



Girls and boys for change: tobacco control now



Reproductive health and tobacco use

The impact of tobacco use on reproductive health

Women who smoke are more likely to experience infertility and delays in conceiving, and tobacco use also has a negative impact on male fertility and sexual potency. Women are also more likely to have menstrual problems, including painful periods, irregular bleeding, missed periods and the early onset of menopause.

Maternal smoking and exposure to second-hand smoke during pregnancy increases the risks of miscarriage, premature delivery, stillbirth, low birth weight, a reduction in breast milk production and neonatal death (sudden infant death syndrome).

Tobacco use by mothers also increases the risk of health and behavioural problems in infants and children, including abnormal blood pressure, cleft palates and lips, leukaemia, infantile colic, wheezing, respiratory disorders, eye problems, mental retardation, attention deficit disorder, and behavioural and developmental problems.

Quitting during pregnancy

For women who use tobacco, their partners and families, pregnancy is an opportunity to quit. There are many possibilities for interventions to help women quit before, during and after pregnancy. These should also target paternal smoking.

Pregnant women may find it easier to quit if their partner, family or friends quit too. The support of partners and family members during pregnancy and in the postpartum period is crucial. Avoiding relapse after pregnancy is important for both the child and the mother's health.

Support for women to quit can be given by health professionals, including midwives and community health workers, as well as by religious leaders, traditional healers and traditional birth attendants. Women may feel stigmatized for using tobacco while pregnant and try to hide it, so any support needs to be non-judgemental to be most effective. Some helpful strategies for women intending to quit are:

- setting a quit date
- telling families, friends and co-workers to obtain their support
- anticipating challenges to quitting that may arise and preparing to address them
- removing tobacco products from your environment and making your homes smoke-free.

Pregnant women should attempt using non-chemical approaches before trying nicotine-replacement therapy. Some may prefer individual support or women-only cessation groups. Self-help materials and counselling may be helpful, including telephone counselling to reach women in the home.

Men's role in supporting their pregnant wives to quit

A partner who smokes is probably the most important factor in women's continued smoking. Male partners should be encouraged to support and not undermine women's efforts to quit during pregnancy and afterwards. Impending fatherhood should be seen as an opportunity for men to quit given the dangers of second-hand smoke to their families.

