

Stopping Smoking in Pregnancy – The Best Start for you and your Baby.

This information is for you if you smoke and are either already pregnant or thinking about having a baby. It is also for you if you are exposed to tobacco smoke at home. You may also find it helpful if you are the partner or a relative of a woman who smokes.

Many women find it difficult to stop smoking but it is one of the most important things you can do to improve your baby's health, growth and development. It is also the single most important thing that you can do to improve your own long-term health.

This leaflet tells you about the effect of smoking on you and your baby. It also tells you about the help and support that you will be offered to stop smoking. It's never too late to stop smoking and your healthcare team will be supportive throughout your pregnancy.

When you stop smoking, you and your baby will feel the benefits immediately.

Why is smoking in pregnancy harmful to me and my baby?

Just as smoking is bad for you, babies in the womb can be harmed by tobacco smoke because it reduces the amount of oxygen and nutrients that pass through the placenta from you to your baby.

Smoking when you are pregnant increases your risk of:

- Miscarriage
- ectopic pregnancy (a pregnancy growing outside the womb)
- Your baby dying in the womb (stillbirth) or shortly after birth – one-third of all deaths in the womb or shortly after birth are thought to be caused by smoking
- Your baby being born with abnormalities – face defects, such as cleft lip and palate, are more common because smoking affects the way your baby develops
- Your baby's growth and health being affected – the more you smoke, the less healthy your baby will be, and a baby that is small due to smoking is more likely to have health problems when young and also later in life
- Bleeding during the last months of pregnancy, which is known as an abruption (when the placenta comes away from the wall of the womb) – this could be life threatening for you and your baby
- Premature birth, when you have your baby before 37 weeks of pregnancy.

Babies and children whose mothers smoke during pregnancy are also at greater risk of:

- Sudden and unexplained death, known as sudden infant death syndrome (SIDS) – as well as happening to new born babies, this can also happen to infants over 12 months: the risk is greater if you or your partner continue to smoke after she or he is born, particularly if you share a bed with your baby at night
- Asthma, chest and ear infections, and pneumonia
- Behaviour problems such as ADHD (attention deficit hyperactivity disorder) performing poorly at school.

STOPPING SMOKING REDUCES ALL OF THE RISKS DESCRIBED ABOVE.

Will I be asked about smoking when I am pregnant?

Yes. From your first antenatal appointment, your midwife will ask whether you or any other member of the household smokes. This is important so that you and your family can be given support and help to stop smoking as early as possible. You will be asked how often you smoke and how much tobacco you smoke per day. You will be given information about how smoking and passive smoking harms you and your baby (see next section).

In an effort to support you and reduce smoking in pregnancy, to give you and your baby the added benefits of a smoke free pregnancy – all women who smoke, e-cig and vape are referred to our local stop smoking service. The Stop Smoking Advisor will contact you and offer further support and advice.

Second-hand (passive) smoke harms your baby.

If your partner or anyone else who lives with you smokes, their smoke can affect you and your baby before and after their birth. You may also find it more difficult to stop if someone around you smokes.

Second-hand smoke can also reduce your baby's birthweight and increase the risk of sudden infant death syndrome (SIDS), also known as "cot death". Babies whose parents smoke are more likely to be admitted to hospital for bronchitis and pneumonia during their first year.

To find out more about quitting and to get support, your partner can call **NHS Smoke free helpline on 0300 123 1044** from 9am to 8pm Monday to Friday, and 11am to 4pm Saturday and Sunday

I'm a smoker, so what should I do?

There is no safe level of smoking, either for you or your baby. The earlier you stop smoking, the greater the benefit to you and your baby, but it is important to know that stopping at any time during pregnancy is beneficial to some extent.

Reducing the number of cigarettes you smoke is a positive step, although there is no evidence that this is better for your baby. Therefore, both you and your partner will be advised to stop completely – not just cut down. To help you with this, you should be referred to services that will help you both to stop smoking (see information at the end of the leaflet).

What is the carbon monoxide (CO) test?

Carbon monoxide (CO) levels are higher in women who smoke and in passive smokers than in women who don't. CO is a poisonous gas that restricts the amount of oxygen getting to your baby.

