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SMOKING CESSATION
STATS & FACTS

By Sonya Collins
Reviewed by Melinda Ratini, DO, MS, WebMD Medical Reviewer

5.5% 1 IN 4 20 to 24
Number of women who report smoking while pregnant. Number of women who stop smoking during pregnancy. Ages at which women are most likely to smoke during pregnancy.

3x >1 IN 8
Increase in a baby’s risk of SIDS (sudden infant death syndrome) when their mother smokes. Number of smoking parents who smoke inside the house, which can cause long-term health problems for the children.

3X 78% 2X
Increase in your odds of having a low birthweight baby when you smoke during pregnancy. Increase in risk of preterm birth in women who smoke during pregnancy.

Smoking during pregnancy increases birth defects and creates long-term health effects for mothers.

The best time to quit smoking is before pregnancy, but it’s never too late to quit to help improve you and your baby’s health.

Quitting smoking is possible with free and proven cessation tools.

Tobacco Free Florida can help.

For more information, visit TobaccoFreeFlorida.com/QuitYourWay.

SOURCES: CDC, UpToDate, Better Health, BMC Public Health, BMC Pregnancy and Childbirth, Nicotine and Tobacco Research

FREEPIK.COM/GETTY IMAGES

BY THE NUMBERS
It’s especially important to quit smoking when you’re pregnant or trying to get pregnant. But quitting isn’t easy. Understanding what makes quitting hard may help you go easier on yourself. It may also help you find a way around the challenges and say goodbye to smoking. Beating yourself up isn’t the solution.

SMOKING IS ADDICTIVE

Nicotine is highly addictive, says Humberto Choi, MD, a pulmonologist at Cleveland Clinic’s main campus in Ohio. “Many people smoke for a long time,” Choi says. “Over time, you develop tolerance to nicotine. You’ll need to smoke more to get the same effect.”

YOUR BRAIN ON NICOTINE

When you smoke, nicotine goes quickly to your brain. Once there, your brain releases other chemicals that give you a good feeling. As you get used to that, your brain actually starts to work differently. Without nicotine, you may feel anxious or upset. You may find it hard to think or sleep. It will get better over time. But if you’re struggling to get through this stage, ask your doctor for help.

BREAK THE HABIT

You probably smoke at certain times of the day or during or after certain activities. “When you talk to people who smoke and have a hard time [quitting], it’s not only the nicotine but also the habit,” Choi says. “They associate smoking when drinking coffee, waking up, taking a walk, or doing something pleasurable. That’s what makes it hard to stop.”

FIGHT THE URGE

You may also find yourself wanting a cigarette when you feel certain ways. Maybe you are stressed out, gloomy, happy, or relaxed. To quit, you’ll need new routines. You’ll need to find ways to get through the urges to smoke without lighting up.

TRY, TRY AGAIN

What if you’ve tried to quit before and it didn’t work? You’re in good company. Most people who’ve quit tried more than once before they stopped smoking for good, Choi says. “People tend to think it’s not working or never going to work and feel they don’t want to try again,” Choi says. But, he says, you shouldn’t expect immediate success. It may take weeks, months, or another try. But it’s never too late to improve your health and that of your children by quitting.

TIPS TO QUIT

Make a plan to get through the tough moments. Try the below:

+ Ask your doctor for advice.
+ Go to Women.SmokeFree.gov for information and resources.
+ Text Mom to 222888 to join the text messaging program SmokeFreeMom.
+ Join an online or local support group.
+ Download an app to help you track your cravings and see your progress.
+ Call 800-Quit-Now for helpful information and support.

Inclusion of these organizations does not constitute an endorsement by WebMD and no endorsement is implied.

SIDEBAR

**WHY IS QUITTING SMOKING SO DIFFICULT?**

**AN EXPERT WEIGHS IN**

By Kendall K. Morgan
Reviewed by Melinda Ratini, DO, MS, WebMD Medical Reviewer

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**DID YOU KNOW?**

**EMBRACE A TOBACCO FREE LIFE FOR BOTH YOU AND YOUR BABY.**

Whether you’re...

Looking to get pregnant
Expecting a baby
Have a newborn

...it’s always a good idea and the right time to quit smoking.

- Women who smoke have a higher risk of never being able to become pregnant.
- Smoking during pregnancy can harm the baby’s lungs, heart and brain. It can even be fatal.
- Women who quit smoking are less likely to develop heart disease, lung disease and many different forms of cancer.
- Smoking during or after pregnancy increases the risk of sudden infant death syndrome (SIDS).

