

Smoking and pregnancy

When you're pregnant, you can be faced with many decisions to make about what's best for you and your baby. Even though quitting can be tough, it is the best thing you can do for both your health and your baby. We understand you may be feeling under pressure to quit. But there is also a lot of support for you. At Quitline, we care and we don't judge. Our Quit Specialists are trained to listen carefully and provide practical advice just for you. Quitline has helped many women through the process of quitting as they dealt with cravings, changing routines and other smokers. Your Quit Specialist understands that smoking may play different roles in your life such as stress relief, time out and connecting with other people who smoke. They can work with you to find new ways of replacing those things you feel smoking gives you.

In this fact sheet, we give you the facts about smoking, look at some common myths and fears, talk about breastfeeding, and show you where to get practical advice on quitting that's right for you.

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, and nicotine also reduces the flow of blood through the umbilical cord. This makes it harder for your baby to get the oxygen and food that it needs.¹ Your baby is less able to move normally for at least an hour after every cigarette.²

Smoking affects how your placenta forms, and reduces the nutrients crossing your placenta to your baby. It can also affect the development of your baby's lungs and brain.¹ To prepare for breathing after birth, your unborn baby will be practising by exercising some of its chest muscles. Smoking reduces these breathing movements.³

Cigarette smoke also contains many other harmful poisons, which pass through your lungs and into your bloodstream and to your baby.^{1, 4}

Smoking can cause serious problems for you and your baby

Smoking during pregnancy increases your risk of:

- miscarriage⁵
- ectopic pregnancy (the foetus is outside the uterus)⁵
- vaginal infections^{1, 6}
- complications that can involve pain and/or bleeding during pregnancy and may increase the need for caesarean section delivery⁴
- preterm birth (the baby is carried for less than 37 weeks)⁴
- postnatal depression.⁷

Smoking during pregnancy increases your baby's risk of:

- having weaker lungs⁴
- birth defects, including cleft palate and lip⁵
- attention deficit hyperactivity disorder (ADHD)⁵
- being low-weight, making your baby more vulnerable to infection and other health problems.⁴

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.^{4, 8}

Common fears and myths

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 also speeds up your heart rate, increases your blood pressure and affects your baby's heart rate. Having a cigarette cuts down the amount of oxygen and food reaching your baby.¹ This is not better for your baby. Talk to your Quit Specialists at the Quitline, your doctor or your midwife about better ways to relax or cope with stress.

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

Fact: Having low-weight baby that is weaker and more vulnerable does not make things easier for you or your baby at birth. Low-weight babies are more at risk of death and illness.⁹ Some low-weight 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.¹⁰ As adults, they are more likely to develop diabetes, high blood pressure and heart disease.¹¹⁻¹³ Smoking causes low-weight in babies because it interferes with the baby’s growth in the womb, and also because it increases the risk of early delivery, often due to something going wrong with the pregnancy.¹

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 and health.¹ 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 an appropriate health professional.

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

Fact: Cutting down is a good step, but even a few cigarettes a day means many poisons will be in your growing baby’s food and oxygen supply, and will be damaging your own health at a vital time. It’s only when you stop smoking completely that your body can really start repairing itself, and your baby can grow without the stress on its oxygen supply that comes with each cigarette. There is no safe level of smoking.⁴ 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.^{1, 14}

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

Fact: Every day without the poisons from cigarettes is good for you and your baby. It is never too late to quit because most of the baby’s growth happens over the last six months of pregnancy. For example, if you quit at three months pregnant, your risk of having a vulnerable low-weight baby drops close to that of a non-smoker.^{9, 15-17} Quitting at any time during pregnancy reduces the harm to your baby. However, planning to quit as early as you can means a better start to life for your baby.^{9, 15, 16}

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. For example, compared to a cigarette, in an average waterpipe session you would inhale about 11 times the amount of carbon monoxide, 25 times the amount of tar and up to 50 times the amount of lead.¹⁸⁻²⁰ Research suggests that smoking roll-your-own tobacco is at least as harmful, possibly more so, than smoking factory-made cigarettes.²¹⁻²⁴ “Chop chop” may contain mould spores that can lead to even more illness.²⁵ Smoking cannabis is also harmful to you and your baby.²⁶ All types of tobacco smoking are harmful to you and your baby.

Myth: “E-cigarettes are the best way to quit.”

Fact: Electronic cigarettes are not currently approved by the Therapeutics Goods Administration (TGA) as a quitting aid, and those containing nicotine cannot legally be sold in Australia.²⁷ E-cigarettes contain many other chemicals as well as nicotine, which are potentially toxic. Their effects on unborn babies are unknown.²⁸⁻³¹ Poisons Centres report that many young children have suffered nicotine poisoning from drinking or spilling the e-liquid on their skin, so they may not be safe for your family either.³²⁻³⁶ However, nicotine replacement therapy (NRT) products such as nicotine mouth spray or lozenges have been tested for safety and are approved by the TGA. If you want to use a NRT product, talk to your doctor.

