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## OUTLINE Tobacco and Reproduction

*Knowledge Topic references are located in a separate section of the Baby Steps Help Guide e-resource.  
Participant handout references are not included, but are available upon request by contacting the tru@ahs.ca.*

<b>Goal</b>	To increase participants' knowledge about the effects of tobacco use on reproduction.
<b>Objectives</b>	<p>By the end of the learning session, participants will</p> <ol style="list-style-type: none"> <li>1. be able to identify three consequences of tobacco use on maternal health</li> <li>2. be able to identify three consequences of tobacco use on the health of a developing baby</li> <li>3. know that most pregnant women do not use tobacco</li> </ol>
<b>Presentation approach</b>	<p>As a one-to-one service provider or a group facilitator, decide how you will share information with, and support reflection by, participants. You may wish to:</p> <ul style="list-style-type: none"> <li>• print and hand out participant resources</li> <li>• share participant resources using a laptop, tablet or cell phone</li> <li>• visit the websites and links to show participants where they can find additional information</li> <li>• engage in one large, or several small, discussion groups (if in a group setting)</li> <li>• have participants answer questions by writing down what they have learned on the handout sheets provided, or share their learning verbally</li> </ul>
<b>Facilitator/ service provider backgrounders</b>	<p>There are four facilitator background documents and four participant resources for you to review as preparation for this topic</p> <ol style="list-style-type: none"> <li>1. It's Not Just Cigarettes Anymore</li> <li>2. Health Facts: Pre- and Postnatal Tobacco Issues</li> <li>3. Assumptions about Tobacco Use During Pregnancy</li> <li>4. How to Avoid Creating Guilt</li> </ol> <p>The appendices "Girls, Women, Health and Tobacco Use" and "Using a Principle-Based Approach" may also be helpful to review.</p>
<b>Participant handout</b>	<ol style="list-style-type: none"> <li>1. 5 Great Reasons Women Stop Tobacco Use During Pregnancy</li> <li>2. Getting the Facts on Tobacco and Pregnancy</li> <li>3. Myths and Facts about Reproduction and Pregnancy</li> <li>4. Tobacco and Health; What You Might Like to Know</li> </ol>

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## FACILITATOR BACKGROUNDER It's Not Just Cigarettes Anymore

In Canada, fifty or more years ago, there were very few forms of tobacco products commonly used. Cigars, pipes, cigarettes and chewing tobacco would most likely be what people were familiar with seeing. Since the turn of the century, a number of new products have flooded the markets and may be less familiar to health providers. Below is a brief summary of tobacco products you may find clients reveal using or being exposed to in their home environment or social circles.

### Cigarettes

- Cigarettes are used by the majority of those who use tobacco (about 80%).
- They can be bought pre-rolled or rolled by users (loose tobacco and papers).
- Tobacco smoke has about 7,000 different chemicals in it, of which hundreds are toxic and about seventy are known to cause cancer.<sup>[1]</sup>
- There is no such thing as a safe cigarette.



### Smokeless Tobacco

- Common forms of smokeless tobacco include spit, snuff or chew.
- As a leaf product, this provides nicotine to users by being absorbed through the membranes of the mouth or nose. Two main forms are used in Alberta: chewing tobacco in a pouch, and moist snuff. Both are a mixture of tobacco, nicotine, sweeteners (sugar and fruit flavourings), abrasives, salts and over 4,000 other chemicals, including more than thirty known carcinogens.<sup>[2]</sup>
- Chewing tobacco is a loose leaf or plug, which is placed between the cheek and gum.
- Moist snuff is fine-cut tobacco, a pinch of which is placed in the mouth between the cheek and gum. Dry snuff is inhaled through the nose and is not commonly used today.
- Smokeless tobacco is not a safer alternative to smoking.<sup>[2]</sup>
- In 2007, snus was introduced to the Alberta market as an alternative tobacco product to use wherever smoking is not permitted and/or to reduce harm and reduce health risks. While snus is somewhat less harmful than smokeless tobacco products, snus is not a safer alternative to smoking cigarettes.<sup>[2]</sup>
- For more information go to [myhealth.alberta.ca](http://myhealth.alberta.ca)



