

Smoking and pregnancy

Congratulations on your pregnancy!

Expecting a baby can increase the pressure you might feel to stop smoking. At Quitline, we understand that and are here to support you. We care and we don't judge. We know that stopping smoking can be tough.

Quitline has helped many women stop smoking. Our Quitline counsellors are trained to listen carefully and provide practical advice just for you. They can work with you to find new ways of living your life without smoking.

Stopping smoking early on in your pregnancy is best. But quitting at any time gives your baby a better chance of a healthy start to life.

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 sends many harmful poisons through your lungs into your bloodstream which your baby shares. They make it harder for your baby to get oxygen and food because:

- Carbon monoxide replaces some of the oxygen in your blood
- Nicotine reduces the flow of blood through the umbilical cord
- Smoking affects how your placenta forms, reducing the flow of nutrients feeding your baby.¹

Your baby's movements are weaker for at least an hour after you smoke.² An important thing your baby does while in the womb is to practice breathing by exercising some of its chest muscles. By smoking you are making it harder for your baby to do this.³

Smoking can affect the development of your baby's lungs and brain.¹

Smoking can cause serious problems for you and your baby

Smoking during pregnancy increases your risk of:

- miscarriage⁴
- ectopic pregnancy (the foetus is outside the womb)⁴
- vaginal infections^{1, 5}
- pain and/or bleeding during pregnancy⁶
- complications in labour which may lead to birth by caesarean^{6, 7}
- preterm birth (the baby is carried for less than 37 weeks)^{6, 7}
- postnatal depression.⁸

Smoking during pregnancy increases your baby's risk of:

- having weaker lungs⁶
- birth defects, including cleft palate and lip^{4, 9, 10}
- attention deficit hyperactivity disorder (ADHD)^{4, 11}
- having a low birthweight, making your baby more vulnerable to infection and other health problems^{6, 7}
- being overweight or obese as a child and as an adult.^{11, 12}

While the death of a baby is rare, smoking during pregnancy can increase the chance of the baby dying at, or shortly after, birth and can cause sudden unexpected death in infancy (SUDI or 'cot death').^{6, 13}

Common fears and myths

Myth: "There's nothing wrong with having a low birthweight baby – it just means a quicker and easier birth."

Fact: Low birthweight babies tend to be weaker and more at risk of death and illness.¹⁴ This does not make things easier for you or your baby during birth. Some low birthweight babies need special care in hospital to help with breathing, staying warm, protection from infection, or feeding. They may also have problems with their lungs, gut, hearing and sight.¹⁵ As adults, they are more likely to develop diabetes, high blood pressure and heart disease.¹⁶⁻¹⁸

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

Fact: Smoking may feel as though it calms you down, but each cigarette speeds up your heart rate, increases your blood pressure and affects your baby’s heart rate and movements.¹ Talk to your Quitline Counsellor, your doctor or your midwife about better ways to relax or cope with stress.

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

Fact: 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. They can give you advice or refer you to a specialist service for help.

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

Fact: Cutting down is a good step, but even a few cigarettes a day lets harmful poisons into your baby’s food and oxygen supply and increases risks for poorer growth and early birth.^{19, 20} There is no safe level of smoking.⁶ Your body starts repairing when you stop smoking completely.

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

Fact: If you stop smoking at three months, your risk of having an unhealthy low birthweight baby drops to close to that of a non-smoker.^{14, 21-23} This is because most of your baby’s growth happens over the last six months of pregnancy. Your risk for an early birth is also lower.²⁴ However, stopping smoking at any time can still reduce some of the harms to your baby from tobacco.^{21, 25-27} Within one day of stopping smoking, most carbon monoxide and nicotine from tobacco will be gone from your body allowing you and your baby to “breathe” (get oxygen) more easily.²⁸

Myth: “Nicotine vaping products are a good way to quit.”

Fact: Nicotine vaping products are not recommended for pregnant or breastfeeding women. They contain many other chemicals as well as nicotine, which may be toxic. Their effects on unborn babies are unknown.²⁹⁻³¹ Many young children have suffered nicotine poisoning from drinking or spilling vaping liquid on their skin, so they may not be safe for your family either.²⁹ If you need help to stop smoking, talk to your doctor or maternity care team about which stop smoking medications you can use.

Myth: “I will reduce my risk if I switch to a different type of tobacco.”

Fact: The poisons that are in the smoke of factory-made cigarettes are also in the smoke from roll-your-own, waterpipes and loose untaxed tobacco (also known as "natural tobacco" or "chop chop"). In fact, you may be inhaling more of them. In an average waterpipe session you could inhale about 11 times more carbon monoxide, 25 times more tar and up to 50 times more lead than from one cigarette.³²⁻³⁴ Smoking roll-your-own tobacco is at least as harmful as smoking factory-made cigarettes.³⁵ “Chop chop” may contain mould spores that can lead to illness.³⁵ Smoking cannabis is also harmful to you and your baby.^{36, 37} People who choose to switch to weaker tasting cigarettes inhale just as many damaging chemicals from each cigarette as they do from their previous brand. Less harsh smoke is not less dangerous.^{1, 38} **All types of tobacco smoking are harmful to you and your baby.**

Breastfeeding

If you can breastfeed you are giving your baby a healthy start in life. Talk with your maternity care team about what feeding is right for you.