Breastfeeding

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

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.³⁷

As a breastfeeding mother, you have some control over your own and your baby’s environment by not smoking and avoiding or limiting how much alcohol you drink.³⁷

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

Breastfeeding helps to protect babies against infections, illnesses of the gut and lungs, and illnesses caused by secondhand smoke. But smoking reduces these protective qualities of breast milk and also affects normal suckling by the baby. Despite this, breastfeeding is still considered better than bottle feeding for women who smoke.^{38, 39} However, women who smoke tend to produce less milk and are more likely to wean their babies earlier.³⁹

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 likely help your baby to sleep and breathe better.³⁹ You will also 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 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. To give your body the longest time possible to get rid of nicotine from your breastmilk, breastfeed your baby first, then use your NRT product or have your cigarette soon after. Also 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

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.⁴⁰

Babies and children who are exposed to secondhand smoke are at a higher risk for developing a number of serious health problems. These include SIDS (sudden infant death syndrome), lung infections, asthma and other breathing difficulties, and 'glue ear' (middle ear disease), which is the most common cause of hearing loss in children. The more often you or others smoke around your children, the more likely they will suffer from these illnesses.^{2, 40}

Babies who sleep with parents who smoke (bed sharing) are more exposed to poisons from secondhand smoke on parents' hair, skin and clothes.⁴¹ Babies who bed share with a parent who smokes have a much higher risk of SIDS, even when that parent doesn't smoke in bed.^{42, 43}

The best way to protect your children from secondhand smoke is to quit smoking.⁴⁴ The next best way is to always smoke outdoors after closing doors and windows, and to smoke away from children when outdoors.⁴⁵⁻⁴⁷ To reduce the risk of SIDS, recommendations include that babies sleep separately in a cot in their parents' room and are not exposed to tobacco smoke.⁴⁸

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

Yes. When you breathe in secondhand smoke, chemicals from the smoke pass through lungs into your blood, which your baby shares. Women who don't smoke but live in smoky homes are more likely to have a premature birth or a low-weight baby.⁴⁹ While the size of these risks are much less than smoking cigarettes yourself, it is still very worthwhile making your home smokefree if you can. Also, if you have quit smoking for your pregnancy, having a smokefree home will help you stay stopped.

Quitting and pregnancy

Call the Quitline 13 7848 (13 QUIT)

The Quitline is a welcoming, confidential telephone service that can offer you information and advice. Our Quit Specialists are trained to listen carefully and provide practical advice just for you. They understand how tough giving up smoking can be.

You can call Quitline for the usual cost of a call from your phone or ask us to call you at no cost (Quitline callback). Or send a text to 13 7848 (normal text cost applies) and we'll call you back during Quitline hours: 8am to 8pm Monday to Friday. The Quitline telephone callback service for pregnant women provides support during your pregnancy and for some time after to help you remain a non-smoker.

Aboriginal Quitline

The Aboriginal Quitline (13 7848) is a culturally safe space for callers to have a yarn about smoking and quitting with an Aboriginal Quit Specialist.

Talk to your doctor

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

Using nicotine replacement therapy (NRT) products

If you are pregnant or breastfeeding, it is recommended that you first try to quit without medication.^{50, 51}

However, if you are unable to quit without medication, you may use a nicotine replacement therapy (NRT) product to help you quit. Using a NRT product is always safer than smoking, but you should discuss the risks and benefits with your pharmacist or doctor before using it.⁵⁰ If you plan to use a NRT product, you should also tell the doctor supervising your pregnancy.

The better options are the nicotine lozenge, mouth spray, inhalator 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.^{50, 51}

If you are breastfeeding, you should not use the patch, however you can use the nicotine lozenge, mouth spray, inhalator, or gum. You should breastfeed your baby first, then use your preferred NRT product soon after.⁵²

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.

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

Help for family and friends to quit

Women often have trouble quitting when their partners, family and friends smoke around them. But did you know that anyone can get nicotine patches much cheaper on the Pharmaceutical Benefits Scheme (PBS)? All they need is a script from their doctor. Nicotine lozenges and gum are also going to be available on the PBS soon. If your partner or family are interested in quitting, using NRT products together with calling the Quitline can help them quit and save money.

The quitting medications Champix (varenicline) and Zyban (bupropion) are also available on the PBS. However, these medications are not recommended for women who are pregnant or breastfeeding.⁵¹

Online resources

The Quit website 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.

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.

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.

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 quitting.

There is help close by

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

www.quit.org.au

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