### E-cigarettes

- Approximately one half (51%, or 696,000) of people who currently or formerly smoke who had ever tried an e-cigarette reported using it as a cessation aid in the past two years. Overall, 9% (2.5 million) of Canadians 15 years and older have tried an e-cigarette.<sup>[3]</sup>
- Of Canadians who had ever tried an e-cigarette, the majority (55% or 1.3 million) reported that the last e-cigarette they used did not contain nicotine, compared to 26% (or 650,000) who reported using an e-cigarette with nicotine, and 19% (or 466,000) who were unsure.<sup>[3]</sup>

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## FACILITATOR BACKGROUNDER It's Not Just Cigarettes Anymore

- There are no standards or labelling requirements for e-cigarettes. This makes it hard to know exactly what they contain. Tests of some products labelled “nicotine-free” have been found to contain nicotine. Promotional materials for e-cigarettes describe the vapour as water vapour; however, many e-cigarettes also have chemicals in them that give the vapour a flavor.<sup>[4]</sup> Although e-cigarettes are promoted as being safe, this has not been proven by testing.<sup>[5]</sup>
- While the chemicals in e-cigarettes are less hazardous than smoke from tobacco combustion, they are not harmless.<sup>[6, 7, 8]</sup> Little is known so far about the short- and long-term health effects of vapourized propylene glycol or other chemicals like the flavourings found in e-cigarettes.<sup>[9]</sup> What is known is that the flavourings used are made for flavouring food and are considered generally safe for eating only.<sup>[7]</sup> One study found that 75% of all e-juice tested contained diacetyl, which gives flavours a buttery taste but causes an irreversible and sometimes fatal lung disease called bronchiolitis obliterans, also known as popcorn lung.<sup>[7, 8]</sup> Nitrosamines (cancer-causing chemical compounds) from tobacco and heavy metals have also been found in e-liquid and vapour.<sup>[10, 11]</sup>
- Health Canada and the World Health Organization do not support e-cigarettes as products to help stop using tobacco.<sup>[8]</sup>
- For more information for health providers, see the following resources:
  - Tobacco Information Series: [Electronic Smoking Products](#)
- For more information for clients, search Electronic Cigarettes on [myhealth.ab.ca](http://myhealth.ab.ca)



### Pipes

- Pipe use has been declining over the past 30 years, but has shown resurgence among certain population sub-groups.<sup>[12, 13]</sup>
- Pipes are not a safer alternative to smoking cigarettes.

### Bidis



- Bidis are small hand-rolled cigarettes that are made primarily in India.
- They are made of tobacco that is bundled in a tendu or temburni leaf that is tapered at both ends and tied with colourful string. They can resemble marijuana joints, and are available in a variety of flavours, including chocolate, grape, strawberry and cherry.
- Bidis are not a safer form of tobacco.<sup>[14]</sup>

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### Herbal Cigarettes

- In Canada, herbal cigarettes are not required to carry the same health warnings as tobacco products, but are still dangerous to a person's health because of the health risks associated with inhaling smoke of any kind. Because they do not have the same regulations as tobacco cigarettes, they may contain ingredients or chemicals that could be harmful to a person's health.
- Herbal cigarettes are not a safer alternative to smoking tobacco.<sup>[14]</sup>

### Water Pipes

- A water pipe is also known as a WPS, nargile, goca, shisha, hookah and bong.
- They come in different shapes and sizes, but all have a similar design that involves smoke passing through water before inhalation. Loose tobacco is burned in a combustion chamber. The smoke from these pipes is then passed through a water chamber before being inhaled. This does not filter the smoke or make it less harmful in any way. Whether or not these products contain tobacco, the resulting smoke can have negative impacts on a person's health. A water pipe user can inhale as much smoke in one hour than someone who has smoked 100 cigarettes.<sup>[15]</sup>
- When Canadians who reported using a water pipe during the past 30 days were asked about their beliefs about the risks and benefits associated with water pipes compared to cigarettes, 34% thought that smoking tobacco in a water pipe was more harmful, 28% thought it was neither more harmful nor less harmful and 38% thought it was less harmful than cigarettes.<sup>[16]</sup>
- Water pipes are not a safer form of tobacco.
- For more information for health providers, see the following AlbertaQuits.ca resources:<sup>[17]</sup>
  - Tobacco Information Series: [Water Pipe Smoking](#)
- For more information for clients, search Electronic Cigarettes on [myhealth.ab.ca](#)



