Giving up smoking is the single best thing you can do for your baby!

Pregnant? Had a baby? Trying for a baby?

Inside you will find:
- Reasons to quit
- The effects of smoking on you and your baby
- Why it’s never too late to stop
- Top tips
- Getting support

FREE!

SMOKELINE 0800 84 84 84
www.canstopsmoking.com
The good news is that, if you haven’t stopped yet, it’s not too late! There are always benefits for you and your baby when you stop smoking. Even if you’ve already had your baby, it’s not too late to help her health and yours.

The benefits for everyone (you, your baby and others) are best if you give up before you become pregnant. If you haven’t managed to do it before you became pregnant, it’s best if you can give up at the start of your pregnancy. The earlier you quit, the better.

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**Stopping smoking before conception – the benefits**

- Fertility improves for both men and women
- You will feel the benefits straightaway and have a healthier pregnancy
- Less risk of pregnancy-related illness and complications, for example, bleeding, ectopic pregnancy, placenta previa and miscarriage
- Less likelihood of your baby not weighing enough.

Quitting before you become pregnant means your baby will probably be the same birthweight as babies of women who never smoked (there are lots of risks if your baby does not weigh enough at birth).

It is best to wait 3-4 months after quitting before trying to conceive. This gives you the best possible chance of a successful pregnancy.

Note: In this booklet we refer to your baby as ‘she’. Whether you have a boy or a girl, stopping smoking is the best thing you can do for your baby!
Stopping smoking during your pregnancy – the benefits

* you’ll feel the pregnancy-related benefits immediately
* less risk of pregnancy-related illness and complications, for example, bleeding, ectopic pregnancy, placenta previa and miscarriage
* stopping smoking in the first 3-4 months will lower the risk of your baby not weighing enough
* the risk of a premature birth or stillbirth is less
* the chances of your baby suffering from breathlessness and wheezing are much less if you stop smoking, even late in pregnancy.

Stopping smoking will increase your chance of having a baby with a healthy birthweight which means your baby is less likely to be ill or die during the first few weeks of her life.

Stopping smoking once your baby is born - the benefits

* less risk of cot death
* less risk of glue ear, chest infections and asthma attacks for your baby or your other children
* less risk of your baby or your other children developing asthma
* less risk of short-term and long-term health effects from second-hand smoke for your baby, your other children, and you (see pages 24-27 for more details)
* reduced risk of short-term and long-term health effects to you from smoking.

Just because your child is now a baby or toddler, doesn’t mean that she’s immune to the effects of second-hand smoke. Your baby’s health chances improve as soon as you stop.
Why stop smoking?

We know it’s easy to feel guilty, anxious and stressed about smoking and to want to stop.

We also know that nicotine is highly addictive and that this can make it hard to stop. You may worry about how you’ll manage to stop because you may use smoking as time out for yourself, to pass time, or as a coping mechanism, or even to keep from snacking. You may worry that you’ll have problems with stopping that will feel impossible to deal with.

However, many women do stop smoking before or during pregnancy. And many stay stopped forever. You can too. This booklet will help you and point you to stop smoking services (also known as smoking cessation services) designed to help you quit.

You can gain a lot from quitting – cost-wise and health-wise – and we will explain exactly what the benefits are in the next few pages. The benefits to your health (and that of your fetus or baby) will outweigh any worries you may have about stopping.
I realised the **best thing** I could do to stop my baby from getting breathing and wheezing problems was to give up smoking.

‘I couldn’t get pregnant. Then we both stopped with the help of the stop smoking adviser.* A few months later, we were expecting a baby... I didn’t realise that smoking could affect our fertility.’

Maternal smoking during pregnancy is the largest preventable cause of infant ill-health and infant death in the UK.

True! And stopping smoking reduces this risk.

Maternal smoking puts the mother at risk.

True! You are more likely to have serious problems during your pregnancy and labour if you smoke. Smoking while pregnant harms you and your baby.

