



Smoking and Reproductive Health

What Healthcare Professionals Need to Know

Smoking Causes Poor Reproductive Health Outcomes

Cigarette smoking before or during pregnancy can affect the likelihood of pregnancy, adverse pregnancy outcomes, and the health of mother and baby. Maternal smoking causes:

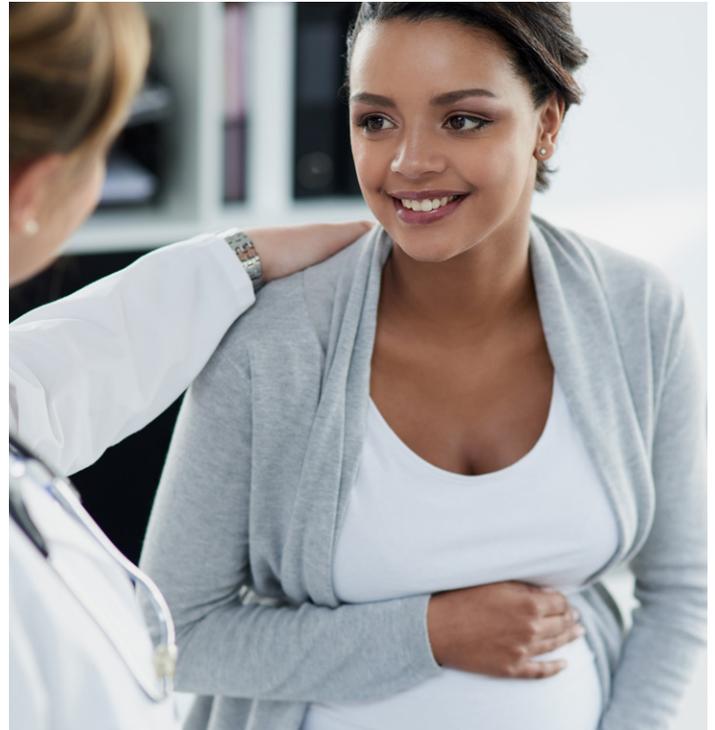
- Reduced fertility
- Pregnancy complications, including premature rupture of membranes, placenta previa, placental abruption, ectopic pregnancy, and preterm delivery; evidence also suggests that smoking may cause miscarriage
- Fetal growth restriction and low birth weight
- Congenital malformations like orofacial clefts
- Adverse effects on fetal lung and brain development
- Stillbirth and perinatal mortality
- Sudden infant death syndrome (SIDS)

Maternal exposure to secondhand smoke during pregnancy causes small reductions in birth weight and research suggests it may cause preterm delivery. Infants exposed to secondhand smoke are at higher risk for SIDS, middle ear disease, lower respiratory illness, and decreased lung function.

Smoking Cessation Improves Reproductive Health Outcomes

Smoking cessation is one of the most important actions women who smoke can take for a healthy pregnancy and a healthy baby. The best time for women to quit smoking is before they try to get pregnant. But quitting at any time during pregnancy can benefit mother and baby's health.

Smoking cessation improves reproductive outcomes. Healthcare professionals, particularly those in obstetric care, should treat patients' tobacco use and dependence.



Benefits of Smoking Cessation

- ▶ Smoking cessation during pregnancy reduces the effects of smoking on fetal growth. Cessation early in pregnancy eliminates the adverse effects of smoking on fetal growth.
- ▶ Smoking cessation before or during early pregnancy reduces the risk for a small-for-gestational-age birth.
- ▶ Research suggests that smoking cessation may reduce the risk of preterm delivery.

Clinical Interventions Work

Tobacco use and dependence is a chronic, relapsing condition that often requires repeated intervention and long-term support. Quitting can be hard, but evidence-based treatments (listed below) improve success.

- **Behavioral Counseling:** Pregnant women who smoke should be encouraged to attempt cessation using behavioral interventions, such as counseling and social support, before considering pharmacologic approaches. Brief counseling can increase quit success, but studies indicate intensive and tailored counseling is most effective in helping pregnant women quit smoking. Counseling can be in-person (one-on-one or in a group) or over a telephone quitline. Web- and text-based programs also help people quit smoking.
- **Medication:** There are seven FDA-approved smoking cessation medications. However, to date, there is insufficient evidence for the effectiveness of these medications in pregnant women and the balance of benefits and harms is not clear. Nicotine replacement therapy and other FDA-approved medications (bupropion, varenicline) can be considered on a case-by-case basis. These decisions should be made carefully while considering the specific circumstances and weighing the risks of using medication against the risks of continued smoking.

E-Cigarettes and Pregnancy

- ▶ E-cigarettes are not safe to use during pregnancy.
- ▶ Nicotine is a health danger for pregnant women and developing babies and can damage a developing baby's brain and lungs.
- ▶ There is currently not enough evidence to know whether e-cigarettes increase smoking cessation.
- ▶ E-cigarettes are not currently approved by the U.S. Food and Drug Administration (FDA) as a smoking cessation aid.

The Entire Clinical Care Team Can Help

A team approach is the best way to treat tobacco use and dependence. Integrating treatment into the routine clinical workflow and engaging the entire healthcare team in treatment delivery can make a difference.



Advise Patients to Quit

- Ask patients about their tobacco use.
- Advise patients that quitting is one of the most important things they can do to improve their health and the health of their baby.
- Remind patients that it is never too late to quit smoking. Although smoking cessation at any point during pregnancy yields health benefits, quitting early in pregnancy provides the greatest benefit to mother and baby.
- Provide patients support, regardless of their readiness to quit smoking.



Offer Patients Treatment

- Offer patients treatment at the first prenatal visit and throughout the entire pregnancy and postpartum period.



Refer Patients to Additional Support

- Refer patients to cessation resources and programs in your health system and community. You can also refer them to telephone quitlines (1-800-QUIT-NOW) and web- and text-based programs.



Follow Up With Patients

- Assess your patients' progress over time and provide additional support. It may take several attempts for them to quit smoking.
- Try new strategies, such as new approaches to handling triggers.
- Provide ongoing support and encourage patients to keep trying and not give up.

Smoking Cessation Resources for Clinicians

- ▶ CDC resources: www.cdc.gov/TobaccoHCP
- ▶ Million Hearts resources: [Tobacco Treatment Protocol](#), [Action Guide](#), and [Change Package](#) available at millionhearts.hhs.gov
- ▶ [Treating Tobacco Use and Dependence, Clinical Practice Guideline: 2008 Update](#) available at www.ahrq.gov
- ▶ U.S. Preventive Services Task Force: [Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions](#) available at www.uspreventiveservicestaskforce.org
- ▶ [The American College of Obstetricians and Gynecologists \(ACOG\) Committee on Obstetric Practice Opinion](#) available at www.acog.org

