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Smoking and pregnancy

About this information

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'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 newborn 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 the risks described above.

Will I be asked about smoking when I am pregnant?

Yes. From your first antenatal appointment, you will be asked 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 a day.

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

I don't smoke but others around me do – Is my baby still at risk?

Yes. If you are exposed to other people's tobacco smoke, it is known as passive smoking. Babies in the womb exposed to smoke in this way have a higher than normal risk of:

- being stillborn or dying soon after birth
- being born early
- their growth and health being affected.

Ask smokers to support you and your baby by smoking outside and not near you. This includes in the car. Also, try to keep away from smoky places and people who are smoking.

Can I use nicotine replacement therapy (NRT) when I am pregnant?

Nicotine replacement therapies (NRT), such as patches, chewing gum, lozenges or mouth sprays, deliver clean forms of nicotine and are safe and effective aids for people who want to stop smoking.

It is safe to use NRT in pregnancy. Using NRT is safer than smoking because it doesn't contain poisons such as tar or CO, but does provide you with some nicotine to help you manage any withdrawal cravings once you have stopped smoking.

Electronic cigarettes are becoming a popular alternative to tobacco smoking. At the moment, what is in them is not controlled and some have been found to contain harmful substances as well as nicotine. As the long-term risks for your baby from using them are not known, they are not recommended in pregnancy.

Some drugs prescribed to help smokers stop are not safe to use during pregnancy or when breastfeeding. Check with your GP if you want to know more about this.

Is there anything else I should know?

- Women who smoke take longer to get pregnant. Smoking also affects the man's sperm count. Stopping smoking improves sperm count and quality.
- If you stop smoking, your breast milk will be of better quality and you will produce more of it.

Key points

- Smoking in pregnancy is harmful to you and your baby.
- Passive smoking can also harm you and your baby.
- A baby that is small due to smoking is not a healthy baby.

- If you smoke, the best thing you can do is stop. Stopping at any time in pregnancy will help, though the sooner the better.
- You should stop completely (rather than just cut down), ideally before getting pregnant.
- You and your partner will be offered help, advice and support to stop smoking.
- Nicotine replacement therapy (NRT) is safe to use in pregnancy.
- E-cigarettes are currently not recommended for use in pregnancy.