

## Smoking and pregnancy

***Stopping smoking before or during pregnancy is an important and worthwhile goal.***

### What happens when you smoke?

The umbilical cord is your baby's lifeline. Blood flow through this cord provides your baby with oxygen and the food it needs to grow. Every puff you take on a cigarette has an immediate effect on your baby. Carbon monoxide replaces some of the oxygen in your blood, reducing the amount of oxygen received by your baby through the umbilical cord. Your baby is less able to move normally for at least an hour after a cigarette.

Smoking affects how the placenta forms, and reduces the nutrients crossing the placenta to your baby. The nicotine in cigarettes also reduces the flow of blood through the umbilical cord. This makes it harder for your baby to get the oxygen and nourishment it needs. Smoking can affect the development of your baby's lungs and brain. To prepare for breathing after birth, your unborn baby will be practising by exercising some of its chest muscles. Nicotine reduces these breathing movements. Cigarette smoke also contains many other harmful poisons, which pass through your lungs and into your bloodstream, which your baby shares. These poisons are in the smoke of factory-made cigarettes, roll-your-own, waterpipes and loose untaxed tobacco (also known as "natural tobacco" or "chop chop"). All types of tobacco smoking are harmful to you and your baby.

### Smoking can cause problems for you and your baby

Smoking during pregnancy increases your risk of:

- miscarriage
- complications that can involve pain and/or bleeding during pregnancy and may increase the need for caesarean section delivery
- preterm birth (the baby is carried for less than 37 weeks)
- having a low-weight baby who is more vulnerable to infection and other health problems

While the death of a baby is rare, smoking during pregnancy can cause sudden infant death syndrome (SIDS or 'cot death') and can increase the chance of the baby dying at, or shortly after, birth.

## Common fears and myths

**Myth: “There’s nothing wrong with having a low-weight baby – it just means a quicker and easier birth.”**

**Fact:** There’s no evidence that having a low-weight baby makes things easier for you or your baby at birth. Smoking causes low-weight in babies because it interferes with the baby’s growth, and also because it increases the risk of early delivery, often due to something going wrong with the pregnancy. Low-weight babies are more at risk of death and illness, and as adults are more likely to develop diabetes, high blood pressure and heart disease.

**Fear: “If I stop smoking I’ll put on too much weight.”**

**Fact:** Smoking limits the food and oxygen reaching your baby, leading to poorer growth. Changes to weight and body shape are a normal part of pregnancy. If you are feeling concerned about these changes, talk to your doctor or midwife who can refer you to an appropriate health professional.

**Myth: “Smoking relaxes me, and being relaxed is better for my baby.”**

**Fact:** Smoking may calm you down as you give yourself ‘time out’, but it does speed up your heart rate, increases your blood pressure and depresses your nervous system. It cuts down the amount of oxygen and food reaching your baby. Talk to your doctor, midwife or the Quitline about better ways to relax or cope with stress.

**Myth: “Cutting down during pregnancy is good enough.”**

**Fact:** Every bit helps, but even a few cigarettes a day means many poisons will be in your growing baby’s food and oxygen supply, and damaging your own health at a vital time. There is no safe level of smoking. Smokers who choose to switch to weaker tasting cigarettes inhale just as much damaging chemicals from each cigarette as they did from their previous brand. Less harsh smoke is not less dangerous.

**Myth: “I’m already three months pregnant. What’s the point of stopping now? The damage is done.”**

**Fact:** It is never too late to quit because most of the baby’s growth happens later in pregnancy. For example, if you quit now, your risk of having a low-weight baby will be similar to that of a non-smoker. Quitting at any time during pregnancy reduces the risk of harm to your baby. However, planning to quit as early as you can means a better start to life for your baby.

## Breastfeeding

If you breastfeed you are giving your baby a good start in life.

Breast milk provides all the nutrition your baby needs for the first six months of life, and is the most important part of their diet for the first year. It also helps protect your baby against infection.

As a breastfeeding mother, you have some control over your own and your baby's environment by not smoking and limiting your alcohol intake.

### ***If you breastfeed and smoke it's not ideal, but it is better than not breastfeeding.***

Women who smoke tend to produce less milk. Babies of smokers are more prone to chest illnesses, but breastfeeding helps prevent these infections.

If you quit smoking, you will no longer be passing on nicotine and other poisons from cigarette smoke to your baby through your breast milk. You will also cut down your baby's exposure to tobacco smoke, which will help protect your child's health.

If you are having difficulty quitting, you can still help to reduce harm to your baby. Consider every cigarette and decide whether it's worth it to you. Try not to smoke before or during feeds. Also try not to smoke near your baby – if you can, go outdoors to smoke. If you can't give it up altogether, accept that for now, but keep working on it.