I always thought smoking was a stress reliever. My stop smoking adviser told me that the feeling of stress relief is actually caused by maintaining nicotine at the level I’d become used to, and that in fact, **smoking causes stress** because it speeds up your heartbeat and raises blood pressure. Also, she told me to practise breathing in the way that I breathe when I took a drag on a cigarette – I couldn’t believe how much better that simple action works for reducing stress.

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**True or false?**

There is no ‘safe’ amount of tobacco smoke in pregnancy, or at anytime. True! And ‘cutting down’ doesn’t work. It makes you inhale more deeply and take more puffs to get the same nicotine ‘hit’ and nicotine levels. Withdrawal symptoms (if they occur) tend to last as long as you are ‘cutting down’.

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Did you know?

Smoking near a baby is one of the causes of cot death. Never smoke near your baby or in the room where she sleeps. If you live with smokers, or there are smokers in your home, ask them to go outside to have their cigarettes.

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‘I couldn’t get pregnant. Then we both stopped with the help of the stop smoking adviser.* A few months later, we were expecting a baby... I didn’t realise that smoking could affect our fertility.’

*I also know as smoking cessation advisers.

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If you stop smoking,
your baby is more likely to be healthy when she is born, while she is growing up, and even when she is an adult.

Now is an ideal time to stop smoking, not just for you but for your baby too. That’s great motivation.

Quit for your own health. Stopping now will:
- reduce your risk of life-threatening conditions
- reduce your risk of pregnancy-related problems and illness
- reduce your risk of coronary heart disease, chronic obstructive pulmonary disease, cancers and other illnesses, meaning you’ll increase your chances of living to see your child grow up
- increase your chances of having a healthy baby
- reduce healing and recovery time after the birth.

But stopping is not just good for your health, it’s good for your baby too. And that’s great motivation to stop!

Quit for your baby and you will:
- reduce the health effects of exposure to tobacco smoke in the womb
- reduce the risk of stillbirth, infant death, cot death, lung problems (asthma, wheezing and chest infections) due to damaged lung development, and oral clefts (cleft lip and palate)
- reduce premature cardiovascular damage which will put your baby at higher risk of heart disease as she gets older
- reduce exposure to second-hand smoke after your baby is born.
Why is a low birthweight harmful for my baby?

If your baby doesn’t weigh or grow enough in the womb, it can lead to premature delivery and also slower growth as an infant.

A small baby doesn’t mean an easier labour or less painful delivery for you. A premature baby has an under-developed immune system and is at greater risk of infection, for example, chest infections and sticky eye. A premature baby needs special care and:

* has difficulty keeping warm
* can have more health problems as an infant and as she grows.

What does smoking have to do with it?

Smoking when you’re pregnant harms you and so harms your baby.

* Your appetite can be affected. You may eat less so your baby gets less food and nutrients and doesn’t grow well.
* Cigarette smoke, and all the chemicals in it, gets into your bloodstream. This narrows your own and your baby’s blood vessels which reduces oxygen supply.
* Less oxygen, and less food and nutrients, reach your baby. She may not breathe as well, and she may grow and move around less than she should.
* Smoking, and exposure to smoke, harms your baby in the womb and can result in low birthweight.
Q&A: Busting some myths

Q: I've cut down the number of cigarettes I smoke. Surely that’s a good thing?

A: ‘Cutting down’ does not work (see page 03). Research has shown this for at least 15 years. It doesn’t decrease the risk of a low birthweight baby or have much benefit to your pregnancy or to your baby’s health. If you have cut down, you know it’s important to stop – your midwife or stop smoking adviser can help you cut it out.

Q: My mum smoked through four pregnancies, and we’re all fine. I can’t see that it’ll do me any harm.

A: There is no way around it – the likelihood of you and your baby suffering from health problems is greatly reduced if you stop smoking. Just because you’ve smoked through previous pregnancies, or your mum or friends have, with no obvious ill-effects, doesn’t mean that you’ll be so lucky with your pregnancy. Smoking increases the risk of your baby having health problems during your pregnancy and during infancy and childhood.

www.canstopsmoking.com
The benefits of giving up
As well as your own and your baby’s health, there are plenty of other reasons to stop smoking now that you are pregnant. Have you thought about the money you might save by quitting? Or what smoking is doing to your skin, teeth and breath?