### Cigars and Cigarillos



- Canadian law distinguishes between tobacco products, which are wrapped in paper made from tobacco leaves (cigarillos), and those that are wrapped in paper (cigarettes). While menthol-flavoured tobacco products have long been a part of the tobacco-products landscape, candy-, fruit- and dessert-flavoured cigarillos and other novelty tobacco products became very popular with youth more recently.
- Approximately 3% (759,000) of Canadians aged 15 years and older reported smoking cigars or cigarillos in the past 30 days, with the majority of users smoking the flavoured varieties.<sup>[3]</sup>
- In Alberta, flavoured tobacco products have been banned, including menthol. Alberta does not currently ban flavoured cigarette papers.

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## FACILITATOR BACKGROUND

### Health Facts: Pre- and Postnatal Tobacco Issues

#### Impact of Tobacco Use

Tobacco affects the health of women and girls differently than it does for men and boys. The risks of tobacco use are greater for women than men. Women are also at greater risk for addiction to nicotine, and become addicted at lower levels of use.

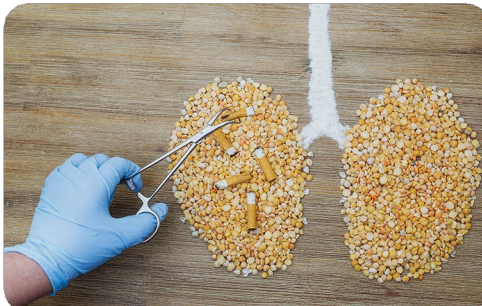
When considering the physical-health impacts of tobacco on girls and women, it is also important to take into consideration health equity issues. Tobacco use is a young woman's health issue in that young women under age 20 have the highest incidence of use, especially during pregnancy.<sup>[19]</sup> Tobacco use also disproportionately affects women living in poverty.<sup>[23]</sup> Women who have experienced violence and trauma, including Indigenous women, are more likely to use commercial tobacco regularly.<sup>[3]</sup>

The full extent of the effects of tobacco use on women, especially during pregnancy, is not fully understood. However, tobacco is known to cause the following health risks for women.<sup>[3]</sup>

#### 1. Cardiovascular Disease

Smoking is a major cause of cardiovascular disease, which refers to diseases of the circulatory system, including the heart and blood vessels, whether the blood vessels are affecting the lungs, brain, kidneys or other parts of the body. Women who smoke as few as 1–4 cigarettes per day have twice the risk of cardiovascular disease as women who have never smoked.<sup>[21]</sup> Heart attacks suffered by women under the age of 50 are twice as likely to be fatal than men's.<sup>[21]</sup> However, women's hearts respond better to healthy lifestyle changes than men's do, so measures to improve overall health, including harm reduction, should be promoted in this population.<sup>[3]</sup>

#### 2. Cancers



##### a. Lung cancer

Smoking causes about 80% of lung-cancer deaths in women. The risk of dying from lung cancer is about 13 times higher among women who smoke cigarettes compared with women who have never smoked.<sup>[3]</sup> Canadian women have the highest rate of lung cancer mortality in the developed world, at 47 per 100,000.<sup>[22]</sup> This is almost double the average of other Western countries.

##### b. Breast cancer

There is a causal association between active smoking (someone intentionally inhaling tobacco smoke) and both pre- and post-menopausal breast cancer.<sup>[23]</sup> There is also a causal relationship between second-hand smoke and breast cancer in younger, primarily pre-menopausal women who have never smoked.<sup>[23]</sup> There is not currently enough evidence to make similar conclusions between second-hand smoke exposure and post-menopausal breast cancer.

