THE DANGERS OF SMOKING DURING PREGNANCY

Maternal smoking and exposure to secondhand smoke endanger the health of the mother and the baby. Each year, about 400,000 infants born in the United States are exposed to the chemicals in cigarette smoke before birth because their mothers smoke. Since the first Surgeon General's Report on smoking and health was released in 1964, 100,000 babies have died from Sudden Infant Death Syndrome (SIDS), prematurity, low birth weight, or other complications caused by exposure to the dangerous chemicals in tobacco smoke. The following are ways smoking affects fertility and the health of a pregnancy:

- **Fertility:** Early Surgeon General's Reports linked smoking and reduced fertility in women. Studies suggest that smoking affects hormone production, which can make it more difficult for women smokers to become pregnant. Men who smoke are more likely to have damaged DNA in their sperm; this can also reduce fertility.

- **Pregnancy complications:** Smoking is known to cause ectopic pregnancy, a condition in which the fertilized egg fails to move to the uterus, or womb, and instead attaches to other organs outside the womb. Ectopic pregnancy almost always causes the fetus to die and is potentially fatal for the mother. Evidence also suggests that spontaneous abortion, or miscarriage, is caused by smoking during pregnancy.

- **Fetal growth:** Mothers who smoke during pregnancy are more likely to deliver babies with low birth weight, even if the babies are full term. Mothers who smoke during pregnancy are also more likely to deliver their babies early. Low birth weight and preterm delivery are leading causes of infant disability and death.

- **Fetal development:** Smoking during pregnancy can cause tissue damage in the fetus, especially in the lungs and brain. Carbon monoxide in tobacco smoke is a dangerous toxin that can harm the central nervous system and impair fetal growth. Damage from maternal smoking can last throughout childhood and into the teenage years.

- **Birth defects:** Each year, approximately 3 babies out of 100 in the United States are born with major birth defects. Women who smoke during pregnancy are more likely to deliver babies with cleft lip and/or cleft palate, where the lip or the roof of the mouth fails to form correctly. Babies born with cleft lip or cleft palate have problems with feeding, hearing, and speech development; dental problems, including missing teeth; and middle ear infections. Correction of cleft defects requires surgery.

- **SIDS:** Babies whose mothers smoked during pregnancy or who are exposed to secondhand smoke after birth are more likely to die of SIDS than are babies who are not exposed.
MALE SEXUAL FUNCTION AND FERTILITY

Smoking is also a cause of erectile dysfunction (ED), a condition that currently affects 18 million American men over age 20. ED is defined as the inability to maintain an erection that is adequate for satisfactory sexual performance; this can affect reproduction. Cigarette smoke alters blood flow needed for an erection, and smoking interferes with the healthy function of blood vessels in erectile tissue.

QUIT SMOKING—FOR REPRODUCTIVE HEALTH!

Although we don’t know exactly which smokers might have reproduction complications because of smoking, we do know that smoking can be a threat to the ability to become pregnant, to a safe and healthy pregnancy, and to healthy babies and mothers. Quitting smoking can improve your reproductive health. Women and men who want to have children can talk with their doctors about getting help to quit smoking before pregnancy. For free help quitting, your clients can call 1-800-QUIT-NOW or go to smokefree.gov or cdc.gov/tips.

Most people find a combination of resources works best. Many smokers do not quit on their first attempt. Many need several tries to successfully quit. But the benefits are well worth it. Keep trying.