What about your looks?
The habit ages your skin! Did you know that smokers can look as wrinkled as non-smokers who are up to 20 years older? Stopping smoking will:
* improve your skin
* help you avoid premature wrinkles
* help you have whiter and cleaner teeth and fresher breath
* give you confidence and help you feel better about yourself!

As if that wasn’t enough!
Did you know stopping smoking will also:
* help you get your breath back – you’ll stop feeling out of breath all the time
* get rid of the smoke clinging to your clothes and hair
* remove the danger of passive smoking for you, your family and friends
* mean you are not addicted – no more craving your next smoke or worrying if you’ve run out of cigarettes
* lower the chances of your children growing up to become smokers
* brighten up your home – no more dirty, smelly furniture and ashtrays!
How stopping smoking now will affect your baby as she grows up:

Exposure to second-hand smoke is reduced.

The risk of your child becoming a smoker is reduced.
It all adds up to a lot of good reasons to quit.

Remember:

★ stopping smoking before or during your pregnancy will benefit you (you’ll have less pregnancy-related illness) and your unborn baby
★ it’s never too late to stop – quitting at any stage is good for you and your baby and much better than not quitting at all
★ it’s the single best thing you can do for your own and your baby’s health.

It’s important to realise that cutting down does not help.
It does not reduce the risk of a low birthweight baby or have much benefit to your pregnancy or your child’s health. Talk to your midwife or local stop smoking adviser and get help.

She is less likely to need to be in hospital or to have chronic health problems, such as asthma or other breathing problems.
You can gain a lot from quitting – cost-wise and health-wise.

Stop smoking and the benefits start immediately:

20 minutes: your blood pressure and pulse return to normal; blood supply to your hands and feet is better (making them warmer)

1 hour: risk of complications during your pregnancy has already decreased*

8 hours: nicotine and carbon monoxide levels reduced by half; nicotine levels in your baby are reduced; circulation improves*; your oxygen levels have returned to normal

1 day: your lungs are beginning to work better and clear out debris*; no carbon monoxide left in your body*

2 days: there is no nicotine left in your body*; your sense of taste and smell has improved; second-hand smoke is no longer affecting your baby’s growth

3 days: your energy levels have increased*; breathing is easier* as your bronchial tubes start to relax

2 weeks: daily tasks are easier to do*; withdrawal symptoms (if they occur at all) begin to ease*

1 month: withdrawal symptoms have stopped, though you may not have experienced them*; your breathing, energy levels and circulation continues to improve*; you probably feel fitter

6 months: coughing, wheezing and breathing problems fade as your lung function increases by 5-10%; your risk of heart attack, cancer and other smoking-related diseases begins to fall

*this applies to both your health and your baby’s
Stop smoking, start saving

1 day = £5.20
a week and a half worth of nappies

1 week = £36.40
Moses basket and bedding or a family trip to the zoo

1 month = £156
cot, mattress and changing station

3 months = £468
a 3-in-1 travel system with baby car seat, pram and buggy including rain cover

6 months = £936
all the clothes your baby will need from 0-5 years

1 year = £1,898
a second-hand car to get baby and mum about, or a family holiday

‘It’s amazing how much you can save by stopping smoking.’

*Based on an average cost of £5.20 per pack and 20 cigarettes a day.
The good news is that there is lots of support, especially to help women, to stop smoking and to stay stopped before, during and after their pregnancy. So, if you are thinking about having a baby, are pregnant, or have already had a baby, there is help available. There is also support for small groups if you want to give up with your partner or a friend.

Did you know?
Smokeline is Scotland’s national stop smoking helpline. Smokeline advisers are trained to provide help and advice on how you – or someone you know – can stop smoking. Smokeline advisers are friendly and informal and are used to speaking to smokers wanting help to stop smoking every day, as part of their job.