##### c. Other cancers

Women who smoke also have increased risks of cancers of the mouth and throat, esophagus, larynx (voice box), bladder, pancreas, liver, colon, rectum, cervix and kidneys. Smoking also appears to increase the risk for some types of ovarian tumours.<sup>[24]</sup>

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## FACILITATOR BACKGROUND

### Health Facts: Pre- and Postnatal Tobacco Issues

#### 3. Pulmonary Disease

##### a. Chronic obstructive pulmonary disease (COPD)

Women who smoke have markedly increased risks of developing and dying of COPD, which is a respiratory disease affecting both the airways and alveolar sacs of the lungs. Over time, as the disease advances, breathing difficulties can result in severe disability and death. This risk increases with the number of cigarettes smoked per day.<sup>[24]</sup>



##### b. Asthma

Smoking is a well-recognized trigger for asthma. It can worsen existing asthma and make asthma attacks more intense. Smoking is also recognized as a cause of asthma, with up to 9.3% of all new asthma cases possibly caused by exposure to second-hand tobacco smoke at home.<sup>[25]</sup>

##### c. Tuberculosis (TB)

Not only does active smoking appear to heighten the chances of contracting pulmonary tuberculosis, people who smoke also seem to be at an increased risk for extra-pulmonary tuberculosis. Smoking harms the body's immune system, meaning that people who smoke are less able to combat TB infection. Smoking reduces the effectiveness of TB treatment, which can lead to longer periods of infection and/or more severe forms of the disease.<sup>[25]</sup>

##### d. Influenza

Influenza is more severe among those who smoke, with a 30% dose-related increase in nonsmokers, 43% in people who smoke lightly (often defined as fewer than 10 cigarettes per day) and 54% in people who smoke heavily (often defined as 25 or more cigarettes per day).<sup>[27]</sup> 50.6% of people who smoke missed work, compared to 30.1% of non-smokers. Overall, 31.2% of influenza cases can be attributed to smoking cigarettes.<sup>[24]</sup>



#### 4. Osteoporosis

Smoking causes loss of bone mass in both men and women; this leads to a higher risk of fracture. The U.S. Surgeon General has estimated the risk of hip fracture to be 55% higher in people (male and female) who smoke than in those who do not smoke.<sup>[26,27]</sup>

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## FACILITATOR BACKGROUND

### Health Facts: Pre- and Postnatal Tobacco Issues

#### 5. Reproductive Health and Pregnancy

Smoking has profound effects on women's reproductive health and menstruation. Women who smoke are more likely to experience primary and secondary infertility and delays in conceiving compared to non-smoking women.<sup>[28]</sup> Women also have a greater risk of miscarriage.<sup>[24]</sup> During labour, they are more likely to have complications, including placenta previa and abruption, which can lead to death of mother, baby or both.<sup>[24]</sup> Smoking and early initiation of smoking are associated with an increased risk of chronic dysmenorrhea.<sup>[29]</sup>

Please note that tobacco smoke can cause drug interactions with certain medications, making them less effective.

The American website [SmokeFreeWomen](#) lists some of the lesser-known harmful effects of smoking on women's health, which may be motivation for some women to quit tobacco.<sup>[30]</sup>

#### Tobacco's Impact on Fetal Health and Development

- Tobacco is known to have an effect on fetal health. Nicotine, carbon monoxide and other chemicals in tobacco and its smoke are passed on to the baby through the placenta.<sup>[31,32]</sup>
- Nicotine increases a baby's heart rate and breathing movements. Some other chemicals that are passed through the mother's blood are known to cause cancer.<sup>[33]</sup>
- The chances of a baby dying at birth or shortly thereafter are increased if the mother has smoked during pregnancy.<sup>[33]</sup>
- Babies of women who smoked, or who were exposed to second- and third-hand tobacco smoke during pregnancy, are, on average, smaller at birth than babies of non-smoking mothers.<sup>[24]</sup> Mothers who use tobacco give birth to infants who weigh about 150 grams less at term than those born to mothers who do not use tobacco.<sup>[34]</sup> Smaller babies are not necessarily easier to deliver. There are many other factors involved in labour and delivery.
- Babies born with a lower than average birth weight are more likely to get infections, have other health problems and stay in hospital longer.<sup>[35]</sup>
- A clear relationship exists between the number of cigarettes smoked during pregnancy and a slowdown in the growth of the fetus. These babies are more prone to complications around the time of birth, including illnesses and death.<sup>[36]</sup>
- Birth defects may be caused by or related to tobacco use. Babies whose mothers smoked or used other forms of tobacco during pregnancy are more likely to have congenital heart defects, orofacial clefts (cleft lip and palate), sudden infant death syndrome, deficiencies in physical growth and intelligence, and behavioural problems.<sup>[37]</sup>