Free quit tools and services are available from Tobacco Free Florida and are proven effective to help you stay quit.
SMOKING AND REPRODUCTIVE HEALTH

AN OVERVIEW

By Sonya Collins
Reviewed by Melinda Ratini, DO, MS, WebMD Medical Reviewer

Smoking isn’t just bad for your lungs and heart. If you smoke, it’s harder to get pregnant. When you do, you’re more likely to have problems during pregnancy. Babies whose moms smoke during pregnancy may go on to have health problems, too.

“Smoking is terrible for fertility and pregnancy, so do everything you can to quit,” says David Austin Schirmer III, MD, a specialist in reproductive endocrinology and infertility at Emory Healthcare in Atlanta.

IT’S HARDER TO CONCEIVE WHEN YOU SMOKE

Infertility rates in smokers, both men and women, are about twice as high as those in non-smokers.

“Although the how is not well understood, tobacco use can lead to challenges getting pregnant,” says Amy Valent, DO, medical director of the Diabetes and Pregnancy Program at Oregon Health & Science University in Portland. Experts have theories as to how smoking might hinder fertility. It may harm the function of your fallopian tubes and cervix, Schirmer says. And one thing’s for sure, he adds, “We know that smoking can reduce egg count in women. There’s probably a direct toxic effect of smoking on the follicles where the eggs are stored,” he says. Faster egg loss means women who smoke may reach menopause up to 4 years earlier than others.

Even pregnancy through IVF is more likely to work in non-smokers than smokers. But smoking’s effects on your fertility aren’t permanent. “If you stop smoking, within a year, a lot of the effects of tobacco use on fertility are reversed,” Schirmer says.

SMOKING IS DANGEROUS IN PREGNANCY FOR YOU AND YOUR BABY

Smoking can cause trouble in your pregnancy and lead to long-term problems for your baby.

For starters, smoking raises your risk for an ectopic pregnancy. That’s when a fertilized egg implants somewhere other than the uterus, such as the fallopian tubes. These pregnancies can’t go on normally. If left untreated, they can cause life-threatening bleeding.

Smoking increases your odds of miscarriage, preterm water breakage, and preterm birth. Preterm-related infant deaths are more common for smoking moms, too.

Tobacco while you’re expecting can lead to a lot of problems for your baby, too, both in the womb and after birth. Research shows fetuses grow more slowly in smokers, which can lead to low birth-weight. Babies born to women who smoked during pregnancy may also have smaller heads than other infants.

Smoking interferes with breastfeeding, too. Nicotine in any form—from cigarettes or the patch—lowers prolactin, the hormone that helps make breast milk. That means smokers have a smaller supply.

“Tobacco users need to be aware that nicotine crosses into breast milk,” Valent says. “The more you use, the higher concentration you’ll have in your breast milk. And nicotine exposure increases risk for sudden infant death syndrome in babies.”

SMOKING IN PREGNANCY AND LONG-TERM EFFECTS ON KIDS

When expectant mothers smoke, their kids may continue to have health problems as they grow. They tend to have poorer lung function and higher rates of asthma, respiratory infections, and symptoms like wheezing, coughing, and shortness of breath.

Research shows the children of moms who smoked when pregnant might also be more prone to ear infections, vision trouble, bone breaks, high blood pressure, behavior problems, and trouble with thinking skills. They may be at higher risk of childhood obesity and childhood cancers, too.

EVERY LITTLE BIT HELPS

The problems that smoking can cause for you and your baby, Valent says, are dose-dependent. “The more tobacco you use, the higher the risk for these problems.”

That means that, though it’s best to quit completely, even cutting down on cigarettes is better than doing nothing at all, she says.

TIME TO QUIT

• Primary care doctors know how to help patients quit.
• FDA-approved medications can help curb cravings.
• Talk therapy helps some people quit.
• Changing a daily routine that once included cigarette breaks goes a long way.
Kids born to mothers who smoke are at increased risk for these problems as they grow:

- Sudden infant death syndrome (SIDS)
- Obesity
- High blood pressure
- Type 2 diabetes
- Asthma
- Behavior problems

While counseling is the preferred treatment for pregnant women who smoke, talk to your doctor about nicotine replacement products such as a nicotine receptor blocker or an antidepressant that has nicotine receptor-blocking activity. When used during pregnancy, these drugs do not have an increased risk of major birth defects. And while these options are not risk-free, they work better than quitting cold turkey.

Combining these methods with counseling can increase your odds of success. But ultimately, the best smoking cessation technique is the one that works for you. Be patient with yourself as you try to quit. “I take care of pregnant people who use all manner of drugs, and nicotine is the one that is the hardest to stop,” Mark says. “People should not feel ashamed or defeated if they need support. It’s a process.”

