ONTARIO PHARMACISTS ASSOCIATION

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Pregnant Tobacco Users – FAQ's

The use of tobacco products during pregnancy carries many risks to both the fetus and the mother. During pregnancy, women are highly motivated to stop tobacco use and look to their pharmacists for support throughout the quitting process. The following are some of the most frequently asked questions. Facts and information are provided to help you respond. Full references are provided on the reverse side of this document.

"I'm pregnant, should I quit smoking?"

- YES!
- Chemicals contained in smoke are passed from the mother to the fetus through the placenta. Some of these chemicals are known carcinogens.[1]
- Smoking during pregnancy leads to increased risks of stillbirths, spontaneous abortions, premature births and low birth weight babies.[1,2]
- Maximum reduction of risk is believed to occur if the woman quits smoking by sixteen weeks gestation.[3]

"Is it less traumatic on the fetus for me to continue smoking?"

- There is no evidence to suggest that continued smoking during pregnancy provides any benefits.
- Encouragement and advice to quit must be given at every visit and ideally prior to conception.

"Can I use NRT?"

- Ideally, if a patient can quit smoking through counselling and behaviour modification, then this is the preferred course of action.
- Health care professionals may consider the use of nicotine replacement therapy (NRT) and other cessation medications (i.e. bupropion hydrochloride) if a patient is unable to quit without pharmacological aid.
- The Ontario Medical Association's "Rethinking Stop Smoking Medications; myths and facts" states that NRT, both transdermal patch and gum, are safer than smoking for the pregnant woman and her fetus.[4]

"Is it okay if I cut down on the number of cigarettes I smoke?"

- Quitting smoking should be both the short and long term goal.
- Harm reduction strategies, i.e. cutting back consumption, do offer some measure of protection to the fetus but does not compare to the benefits of quitting smoking completely.[5]

Other key points

Relapse rates: Between 50 – 70% of pregnant smokers continue to smoke during pregnancy; 60 – 70% of those who do quit relapse within one year of delivery.[6]

Second hand smoke (SHS): It is as important to maintain abstinence in post partum women as it is to get them to quit while pregnant. Exposure to SHS is linked to Sudden Infant Death Syndrome, fetal growth impairment, bronchitis, pneumonia, asthma exacerbation, middle ear disease and respiratory symptoms. SHS may also be linked to adverse impact on cognition and behaviour, decreased lung function, asthma induction, and exacerbation of cystic fibrosis in children.[7,8]

Patient Resources:

Pregnets: www.pregnets.org
MotherRisk: 1-877-327-4636

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References:

1 Health Canada Website: http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/legislation/label-etiquette/preg-gross-eng.php
2 U.S. Department of Health and Human Services Clinical Practice Guideline "Treating Tobacco Use and Dependence" June 2000.
3 SOGC Clinical Practice Guidelines. "Healthy Beginnings: Guidelines for Care During Pregnancy and Childbirth." No. 71, December 1998.
4 Ontario Medical Association "Rethinking Stop-Smoking Medications myths and facts. June 1999.
5 DiClemente, Dolan-Mullen, Windsor. "The process of pregnancy smoking cessation: implications for interventions." Tobacco Control 2000;9(Suppl III).
6 Valanis, Lichtenstein, Mullooly, et al, "Maternal smoking cessation and relapse prevention during health care visits." American Journal of Preventive Medicine 2001;20(1).
7 "Protection from second-hand tobacco smoke in Ontario A review of the evidence regarding best practices", A Report of the Ontario Tobacco Research Unit, University of Toronto, May 2001.
8 Hovell, Melbourne, Zakarian, et al, "Reported measures of environmental tobacco smoke exposure: trials and tribulations." Tobacco Control 2000;9(Suppl III).

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