Smokeline advisers can also tell you about the stop smoking services that are offered in your area, how to get this specialist support and what you should expect. They can also tell you about types of stop smoking medication, such as nicotine replacement therapy (NRT).

You can call Smokeline between 9 am and 9 pm seven days a week on 0800 84 84 84, or speak to a Smokeline adviser online via web chat at www.canstopsmoking.com

Stop smoking leaflets, a magazine and a DVD can be requested from Smokeline, either by calling the helpline, or by texting ‘QUIT’ to 83434.
‘I managed to give up smoking when I was pregnant and have stayed stopped – my little boy is two now. If I can do it, you can too.’

Did you know?
Speak to your GP, midwife or health visitor about help to stop smoking as they will be happy to give you advice and information on specialist support available and what is the best option for you.

They can talk over with you any concerns or worries you may have about smoking and trying to stop. They know that you will have the best chances of stopping if you get support from a specialist service.

Whatever way you choose, research shows that the more support you get, the better your chances of stopping for good.
Getting help and support

Stopping smoking can be hard, even when you really want to quit and know it is the best thing for your pregnancy and for your baby. Feeling guilty doesn’t make it easier but support from a stop smoking adviser does!

Local stop smoking services
The stop smoking services come in all shapes and sizes. They are easy to access and have a lot to offer including:
* individual support
* a location that suits you
* specially trained staff who are supportive and won’t judge you
* free helpline, noon to midnight, seven days a week
* 24 hour online support
* specific advice and guidance on NRT for pregnant women.

If you want to quit with your partner, or a relative or friend, stop smoking advisers can help. They can help you with support even after you have stopped smoking. They can also help your partner support you, even if your partner doesn’t stop.

You may know that you are much more likely to stop with help from others, but did you know that there is special support for pregnant women and women who have just had a baby? Ask your midwife, health visitor or GP or call Smokeline on 0800 84 84 84.
Stop smoking advisers – helping you stop and stay stopped

Advisers are informal and friendly and will help you with your quit attempt and support you as you try to stay stopped.

How do they do it?
Advisers are specially trained to provide individual support. However, stop smoking groups can be organised, subject to demand. No-one will judge you or try to scare you into stopping, and the support is free.

They work with you to:
* help you understand your smoking pattern and triggers for smoking
* help you realise that you can stop
* help you develop a personal quitting strategy
* provide encouragement along with personal, practical advice and tips
* help you talk about your experience in the first few weeks of quitting
* develop ways of addressing problems or setbacks.

Did you know?
Stop smoking advisers can use a carbon monoxide (CO) monitor to establish how much carbon monoxide (one of the very dangerous chemicals in tobacco smoke) is in your body – so you can measure the results of stopping by watching your CO levels decrease.
‘It’s a very individual service – what suits you, what works for you – it has to be!’

Pamela Galloway is a stop smoking adviser midwife based in Forth Park Maternity Hospital in Fife. Pamela is part of Fife’s Quit 4 Life service. Fresh Start catches her on a typically busy day to ask her a few questions about the service.
What does it take to be a good stop smoking adviser?
Definitely you need to be approachable and friendly, and happy talking to lots of different people. Everyone using the service is different and women have different needs and concerns – being able to listen and build a good, trusting and confidential relationship with a client is so important.

What does your job involve?
Well, it’s an opt-in service in Fife so women are asked about their smoking and referred, often at their booking appointment, or by their GP or a health visitor. Some women find me via the internet. I like to get involved as early on in a pregnancy as possible – to give women the best chance to stop smoking early on.

How does it work once a pregnant woman is referred to you?
It’s a very individual service – what suits her, what will work for her. I usually contact a client by phone first to set it up and then come for a visit. I’m very flexible and informal – I have to be! Lots of clients are mums already or they are working so it has to fit in with their schedule. The first visit is usually just to start thinking about things, we talk about her habit and I get her started on a diary, just jotting down when she smokes and where. I’ll also give a bit more information about smoking and what it means for her and her pregnancy. All the women I work with want to stop – they know it’s dangerous but they may not know how harmful or why. They worry about it being hard to stop too. So we talk about that.

