happens, try again immediately. Many people have had to try more than once and by more than one method.
- If quitting seems impossible, cut down on the amount smoked.

### MEDICATION

The safety of prescription smoking cessation aids, including nicotine gum and transdermal nicotine patches, has not been established in pregnancy. There is concern about the effects of the nicotine on the fetus. These aids may be prescribed for a mother-to-be who has failed a smoking cessation program and understands the risks and benefits involved. For these patients and others, the effects of continued smoking on the pregnancy may be more risky than the nicotine replacement therapy.

### ACTIVITY

Establish a regular prenatal exercise routine. It will help control weight, combat restlessness, help break up old routines, and make you feel better mentally and physically. Lung capacity improves when smoking is discontinued, so there is less shortness of breath when exercising or doing other physical activities.

### DIET

There is no special diet associated with smoking cessation. Continue with any pregnancy diet that has been recommended. Metabolism rate tends to slow after quitting smoking and a moderate weight gain is common, but will not adversely affect a pregnancy. Low calorie snacks are recommended to replace the oral sensation of smoking.



## NOTIFY OUR OFFICE IF

You or a family member is a cigarette smoker and is pregnant or wants to become pregnant and needs help to quit smoking.