



Patient Information

Smoking During Pregnancy



Smoking During Pregnancy – what should I do?

Who is this information for?

If you are already pregnant or are planning to have a baby and you smoke, or breathe in the tobacco smoke of others who may smoke at home, then this information is for you. Relatives and partners of a pregnant person may also be interested in this information.

Why should I give up smoking?

- 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,
- your baby being born with abnormalities –such as cleft lip and palate.

Also, when you stop smoking:

- you'll notice better physical health:
- your senses of taste and smell improve,
- you start to breathe more easily,
- you have more energy.
- You'll have better blood circulation to your heart and also improved lung function - which is great for both you and baby!
- stopping smoking improves mental health - after the withdrawal stage of quitting, you are likely to experience reduced anxiety, depression, and stress.

Key points

- 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 will be offered a carbon monoxide (CO) test by your Midwife early in your pregnancy.
- Nicotine replacement therapy (NRT) is safe to use in pregnancy.

Pregnancy and the carbon monoxide (CO) test

Why have a carbon monoxide (CO) test?

- Carbon monoxide is a poisonous gas that restricts the amount of oxygen, which is vital to your baby's development in the womb, from getting to your baby.
- People who smoke and passive smokers will have higher levels of carbon monoxide. The test will help discover the levels of carbon monoxide currently in your system, and whether it may pose a risk to your baby.

When and how is the carbon monoxide (CO) test performed?

- During your first antenatal appointment your midwife will ask you to do a breath test. The results will then help to determine whether the levels of carbon monoxide currently in your system may pose a risk to your baby.
- However, regardless of the levels, the avoidance of direct or passive smoking is important to the healthy development of your child.

How do I stop my nicotine intake?

Nicotine can affect your baby's lung development while they are still in the womb, leading to concerns regarding the safety of using NRT and e-cigarettes in pregnancy (see below) ([Bednarczuk et al., 2022](#)). To quit completely, throw away all your cigarettes before you start. Remember, there is never, "Just one cigarette...". Quit forever - you can do it!

Please consider these approaches to stop nicotine intake completely before and during pregnancy ([NHS, no date b](#)):

- [NHS Quit smoking App](#) for your phone ([Department of Health and Social Care, no date a](#); [no date b](#)).
- Find your local [Stop Smoking Service](#): with their professional help, you're 3 times as likely to quit for good ([NHS, no date c](#)).
- Tell people you're quitting.
- List your smoking triggers and how to avoid them.
- Have a plan if you are tempted to smoke.
- If possible, use exercise when you feel the urge to smoke.

Alternatives to smoking cigarettes:

Nicotine replacement therapy (NRT): NRT may come as chewing gum, transdermal patches, nasal and oral spray, inhalators and tablets or lozenges. Regardless of the type used, research shows that NRT can improve long-term abstinence of smoking by around 50%. NRT is a choice that provides you with a low level of nicotine which will help reduce your withdrawal symptoms, and yet provide none of the carbon monoxide, tar, and other poisonous chemicals present in tobacco smoke. However, please be aware that studies have yet to explore the impact of these nicotine-containing products on infant respiratory development and outcomes.

E-cigarettes/Vaping: E-cigarettes are relatively new and there are still some things we do not know. However, current evidence on e-cigarettes indicates they are much less risky than smoking. E-cigarettes do not produce tar or carbon monoxide, the 2 main toxins in cigarette smoke. Please be aware that the vapour from an e-cigarette does contain some of the potentially harmful chemicals found in cigarette smoke, but at much lower levels.

If using an e-cigarette helps you to stop smoking, it is much safer for you and your baby than continuing to smoke. Although nicotine-free vapes may be available, please be aware that research by advise that further research is advisable to determine possible risks and benefits of vaping during pregnancy.

To receive further advice on NRT and e-cigarettes/vaping, please talk to:

- your midwife
- your health visitor
- a nurse at your GP surgery
- a pharmacist

NRT products not advisable for people who are pregnant:

Bupropion: Bupropion may be used to help people stop smoking but is not advisable for a person who is pregnant.

Varenicline: although Varenicline has been shown to be more beneficial than NRT and bupropion in helping people to stop smoking, it is currently withdrawn due to concerns with impurities in the product.

Liquorice-flavoured nicotine products: the manufacturers of liquorice-flavoured nicotine products advise that, if you are pregnant, you should avoid taking them. This is because of concerns that excessive amounts of liquorice-root may lead to adverse effects. You are advised, therefore, to choose an alternative flavoured nicotine product, such as fruit or mint

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