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## FACILITATOR BACKGROUNDER

### Health Facts: Pre- and Postnatal Tobacco Issues

#### Tobacco's Impact on Newborns and Older Children

- Nursing mothers who use tobacco can pass along harmful chemicals from tobacco products to their babies via their breast milk.<sup>[38]</sup> Breast milk is still best for a baby's health and development.
- It is estimated that one third of all deaths from sudden infant death syndrome (SIDS) could be prevented by eliminating maternal tobacco use.<sup>[38]</sup>
- Even in later years, children of mothers who used tobacco during pregnancy tend to be slightly shorter than other children and have more difficulty with reading, mathematics and related skills.<sup>[38]</sup>
- Children exposed to smoking in the home have a greater chance of middle-ear problems than those who are not.<sup>[39]</sup>
- Children (particularly female children) whose mothers used tobacco during pregnancy are at increased risk of tobacco dependence later in life.<sup>[40]</sup>
- Tobacco smoke can cause drug interactions with certain medications, making them less effective. This means you or your child may need more medication to get the same effect. Drugs affected by tobacco smoke include asthma medications, insulin and pain medications.<sup>[39,41]</sup>
- The long-term effects of parental smoking around children may include impaired learning, deficits in attention, childhood obesity, slower growth and other changes in behaviour.<sup>[39,42]</sup>



#### A Word about Fathers

Historically, messaging about tobacco use and quitting at or before conception has been directed towards women. The role of fathers was limited to their role in providing a smoke- or tobacco-free environment. While fathers contribute half of a fetus's genetic material, little research has been done with respect to the effects their personal tobacco use has on their developing baby.

A father's role begins even before conception. Women have long been encouraged to be healthy before becoming pregnant, and emerging evidence shows that the father should, too.<sup>[43]</sup> For example, research shows that children of fathers who smoke are at increased risk of certain kinds of cancer.<sup>[44]</sup>

Sperm takes three months to develop, and its quality can be affected by alcohol, tobacco and other drugs and medications. Smoking can harm male fertility, and if their partner does conceive, there is an increased risk of birth defects and miscarriage.<sup>[38]</sup> Ideally, tobacco use should be avoided.

There is growing interest in the role that fathers play in the health of their offspring. For example, non-allergic asthma (i.e., without hay fever) was significantly more common in children with a father who smoked prior to conception. This risk increased if the father smoked before the age of 15 and increased according to the duration of the tobacco use.<sup>[38,45]</sup> There is some evidence that there is a link between men who smoke in mid-childhood (age 12–15) and sons who are obese in adolescence.<sup>[38]</sup> However, these studies do not prove causation, and so far conclusive evidence is limited.

It is therefore important that men be involved in making changes in their tobacco use when preparing to be a father. Quitting tobacco and tobacco-like products before trying to have children is best for both women and men.<sup>[46]</sup>



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## FACILITATOR BACKGROUNDER

### Assumptions About Tobacco Use During Pregnancy

Be careful to avoid the following assumptions:

1. Most pregnant women smoke or use other tobacco products. The vast majority (about 85%) do not use tobacco during their pregnancies or after their baby is born.<sup>[47]</sup>
2. Pregnancy is a good thing and is therefore an opportunity for positive change. Keep in mind that a woman's pregnancy may not have been planned, or may be causing a lot of stress in her life. She may not have considered quitting at all prior to pregnancy, and may be resistant to the idea of not smoking/using tobacco during it.
3. Expectant mothers know that tobacco is harmful to the developing baby. Some women are not necessarily well-informed about the effects of tobacco use on their baby. Ask the client what she knows about the harmful health effects of tobacco and then what her concerns are, if any.
4. The health of the baby should be a strong enough motivation for the woman to quit. A baby-centred approach is not helpful for the mother, and in fact may be harmful and temporary change in tobacco abstinence. It encourages external motivations, as well as feelings of guilt, shame and even fear. It is important that the primary focus be on the mother only. If the woman's primary concern is for her baby, be sure to acknowledge and support this, but also work to move her to consider additional internal and longer-term personal motivators. It is important to give the message that she will be most successful in quitting if she does it for herself. Any positive impacts her cessation has for others (e.g., the baby, other non-smokers in the home) can be considered a bonus, rather than a primary reason to quit.



