

Women who smoke take longer to conceive.

Tobacco **FACT** Sheet

www.tobaccoprevention.org

Cigarette smoking can affect women's fertility; men's fertility; sexual function in men; pregnant women's health; the health of an unborn child; and the health of young children.

Fertility

Women who smoke take longer to conceive. Among smokers, the chances of conceiving fall by 10 – 40 per cent per cycle. The greater the quantity of cigarettes smoked, the longer a woman is likely to take to achieve pregnancy. Cigarette smoking can also affect male fertility: smoking reduces the quality of semen. Men who smoke have a lower sperm count than non-smokers, and their semen contains a higher proportion of malformed sperm. By-products of nicotine present in semen of smokers have been found to reduce the motility of sperm.

Male sexual impotence

Impotence, or penile erectile dysfunction, is the repeated inability to have or maintain an erection. Mounting evidence indicates smoking may cause male sexual impotence. A meta-analysis of studies published since 1980 found that 40% - 80% of impotent men were current smokers compared with 28% of men in the general population. Overall smoking increases the risk of impotence by around 50% for men in their 30s and 40s.

Smoking and oral contraceptives

Women who use combined oral contraceptives are liable to increased risk of heart disease. Because the risk of heart disease in young women is low, the benefits of using the pill generally outweigh the risks for young women who do not smoke. Among pill-users who smoke, however, the risk of succumbing to a heart attack is 20 times higher. It is therefore important that all women who take the contraceptive pill be advised not to smoke.

Smoking and pregnancy

Women who smoke in pregnancy are more likely to be younger, single, of lower educational achievement and in unskilled occupations. On average, smokers have more complications of pregnancy and labor which can include bleeding during pregnancy, premature detachment of the placenta and premature rupture of the membranes.

Fetal growth and birth weight

Babies born to women who smoke are on average 200 grams (8 oz) lighter than babies born to comparable non-smoking mothers. Furthermore, the more cigarettes a woman smokes during pregnancy, the greater the probable reduction in birth weight. Low birth weight is associated with higher risks of death and disease in infancy and early childhood. The adverse effects of smoking in pregnancy are due mainly to smoking in the second and third trimesters. Therefore, if a woman stops smoking within the first three months of pregnancy, her risk of having a low weight baby will be similar to that of a non-smoker.

Spontaneous abortion

The rate of spontaneous abortion (miscarriage) is substantially higher in women who smoke. This is the case even when other factors have been taken into account.

Perinatal mortality

Perinatal mortality (defined as still birth or death of an infant within the first four weeks of life) is increased by about one-third in babies of smokers. More than one-quarter of the risk of death due to Sudden Infant Death Syndrome (cot death) is attributable to maternal smoking. Pre-term birth is a major clinical problem, accounting for about half of all neonatal deaths.

Smoking and reproductive health

The natural menopause occurs up to two years earlier in smokers.

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Smoking and reproductive health

Recent research in examined the relationship between maternal smoking and pre-term birth and found that, compared to nonsmokers, there was a two-fold increase in risk of preterm labor among moderate smokers, rising to two and a half times greater risk among heavy smokers.

Passive smoking and pregnancy (Secondhand Smoke Exposure)
Non-smoking women exposed to other people's tobacco smoke during pregnancy are more likely to have lower weight babies. Babies born to non-smoking women whose partners smoked weighed less than babies born to non-smoking couples. A review of the evidence concluded that on average, infants born to women exposed to second-hand smoke during pregnancy are 40-50g lighter than those born to women who are not exposed. Other research suggests that non-smoking women who are exposed to second-hand smoke during their pregnancy are at increased risk of giving birth prematurely and may be at increased risk of spontaneous abortion (miscarriage).

Breast feeding

Research has shown that smoking cigarettes may contribute to inadequate breast milk production. In one study, fat concentrations were found to be lower in the milk from mothers who smoked and milk volumes were lower. In breastfeeding mothers who smoke, milk output is reduced by more than 250 ml per day compared with smoking mothers.

Health and long term growth

Infants of parents who smoke are twice as likely to suffer from serious respiratory infection than the children of non-smokers. Smoking during pregnancy can also increase the risk of asthma in young children. Smoking in pregnancy may also have implications for the long term physical growth and intellectual development of the child. It has been associated with a reduced height of children of smoking mothers as compared with non-smoking mothers, with lower attainments in reading and mathematics.

Smoking and cervical cancer

Epidemiological studies have found that women who smoke have up to four times higher risk of developing cervical cancer than non-smokers and that the risk increases with duration of smoking. Cervical cancer is the leading cause of cancer death in women worldwide, with more than half a million new cases diagnosed annually. Smoking increases the risk of invasive cervical cancer two-to-three fold.

Smoking and the menopause

The natural menopause occurs up to two years earlier in smokers. The likelihood of an earlier menopause is related to the number of cigarettes smoked, with those smoking more than ten cigarettes a day having an increased risk of an early menopause.

Five tips for quitting

Studies have shown that these five steps will help you quit and quit for good. You have the best chances of quitting if you use these five steps to develop and maintain your own quit plan.

1. Get ready.
2. Get support.
3. Learn new skills and behaviors.
4. Get medication and use it correctly.
5. Be prepared for difficult situations.

Talk to your health care provider, they can help. If you do not have insurance or just need to talk call the Washington Tobacco Quitline.

Tobacco Quit Line

1-800-QUIT-NOW

toll-free

1-800-784-8669

QUITLINE.COM

We also recommend:

www.secondhandsmokesyou.com

www.cdc.gov/tobacco