What happens next?
I’ll set up another visit, usually a week later and we’ll talk about the diary, what triggers there are and how she’ll cope, and we set a date. From there it really varies. I can provide as much support as she needs, for as long as it is needed, from advice about nicotine replacement therapy (NRT), to weekly visits, to support right through a pregnancy and beyond.

What do you love about your job?
Oh, I’ve always enjoyed building up relationships with the women I work with – as a midwife you get to know the women and their families. I had an interest in really getting to talk to women and help them make lifestyle changes. There is so much pressure to stop smoking, usually women put it on themselves too, and they feel so guilty, just talking about it can be a huge relief and let them make a positive step.
Whether you are ready to quit, or are just thinking about it, the stop smoking service can help. They can also help your partner quit. It’s easy to get support and to find out about the services near you. Remember it’s free and confidential and will increase your chances of stopping and staying stopped.

How to get help

1. Smokeline 0800 84 84 84

Some areas have a special pharmacy scheme to help people stop smoking. Some are specially for pregnant women. Either can advise you on NRT and help you access local services too.
What about NRT?

If you find that you can’t give up smoking (before, during or after pregnancy), you might consider using nicotine replacement therapy (NRT) to help you quit. NRT contains nothing except for nicotine – but in smaller quantities than the nicotine in cigarettes, so it’s safer. It comes in a variety of formats - some of these are pictured on the adjacent page.

Q: I’ve heard NRT can help but is it safe for me now that I am pregnant or for my sister who is breastfeeding her new baby?
A: Taking NRT for a short time if you are pregnant or breastfeeding is safer for the fetus or baby than continuing to smoke. This is because NRT contains less nicotine than a cigarette and none of the other chemicals. This means your baby is exposed to less nicotine than if you continue to smoke and no second-hand smoke at all from cigarettes.

Q: Are there any risks with NRT?
A: It is important to weigh up the risks (to you and the baby) of continuing to smoke and the benefits of using NRT to stop; your stop smoking adviser or midwife (or GP) will help you do this and advise on any risks or side-effects.

Q: Who can help me with NRT?
A: Your stop smoking adviser, midwife, GP or pharmacist can help you to choose a form of NRT which is suitable for pregnant or breastfeeding women. They will also advise you on how to take NRT, and the best time to take it.

Q: Why has my midwife suggested I ask about NRT?
A: Your stop smoking adviser or GP may also suggest it if you are finding it very difficult to stop. NRT is used to help ease the withdrawal symptoms associated with giving up smoking and while you get used to being a non-smoker.
Top tips

Thinking about how you will manage your quit attempt can help you stop successfully. Your stop smoking adviser and your midwife can help!

Figuring out a few things can make for a successful quit. Consider the following:

Before you stop, keep a diary over a week – Make a note of every cigarette you smoke, when, what you were doing, who you were with, how you were feeling, how much you enjoyed it, how much you needed it and how it made you feel. Looking at your diary will help you see potential danger points when it will be hardest not to smoke. Plan how you will cope with these.

Set a quit date – This helps you prepare mentally to stop.

Change your routine – Perhaps you could avoid shops where you usually buy cigarettes, or walk instead of catching the bus if you normally have a smoke at the bus stop.

Start afresh – Before your quit date, book an appointment with your dentist (this service is free while you are pregnant and for a year after the birth of your baby). Brush your teeth and gums twice daily with a 1500 parts per million (ppm) toothpaste. If you suffer from pregnancy sickness, avoid brushing your teeth immediately after vomiting – rinse with an alcohol-free fluoride mouthwash instead. This can help prevent dental erosion.