## Secondhand smoke

Every time you, your partner or other household members smoke around your children, they are breathing in the same dangerous chemicals. It is known as secondhand smoke.

Even though secondhand smoke is diluted by the air, it is still harmful. Young children have smaller, more delicate lungs than adults, and are more affected by tobacco smoke.

Babies and children who are exposed to secondhand smoke are at a higher risk for developing a number of serious illnesses.

These include:

- SIDS (sudden infant death syndrome) or 'cot death'
- chest illnesses such as bronchitis, bronchiolitis and pneumonia
- weaker lungs
- cough, phlegm, wheeze and breathlessness
- more frequent and worse asthma symptoms
- 'glue ear' (middle ear disease) which is the most common cause of hearing loss in children
- meningococcal disease, which can sometimes cause death, mental disability, hearing loss, or loss of a limb.

The more often you or others smoke around your children, the more likely they will suffer from these. The best way to protect your children from secondhand smoke is to quit smoking. The next best way is to have a *total* smoking ban inside your home.

## **Quitting and pregnancy**

Get support .

### ***Call the Quitline 13 7848 (13 QUIT)***

Quitline advisors offer help with quitting for the cost of a local call (except mobiles). Your Quitline advisor is trained and experienced and knows how tough quitting can be. They will talk with you about your difficulties with quitting and give you reliable information and support. Your call is confidential.

You can arrange to have a Quitline advisor call you. The Quitline telephone call-back service for pregnant women provides support during your pregnancy and for some time after to help you remain a non-smoker.

### ***Talk to your doctor***

You can also talk to your doctor, midwife or nurse and make a quitting plan together.

### ***Using nicotine replacement products***

If you are pregnant or breastfeeding, it is recommended that you first try to quit without medication.

However, if you are unable to quit without medication, you may use a nicotine replacement product to help you quit. While a nicotine replacement product is considered safer than smoking, even this smaller amount of nicotine may not be entirely risk-free for your baby. You need to discuss the risks and benefits with your pharmacist or doctor before using it, and you should tell the doctor supervising your pregnancy.

The better options are the nicotine lozenge, inhalator, oral strips, mouth spray or gum. These products usually provide a lower daily dose of nicotine than the patch. However, if you have nausea or sickness, you may prefer using a patch. You may use the day-time patch to help you quit, and you must remove it before going to bed.

If you are breastfeeding, you should not use the patch, however you can use the nicotine gum, mouth spray, oral strips, inhalator, or lozenge. You should breastfeed your baby first, then use your preferred nicotine product soon after.

Information about using nicotine products while pregnant or breastfeeding is also in the Consumer Medicine Information that comes with the product . Ask your pharmacist for it if you don't have this leaflet.

Zyban (bupropion) and Champix (varenicline) are not recommended for women who are pregnant or breastfeeding.

If you have any questions regarding these issues, please ask your doctor.

### ***Online resources***

The Quit website [www.quit.org.au](http://www.quit.org.au) provides a range of information that you can read, interact with and download. You can find out more about the Quitline, QuitCoach and QuitTxt.

**QuitCoach** is a free interactive website that asks you a series of questions about your smoking, and then gives you advice about quitting which is tailored to your situation. To find out more go to [www.quitcoach.org.au](http://www.quitcoach.org.au).

**QuitTxt** provides regular SMS messages including tips and encouragement to help you keep on track throughout your quit attempt. To begin, all you need to do is register and complete a brief questionnaire at [www.quit.org.au/quittxt](http://www.quit.org.au/quittxt).

**Quit for you - Quit for two** is a free quit smoking app for mums-to-be. It's a fun and really practical way to quit and stay smoke-free for the health of you and your baby. To find out more go to [www.quitnow.gov.au](http://www.quitnow.gov.au).

### ***More Quit tips***

- Exercise will help your body adjust to being without cigarettes.
- Gentle exercise such as swimming, walking and supervised yoga are all good for you and won't harm your baby. (See your doctor, though, before taking up any new exercise program.)
- If your partner or other people in your household smoke, encourage them to consider quitting too, or only smoke outside the house.
- Plan how to handle the places and events that you know make you want to smoke.
- Treat yourself with the money you have saved. Your efforts deserve to be rewarded!
- If you have a cigarette, it's not the end of your quit attempt. A slip-up is a setback, not a defeat

***When the urge to smoke strikes remember the '4Ds'***

- Delay: Delay for a few minutes, the urge will pass
- Deep breathe: Breathe slowly and deeply
- Do something else: Ring a friend, listen to music, or practise your pre-natal exercises
- Drink water: Take 'time out' and sip slowly

***There is help close by******Remember, if you're finding it difficult, ring the trained staff on******Quitline 13 7848 (13 QUIT)******[www.quit.org.au](http://www.quit.org.au)***

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