

Remember...

Effects of drug and alcohol use are different for every pregnancy and every baby, depending on:

- amount used
- if other drugs are used, and which ones
- when in the pregnancy the drugs are used
- mother's general health
- other risks in the baby's environment

It helps you and your baby if you cut back or stop using tobacco at any point in your pregnancy.

For more information about the effects of tobacco use during pregnancy, call:

- your doctor
- a public health nurse
- an alcohol and drug counsellor
- Motherrisk infoline (confidential counselling)
Toll Free 1-877-327-4636

Sheway

369 Hawks Avenue, Vancouver, B.C.
Phone: 604-658-1200

A/D Information Line

Phone: 604-660-9382
1-800-663-1441

Detox Access Line

Phone: 604-658-1250

Pender Clinic

59 W. Pender
Phone: 604-669-9181

3-Bridges Community Health Centre

1292 Hornby Street, Vancouver
Phone: 604-736-9844

Community Aboriginal Health Advocate:

Phone: 604-873-1833

Mental Health Liaison Worker

Phone: 604-872-6723

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Tobacco Use During Pregnancy

Effects on Mother and Baby



4500 Oak Street, Vancouver, B.C. V6H 3N1

How does tobacco work?

Nicotine, the active ingredient in tobacco, stimulates hormones that narrow blood vessels, including those in placenta.

Tobacco smoke contains over 4000 chemicals, including 42 toxic ones such as carbon monoxide and cyanide. Effects of tobacco are dose-related: the more you smoke, the greater the problems for the baby.

What are the effects of tobacco for the pregnant woman?

Studies have looked at effects of tobacco on pregnancy and the outcomes are clear. Problems from tobacco use during pregnancy include:

- greater risk of miscarriage: almost twice as high as non-smokers
- damage to the blood vessels in the placenta
- vaginal bleeding
- less appetite
- greater risk of separation of the placenta from the wall of the uterus

What are the effects of prenatal tobacco use on the baby?

Many studies have proven that there are risks to the baby from smoking, including:

- lower birth weight (twice as likely as for non-smokers)
- premature birth (born early)
- smaller head size
- shorter length
- increased risk of Sudden Infant Death Syndrome (SIDS)
- withdrawal in the newborn, including irritability and tremors
- more respiratory illnesses, such as bronchitis and pneumonia
- infant death rate 34% higher than for infants born to non-smokers

Pregnancy is the best time to quit or cut back on your smoking. There are several “stop smoking” programs. Talk to a health professional about options.

Quitting or cutting back at any time during pregnancy is helpful for the baby.

What about breastfeeding?

Nicotine passes into breastmilk and slows down milk production. It decreases milk release which may cause poor weight gain for the baby. Ways to reduce risks for the baby include:

- stop smoking if you can, or cut down if you can't
- smoke only after breastfeeding, preferably allowing 90 minutes to pass before offering the breast again
- smoke outside or in a room away from the baby to avoid dangers of second-hand smoke
- if you can't quit, it is still better to breastfeed than to smoke and not breastfeed

What are the outcomes for children?

Health concerns for children develop from both prenatal smoking and exposure to second-hand smoke at home. Some health concerns are:

- chronic respiratory and middle ear infections
- problems with asthma and allergies
- problems with reading, language, and math skills.