

Pregnancy and smoking

Smoking while pregnant exposes a woman and her unborn child to an increased risk of health problems. Australian studies indicate that approximately 15 per cent of women smoked during pregnancy in 2009. Passive smoking can also affect a pregnant woman and her child.

A woman who smokes while pregnant is at increased risk of a wide range of problems including ectopic pregnancy, miscarriage and premature labour. Women who smoke are twice as likely to give birth to a low weight baby compared to non-smokers. Low birth weight babies are more vulnerable to infection, other health problems such as breathing difficulties, death and long-term health problems in adulthood.

The more cigarettes smoked during pregnancy, the greater the risk of complications. However, there is no solid evidence that cutting down the number or strength of cigarettes smoked significantly reduces the risks to the fetus. Stopping smoking completely as early as possible is a much better option for the health of babies and their mothers.

Pregnancy complications from smoking

Some of the pregnancy complications more commonly experienced by women who smoke include:

- Ectopic pregnancy – this is pregnancy outside the uterus, usually in the fallopian tube
- Fetal death – death of the baby in the uterus
- Spontaneous abortion – known as miscarriage
- Problems with the placenta, including early detachment from the uterine wall and blocking the cervical opening (placenta previa)
- Premature rupture of the membranes
- Premature labour.

Effects on the fetus from maternal smoking

Every time a pregnant woman smokes a cigarette, her unborn baby is deprived of oxygen and exposed to a cocktail of chemicals, including chemicals that cause cancer.

Some of the many damaging effects of cigarette smoke on the fetus include:

- Reduced oxygen supply due to carbon monoxide and nicotine
- Retarded growth and development
- Increased risk of cleft lip and cleft palate
- Decreased fetal movements in the womb for at least an hour after smoking one cigarette
- Impaired development and working of the placenta
- Changes in the baby's brain and lungs.

Problems at birth from maternal smoking

Some of the problems caused by maternal smoking include:

- Increased risk of premature birth
- Increased risk of miscarriage and infant death
- Lower birth weight – on average, about 200 g less than normal
- Up to three times the risk of sudden unexpected death in infancy (SUDI), which includes sudden infant death syndrome (SIDS).

Problems with breastfeeding and smoking

Over two thirds of female smokers who quit during pregnancy resume smoking once their babies are born. Although smoking and breastfeeding is not ideal, it is better than smoking and not breastfeeding. Stopping smoking is very worthwhile during the breastfeeding period.

Some of the problems caused by maternal smoking while breastfeeding can include:

- Some of the chemicals in cigarettes can pass from the mother to the baby through breastmilk.
- Smoking reduces the amount of vitamin C in breastmilk.
- Smoking can reduce milk production.
- Women who smoke are less likely to breastfeed and are more likely to wean their child earlier than mothers who do not smoke.

Problems for the child in later life

Smoking during pregnancy can impair a child's health for years to come. Health effects may include:

- Decreased lung function
- Higher risk of asthma
- Low birth weight, which is linked to heart disease, type 2 diabetes and high blood pressure in adulthood
- Increased risk of overweight and obesity in childhood.

See your doctor if you need help to quit

Ideally, a pregnant woman should stop smoking. In reality, at most only around one in three female smokers quit when pregnancy is planned or confirmed. If you need help, see your health professional for information and advice or call Quitline.

If you are finding it tough to stop smoking, don't despair. There is evidence to suggest that stopping smoking by the fourth month of pregnancy can reduce some of the risks, such as low birth weight and premature birth.

Nicotine replacement therapy should be monitored

The use of nicotine replacement therapy (such as patches, gum, inhaler and lozenges) during pregnancy hasn't been adequately researched, so it is unknown what effect these quitting aids may have on the baby.

If you are pregnant, it is important to consult your doctor before using nicotine replacement therapies. Pregnant women should also seek assistance from the Quitline and their health professional for alternative quitting methods.

Where to get help

- Your doctor
- Obstetrician
- Quitline Tel. 13 7848 (13 QUIT)

Things to remember

- A woman who smokes while pregnant is at increased risk of experiencing a wide range of problems including ectopic pregnancy, miscarriage and premature labour.
- Babies whose mothers smoke during pregnancy are at higher risk of having a low birth weight.
- Low birth weight is a risk factor for health problems including infections, breathing difficulties, death and health problems in adulthood.

This page has been produced in consultation with, and approved by:

Quit

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