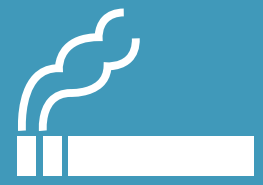


Women and Tobacco



Tobacco

- There are many types of tobacco. *Nicotiana tabacum*, or common tobacco, is used to make cigarettes, cigars, and bidis. There are also alternatives to smoking such as: electronic cigarettes, waterpipes or hookahs, and smokeless forms of tobacco such as snuff, chewing tobacco, and snus. In some cultures, tobacco has been used traditionally in ceremonies, rituals, and prayer.
- Tobacco is a stimulant that produces a feeling of well-being. It also increases your heart rate and blood pressure and constricts your blood vessels, irritates your lungs, and affects your ability to taste and smell.
- Nicotine is the addictive chemical found in tobacco. There are over 4000 other chemicals in cigarettes and cigarette smoke.
- Second-hand smoke is the smoke from the end of a cigarette and the smoke that smokers breathe out. It contains toxic chemicals including tar, nicotine, carbon monoxide, arsenic, and cyanide. Nonsmokers who breathe it in also absorb these substances and are at risk for serious health consequences like smokers.

Tobacco and Your Health

- Tobacco use has a wide range of effects on health and some risks specific to women's health.
- Some of the serious effects on general health include:
 - **Cancer:** Cancers linked to smoking include mouth, throat, lungs, pancreas, bladder, and kidney cancer. Women who smoke are also at risk of having breast cancer at an earlier age and much higher risk for developing cervical and vulvar cancer.
 - **Lung disease:** Smoking can lead to chronic obstructive pulmonary diseases (COPD) such as emphysema, bronchitis and asthmatic bronchitis.
 - **Heart disease and stroke:** Women who smoke are at increased risk for both stroke and cardiovascular disease, including high blood pressure and heart attack. Using oral contraceptives (birth control pills) can increase the negative cardiovascular effects of smoking by increasing risk of having a heart attack, a stroke, or blood clots.
- Tobacco use can affect your bladder health. Urinary urgency (the need to pee suddenly) and frequency (the need to pee more often than usual) is more common in women who smoke.



Tobacco and Your Reproductive Health

- Tobacco use can affect your period. It can make your periods irregular, contribute to spotting or bleeding between periods, or lead to cramping during or before your period. It can also make your menstrual cycle shorter.
- Tobacco use can affect your ability to conceive. Women who smoke or use other forms of tobacco also have a higher risk of having a miscarriage or an ectopic pregnancy (where the fetus grows outside the uterus).
- Tobacco use can affect your fertility. It can lead to earlier menopause and less success with in vitro fertilization.

Tobacco and Pregnancy

- There is no known safe level of tobacco use for anyone including pregnant women.
- When a woman smokes or uses tobacco during pregnancy, the nicotine, carbon monoxide, and other chemicals that enter her blood stream pass into the fetus. This keeps the baby from getting the food and oxygen it needs to grow.
- Tobacco use during pregnancy can have life-long effects on your baby, including learning difficulties, behavior issues, lung diseases, and increased chance of certain birth defects such as cleft lip or cleft palate.
- Smoking during pregnancy also increases the risks of premature birth, stillbirth and having a low-birth-weight baby. Pre term and low birth weight babies are more likely to have health problems or disabilities as they grow. Children of women who smoke during pregnancy are more likely to develop nicotine dependency later in life.
- Quitting smoking early in pregnancy can improve your health and reduce many of these risks. If you have problems stopping or reducing your tobacco use while pregnant, talk to your health care provider about support and services.
- Nicotine replacement therapy (e.g., nicotine patch or gum) can be helpful for some pregnant women who are having difficulty quitting. Some research shows that electronic cigarettes are not a safe method to quit smoking during pregnancy because the vapour contains chemicals linked to cancer and birth defects. There is not enough research on the benefit or safety of the smoking cessation medications (bupropion and varenicline) during pregnancy. Talk to your health care provider if you have questions about quit smoking aids.

Quitting Smoking and Other Tobacco Use

- Quitting smoking can be hard but it has benefits that begin right away and last forever. Within hours your blood pressure goes down, your blood circulation improves, you reduce your chance of a heart attack, your breathing improves, and you have increased energy.
- There are many ways to quit smoking. Some people quit all at once, while other others quit gradually. Some people need a lot of help, but most need none.
 - You can get support from a counselor, a quit smoking group or online/text messaging programs.
 - Talk to your health care provider if you are interested in nicotine replacement therapy (e.g., the nicotine patch or gum) or medications to help with quitting smoking (e.g., bupropion, varenicline).
 - Don't be discouraged if you've tried quitting before. You learn something new each time you try to quit smoking and what didn't work in the past might work now.
- When you stop smoking, it can prevent or reduce many of the negative effects of tobacco use and can add years to your life. It's never too late to cut back or stop smoking.
- **Withdrawal:** Symptoms of nicotine withdrawal include irritability, restlessness, anxiety, insomnia, and fatigue. While these symptoms will go away within a couple of weeks, some people may be unable to concentrate, and have strong cravings to smoke, for weeks or months after quitting smoking or using other forms of tobacco. You may have to change your routines while you withdraw in order to stay on track.

