Frequently Asked Questions about Maternal Smoking during Pregnancy

How many mothers smoke during pregnancy?

- According to the 2017 Pregnancy Risk Assessment and Monitoring System (PRAMS) data from Georgia:
  - Approximately 17.7% of women reported smoking during the three months before pregnancy.
  - Approximately 8.1% of women reported smoking during the last three months of pregnancy.
  - Approximately 11.7% of women reported they resumed smoking postpartum.

How does cigarette smoke harm an unborn baby?

Tobacco smoke has over 5,000 chemicals in it with carbon monoxide and nicotine being the two largest components of the smoke. Cigarette smoke may harm a fetus by reducing blood flow or flow of oxygen to the fetus, by reducing the nutrients that reach the fetus, and by direct action to the fetus. Studies also suggest a relationship between tobacco smoke and miscarriage, or pregnancy loss.

Does maternal smoking during pregnancy result in smaller babies?

The most consistent finding associated with maternal smoking during pregnancy is lower birth weight (<2500 g). Most studies find a difference of 200-250 grams between babies of mothers who smoke and those who do not. In addition, the incidence of intrauterine growth retardation has been found to be higher among women who smoked during their pregnancy.

Does maternal smoking during pregnancy result in premature babies?

Mothers who smoke are more likely to deliver their babies early. Preterm delivery is a leading cause of death, disability, and disease among newborns.

Does prenatal exposure to tobacco smoke cause Sudden Infant Death Syndrome (SIDS)?

Studies have determined that the risk of SIDS is increased five-fold in infants whose mothers report smoking beyond the first trimester. Parental smoking during early development has also been linked to an increased incidence of SIDS as a result of environmental tobacco smoke on a young respiratory system.

Does maternal smoking during pregnancy cause birth defects?

Smoking during pregnancy can cause a baby to be born with cleft lip and/or cleft palate. There may be a correlation with other birth defects, including congenital heart defects, clubfoot, or gastroschisis (babies born with intestines outside of their bodies).

What about breastfeeding and maternal tobacco smoking?

Breastfeeding by a mother who smokes is a key source of infant exposure to tobacco compounds, as nicotine is readily available in breast milk. The amount of nicotine found in breast milk is more than double that of nicotine circulating in maternal serum.
What are the other long-term effects of tobacco smoke during pregnancy?
The respiratory systems of children whose mothers smoke during pregnancy may be impaired. Children of women who smoke at least 10 cigarettes a day have a higher incidence of asthma than children of women who do not smoke. Postnatal exposure to tobacco smoke also has been linked to increased incidence and increased severity of asthma symptoms.

What are the long-term effects on the neurological development of children being exposed to tobacco smoke during pregnancy?
Children of smokers have been found to have added hearing difficulties. Studies have identified this deficit in newborns and in children as old as 12 years of age. Deficits in this area may interfere with a child’s learning to speak and later in learning to read. Also, some studies suggest that children of women who smoke may have problems staying focused, more conduct problems, and an increased probability of being diagnosed with Attention Deficit Disorder.

Does maternal passive exposure to environmental tobacco smoke (ETS, or secondhand smoke) harm the unborn child?
Breathing secondhand smoke during pregnancy can also affect your baby’s health, increasing the risk of pregnancy loss, low birth weight, SIDS, asthma attacks, and ear infections.

What about e-cigarettes? Are these safer during pregnancy?
E-cigarettes are not harmless. Although there is still much to learn about e-cigarettes, pregnant women should not use them. The nicotine in e-cigarettes is harmful for both mother and developing baby. And there is little evidence that e-cigarettes help people quit using nicotine.

Resources
Center for Maternal Substance Abuse and Child Development http://msacd.emory.edu
American College of Obstetrics & Gynecology 1-202-638-5577 www.acog.org
National Cancer Institute 1-800-4-CANCER or http://www.cancer.gov
Nicotine Anonymous 1-415-750-0328 www.nicotine-anonymous.org
American Lung Association 1-800-586-4872 or www.lungusa.org
American Cancer Society 1-800-ACS-2345 or www.cancer.org
CDC cdc.gov/reproductivehealth/TobaccoUsePregnancy

Quitting While Pregnant
Try SmokeFreeMom
This text message program gives 24/7 support to pregnant women. Text MOM to 222888 to join.

Join the SmokeFree Women Facebook page https://www.facebook.com/smokefree.women

Speak with a quit smoking counselor. Call 1-800-QUIT-NOW or log on to LiveHelp https://smokefree.gov/tools-tips/get-extra-help/speak-to-an-expert

For more information:
Center for Maternal Substance Abuse and Child Development http://msacd.emory.edu
MothertoBaby Georgia www.mothertobabyga.org