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Smoking and Pregnancy

 All parents want their babies to be healthy. It is a common knowledge among the general public that smoking is not good for the body. Only a few people know about harmful substances contained in cigarettes and how they negatively affect the human body, especially pregnant women and their fetuses. Indeed, smoking is harmful for pregnant mothers and fetuses. Therefore, women should quit smoking before pregnancy in order to have healthy babies even though smoking cigarettes is addictive for every smoker.

Smoking cigarettes during pregnancy is harmful for the pregnant mother and fetus because cigarette smoke contains many harmful chemicals which cause negative reactions in the uterus and body. Cigarette smoke contains more than four thousand harmful chemicals which include nicotine, tar, ammonia, methanol, carbon monoxide, arsenic, methane, acetic acid, butane, cadmium, stearic acid, hexamine, toluene, cyanide, lead, and at least sixty cancer-causing compounds (“Break Loose”; Woolston). Among a lot of harmful chemicals, nicotine and carbon monoxide are major risk factors for the pregnant mother and fetus (Woolston). In *Guidelines for Nurse Practitioners in Gynecologic settings*, Hawkins, Roberto-Nichols and Stanley-Haney mention, “It is believed that nicotine is as addictive as cocaine, opiates, amphetamines, and alcohol” (233). Nicotine is a highly addictive substance like cocaine and opiates. It causes the brain to secret dopamine and norepinephrine which lead to feelings of pleasure, less fear, alertness, and excitement (Hawkins, Roberto-Nichols and Stanley-Haney 233). Therefore, smokers like to smoke. Stopping smoking causes the feeling of anxiety, depression and irritability. That is why smoker do not want to stop smoking, and they become addicted physically and mentally. In the article, “How Smoking during Pregnancy Affects You and Your Baby,” Chris Woolston states that nicotine causes constriction of the blood vessels in every part of the body including blood vessels of the umbilical cord. Carbon monoxide has more binding capacity to red blood cells than oxygen. Thus, the negative effects of both nicotine and carbon monoxide cause decreased blood supply to the pregnant mother and the fetus and affects the placenta, which affects development of the fetus. These cause smoking-related complications in pregnancy.

 Smoking during pregnancy is harmful for pregnant mothers because cigarette smoke causes harmful effects on the uterus, complications during labor, and psychological defects on expected mothers. According to article, “Alcohol and Drugs,” smoking during pregnancy can cause harmful effects in pregnancy, which include an ectopic pregnancy, vaginal bleeding, placenta previa and placental abruption. Ectopic pregnancy is a pregnancy which is located outside the uterus. Placenta pervia is a placenta implanted in the lower segment of the uterus, and it partially or completely closes the internal opening of cervix. Placental abruption is premature separation of a normally situated placenta from the uterine wall. Moreover, smoking during pregnancy can cause problems during labor which include preterm rupture of membrane i.e. breaks in the membrane of amniotic sac before labor starts or before 37th week of pregnancy and preterm labor i.e. labor starts before 37th week of pregnancy (“Pregnancy and”).Smoking during pregnancy also affects pregnant mothers mentally. In “Pregnancy Can Motivate Smokers To Kick the Habit; But Stress Causes Most To Start Again,” Liz Szabo states, “Up to half of women who smoke during pregnancy have a mood disorder, such as depression, according to the cancer society.” The women who smoke during pregnancy cannot take care of themselves effectively because of mental illness.

 Smoking during pregnancy causes harmful effects on fetus through child. Nicotine causes narrowing of blood vessels including blood vessels of umbilical cord. Carbon monoxide has more binding capacity to red blood cells than oxygen. Thus, the negative effects of both nicotine and carbon monoxide cause decreased blood supply to the pregnant mother and fetus, and affect the placenta and consequently causing decreased oxygen and nutrients supply to the fetus, which are very important for the growth of fetus. In “The Basics- Pre-pregnancy counseling,” author says, “Women who smoke during pregnancy have a greater risk of miscarriage, stillbirth, premature birth, complications during and after pregnancy and labour, and having low birth weight babies.” Premature birth is a baby who is born before the 37th week of pregnancy. A Low birth weight baby is a baby who weighs less than five and half pounds at birth. Furthermore, women who inhale second hand smoke during pregnancy can have low birth weight babies. In addition, smoking during pregnancy can cause the fetuses with congenital abnormalities such as cleft lip or palate (“Alcohol and”). A fetus whose mother smokes during first three months of pregnancy has a greater chance to have heart defects such as obstruction of outflow of blood from right ventricle or atrial septal defects. Smoking during pregnancy can cause long term effects on a fetus’ brain which leads to problems in learning ability, lowered IQ, and behavioral problems in the child. Smoking during pregnancy can cause slow development of lungs in fetus, which leads to double or triple risks of sudden infant death syndrome (SIDS). Furthermore, they are prone to get asthma in childhood (Woolston). According to “More Data Show Ill Effects of Smoking While Pregnant,” babies whose mother smoked during pregnancy are more likely to get hypertension and cardiovascular disease in childhood.

Quitting smoking is very important before getting pregnancy. Female smokers who plan to have pregnancy should be educated on how smoking during pregnancy affects the pregnant mother and fetus. They need to know what negative consequences of smoking are and how people become healthy after quitting smoking. A female smoker who decides to quit smoking should keep away the cigarettes, matches, lighters and ashtrays to make her home a non-smoking area. The woman should drink a lot of water. She should try to do other activities to replace smoking like doing some needlework, walking, doing exercise or reading a book. She should not go to the places where people are smoking. She should join to smoking cessation program and ask her health care provider about smoking cessation (“Alcohol and”). A female smoker who wants to quit smoking before pregnancy can use nicotine replacement therapy such as the nicotine patch, nicotine gum and nicotine lozenge. These are available in pharmacy without a prescription (“Break Loose”). Otherwise, she can quit smoking under supervising of her health care provider. However, pregnant women who desire to quit smoking should not use the nicotine replacement therapy because nicotine is not safe for pregnancy and fetus.

 In conclusion, smoking is not good for the pregnant mothers, fetuses, and babies because of the reasons explained above. Smoking can create unhealthy mothers and babies who become less productive members of societies. Smoking can lead to health problems that cost higher health care spending for governments. In the article, “How Smoking During Pregnancy Affects You and Your Baby,” Chris Woolston mentions, “Dr. Robert Welch, who’s the chairman of the Department of Obstetrics and Gynecology at Providence Hospital in Southfield, Michigan, says that pregnancies would be safer and babies would be healthier if pregnant smoker could somehow swap their habit for a serious disease such as diabetes or high blood pressure.” If female smokers quit smoking before pregnancies, both pregnant mothers and babies will be healthy. Therefore, women should immediately quit smoking before getting pregnant even though breaking the bad habit of smoking is not easy for every smoker.

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