Smoking Cessation During Pregnancy

Quitting smoking early in the pregnancy provides the greatest benefit to your baby. However, research shows that both you and your child will benefit even if you wait until late in your pregnancy to stop smoking. Smoking during your pregnancy places both you and your child at higher risk for a variety of problems, including stillbirths, spontaneous abortions, and slower growth of the baby in the womb. Also women who smoke while they are pregnant are more likely to experience premature births. Your child is at higher risk for sudden infant death syndrome (SIDS), cleft palates and cleft lips, and childhood cancers. Clearly, the decision to quit smoking benefits both you and your child.

The Four A’s

Often when women discover they are pregnant, they make the decision to stop smoking, to improve their own health and the health of their baby. Frequently, those first few days as a nonsmoker are the most difficult. Here a few suggestions: each start with the letter A, to help negotiate those first critical days.

1. AVOID high temptation situations – these are situations where you know you will be tempted to smoke, or situations where you regularly smoked. For example, you may choose to avoid a favorite restaurant for a short time, until you’ve successfully made it through those first few days.

2. ALTER those situations you can’t avoid – there are some situations that you can’t avoid. Make a plan to change your behavior or some aspect of the situation so that you’ll be less likely to smoke. Not all situations can be avoided, for example, that birthday celebration at your parent’s (who are smokers) home. Think of some ways to change the situation (eating outside if the weather is nice versus indoors) or your behavior (staying busy playing games with the children or taking a project, like picture album or baby magazines and catalogs) to decrease your desire to start smoking.

3. ALTERNATIVES – find other things to do besides smoke. Think ahead: what activities can you do that will distract you from wanting that cigarette?

4. ACTIVE – get active to help cope with urges to smoke. That’s right! Get moving. Go for a short walk to clear your head and remind yourself why you want to stay “smoke-free.”

Pharmacotherapies in Pregnant Smokers

Many women are aware that there are medication options now available to help someone stop smoking. There are 5 medications that have been approved by the Federal Food and Drug Administration for treating tobacco dependence. These medications are buproprion SR, nicotine gum, nicotine inhaler, nicotine nasal spray, and the nicotine patch. Buproprion SR is a type of anti-depressant medication and the other 4 treatment options are nicotine replacement therapies.

In general, pregnant smokers are encouraged to quit smoking without the initial use of pharmacological treatments. Several studies have recommended the use of targeted interventions that focus on education and awareness of the health benefits to both mother and child. However, for some women, these types of interventions are not effective and your physician may consider pharmacotherapy or medication as part of your treatment. Medications, or pharmacotherapies, are recommended only if there is an increased chance that you, the mother, will quit smoking. Then the benefits of smoking cessation outweigh the risks of nicotine replacement and potential continued smoking.
Now that the baby's here, I definitely need a cigarette!
Lastly, many women stop smoking during pregnancy and begin again after the baby is born. This is known as post-partum relapse. There are continued health benefits for both you and your child when you choose to remain a nonsmoker. Below are several benefits:

Reasons to continue being a nonsmoker:
1. Babies of smokers are more likely to get bronchitis and pneumonia.
2. Exposure to second-hand smoke can trigger an asthma attack in children.
3. When a nursing mother smokes, nicotine can be found in breast milk even 5 hours after the last cigarette.
4. Smoke can irritate children's eyes and noses.
5. Children of smokers are more likely to become smokers themselves.
6. You went through a great deal of effort to become a nonsmoker: keep using those tools to stay a nonsmoker.

For further information regarding this article please contact the Maternal Substance Abuse and Child Development Project, Emory University School of Medicine, Department of Psychiatry and Behavioral Sciences, Emory West Campus, 1256 Briarcliff Road N.E., Suite 323-West, Atlanta GA, 30306. You can email us at msacd@listserv.cc.emory.edu, visit our website at http://www.emory.edu/MSACD, or phone us at 404-712-9800.

The Maternal Substance Abuse and Child Development Project is funded in part by the Georgia Department of Human Resources Division of Mental Health, Developmental Disabilities and Addictive Diseases.

Information based on the U.S. Department of Health and Human Services Clinical Practice Guideline, Treating Tobacco Use and Dependence.