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## FACILITATOR BACKGROUNDER

### Assumptions About Tobacco Use During Pregnancy

5. The pregnant woman's partner also wants her to quit. Remember that the woman may or may not have a partner in her life, and, if present, they may not be supportive about the pregnancy or about the woman's attempt to quit tobacco.
6. Helping pregnant women quit is no different from helping any other person who uses tobacco. Keep in mind that pregnant women who use tobacco have unique cessation issues, including stigma, high rate of relapse, physiological changes, a brief time period, possible reduced effectiveness and safety of using medications to quit. High rates of postpartum relapse demonstrate that it is not appropriate to treat pregnant women the same way as anyone else who uses tobacco. Pregnant women often quit temporarily, but end up returning to tobacco use after their baby is born.
7. The pregnant woman has already told her doctor and other health-care providers that she uses tobacco. Pregnant women who use tobacco are often stigmatized and thus feel uncomfortable or ashamed to tell others that they use tobacco in any form. Your client's health-care providers may or may not be aware that she is using tobacco or that she may have spontaneously or temporarily quit.

This is especially true of women who have experienced trauma. These clients may feel distrusting of care providers, so it is of primary importance to provide a safe and welcoming environment in which the woman knows she is in control of her health-care goals and choices.

8. Telling the mother that her tobacco use hurts her baby will motivate her to stop. When a woman is visibly pregnant, she may feel harassed by strangers when smoking in public, which can exacerbate her feelings of shame. It is important that counsellors acknowledge that quitting is a difficult process and that the woman may have difficult public experiences while she is pregnant and using tobacco. Counsellors must be sensitive to these women's situation and their choice to continue using tobacco or move towards abstinence.<sup>[48]</sup>



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## FACILITATOR BACKGROUNDER How to Avoid Creating Guilt

### How to Avoid Creating Guilt

Guilt can be an unintended consequence of promoting tobacco cessation during pregnancy. Guilt motivates few women to quit. In fact, a feeling of guilt or shame contributes to a sense of low self-esteem for women who aren't ready to or feel unable to quit.

A woman-centred and trauma-informed approach helps create an atmosphere of acceptance and safety. A woman is the agent of her own change and controls the choices for her own health. Health providers are partners who support their client, providing information, resources and referral, with the woman's permission. Action plans need to strike a balance between providing accurate and compelling information and promoting a supportive environment for women who want to stop using tobacco products.



### Tips for Getting Around Guilt

- Present a balanced view about how quitting benefits the woman.
- Avoid over-emphasizing the risks of maternal tobacco use on the fetus.
- Find out how tobacco fits into her life and evoke any concerns she may have about her continued use.
- Be prepared to help her develop strategies to reduce harm as a step towards quitting, if she finds it impossible to quit right now (e.g., making her home and vehicle tobacco free).
- Address feelings of guilt head on. Communicate that many women who have trouble stopping while pregnant may feel guilty. Remind her that being a good mother is not dependent on her quitting tobacco.<sup>[51]</sup>

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## PARTICIPANT HANDOUT

### Five Great Reasons to Stop Tobacco Use During Pregnancy

Maybe you've already heard some of the health risks of tobacco use, but haven't quit yet. That's normal. Knowing something isn't always enough to motivate us to change. Here are five great reasons to consider stopping or reducing tobacco use when pregnant.

**Reason #1:** Being tobacco-free helps reduce stress, and improves your and your baby's health right away

Despite what you may have heard, tobacco use doesn't actually relieve stress. In fact, the stress you feel is your body craving nicotine. So while you may feel more relaxed when using tobacco, the nicotine is really making you more stressed. You are raising your heart rate, blood pressure and adrenaline level. And your baby gets the same jolt you do. Removing this stress will benefit you and your baby right away. The benefits of stopping far outweigh any possible drawbacks, for both you and your baby.

