Using cigarettes and tobacco during pregnancy and breastfeeding



About cigarettes and tobacco

There are many chemicals associated with smoking. These include ammonia, cyanide and phenol. Some of the chemicals include carbon monoxide and tar, which have been proven to cause cancer. Nicotine is the addictive ingredient in cigarettes and tobacco.

Effects on pregnancy

- Smoking cigarettes and tobacco can reduce oxygen supply and blood flow to your developing baby.
- When you smoke, carbon monoxide replaces oxygen in your blood which means less oxygen is available to your baby through the umbilical cord and placenta.
- Nicotine increases your heart rate and your baby's heart rate. It causes your blood vessels to narrow which reduces the flow of blood through the umbilical cord.
- Your baby starts exercising their chest muscles in the uterus, preparing them for the task of breathing after they are born. Your smoking makes it difficult for you baby to make these breathing movements.
- The effect of tobacco on your baby is dose related, that is, the more cigarettes you smoke, the greater the harm.
- Smoking in pregnancy is linked to miscarriage, low birth weight and premature birth. If you stop smoking by the fourth month of pregnancy your baby's birth weight is less likely to be affected. Having a small or premature baby can affect your baby's health well into adulthood, so if you can, now is a good time to think about quitting.
- When your child is a bit older and sees you smoking, they are more likely to smoke as a teenager or adult as well. In older children it is linked with asthma, breathing conditions and behavioural problems such as attention deficit disorder or hyperactivity.

Counselling in pregnancy

Pregnancy is a good motivator to reduce or stop smoking. Counselling may assist you to:

- explore personal issues and make positive changes
- learn new ways to manage stress
- recognise situations and triggers which may increase your tobacco use
- develop strategies to reduce or stop smoking
- be linked with good support services
- access information about harm minimisation, to reduce the harm to yourself and your pregnancy
- encourage your partner to consider quitting.

QUIT is a government initiative to provide support while you stop or reduce smoking. Contact details are below.

Pregnancy care

Before you get pregnant or when you know you are pregnant, you can get help from a health care provider to reduce or quit smoking. Quitting without medication is best but if you are finding this difficult your health care provider may suggest nicotine replacement therapy (such as patches and gum). If your partner or other people in your house smoke, it is best for you and your baby if everyone stops smoking to support you.

You may need dietary supplements such as iron and calcium throughout your pregnancy. All women should take folate before getting pregnant and for at least the first three months of their pregnancy.

Most women have some nausea, vomiting and constipation during pregnancy. If you are worried, talk to your midwife or doctor about what you can do. They may refer you to a dietitian. Eating well during pregnancy and whilst you are breastfeeding is important for the health of you and your baby. Good dental care is important for all pregnant women.

Visit the Women's website for more information about a healthy pregnancy, diet and breastfeeding information.

Breastfeeding

Nicotine passes rapidly into breast milk and can interfere with your milk supply. When babies get doses of nicotine from breast milk and from passive smoking, they are more likely to get ear and lung infections, vomiting, diarrhoea and increased irritability. Breastfeeding has a great number of advantages for you and your baby. Always breastfeed before smoking and try to avoid smoking for at least half an hour before breastfeeding.

Smoking safely

While it is not recommended to smoke, here are some suggestions to make it safer for your baby.

- If you or other members of your household smoke, it is very important this is done outside and not around the baby.
- Make sure you wear a smoking jacket or cardigan that you can take off before going near the baby.
- Wash your hands, face and clean your teeth before holding your baby. This is because the smell of smoke on you and your clothes is similar to passive smoking for your baby and could damage your baby's lungs.
- · Never smoke in the car.

Sudden Unexpected Death in Infancy (SUDI)

Sudden Unexpected Death in Infancy (SUDI; includes SIDS) is a sleep related death in the first year of life.

If you smoke, use drugs, alcohol or medicines that make you feel drowsy, sleeping with your baby is very dangerous. Anything that makes you sleep deeply will make it hard for you to respond properly to your baby's needs and ensure their safety.

Safe Sleeping Guidelines

The six ways to sleep your baby safely and reduce the risk of Sudden Unexpected Death in Infancy (SUDI) are:

- 1. Sleep baby on their back
- 2. Keep head and face uncovered
- 3. Keep baby smoke free before and after birth
- 4. Safe sleeping environment night and day. No soft surfaces or bulky bedding
- 5. Sleep baby in safe cot in parents' room
- 6. Breastfeed baby.

For more information, speak with your midwife or doctor or visit the Red Nose website. rednose.com.au/section/safe-sleeping

For more information

Women's Alcohol and Drug Service

Royal Women's Hospital 8.30am-5.30pm Monday to Friday (03) 8345 3931 wads@thewomens.org.au

On the Women's website

Pregnancy, drugs & alcohol information thewomens.org.au/wm-pregnancy-drugs-alcohol

DirectLine

DirectLine is part of Turning Point's state-wide telephone service network, providing 24-hour, seven-day counselling, information and referral to alcohol and drug treatment and support services throughout Victoria. DirectLine is a free, anonymous and confidential service.

1800 888 236

Quit

Visit this website to help you quit smoking or help you find out more about how smoking harms you. 137 848 | quit.org.au

Red Nose

1300 308 307 | rednose.com.au

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