

One Life Suffolk

Pregnant and want to **STOP SMOKING?**

Our guide on why and how to quit



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Every cigarette affects you and your baby

Stopping smoking is one of the hardest things to do, even if you know that smoking is bad for you, but do you know just how harmful smoking can be to both yourself and your baby?

When you smoke you inhale over 4,000 chemicals from the cigarette including ammonia (found in cleaning fluids) arsenic and cyanide.

Another dangerous chemical called Carbon Monoxide gets into your bloodstream. This restricts the oxygen that's essential for your baby's healthy growth and development. Because cigarettes restrict their oxygen supply, their tiny heart has to beat harder, every time you smoke.

Benefits of Stopping Smoking

- You will have less morning sickness and fewer complications in pregnancy
- You will be more likely to have a healthier pregnancy and a healthier baby
- You will reduce the risk of stillbirth
- You will cope better with the birth
- You will reduce the risk of cot death
- Your baby is less likely to be born too early and have the additional breathing, feeding and health problems which so often go with prematurity.

There is no safe level of smoking during pregnancy

Passive Smoking

Second hand smoke exposure in pregnancy:

- Increased conception time
- Increased risk of stillbirth and cot death
- Low birth weight and small for age babies
- Increased risk of premature birth
- Increased risk of your baby being born with an abnormality
- Increased risk of cleft lip or palate

Children exposed to a smoky atmosphere are:

- Twice as likely to have asthma and/or a chest infection
- More likely to need hospital care in their first year of life and the possibility of being sick from school more often.
- More likely to get more coughs, colds and wheezes
- If a child's parents smoke they are three times more likely to smoke themselves
- At increased risk of bacterial meningitis

The earlier you stop smoking in pregnancy, the better, but stopping at any stage can prevent many problems and will be a big help towards you having a healthy pregnancy and a healthy baby.



What is Carbon Monoxide?

Carbon Monoxide (CO) is a poisonous gas which you cannot see, taste or smell. It is released from tobacco smoke, exhaust fumes and faulty gas appliances. Therefore, if you smoke, or are a passive smoker, you will breathe in CO.

The risks from breathing in CO on your unborn baby

When you breathe in CO from cigarettes or second-hand smoke, it is absorbed into your bloodstream and carried around your body reducing the amount of oxygen, causing your heart to work harder.

Your unborn baby receives all of its nutrients including oxygen from you. A baby has more blood cells so they can carry more oxygen to enable them to grow and develop. Unfortunately, this allows more CO to pass around the baby's bloodstream, leading to a smaller baby.

Possible effects of smoking on your baby

Pregnancy & Birth

- Increased risk of miscarriage: a weakened placenta does not stick to the inside of the womb as well as it should
- The baby is deprived of oxygen for 20 minutes after each cigarette
- Still-birth is more common
- Lower birth weight. Baby is also more likely to be premature
- A longer stay in hospital.
- Baby more likely to be on the special care unit

Childhood

- Risk of cot death is four times higher even in 'light' smokers
- Higher rates of heart disease and asthma and your child is more at risk of getting infections
- Children whose parent's smoke are more likely to smoke themselves

The good news about stopping

Once you have stopped smoking it only takes 24 hours for you and your baby to be CO free!

- Stopping does not harm the baby
- The baby will feel the effects straight away
- You'll feel the benefits too

Your CO reading

10 or more

Smoking is having a serious impact on you and your baby's health and can cause significant harm. It increases your risk of miscarriage, low birth weight, stillbirth and sudden infant death.

4-9

A reading between 4-10ppm suggests you have had recent exposure to Carbon Monoxide and this is of concern.

Under 4

Well done, you have a reading of a non-smoker! It shows little exposure to Carbon Monoxide in the last 24-48 hours.

10
9
8
7
6
5
4
3
2
1

One
Life
Suffolk

What to expect from our service

Studies show that the best time to quit smoking is before you reach 12 weeks of pregnancy, this will give you the best chance of having a birth with no unexpected complications the same as if you were a non-smoker. However, quitting at any stage of pregnancy will benefit both you and baby.

Developed by experts and delivered by specially trained, non-judgemental and highly experienced professionals, our completely free service provides advice, support and encouragement to help you stop smoking for good.

With our help, you are four times more likely to quit than if you go alone

- A Practitioner will provide initial help and they will negotiate which clinic and time/day is best for you. Options include group or one-to-one support
- We will offer you weekly appointments for the first few weeks (this is the hardest time for quitting), and then either continue with the weekly appointments or perhaps consider moving to fortnightly appointments until you reach 3 months without even a puff on a cigarette or another form of tobacco
- As well as talking to you each week, we will also call or text you in between to help you to stay on track

Even quitting in the last ten weeks of pregnancy means your baby will have more oxygen to continue to grow and develop

Your body is going through huge physical changes towards the end of your pregnancy. You may breeze through these next few months with few problems, or you may experience every discomfort in the book. Quitting smoking and staying quit will help to increase your energy levels, making you feel so much better and will greatly benefit your baby.

We know that the earlier you quit smoking in pregnancy the better, but stopping at any stage, even in the last 10 weeks, will give your baby much needed oxygen to continue growing and developing into a healthy baby - so get in touch with us today.



Top tips

Here are some tips the evidence tells us you can do to help you maximise your chance of stopping for good:

Make an appointment with a Practitioner

Seeing your Practitioner regularly, to go through the evidence-based behavioural support programme, and taking your medications as recommended by your Practitioner quadruples your chances of quitting for good. You will be offered appointments with us for 12 weeks and we recommend that you stick with the programme for at least that amount of time.