Tobacco and Breastfeeding

- It is best not to use tobacco while breastfeeding as nicotine passes to the baby through breast milk.
- The potential long-term effects on babies exposed to nicotine through breast milk are not known.
- If you are using tobacco and breastfeeding:
 - Avoid smoking or using tobacco just before or during breastfeeding
 - Change your clothes before breastfeeding if you have smoked
 - Wash your hands before breastfeeding
 - Cut back on how much you smoke or use tobacco
 - Avoid smoking around the baby.
- Nicotine replacement therapy (e.g., the nicotine patch or gum) can be used while breastfeeding to help you quit. Talk to your health care provider about these options.

Tobacco, Parenting and Children

- If you smoke, try to smoke away from your children, outside of your home and car. Smoking in cars with children present is illegal in most provinces.
- Second-hand smoke can affect both your health and the health of your children.
- Being close to secondhand smoke, even for a short time can irritate your eyes, nose and throat. It can also cause headaches, dizziness, nausea, coughing and wheezing. Secondhand smoke can also make allergy or asthma symptoms worse.
- For babies and children, second-hand smoke increases the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the death of a child under the age of 1 for which no reason can be found.
- Second-hand smoke also increases the chances that children will have ear infections, asthma, allergies, and respiratory illnesses (e.g., bronchitis, pneumonia).

Quitting smoking and avoiding secondhand smoke are key ways women can protect their health and their children's health

References

- Berlin, I., Grangé, G., Jacob, N., & Tanguy, M. L. (2014). *Nicotine patches in pregnant smokers: randomised, placebo controlled, multicentre trial of efficacy*. *British Medical Journal*, 348, 1622.
- California Department of Public Health, *State Health Officer's Report on E-Cigarettes: A Community Health Threat*. 2015, California Tobacco Control Program: Sacramento, CA.
- Coleman, T., Chamberlain, C., Davey, M., et al. (2015). Pharmacological interventions for smoking cessation during pregnancy. *The Cochrane Library*.
- Cordeiro, C. N. (2015). Tobacco Use in Pregnancy. *Postgraduate Obstetrics & Gynecology*, 35(5), 1-8.
- De Bastos, M., Stegeman, B. H., Rosendaal, et al. (2014). Combined oral contraceptives: venous thrombosis. *The Cochrane Database of Systematic Reviews*, 3(3), CD010813.
- Farquhar, B., Mark, K., Terplan, M. et al. (2015). Demystifying Electronic Cigarette Use in Pregnancy. *Journal of Addiction Medicine*, 9(2), 157-158.
- Holland, A. C. (2015). Smoking Is a Women's Health Issue Across the Life Cycle. *Nursing for Women's Health*, 19(2), 189-193.
- Marufu, T. C., Ahankari, A., Coleman, T., & Lewis, S. (2015). Maternal smoking and the risk of still birth: systematic review and meta-analysis. *BMC Public Health*, 15, 239.
- McKee, S., & Weinberger, A. (2015). Innovations in Translational Sex and Gender-Sensitive Tobacco Research. *Nicotine & Tobacco Research*, 17(4), 379-381.
- McEvoy, C. T., & Spindel, E. R. (2017). Pulmonary effects of maternal smoking on the fetus and child: effects on lung development, respiratory morbidities, and life long lung health. *Paediatric respiratory reviews*, 21, 27-33.
- Meernik, C., & Goldstein, A. O. (2015). A critical review of smoking, cessation, relapse and emerging research in pregnancy and post-partum. *British Medical Bulletin*, 1-12.
- Reece-Stremtan, S., Marinelli, K. A., & The Academy of Breastfeeding Medicine. (2015). ABM Clinical Protocol #21: Guidelines for Breastfeeding and Substance Use or Substance Use Disorder, Revised 2015. *Breastfeeding Medicine*, 10(3), 135-141.
- Rooney, K. L., & Domar, A. D. (2014). The impact of lifestyle behaviors on infertility treatment outcome. *Current Opinion in Obstetrics and Gynecology*, 26(3), 181-185.
- Rowe, H., Baker, T., & Hale, T. W. (2013). Maternal Medication, Drug Use, and Breastfeeding. *Pediatric Clinics of North America*, 60(1), 275-294.
- Sachs, H. C., & Committee on Drugs. (2013). The Transfer of Drugs and Therapeutics Into Human Breast Milk: An Update on Selected Topics. *Pediatrics*, 132(3), e796- e809.
- Sharma, R., Biedenharn, K. R., Fedor, J. M., & Agarwal, A. (2013). Lifestyle factors and reproductive health: taking control of your fertility. *Reproductive Biology and Endocrinology*, 11, 66-81.
- Suter, M. A., Mastrobattista, J., Sachs, M., & Aagaard, K. (2014). Is There Evidence for Potential Harm of Electronic Cigarette Use in Pregnancy? *Birth Defects Research (Part A)*, 103(3), 186-195.
- The Practice Committee of the American Society for Reproductive Medicine. (2012). Smoking and infertility: a committee opinion. *Fertility and Sterility*, 98(6), 1400-1406.
- World Health Organization. (2013). *WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy*. Geneva: WHO Press.

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