TALKING WOMEN

What to tell mums who smoke

Both parents can do harm, but even late quitters can make a positive impact

There is broad community awareness about the adverse health effects of smoking, but the negative effects of female and male smoking on the chance of conceiving and having a healthy baby are not as widely understood.

World No Tobacco Day (31 May) is an opportune time to initiate conversations with people who plan to have a baby about the effects of smoking and how to quit.

Key points to discuss include:

**SMOKING AND FERTILITY**
- Cigarette smoke can damage the DNA in sperm and eggs and affect all stages of reproductive function (sperm and egg maturation, embryo transport, hormone production and the uterine environment);
- Male and female smoking is associated with delayed conception, and women who smoke or are exposed to second-hand smoke are more likely to experience infertility than non-smokers;
- Women who smoke, on average, reach menopause two years earlier than non-smokers; and
- For infertile couples who use assisted reproductive technology (ART) to conceive, the chance of having a live birth as a result of treatment is significantly reduced if the woman is a smoker.

**SMOKING AND PREGNANCY**
- Smoking increases the likelihood of ectopic pregnancy and miscarriage. The risk of miscarriage increases by 1% per daily cigarette smoked; and
- Smoking increases the risk of placenta praevia, placental abruption, premature rupture of the membranes and premature birth.

**HEALTH OF THE BABY**
- Smoking can cause fetal nutritional deficiencies because of decreased fluid and amino acid transfer across the placenta;
- Babies born to women who smoke are twice as likely to be of low birth weight than babies born to a non-smoker;
- Birth defects associated with maternal smoking include oral clefts, clubfoot and other limb deformities, and gastrointestinal and eye defects; and
- If the father or both parents smoke around the time of conception the child has an increased risk of developing childhood leukaemia. If the mother or both parents smoke during the pregnancy, the child has an increased risk of developing hepatoblastoma, a rare childhood cancer of the liver.

**SMOKING AFTER BIRTH**
- Exposure to cigarette smoke increases the risk of the baby having respiratory problems;
- An estimated one in five (19%) cases of sudden infant death syndrome in Australia is thought to be caused by exposure to cigarette smoke;
- Nicotine absorbed through breast milk can produce short term nausea, restlessness, insomnia, vomiting and diarrhoea in the baby; and
- Nicotine has a half-life of only two hours in breast milk. If mothers are unable to quit they can be advised to leave at least two hours between smoking and breast feeding.

**GOOD NEWS TO SHARE**
- Giving up smoking can improve natural fertility and some of the effects of smoking can be reversed within a year;
- Women who stop smoking before or within three months of becoming pregnant have a similar risk of having a preterm baby as a non-smoker; and
- Quitting early in the pregnancy reduces the risk of placental complications, perinatal death and infant illness.

**HOW TO HELP**
- Referral to an appropriate healthcare provider or professional coach to help manage habits and emotions linked to smoking can increase the chance of successfully quitting;
- Nicotine replacement products may help reduce cravings. The safety and efficacy of nicotine replacement therapy (NRT) in pregnancy is not established but it is presumed to be less harmful than smoking; and
- Having a partner who smokes is one of the primary barriers to quitting for pregnant women. Therefore, efforts to promote smoking cessation should include the partner. Encouraging partners who want to have a baby to tackle quitting together will improve their chances.
- Information, support and non-judgmental advice is important but referral to individual or group counselling and telephone counselling such as the Quitline should also be offered.

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