Get rid of all cigarettes, lighters, matches and ashtrays

Choose a good quit date

One when you feel relaxed and that it will be easier to avoid temptation. Quitting on a Sunday seems to be successful for many smokers - would this work for you?

Change your routine

Avoid alcohol, do more activity, go to bed earlier and sleep well.

Tell all your friends and family your home is now smokefree

Start a savings jar and watch your money grow

Reward yourself often

When you get a craving, remember they will only last a few minutes

Keep busy. Try making a list of ten boys and ten girls names you like. If the craving persists, write down the worst baby names you've ever heard.

Put scan pictures around the house

Especially in the places, you used to smoke.

Get the app for extra support

If you have a smartphone or tablet, sign up to the FREE SF28 app. This is an evidence-based app that will give you extra motivational support and will help you track your progress.

Get a new toothbrush

Your old one will have debris from your smoking on it, and it's great to start again with a new one. Keep the old one for a little while to remind yourself of the difference in bristle colour.

Nicotine Replacement Therapy

Nicotine Replacement Therapy (NRT) can be used in Pregnancy. Nicotine is a highly addictive drug and keeps people wanting to smoke. When you stop smoking your body still 'wants' nicotine, and withdrawal symptoms are common.

NRT will provide you with nicotine without the contamination of the other harmful chemicals. You can use nicotine in a 'clean form'. The difference being you will gradually reduce the amount of NRT so your body does not experience the same withdrawal symptoms. By using NRT you are more likely to stop smoking. Nicotine replacement does not cure all urges to smoke, willpower and commitment is still essential.

Lozenge (1-2 mg)

- Each lozenge takes 20-30 minutes to dissolve
- Move the lozenge from side to side of the mouth at intervals
- Use a lozenge as required or 1-2 an hour
- Do not exceed 15 lozenges a day
- Do not chew or swallow the lozenge as the nicotine is absorbed through the lining of your mouth
- Do not eat and drink whilst using the lozenge, as this can reduce the effectiveness

Mini Lozenge (1.5mg)

- Each lozenge takes 10 minutes to dissolve
- Move the lozenge from side to side of the mouth at intervals
- Use lozenge as required or 1-2 an hour
- Do not exceed 15 lozenges a day
- Do not chew or swallow the lozenge as the nicotine is absorbed through the lining of your mouth
- Do not eat and drink whilst using the lozenge, as this can reduce the effectiveness

Nicotine 2mg Gum, Fruit or Mint flavour

- Chew the gum until the taste becomes strong
- Then rest the gum between your cheek on the side of your mouth
- When the taste starts to fade, chew the gum again
- Use a piece of gum as required or 1-2 an hour
- Do not exceed 15 pieces of gum a day
- Do not swallow the gum as the nicotine is absorbed through the lining of your mouth
- Do not eat and drink whilst using the gum, as this can reduce the effectiveness

Nicotine Inhalator

- When you have a craving to smoke, put a cartridge in the inhalator
- Suck on the inhalator until you can taste the nicotine
- Continue to suck on the inhalator intermittently until the craving passes
- One cartridge lasts approximately 40 minutes
- The maximum dose is six cartridges a day
- Clean the mouthpiece several times a week by rinsing in water

QuickMist Mouth Spray (1mg)

- Starts to work within 60 seconds
- Absorbed through the lining of your mouth
- On first use and when not used for two days or more, point the nozzle away and press the top of the dispenser several times until a fine mist appears
- Hold and point the nozzle as close as possible to your open mouth
- Press and hold the dispenser down to release the spray, avoiding your lips
- Do not inhale whilst spraying
- Avoid swallowing for a few seconds after use
- Use 1 or 2 sprays when you would normally smoke a cigarette or having cravings to smoke
- Use 1 spray first and if your cravings do not disappear within a few minutes, use the second spray
- The maximum dose is two sprays at a time, two sprays per hour and 32 sprays a day

Nicotine Patch

- In pregnancy, patches can only be worn for 16 hours
- Put your patch on first thing in the morning and remove before going to bed
- Apply the patch to a clean, dry, hairless area of skin. Common places to put your patch are upper arms, hips and thighs
- Put the patch on different areas of skin every day
- Do not smoke and wear a patch

Nicotine Nasal Spray

- When you have a craving use your nasal spray
- Tip your head back slightly
- Insert the spray tip into one nostril
- Point the spray towards the back of your nose, press firmly and quickly
- Spray into the other nostril if required
- 1-2 sprays per hour may be used
- Do not use more than 32 sprays a day
- When you first start using your nasal spray you may experience a runny nose, sneezing or watery eyes
- These effects will generally lessen within a few days

Breastfeeding and Smoking

Hopefully by the time you have had your baby you have stopped smoking. If you do continue to smoke, it may affect both your breastfeeding and baby in the following ways:

- Reduced amount of milk produced
- Altered taste of breast milk for baby
- Baby may get colic and diarrhoea
- Baby may have an increased risk of infections
- Increased risk of sudden infant death syndrome

**Get in touch
today for
expert non-
judgemental
help and
advice**

Nicotine Replacement Therapy can be used if you breastfeed. Discuss this with your Stop Smoking Practitioner. Oral products (gum, inhalator or lozenges) preferably should be used to help you quit rather than patches.

If you are finding it difficult to stop smoking

Continue breastfeeding as breast milk will still protect your baby from infections and provide nutrients for your baby that it can't get from formula milk.

If you are still smoking, ensure you smoke *after* breastfeeding to reduce the number of toxins passed to your baby through your breast milk.

You only have **One Life**, why wait?

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