**Smoking during Pregnancy**

**Clinical Recommendations and other Resources**

**March 3, 2014**

**Key Messages**

Due to the substantial risks to both mother and fetus, pregnant women should be advised to quit smoking and offered assistance.

Evidence of nicotine withdrawal symptoms in newborns is scant and contradictory.

The safety and efficacy of nicotine replacement products or other pharmaceuticals for smoking cessation aids during pregnancy has not been well established. Pharmacotherapy may be considered when the potential benefits of quitting outweigh the risks of medication and effects of potential continued smoking.

**1) Clinical Recommendations**

***American College of Obstetricians and Gynecologists (ACOG)***

**Committee on Health Care for Underserved Women
Committee on Obstetric Practice**

Number 471, November 2010

”Although quitting smoking before 15 weeks of gestation yields the greatest benefits for the pregnant woman and fetus, quitting at any point can be beneficial. Successful smoking cessation before the third trimester can eliminate much of the reduction in birth weight caused by maternal smoking. The benefits of reduced cigarette smoking are difficult to measure or verify. The effort of women who reduce the amount they smoke should be lauded, but these women also should be reminded that quitting entirely brings the best results for their health, the health of their fetuses, and ultimately that of their infants.”

<http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Health_Care_for_Underserved_Women/Smoking_Cessation_During_Pregnancy>

Prenatal Smoking Clinicians Guide

<http://www.acog.org/About_ACOG/ACOG_Departments/Tobacco__Alcohol__and_Substance_Abuse/NEW_Prenatal_Smoking_Clinician_s_Guide>

***Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)***

Position Statement: Smoking and Women’s Health

Health care professionals have a responsibility to routinely screen patients for tobacco use, to implement or support evidence-based cessation strategies and refer patients to smoking cessation programs and resources.

[file:///C:/Documents%20and%20Settings/OR0205916/My%20Documents/Downloads/Resources-Documents-pdf-5\_SmokingWomen%20(1).pdf](file:///C%3A/Documents%20and%20Settings/OR0205916/My%20Documents/Downloads/Resources-Documents-pdf-5_SmokingWomen%20%281%29.pdf)

***March of Dimes***

The sooner you quit smoking during pregnancy, the healthier you and your baby will be. It's best to quit smoking [before getting pregnant](http://www.marchofdimes.com/pregnancy/getting-healthy-before-pregnancy.aspx). But if you're pregnant, this would be a great opportunity to kick the habit.

Some women may mistakenly think that switching to "light" or "mild" cigarettes are a safer choice during pregnancy. Other pregnant women may want to cut down on smoking rather than quitting altogether. It's true that the less you smoke, the better off baby will be. But quitting smoking is the best way to help ensure a healthy pregnancy and healthy baby.

<http://www.marchofdimes.com/pregnancy/smoking-during-pregnancy.aspx>

***Clinical Practice Guideline Treating Tobacco Use and Dependence: 2008 Update***

Recommendation: Because of the serious risks of smoking to the pregnant smoker and the fetus, whenever possible pregnant smokers should be offered person-to-person psychosocial interventions that exceed minimal advice to quit.

(Strength of Evidence = A)

Recommendation: Although abstinence early in pregnancy will produce the greatest benefits to the fetus and expectant mother, quitting at any point in pregnancy can yield benefits. Therefore, clinicians should offer effective tobacco dependence interventions to pregnant smokers at the first prenatal visit as well as throughout the course of pregnancy.

(Strength of Evidence = B)

<http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/treating_tobacco_use08.pdf>

**2) Pharmacotherapy**

The U.S. Preventive Services Task Force has concluded that the use of nicotine replacement products or other pharmaceuticals for smoking cessation aids during pregnancy and lactation have not been sufficiently evaluated to determine their efficacy or safety (15). There is conflicting evidence as to whether or not nicotine replacement therapy increases abstinence rates in pregnant smokers, and it does not appear to increase the likelihood of permanent smoking cessation during postpartum follow-up of these patients (23, 24). Trials studying the use of nicotine replacement therapy in pregnancy have been attempted, yet all of those conducted in the United States have been stopped by data and safety monitoring committees for either demonstration of adverse pregnancy effects or failure to demonstrate effectiveness (15, 25, 26). Therefore, the use of nicotine replacement therapy should be undertaken with close supervision and after careful consideration and discussion with the patient of the known risks of continued smoking and the possible risks of nicotine replacement therapy. If nicotine replacement is used, it should be with the clear resolve of the patient to quit smoking.

<http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Health_Care_for_Underserved_Women/Smoking_Cessation_During_Pregnancy>

Nicotine most likely does have adverse effects on the fetus during pregnancy. Although the use of NRT exposes pregnant women to nicotine, smoking exposes them to nicotine plus numerous other chemicals that are injurious to the woman and fetus. These concerns must be considered in the context of inconclusive evidence that cessation medications boost abstinence rates in pregnant smokers.

<http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/treating_tobacco_use08.pdf>

**3) Withdrawal symptoms in newborns**

 “Although case reports that infants of smokers undergo a withdrawal syndrome have appeared, clinical studies have not backed up these reports. In addition, recent studies in non-humans have not found withdrawal effects.”

[Hughes JR](http://www.ncbi.nlm.nih.gov/pubmed?term=Hughes%20JR%5BAuthor%5D&cauthor=true&cauthor_uid=7841857), [Higgins ST](http://www.ncbi.nlm.nih.gov/pubmed?term=Higgins%20ST%5BAuthor%5D&cauthor=true&cauthor_uid=7841857), [Bickel WK](http://www.ncbi.nlm.nih.gov/pubmed?term=Bickel%20WK%5BAuthor%5D&cauthor=true&cauthor_uid=7841857). Nicotine withdrawal versus other drug withdrawal syndromes: similarities and dissimilarities. [Addiction.](http://www.ncbi.nlm.nih.gov/pubmed/7841857) 1994 Nov;89(11):1461-70.

“Studies carried out by our group…have revealed the existence of nicotine withdrawal symptoms in newborns exposed to tobacco consumption in utero.”

Garcia-Algar, Oscar. Nicotine Withdrawal Symptoms in Newborns. Archivos de Bronconeumologia. 2008;44:509-11. - Vol. 44 Num.10