

Smoking, Vaping and Pregnancy

In the United States, about 8% of all women who are pregnant smoke cigarettes and roughly 4% report using electronic cigarettes or vaping. Smoking cigarettes and vaping, or being exposed to smoke or vape from people around you, is harmful for you and your baby.



I smoke cigarettes. What should I do if I am planning to become pregnant?

Women who smoke often have a more difficult time getting pregnant. Smoking can cause problems with both female and male fertility. Pregnant women who quit smoking when they find out that they are pregnant (or at least in the first three months of their pregnancy) increase their chances of having a healthy full-size baby. Stopping smoking is the best thing you can do for your health and the health of your child.

How does smoking during pregnancy impact my baby and me?

Smoking cigarettes during pregnancy is harmful for babies. Tobacco smoke can harm babies before and after they are born. During pregnancy, mothers provide oxygen and food to their babies via the umbilical cord and placenta. But they can also pass on unhealthy chemicals. For example, when pregnant women smoke, they pass on toxic and cancer-causing chemicals contained in cigarettes to their unborn child.

1. Nicotine in the cigarettes can damage the baby's developing brain and lungs.
2. Babies born to mothers who smoke are often born earlier before the expected date of birth (prematurely). They are smaller and less healthy than babies whose mothers do not smoke.
3. Pregnant women who smoke are more likely to lose the pregnancy (miscarry). They are also more at risk for problems such as abruptio placentae (the placenta separates from the lining of the uterus), placenta previa (the placenta grows in the lowest part of the uterus and covers the opening

of the uterus making delivery difficult) and ectopic pregnancy (the fetus develops outside the uterus). These conditions can lead to severe bleeding, and death for the mother and baby.

4. Babies born to mothers who smoke are more likely to die of Sudden Infant Death Syndrome or SIDS.
5. Babies of smoking mothers on average have lower lung function at birth and later in life. They have a higher risk of having asthma than babies born to non-smoking mothers.
6. Smoking during pregnancy also increases the risk of deformities of the lip and mouth (e.g. cleft lip / palate), middle ear infections, learning and behavior problems in children.

How does second-hand smoke exposure during pregnancy impact me and my baby?

Pregnant women who are exposed to second-hand smoke are more likely to have babies who are small and less healthy, have a higher risk for SIDS, and have weaker lungs. Ask your partner and others who are around you not to smoke or vape for your health and your baby's.

Can I use electronic cigarettes to help me stop smoking?

The current evidence does not support the use of electronic cigarettes (or vaping) to assist with smoking cessation. Use of electronic cigarettes during pregnancy is harmful. Nicotine from the vaping device can harm a baby's developing brain and lungs. The flavorings used in e-cigarettes can also be harmful. It is best to avoid all forms of tobacco and nicotine when you are pregnant.

What are some tips to help me stop smoking?

Commit yourself to stop smoking for your health as well as the health of your baby. Speak to your healthcare provider about treatment options to help you stop smoking. Together, develop a plan to stop. This plan should include ways to make it easier for you quit. For example:

- Make a list of reasons for and benefits of stopping.
- Identify barriers and think of ways you will use to overcome those barriers.
- Make a list of people who will support you in your efforts. Encourage those around you to quit or not smoke near you.

Remove reminders of smoking that might make you relapse. Start by cleaning out your car and home. Try to remove the smell of smoke as much as possible. Discard any remaining cigarettes, ashtrays, lighters, and any other items that remind you of smoking. Break the connection between your smoking and habits you associate with smoking. Try to avoid places where you always smoke. Go to smoke-free areas, such as the library or movies.

Distraction helps during periods of craving or to avoid reminding you of smoking. The following strategies may help you:

- Take a walk after meals.
- Exercise according to your health provider's advice.
- Relax with a shower, back, foot or hand massage, or nap.
- Drink plenty of fluids.

Counseling can help you stop smoking.

Call 1-800-QUITNOW (1-800-784-8669) for telephone counseling and information about quitting in your state.

If counseling does not help, talk to your healthcare provider to see if they recommend medicines to help you stop smoking. Some medicines cannot be used during pregnancy so quitting before getting pregnant is the best goal. You can find more help to stop smoking at www.thoracic.org/patients.

Most importantly, don't give up! Keep trying. If you have a relapse and begin smoking again, start over. Learn from the experience and try again. Although earlier the better, stopping smoking at any point

during your pregnancy will have a positive impact on you and your baby.

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Rx Action Steps

- ✓ Stop using the hookah pipe.
- ✓ Do not substitute the hookah with cigarettes, cigars, or any other tobacco or nicotine product.
- ✓ Avoid exposure to second hand smoke from any source, including the hookah.
- ✓ If trying to stop makes you uncomfortable and you are having symptoms of nicotine withdrawal or cravings to smoke, talk to your healthcare provider for help in staying smoke-free. For more information on nicotine dependence and help in stopping smoking, see ATS Patient Information Series fact sheets on Tobacco.

Healthcare Provider's Contact Number:

Resources**American Thoracic Society**

- www.thoracic.org/patients

U.S. Centers for Disease Control (CDC)

"Tips from former smokers"

- <https://www.cdc.gov/tobacco/campaign/tips/diseases/pregnancy.html>

Smokefree.Gov

- <https://women.smokefree.gov/pregnancy-motherhood>

References

National estimates of e-cigarette use among pregnant and nonpregnant women of reproductive age in the United States, 2014-2017. Liu B et al. *JAMA Pediatrics*, June 2019, Vol 173 (6).

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