**Reason #2:** Your body will recover quickly

Your body has a remarkable ability to recover after quitting tobacco use. After just 24 hours, the carbon monoxide from cigarettes will already be out of your system. This means you are already getting more oxygen into your body—and sharing it with your baby.

**Reason #3:** You can avoid health issues for your baby may experience, and enjoy being a mom more.

Many women do not realize that some of the health issues that they and their baby may have are related to tobacco use. For example, you may have problems during the pregnancy or delivery, or trouble with pain management or healing after the baby arrives. Your baby may be irritable and fussy, or have difficulty feeding. Stopping tobacco use can help you avoid these health concerns, and let you have a more positive experience of being a new mother.

**Reason #4:** Stopping is better than reducing, even if you only smoke a few cigarettes per day.

There is no safe level of tobacco use. Even one or two cigarettes per day can harm your health. The good news is that because you only smoke a few cigarettes, you are probably less addicted to nicotine. That means you won't find it as hard to quit. Gradually cutting down the amount you use every day can be a good way to work towards quitting, and may seem less scary if you aren't confident in your ability to stop all at once.

**Reason #5:** Smaller babies are not necessarily easier to deliver.

Some women think smoking can help them have a smaller baby that will be easier to deliver. This is not true. Delivering a four-pound baby can be as much work as delivering an eight-pound baby. More importantly, a full-term baby, with a healthy weight, is more likely to survive delivery without complications, and be a healthier newborn that is more resistant to infection and illness. This will make the experience much better for both mom and baby.

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## PARTICIPANT HANDOUT Getting the Facts on Tobacco and Pregnancy

**Topic:** Getting the Facts on Tobacco and Pregnancy

**Task:**

1. Review the Participant Handout information sheets with your group.
2. Review each question on this activity sheet.
3. Write your answers to the questions in the space provided.
4. Share your answers with your group, and with your health-care provider.

**Questions:**

1. True or False: Most pregnant women do not use tobacco.
2. True or False: If I stop using tobacco while I'm pregnant, the stress will be too hard on the baby.
3. Name three effects tobacco use can have on your health:

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4. Name three effects tobacco use (by you and/or the father) can have on your baby:

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5. Do you think pregnant women are afraid to tell people that they use tobacco?

Yes                  No

6. Why might it be important for a pregnant woman to tell her 'support people' she is using tobacco?

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## PARTICIPANT HANDOUT

### Myths and Facts about Reproduction and Tobacco

The myths	The facts
Most women use tobacco when they are pregnant.	The majority of pregnant women do not use tobacco.
My tobacco use won't really affect my baby.	Your baby receives nicotine, carbon monoxide and other chemicals through your blood when you smoke or use other forms of tobacco. These chemicals may cause low birth weight, miscarriages, early delivery, stillbirth, sudden infant death syndrome (SIDS) and other health problems for you and your baby.
Smoking will cause my baby to be smaller, which means it will be easier to deliver.	A smaller baby is not easier to deliver, and may be a greater risk during delivery because it may not be as strong. It will also be harder to take care of after it is born because it may be less healthy, cry more often and need more of your attention.
If I stop using tobacco, it will be too stressful on the baby.	Tobacco use is far more harmful for both you and your baby than the short-term discomforts of quitting.
If I use tobacco I won't gain too much weight while I am pregnant.	Eating properly and getting regular physical activity can help you maintain a healthy weight. Refer to Alberta Health Services' <i>Healthy Parents Healthy Children</i> resource for guidance.*
If I cut down on how many cigarettes I smoke per day, then I won't do as much damage to my baby.	There is no safe amount of tobacco use. Cutting down is a step in the right direction, but is not the solution. Any exposure to nicotine and other chemicals found in tobacco is harmful to you and your baby, so stopping is best. The amount of nicotine in one cigarette may not seem like much to you, but it can still be a large dose of a dangerous drug for your baby. Try to quit, with help from a professional.**
I could switch to another tobacco product, or to e-cigarettes.	All forms of tobacco contain chemicals that are harmful to you. There is no safe level of tobacco use. E-cigarettes also contain chemicals known to cause cancer and birth defects.
My friend smoked when she was pregnant and her children are fine.	Tobacco smoke may have affected their health in ways that you aren't even aware of. Sometimes the effects of tobacco use don't show up in obvious ways or right away. Your child will be physically and emotionally healthier if you don't use tobacco.
It will be easier to stop using tobacco after the baby is born.	The sooner you can stop using tobacco, the better. Your life may be more stressful after the baby is born. If you stop now, you will both be healthier.