Despite the risks involved, about 1 in 14 pregnant women smoke cigarettes during their pregnancy, according to the CDC. If you are one of them, talk to your doctor for help quitting today.
MY LIFE AS A SMOKE-FREE MAMA

WHY I TRADED MY BAD HABIT FOR A GOOD ONE

By Jamie Zamparelli
Reviewed by Melinda Ratini, DO, MS, WebMD Medical Reviewer

Like a lot of kids, I’m ashamed to say, I started smoking in high school. I didn’t feel pressured by others. I made my own decision to look cool. Your teen years can be stressful and emotional, so I also did it to relieve some stress.

UP IN SMOKE

At my most, I smoked about a pack a day. I started thinking that cigarettes would help me deal with stress during high school, but I ended up with a lot of issues like sinus problems and allergies, which I have to this day. I also felt tired and run down a lot of the time. Smoking impacted my jobs because I always needed to take a cigarette break. To this day, I still smell like smoke.

When I lived at home, my parents would tell me to get me to quit. When I moved out on my own, I continued as a smoker. Like a lot of kids, I’m ashamed to say, I started smoking in high school. I didn’t want my two boys to grow up around smoke. I have been smoke-free now for more than 10 years. The birth of my children was my motivation to quit. It makes me sad to see someone smoking while pregnant because I know if they had the right support and tried hard enough, they could quit. A lot of times I want to just give them a hug and let them know I am there for them.

A PREGNANT PAUSE

When I found out I was pregnant with my first child about 1 month in, I quit smoking and all throughout breastfeeding. Unfortunately, after I finished breastfeeding, the stress of being a new mom led me back to smoking. When I found out I was pregnant with my second son, I quit for good. Not only did I feel so sick when I smoked again (dizzy, light-headed, nauseous), but I took a step back and looked at my life. I didn’t want my two boys to grow up around smoke. I have been smoke-free now for more than 10 years. The birth of my children was my motivation to quit. It makes me sad to see someone smoking while pregnant because I know if they had the right support and tried hard enough, they could quit. A lot of times I want to just give them a hug and let them know I am there for them.

A NEW ME

My health is important to me now. I try and do some self-care like meditation or yoga daily. I also don’t drink soda and I take daily vitamins. These days, I stay pretty busy keeping myself organized as a virtual assistant. I am also a social media influencer as I post about my life as a mother of three who grew up in New York but now lives in Charlotte, North Carolina. Sometimes if I smell someone smoking, it takes me back to that feeling of the initial calm I got when I smoked. However, I think about the negative aspects and how many times it made me feel light-headed and sick and the temptation passed. My addiction now is a healthy one: taking walks with my three children (ages 8, 11, and 6) and raising them to be the best humans they can be.

WHERE TO TURN WHEN YOU’RE READY TO QUIT

By Rachel Roff Ellis
Reviewed by Melinda Ratini, DO, MS, WebMD Medical Reviewer

You’ve made the decision to stop smoking. Now the next step is finding support to guide you through the process. What works for you may be different from what works for others. What’s important is that you find resources to lean on as you wean yourself off of smoking.

A MARATHON, NOT A SPRINT

Connecting with experts, support, and guidance gives you a leg up on cessation success. Unfortunately, after I finished breastfeeding, the stress of being a new mom led me back to smoking. When I found out I was pregnant with my second son, I quit for good. Not only did I feel so sick when I smoked again (dizzy, light-headed, nauseous), but I took a step back and looked at my life. I didn’t want my two boys to grow up around smoke. I have been smoke-free now for more than 10 years. The birth of my children was my motivation to quit. It makes me sad to see someone smoking while pregnant because I know if they had the right support and tried hard enough, they could quit. A lot of times I want to just give them a hug and let them know I am there for them.

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The Lung HelpLine, also through American Lung Association, is a free resource for smoking cessation support. You can call a certified tobacco treatment specialist or counselor at 800-LungUSA, send an email through their website, or chat online during help line hours.

The NCI’s “quitline,” 877-44U-QUIT, provides individualized counseling, printed information, referrals to other resources, and recorded messages.

The NCI also has apps you can download to your phone (QuitInside and quitStart) that help you identify and track your habits and send you tailored guidance so you can practice breaking them.

Above all, talking to your doctor is a great place to start as you commit to quit. They can help you manage side effects, talk about nicotine replacement options, and point you toward local and national resources.

“It’s not just a chemical addiction. It’s a psychological, behavioral addiction as well, so there’s a lot that goes into it,” Rizzo says. “And that’s why a support system is so helpful. It may take multiple times to be successful, but it can be done.”
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