Large print and other languages

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Patient information

Quitting Tobacco in Pregnancy

Receiving evidence-based support to quit tobacco is the best thing you can do for yourself, your unborn child, and their future, as well as your wider family.

We are here to support you throughout your quitting journey. Do not hesitate to get in touch, ask us questions, and book a face to face appointment.

Call a Tobacco Dependence Midwife (TDM) to start your quitting journey:

- Newham Hospital: 07749 708 971
- Whipps Cross Hospital: 07784 238 395
- Royal London Hospital: 07716 074 998





What is tobacco?

Tobacco is a preparation of the nicotine-rich leaves of an American plant, which are cured by fermentation for chewing or smoking.

Smoked tobacco is any tobacco that is burned, such as cigarettes, cigars, or pipes.

Smokeless tobacco is any tobacco that is not burned, and is instead designed to be sucked, chewed, or kept in the mouth.

Both smoked and smokeless tobacco products are known to be harmful to both your health and the health of your unborn child.

What is carbon monoxide (CO)?

CO is a colourless, odourless, toxic flammable gas formed by incomplete combustion of carbon. It is found in cigarettes and other tobacco products.

Other sources of CO

There are lots of different sources of CO. In small quantities, CO is not as harmful. These include, but are not limited to:

- second-hand smoke
- faulty gas boiler
- faulty kitchen appliances
- environmental changes
- pollution
- fizzy or caffeinated drinks (such as coffee, tea, or Coca-Cola)
- chewing gum

Other sources of tobacco

There are other sources of tobacco can include:

- paan
- bidi
- gutka
- shisha (hookah, narghile, waterpipe or hubble bubble)
- betel quid

How to manage your cravings

Cravings last for 3-5 minutes and then they will lessen. As long as you do not smoke after your Quit Date, cravings will become less strong and less frequent until they disappear, and you will get better at dealing with them.

There are a few things you can do to manage your cravings. We suggest the following, but you will also come up with your own ideas:

- Water: drink plenty of water you are also pregnant, and it is important to keep well hydrated
- Breathe: take deep breaths from the belly and exhale slowly
- Distractions: do something to distract yourself until the craving passes (i.e. cleaning, walking, social media, etc.)
- NRT: use fast acting NRT as prescribed.

Where to find more information

Visit the Barts Health NHS Trust Smoke Free webpage: <u>www.bartshealth.nhs.uk/smokefree</u>

Visit the Stop Smoking London website: www.stopsmokinglondon.com

Visit the Making Every Contact Count (MECC) website: https://www.mecclink.co.uk/london/smoking/

Visit the Action on Smoking and Health website: www.ash.org.uk

Nicotine replacement therapy (NRT) and safe usage

The Tobacco Dependence Midwife will take you through the different NRT products available, and together you will decide which option is best for your needs. The aim of using NRT is to support you from using tobacco, and therefore having a smoke-free pregnancy.

The product(s) below that you have been provided with will be ticked, with clear instructions on how to safely use them.

- Patch apply one patch first thing every morning. Apply to a clean, dry, hairless area of skin, ideally on the upper arm, back or hip. It is best if you do not put it on the same place every day. As you will be using a 16-hour patch, remove the patch and dispose of it at the end of the day
- Inhalator insert the cartridge into the plastic mouthpiece, and inhale through the mouthpiece as required, using a maximum of 6 cartridges per day
- Oral spray open your mouth and point the spray nozzle towards the side of your mouth, holding it as close as possible. Press the top of the dispenser to release one spray into the mouth, avoiding the lips. For best results, avoid swallowing for a minute after spraying. Use one spray first, and if your cravings do not disappear within a few minutes, use a second spray. The maximum dose is 2 sprays at a time, 4 sprays per hour and 64 sprays per day
- Gum chew the gum slowly until the taste becomes strong (less than a minute). Rest the gum between your gums and cheek – this is important as the nicotine is released into your body via the lining of the mouth. Start chewing the gum again when the taste has faded. Repeat until nicotine craving disappears. Use only one piece of gum at a time. Do not use more than 15 pieces of gum per day

These sources of tobacco can be as additive as smoking cigarettes.

What are the risks of using tobacco?

Smoked tobacco, such as cigarettes and shisha, contain cancercausing chemicals and toxic gases (including CO).

Smokeless tobacco products increase your risk of mouth cancer and tooth root decay, as well as oesophageal (food pipe) cancer.

E-cigarettes and heated tobacco products (HTPs) – are they safe in pregnancy?

E-cigarettes and HTPs are new, and there are still some things we do not know. However, evidence has shown that:

- E-cigarettes are much less risky than smoking, and there's growing evidence they can be effective in stopping smoking Tobacco should be avoided in pregnancy, so although ecigarettes are not available from the NHS on prescription, consult a Tobacco Dependence Midwife for further advice and guidance
- E-cigarettes do not contain CO and tar, the two main toxins in tobacco products

HTPs, such as IQOS, are not advised in pregnancy and this is considered smoking as they contain tobacco. HTPs are associated with increased risks of small for gestational age (SGA) babies.

Risks of smoking in pregnancy

Risks	Maternal Smoking	Second-hand smoke exposure
Low birth weight	2 times more likely	Average 30-40g lighter
Heart defects	25% more likely	Increased risk
Stillbirth	47% more likely	Possible increase
Preterm birth	27% more likely	Increased risk
Miscarriage	32% more likely	Increased risk
Sudden infant death syndrome (SIDS)	3 times more likely	45% more likely

Stopping smoking now will also help your baby later on in life. Children whose parents smoke are more likely to suffer from asthma, infections (i.e., ear, throat) and other serious illnesses that may require hospital treatment.

Benefits of quitting - you, your baby, and your family

Quitting smoking and usage of tobacco products, is one of the best things you can do to safeguard the health of your unborn child, wider family, and yourself.

Take action, quit today for a:

- healthier pregnancy: you will reduce the risk of complications in your pregnancy, and you are more likely to have a healthier pregnancy and baby
- reduced risk of stillbirth and sudden infant death syndrome (SIDS): smoking is the biggest modifiable risk factor for stillbirth. Therefore, your risk of stillbirth and SIDS is reduced if you quit smoking during and after pregnancy
- reduced risk of prematurity and low birth-weight baby: your baby is less likely to face breathing, feeding, and health problems that often accompany prematurity and low birth weight

How do we support you to quit?

There are two main ways we can help you to quit smoking:

- Behavioural support: It is a combination of advice and counselling on ways to make it easier to stop smoking, and information about why and/or how to stop
- Nicotine replacement therapy (NRT): We offer a range of NRT to ease the transition from smoking to becoming smokefree

As part of your NHS treatment, you will be referred to our Tobacco Dependence Midwife (TDM) at your booking appointment or during your antenatal care. The TDM will aim to contact you within 5 working days from the day of your referral and will offer you expert support throughout pregnancy. The programme includes a mix of face-to-face and virtual appointments. Virtual appointments are once a week, and face-to-face appointments are once every two weeks, or as needed. The TDM will also be available to be contacted via a phone number whenever you need support. There is also support available for partners/other family members who wish to quit tobacco usage- discuss it with your TDM for further information.