Do it together
Quitting with a friend or with your partner can make a big difference. Your midwife or the stop smoking services may be able to put you in touch with other pregnant women who are trying to quit too. Some areas have special stop smoking groups (also known as smoking cessation groups) just for pregnant women!
Remember that the physical cravings will pass – The urge to smoke lasts for a couple of minutes and you might find it helps to take deep breaths, in the same way as you inhale when you smoke, until the feeling starts to subside.

Find a substitute – Try to find a healthy alternative, such as sugar-free chewing gum.

Think positively – It’s a good idea to write a list of the reasons why you want to stop and put it somewhere you can easily see it.

Do something else – Try and find a hobby or other activity that makes smoking difficult, such as knitting or swimming, or which takes place somewhere you can’t smoke, such as your local library. You’ll find there are other benefits from quitting smoking and the stimulation and enjoyment of doing something new and interesting will help keep your mind off quitting. The ban on smoking in public enclosed places means there are fewer places you can light up anyway.

Watch the money add up – A big benefit of quitting smoking is that you’ll be better off in the pocket. Cross off each day on a calendar and write down how much you’ve saved by not smoking. Or you could physically put the money aside. Make a list of things you would like to buy for yourself or the baby and work out how many packets of cigarettes each item ‘costs’.

Reward yourself – Plan a celebration each month on the anniversary of your quit date.

www.canstopsmoking.com
Why do you smoke?

Generally, you can tell what kind of smoker you are and why you smoke, by taking note of when you feel the need for a cigarette and what you are doing, or how you are feeling, at that time.

Keeping a smoking diary can make working this out a little easier for you.

Usually, reasons for smoking fit under these headings:

a) Chemical addiction  
b) Habit  
c) Mental support/psychological dependence

This doesn’t mean that a smoker can fit neatly under one heading, you could find there’s a little bit of every reason related to your smoking, but one heading could be found to be more fitting than the others. Understanding what makes you smoke can help you to avoid difficulties that might occur when stopping smoking.

Try our quiz on the next page, to see what kind of smoker you are. Answer ‘Yes’ or ‘No’ to the questions opposite then read the results at the end.
If you answered ‘Yes’ to most questions in Section 1 (chemical addiction): Your body needs a regular ‘fix’. Nicotine is the reason for this. It may feel hard to give up in the beginning but it may be easier to cope with giving up in the long-term as your body gets used to not having nicotine.

If you answered ‘Yes’ to most questions in Section 2 (habit): You are smoking out of habit. Usually a slight adjustment to routine can help you cope with giving up smoking.

If you answered ‘Yes’ to most questions in Section 3 (mental support/psychological dependence): You use cigarettes as a mental crutch. You may feel the need to smoke in emotional situations but smoking can sometimes make the feeling you wish to avoid, feel stronger.
Passive smoking results from breathing in a mix of other people’s exhaled tobacco smoke (the smoke drawn in by the smoker and then breathed out) and the smoke released from the cigarette’s burning tip. Together, these are known as second-hand smoke.

Breathing second-hand smoke increases the risk of:
* developing lung cancer
* developing ischaemic heart disease (a major cause of heart attacks)
* acute coronary heart disease
* chronic respiratory symptoms including increased risk of asthma, allergies, bronchitis and even COPD (chronic obstructive pulmonary disease)
* heart attacks triggered in people with heart conditions after only short periods of exposure.

This is why we have smoke-free legislation in public places – to protect people’s health from the effects of second-hand smoke.
How second-hand smoke damages your baby

Exposure to second-hand smoke is a cause of, or strongly linked to:
* infections of the lungs and decreased lung function (including coughing and wheezing)
* lower respiratory tract infection in infants
* increased risk of pneumonia and bronchitis
* increased risk of asthma attacks, coughs and colds
* development of asthma, and associated hospital admissions
* disease of the middle ear, called glue ear, which can lead to partial deafness
* increased risk of sudden infant death syndrome (SIDS).

In general, the more people in a household who smoke, the higher the risk of harm to infants and children.

Did you know?
Cars and homes are confined spaces where smoke is concentrated. The level of second-hand smoke in cars has been found to be similar or higher than that in pubs before the smoke-free laws.

