Maternal Smoking

**Definition/cut-off value**
Any smoking of tobacco products, i.e., cigarettes, pipes, or cigars.

**Participant category and priority level**

<table>
<thead>
<tr>
<th>Category</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant Women</td>
<td>I</td>
</tr>
<tr>
<td>Breastfeeding Women</td>
<td>I</td>
</tr>
<tr>
<td>Postpartum Women</td>
<td>III, IV, V, VI, VII</td>
</tr>
</tbody>
</table>

**Justification**
Research has shown that smoking during pregnancy causes health problems and other adverse consequences for the mother, the unborn fetus and the newborn infant such as: pregnancy complications, premature birth, low-birthweight, stillbirth, infant death, and risk for Sudden Infant Death Syndrome (SIDS) (1). Women who smoke are at risk for chronic and degenerative diseases such as: cancer, cardiovascular disease and chronic obstructive pulmonary disease. They are also at risk for other physiological effects such as loss of bone density (2).

Maternal smoking exposes the infant to nicotine and other compounds, including cyanide and carbon monoxide, in-utero and via breastmilk (3). In-utero exposure to maternal smoking is associated with reduced lung function among infants (4). In addition, maternal smoking exposes infants and children to environmental tobacco smoke (ETS). (See #904, Environmental Tobacco Smoke).

Because smoking increases oxidative stress and metabolic turnover of vitamin C, the requirement for this vitamin is higher for women who smoke (5). The WIC food package provides a good source of vitamin C. Women who participate in WIC may also benefit from counseling and referral to smoking cessation programs.

**References**
