

# Tobacco-free pregnancy

## “I’LL STOP WHEN I’M PREGNANT.”

That’s what a lot of people think. Of course the best way is to stop in good time before a pregnancy, but if you haven’t stopped, stop as soon as you can. Here are some facts about how tobacco can affect a pregnancy and tips on how to stop.

## WORTH KNOWING

### Oxygen

The air we inhale contains oxygen, which is necessary in order to live. In our lungs, the oxygen is transferred to the blood cells, which then transport it onwards into the body. The foetus absorbs oxygen via the blood in the umbilical cord and the placenta.

### Carbon monoxide

When you smoke a cigarette or a water pipe, you inhale carbon monoxide gas. This is the same toxic gas as in car exhaust fumes. Carbon monoxide forces out the oxygen and replaces some of its in the blood. There is then a shortage of oxygen. Your child absorbs just as much carbon monoxide as you do when you smoke; the child cannot, however, exhale the carbon monoxide, but has to get rid of it via the umbilical cord and the placenta. This takes longer. If you smoke several times a day, your child constantly has carbon dioxide in its blood, which results in a constant shortage of oxygen.

### Nicotine

The nicotine you absorb when you smoke or take snus (mouth tobacco) causes the blood vessels to contract. This also happens in the placenta, which is full of blood vessels. When the blood vessels in the placenta become contracted, the child absorbs less oxygen and nutrition.

### Passive smoking

Avoid being close to tobacco smoke if you are pregnant. The risk of a miscarriage increases among women who have a partner who smokes.

## FAQ

### WHAT ARE THE RISKS OF SMOKING DURING PREGNANCY? I WANT THE FACTS.

If the mother smokes during pregnancy, there is an increased risk of complications such as miscarriage, placental abruption, a stillborn child, premature birth, lower birth weight or malformations such as cleft lip or cleft palate. Other defects such as club foot or heart disease may also be associated with smoking. During the time that the child is an infant, children of mothers who smoked during pregnancy are more vulnerable to illnesses compared with children of non-smokers. The risk of sudden infant death increases threefold. It is also more common for these children to suffer from diabetes or obesity.

### AND WHAT ARE THE RISKS OF TAKING SNUS (MOUTH TOBACCO)?

If a mother takes snus during pregnancy, there is an increased risk of miscarriage, premature birth, low birth weight, pre-eclampsia and cleft lip or cleft palate.

### I SMOKED WHEN I HAD MY LAST CHILD AND HE/SHE WAS PERFECTLY HEALTHY.

An increased risk does not mean that everyone is affected. But the foetus is adversely affected when the mother smokes. It moves less and the pulse increases. Babies that have become used to nicotine during pregnancy often cry more when they are newborn.

### IF I SMOKE AND HAVE A SMALLER BABY, WON’T THAT MAKE THE BIRTH EASIER?

Yes, the baby risks being thinner because it hasn’t had sufficient nutrition. It can also cause health problems, both in the newborn child and later in life. And a smaller child is no guarantee of an easier childbirth.

### I’VE ALREADY BEEN PREGNANT FOR 4 MONTHS. IS IT TOO LATE TO STOP NOW?

It's not too late. Stopping using tobacco brings major benefits for both you and the child. The earlier in your pregnancy you stop, the better.

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## **IF I STOP SMOKING I'LL BE STRESSED, AND THAT'S NOT GOOD FOR THE BABY.**

There are no studies to show that it would be dangerous to stop smoking during a pregnancy, even if you suffer withdrawal problems. The sense of peace you feel when you smoke a cigarette is a false sense of peace, because you're actually increasing the stress on your body, raising your blood pressure and increasing your pulse. You also increase the stresses on the foetus, which will have a faster pulse and a lower oxygen level in the blood.

## **WHAT ABOUT A WATER PIPE?**

Smoking a water pipe during pregnancy can harm the foetus and is assumed to be the cause of, for example, low birth weight and breathing difficulties during the birth.

## **CAN I SWITCH TO E-CIGARETTES? I'VE HEARD THAT THEY AREN'T DANGEROUS.**

E-cigarettes are a relatively new product and at present we don't know the risks involved in using them. If e-cigarettes contain nicotine, there is a risk that the foetus will have less nutrition.

## **HOW TO STOP SMOKING**

**SET A DATE TO STOP.** Decide when you want to stop. A common approach is to give yourself a week or so to prepare before you stop smoking, but some choose to stop at once.

**STOP COMPLETELY ON THE DATE YOU CHOOSE.** Smokers who stop completely have almost twice as big a chance of success compared with those who try to stop by gradually reducing the number of cigarettes.

**CLEAR AWAY YOUR TOBACCO.** Get rid of all cigarettes, cartons of snus and accessories.

**WITHDRAWAL.** When you stop you may feel dizzy, unconcentrated, restless and in a bad mood for a while. This will pass. This is most noticeable during the first few days, before gradually fading, and these symptoms usually disappear within 2-4 weeks.

**STRATEGIES.** Give some thought to which situations can trigger your tobacco craving. Avoid situations that might tempt you to smoke. Come up with a few things to do when the urge arises. A glass of water can help, ideally with some lemon. Snus users can put a piece of fresh ginger under their lip. Eat regularly to avoid hunger pangs, which can feel like a nicotine urge. Physical activity can help reduce nicotine urges and withdrawal symptoms. Do nice things, keep yourself occupied with something positive.

**AIDS.** Medical products to help people stop smoking make withdrawal easier and increase the chance of success. During pregnancy, however, you must be careful about using preparations that affect the foetus. If you need aids, discuss this with your midwife or doctor. In this case they will usually recommend low doses of nicotine drugs and choose those that you can take as required during the day. Nicotine patches, which provide a continuous supply of nicotine, should be avoided completely.

## **GET SOME HELP**

- Your midwife or doctor can usually answer your questions about tobacco.
- Contact a qualified stop smoking advisor for help. They are available at most health centres and may also be found at maternity healthcare centres (MVC), hospitals and dental clinics.
- Free advice and support for giving up smoking and snus are available on the Stop Smoking hotline, 020-84 00 00, [www.slutarokalinjen.se](http://www.slutarokalinjen.se)
- Many people have found the apps **Rökfri** (adults) and **Fimpaaa!** (young people) useful.
- Find out more about giving up tobacco on the **TobaksStopp.Nu** website.

Information from Psychologists against Tobacco. Websites: [psykologermottobak.org](http://psykologermottobak.org), [tobaksstopp.nu](http://tobaksstopp.nu)  
This folder has been produced with the financial support of the Public Health Agency of Sweden.

*Translation produced by Region Sörmland in partnership with Psychologists against Tobacco and the Swedish HPH network.*