

## "Quit for two"

- Women who smoke are at higher risk for ectopic pregnancy.
- Smoking in pregnancy can cause damage to the fetus, especially in their lungs and brain that can last up until teenage years.
- Studies have linked maternal smoking to a doubling of the risk for birth defects.
- Smoking increases the risk for miscarriage, stillbirth (23%) and congenital malformation (13%).
- Preterm labour is more frequent among mothers who smoke during pregnancy. Preterm birth is a leading cause of death, disabilities and diseases among newborns.
- Pregnancy complications are more frequent among women who smoke in pregnancy.
- ✓ Placenta previa is approximately twice as likely to occur among women who smoke in pregnancy, thus leading to higher chances of delivery by Caesarean section.
- Placental abruption, in which the placenta prematurely separates from the wall of the uterus, is more frequent in pregnant women who smoke, increasing the risk for preterm birth, stillbirth and early infant death.
- Smoking doubles the risk of abnormal bleeding in pregnancy and labour.
- Premature rupture of membranes is more frequent among women who smoke in pregnancy.
- Women who are exposed to environmental tobacco smoke while pregnant may have a slightly increased risk for intrauterine growth retardation.
- Low birth weight affects 1 in every 5 babies born to mothers who smoked in pregnancy. The risk of having a baby in the smallest 5% to 10% of birth weights is almost 2.5 times higher for pregnant smokers. Low birth weight has been associated with increased perinatal, neonatal and infant morbidity and mortality.
- → Babies whose mothers smoked in pregnancy have double chances of dying from Sudden Infant Death Syndrome.
- Children who have been exposed to smoke prenatally are more likely to have visual difficulties, such as strabismus, refractive errors, and retinopathy.
- Evidence supports that many of the chronic diseases assailing the world today, such as cardiovascular diseases, cancers, respiratory and metabolic diseases start from fetal life.

### Did you know?

- Pregnant women who are not smokers themselves but are exposed to secondhand smoke are more likely to give birth to lower birth weight babies and therefore not as healthy.
- Carbon monoxide and nicotine in tobacco smoke may reduce the flow of oxygen to the fetus and therefore negatively affects their development.
- Eliminating rates of maternal smoking may lead to a 10% reduction in all infant deaths and a 12% reduction in deaths from perinatal conditions.
- Only one-third of women who stop smoking during pregnancy are still abstinent 1 year after the delivery. If you had a healthy pregnancy in the past while smoking this does not mean that your next pregnancy will be healthy.
- Children whose caregivers smoke are 70% more likely to try smoking by 15 years old.

### How can I protect myself and my baby from smoking?

- There is no safe level of exposure to tobacco smoke.
- It's best to quit smoking before you get pregnant. However, quitting even during pregnancy reduces the risk for adverse outcomes.
- Women and their partners are more likely to quit smoking in pregnancy than at other times in their lives.
- Studies have suggested that infants of mothers who stop smoking by the first trimester of pregnancy have weight and body measurements comparable with those of nonsmokers' infants.
- Smoking cessation rates can increase through pregnancy-specific programs.
- Talk to your healthcare provider (doctor, midwife) and ask for help in order to quit smoking.

# What happens when you stop smoking in pregnancy?

- 1 Your baby gets more oxygen, even after just 1 day.
- 2 Your baby grows better.
- 3 Your baby is less likely to be born early.
- 4 You have more energy and breathe more easily.
- You are less likely to develop heart disease, stroke, lung cancer, lung disease, and other smoking-related diseases.

### Learn more:

https://www.cdc.gov/tobacco/basic\_information/health\_effects/pregnancy/index.htm

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