Breast milk provides all the food your baby needs for the first six months of life, and is the most important part of their diet for the first year.³⁹ Breastfeeding helps to protect babies against infections, illnesses of the gut and lungs, and illnesses caused by secondhand smoke such as middle ear disease.¹¹ Children who are breastfed have, on average, higher intelligence and are more likely to have straight teeth.⁴⁰

If you choose to breastfeed, you can help protect your baby’s health by not smoking.

- If you smoke, you pass on nicotine and other poisons from cigarette smoke to your baby through your breast milk.¹¹
- Smoking reduces the quality of breast milk and increases your baby’s risk of a range of health problems such as colic and disrupted sleep patterns.¹¹
- Women who smoke tend to produce less milk and are more likely to wean their babies earlier.⁴¹ Their babies may have more problems suckling.^{41, 42}
- By not smoking you may help your baby to sleep and breathe better.⁴¹
- By not smoking you will cut down your baby’s exposure to tobacco smoke in the air or on your clothes, skin and hair, which will help protect your child’s health.²

If you are finding it hard to stop smoking, you still protect your baby by breastfeeding, especially against chest and ear infections. To reduce harm to your baby:

- Try not to smoke before or during feeds. To give your body the longest time possible to get rid of nicotine from your breastmilk, breastfeed your baby first, then have your cigarette soon after. Do the same if you are using the nicotine lozenge, mouth spray, gum or inhalator to quit.
- Don't smoke near your baby – go outdoors to smoke. If you can't give it up altogether, accept that for now, but keep working on it.

Secondhand smoke

When you or others smoke around your children, they are breathing in the same dangerous chemicals. It is known as secondhand smoke.⁴³

Babies and children who breathe in secondhand smoke are at a higher risk for serious health problems. These include:

- having weaker lungs
- lung infections, asthma and other breathing difficulties,
- 'glue ear' (middle ear disease), which is the most common cause of hearing loss in children
- SUDI (sudden unexpected death in infancy).^{2, 43}

Babies who sleep with parents who smoke (bed sharing) are more exposed to poisons from secondhand smoke on parents' hair, skin and clothes.⁴⁴ Babies who bed share with a parent who smokes have a much higher risk of SUDI, even when that parent doesn't smoke in bed.^{45, 46}

The best way to protect your children from secondhand smoke is to stop smoking.⁴⁷ The next best way is to always smoke outdoors after closing doors and windows, and to smoke away from children when outdoors.⁴⁸⁻⁵⁰ To reduce the risk of SUDI, recommendations include that babies sleep separately in a cot in their parents' room and are not exposed to tobacco smoke.⁵¹

If I breathe in secondhand smoke while pregnant, does it affect my unborn baby?

Yes. Women who don't smoke but live in smoky homes are more likely to have a premature birth or a lower birthweight baby.⁵² If you can make your home smokefree, it will reduce the risk to your baby and if you have stopped smoking for your pregnancy, it will help you stay quit.⁵³

Help to stop smoking during pregnancy & breastfeeding

Call Quitline 13 7848

What is Quitline?

Quitline is a free telephone support service that works with you to help you stop smoking. Your Quitline counsellor is trained to listen carefully and give support suited to your needs. We care about your story and do not judge. We can help you before and after you stop smoking. We can also talk to you about the different types of stop smoking medications. Your call is private and confidential. You can call the Quitline for the usual cost of a local call from your phone or ask us to call you at no cost (Quitline callback).

Quitline is an inclusive and culturally safe space for all, including the LGBTIQ+ community. An interpreter service is available for people who prefer to speak a language other than English.

There is also an Aboriginal Quitline for people who smoke and identify as Aboriginal or Torres Strait Islander. Simply call 13 7848 and ask to speak with one of our qualified Aboriginal Quitline counsellors.

Talk to your maternity care team

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

Using nicotine replacement therapy (NRT)

If you are pregnant or breastfeeding, it is recommended that you first try to stop smoking without medication.^{54, 55} However, you may use the nicotine lozenge, mouth spray, inhalator, gum, or in some cases the patch to help you quit. Using NRT is always safer than smoking, but you should discuss the risks and benefits with your pharmacist or doctor before using it.⁵⁵ If you plan to use NRT, you should also tell the doctor supervising your pregnancy.

Help for family members to stop smoking

Did you know anyone can get NRT or prescribed stop smoking tablets much cheaper with a script from their doctor? If your partner or family are interested in stopping smoking, using a stop smoking medication together with calling the Quitline can help.

Go online at www.quit.org.au

Create your own quit plan with easy-to-find information suited to you. You'll find tips, distractions, a tool that adds up the money you'll save and stories from people who have stopped smoking.

Sign up for **Quit Mail** at quit.org.au/make-a-plan. Over 12 weeks we will send you regular emails tracking your health and money gains, plus lots of tips to help you stay quit.

Don't give up giving up

Each day you don't smoke is good for you and your baby. It is always worth having another go at stopping.

There is help close by

***Remember, if you're finding it difficult, ring the Quitline counsellors
on Quitline 13 7848 (13 QUIT)***

www.quit.org.au

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