Q: Why are infants and children very vulnerable to the effects of second-hand smoke?

A: Babies and children have immature immune systems, along with developing organs and rapid respiratory rates. This means they are at greater risk from the toxins found in smoke.

Children are more at risk from second-hand smoke than adults.
Go smoke-free

The best thing for you and your baby is to stop smoking and to limit your exposure to second-hand smoke. This means if you live with someone who smokes, or you regularly spend time in a smoky house or car, you’ll need to make some changes.

Opening a window or airing out the smell of smoke does not protect you or anyone else from the harm of second-hand smoke. Making your home and car smoke-free is the only way to protect yourself and others, especially babies and children, from second-hand smoke. Passive smoking kills. However, you should never leave a baby or young child alone if you step outside to smoke.

If you are unable to stop, or your partner, family members or friends feel unable to stop, then you’ll want to make your home and car smoke-free. Here are some easy steps for protecting your family:

1. Go outside – if you can and another family member or neighbour you know well can keep an eye on the children.

2. Ban smoking in your house – this means friends, partners and family nip outside too.

3. Don’t smoke in front of your kids – being a good role model means a lot.
4. Remind your family and friends that you are trying to stop.

5. Hang a friendly ‘smoke free’ sign on your door or in your car – to remind yourself and others that you’ve now made your space smoke-free.

6. Don’t supply ashtrays and do keep smoking materials, such as cigarette lighters and matches, out of sight.

7. Get support, and encourage your partner or family to get support too – call Smokeline 0800 84 84 84 or ask your GP, midwife or health visitor for advice on local support services.

A smoke-free home reduces the likelihood of your children taking up smoking as adults.
'The midwife advised me to stop smoking and I told her I didn’t think I could do it as I had enough on my plate. She suggested that I join a stop smoking group, especially for pregnant women. There were a group of just three of us, all smokers and pregnant at the same time. We didn’t think we’d ever manage it, especially with being pregnant and all that, but we did – all of us! We didn’t know each other before but we’ve become good friends, and are now encouraging each other once again – this time to go out walking regularly for some more exercise.'

'I was worried that I’d get stressed out coping with the baby as well as the other children without my crutch of a cigarette. But my stop smoking adviser and my midwife both taught me some relaxation techniques, and between that and a DVD which I borrowed from the local library, I’ve been managing fine. I also use these to help me unwind in the evening after the kids have gone to bed and reward myself with enjoying some time out in a hot bath at the end of the day which I really look forward to.'
Did you know?
Passive smoking affects babies in the womb. Toxins from smoke can enter a baby’s bloodstream.

If you are exposed to second-hand smoke during your pregnancy it means:
* an increased risk of spontaneous abortion and stillbirth
* risk of premature birth and low birthweight for your baby.

Smoking during your pregnancy, or inhaling second-hand smoke while you are pregnant, causes harm during your pregnancy and to your baby. The effects on your baby last throughout infancy and childhood and into adulthood.

‘I was worried I’d put on weight when I gave up smoking, especially with having had a baby. But I used giving up smoking as an opportunity to start eating healthier snacks, and just a couple of weeks after having had the baby, I was able to fit back into my pre-pregnancy clothes again!’

Did you know?
There are lots of additives in tobacco which have been put in by the tobacco industry (to make it more addictive). The chemicals in tobacco smoke include tar, nicotine and carbon monoxide. There are also things, such as acetone – commonly found in nail polish remover, formaldehyde – used to preserve dead bodies, and arsenic – a poison... in fact, there are more than 4,000 chemicals in a burning cigarette!
For friendly and supportive help and advice when you need it, or for details of your local stop smoking services, call **Smokeline 0800 84 84 84**, 9 am to 9 pm, seven days a week.

Or text: **Quit**
to: **83434**

Or visit the website: [www.canstopsmoking.com](http://www.canstopsmoking.com)

We are happy to consider requests for other languages or formats. Please contact 0131 536 5500 or email nhs.healthscotland-alternativeformats@nhs.net