At your first antenatal appointment your midwife will ask you to do a breath test, which will measure your level of exposure to CO. This will help your midwife measure your exposure to tobacco smoke. This will also be repeated when you are 36 weeks pregnant and some other times it may be required in pregnancy.

All pregnant women are advised to have the test whether they smoke or not as levels may also be high if you have faulty gas appliances at home. CO poisoning can be fatal. If you don't smoke and you are not exposed to tobacco smoke but your levels are high, you should contact the free Health and Safety Executive Gas Safety Advice Line on 0800 300 363. CO levels may also be raised if you are exposed to high levels of pollution or if you have a medical condition called lactose intolerance.

Nicotine replacement therapy

You can use nicotine replacement therapy (NRT) during pregnancy if it will help you stop smoking and you're unable to stop without it. It's not recommended that you take stop smoking tablets such as Champix or Zyban during pregnancy.

NRT contains only nicotine and none of the damaging chemicals found in cigarettes, so it is a much better option than continuing to smoke. It helps you by giving you the nicotine you would have had from a cigarette.

You can be prescribed NRT during pregnancy by a GP or an NHS stop smoking adviser. You can also buy it over the counter without a prescription from a pharmacy.

NRT is available as patches, gum, inhalator nasal spray, mouth spray, oral strips, lozenges and microtabs.

If you have pregnancy-related nausea and vomiting, patches may be a better solution.

NRT patches should be used for no more than 16 hours in any 24-hour period. The best way to remember this is to remove the patch at bedtime.

Before using any of these products, speak to a midwife, GP, a pharmacist or a specialist stop smoking adviser.

By getting this specialist advice you can be sure that you're doing the best for your baby and for you.

Call the NHS Smokefree helpline on 0300 123 1044 from 9am to 8pm Monday to Friday, and 11am to 4pm Saturday and Sunday.

Remember, you are twice as likely to be successful at quitting if you get some support from a trained adviser.

E-cigarettes and Vaping in Pregnancy.

E-cigarettes are fairly new and there are still some things we do not know. However, current evidence on e-cigarettes indicates they are much less risky than smoking.

Cigarettes deliver nicotine along with thousands of harmful chemicals. E-cigarettes allow you to inhale nicotine through a vapour rather than smoke. By itself, nicotine is relatively harmless.

E-cigarettes do not produce tar or carbon monoxide, the 2 main toxins in cigarette smoke. Carbon monoxide is particularly harmful to developing babies. The vapour from an e-cigarette does contain some of the potentially harmful chemicals found in cigarette smoke, but at much lower levels.

If using an e-cigarette helps you to stop smoking, it is much safer for you and your baby than continuing to smoke.

Unlike nicotine replacement therapy (NRT), such as patches or gum, e-cigarettes are not available on an NHS prescription. If you want to use an e-cigarette, you can still get free expert help from a stop smoking adviser.

Call NHS Smokefree helpline on 0300 123 1044 for more information, or ask a midwife to refer you.

Find out more about using e-cigarettes to stop smoking.

NHS Smokefree Helpline.

The NHS Smokefree helpline offers free help, support and advice on stopping smoking and can give you details of local support services.

You can also sign up to receive ongoing advice and support at a time that suits you.

Information:

NHS Smokefree helpline: 0300 123 1044

9am to 8pm Monday to Friday

11am to 4pm Saturday and Sunday.

To find your nearest NHS Stop Smoking service talk to:

- a midwife
- a health visitor
- a nurse at your GP surgery
- a pharmacist

NHS Stop Smoking services can offer 1-to-1 or group sessions with trained stop smoking advisers and may have a pregnancy stop smoking specialist.

They can also offer advice about dealing with stress, weight gain and support the use of NRT (such as patches or gum), if appropriate, to help you manage your cravings.

Further Support and Advice.



Smokefree Liverpool

Life Bank 23 Quorn Street
Kensington
0800 061 4212
0151 374 2535

Text QUIT to 66777

www.smokefreeliverpool.co.uk

Please speak to your Midwife or G.P about the benefits to stopping smoking in pregnancy and for further information on accessing stop smoking services.

The information found in this leaflet is taken from www.nhs.uk and www.rcog.co.uk Smoking and Pregnancy Leaflet, produced Dec 2015. Accessed 16.01.2019



Information for you

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Smoking and pregnancy

This leaflet can be made available in different formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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