Adapted From: Common Myths about Smoking and Pregnancy (Ottawa-Carleton Health Department, 1995).

\* See [www.healthyparentshealthychildren.ca](http://www.healthyparentshealthychildren.ca) for information about pregnancy and parenting children up to age six.

\*\* See all AHS tobacco-based cessation resources and programs on [www.albertaquits.ca](http://www.albertaquits.ca), or call the AlbertaQuits helpline at 1-866-710-QUIT.

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## PARTICIPANT HANDOUT

### Tobacco and Health: What You Might Like to Know

#### Knowledge Is Power

As a new parent, you need information to make the best decisions for you and your family. Most parents know that using tobacco is not good for their health, or the health of their baby. But they may not be aware of all the new information about tobacco and health.

- Your baby may be underweight. Babies who are underweight are often sick and have many health problems.
- Your baby can be born too early, before their lungs are ready to work.
- Your baby may have to stay in the hospital after you go home.
- Your baby may be more likely to develop asthma or other breathing problems.
- Your baby may later have trouble at school because of problems with learning or paying attention.

#### How Does This Happen?

When you use tobacco, you are taking a mixture of poisonous chemicals into your body that then go into your blood. Your blood circulates throughout your body, delivering those chemicals to every part of your body (including, when you are pregnant, a developing baby).

There are 7,000 chemicals in tobacco smoke, including 70 that are known to cause cancer. Smokeless tobacco (spit or chew) contains 4,000 chemicals, including 30 that cause cancer. One of these chemicals is a drug called nicotine, which causes addiction to tobacco. Another is carbon monoxide, which is the same thing that comes out of a car's exhaust pipe. Many of the same chemicals are found in other forms of tobacco, and even in e-cigarettes.

When you are pregnant, your blood supplies oxygen and food to your baby. The poisons in tobacco (which are also found in e-cigarettes) make it harder for this to happen. As a result, you are not as healthy as you could be, and are less likely to have an uncomplicated pregnancy and deliver a healthy baby.

#### After the Baby Is Born

The danger doesn't stop once your baby is born. Living in a home with someone who uses tobacco affects your health and the health of everyone around you. Smokeless tobacco products also have an effect similar to that of second-hand smoke. Nicotine from these products is deposited on surfaces in your home and vehicle.

Nicotine also has negative effects on the developing brains of children and teens.

- Babies who are around tobacco smoke are more likely to refuse feedings, be cranky and spit up.
- Sudden infant death syndrome (SIDS), in which babies die suddenly in their sleep, happens more often to babies whose mothers and fathers smoke.
- Allergies and asthma can be caused by exposure to tobacco and second-hand smoke, and existing asthma can be made worse by living with those who use tobacco.

When you are pregnant, you will often hear about how using tobacco hurts your baby. It's important to remember that your health is at risk when you use tobacco, too.

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## PARTICIPANT HANDOUT

### Tobacco and Health: What You Might Like to Know

#### The Good News

- There has never been a better time to get help to become tobacco-free.
- Quitting at any time is good for you. It is never too late to quit.
- If you do quit, you will be a healthier parent who is able to better enjoy and participate in your family's lives.

#### Being tobacco-free means:

- living a longer, healthier life, with lower risk of lung cancer and heart disease
- being more likely to be able to use birth-control pills safely
- having skin that will stay younger and softer longer
- being more likely to have a healthy and uncomplicated pregnancy and delivery
- having stronger bones
- having healthier children
- having more money to spend on other things besides tobacco
- being able to get pregnant easier in the future



If you stop using tobacco while you are pregnant, it is still important to stay tobacco-free after the baby is born. Stay healthy for you and your family will benefit, too!