

Breastfeeding, tobacco use and second-hand smoke

August 2016



Key points:

- breastfeeding has health advantages for mothers and babies
- the benefits of breastfeeding are still greater than formula feeding even if a mother smokes
- toxins from smoking and exposure to smoking do pass into breast milk
- mothers who smoke tend to have poorer breastfeeding outcomes
- exposure to second-hand smoke has a serious impact on maternal and infant health
- giving up smoking has long-term health benefits for parents and children.

This information is for mothers and for health professionals involved with parents and young children.

Benefits of breastfeeding¹

Breastfed babies have a decreased risk of:

- sudden infant death syndrome (SIDS)
- developing necrotizing enterocolitis (bowel tissue death)
- diarrhoea
- chest infections
- middle ear infections
- becoming overweight or obese
- developing Type 2 diabetes
- developing malocclusion (misalignment of teeth and bite)

Breastfeeding mothers have a decreased risk of:

- breast cancer
- ovarian cancer
- developing type 2 diabetes

Smoking whilst breast-feeding

Because breast milk provides a complete source of nutrition for the first six months of life and contains a range of immunological substances that cannot be replicated in formula milk² it remains the best option for feeding a baby even when a mother has been unable to stop smoking. Nicotine passes into breast milk and has the potential to cause serious effects on a newborn depending on how heavily the mother smokes^{3,4}. Smoking is best limited to after feeds as the flavour of cigarettes is strongest in milk 30-60 minutes after smoking.

Exposure to second-hand smoke

There is clear evidence that second-hand smoke (SHS) causes lung cancer and ischaemic heart disease as well as a strong link to adverse effects in children⁵. Exposure to SHS in childhood is associated with a range of illnesses including middle ear disease, lower respiratory tract infection, wheeze and asthma, and appears to increase the risk of bacterial meningitis⁶. SHS exposure is a cause of Sudden Infant Death Syndrome (SIDS)^{7 8}.

It is estimated that child exposure to SHS in the UK causes the following, annually:

- 20,000 cases of lower respiratory tract infection
- 120,000 cases of middle ear disease
- 22,000 new cases of wheeze and asthma
- 200 cases of bacterial meningitis
- 40 cases of sudden infant death
- 300,000 GP consultations and 9,500 hospital admissions.

Find out how you can keep your home smoke-free at www.rightoutside.org/

Smoking and stress

There is a common misconception that smoking relieves stress or anxiety and has a relaxing effect on the body. In reality, the perceived **'stress-relieving' properties of smoking** are due to the relief of nicotine withdrawal symptoms. Smoking a cigarette provides only temporary relief from stress before more nicotine cravings and withdrawal symptoms occur, setting up a cycle of dependence on smoking to alleviate withdrawal symptoms^{9 10 11}.

Giving up smoking when breastfeeding

There is evidence that giving up smoking increases the duration of breastfeeding¹². Stopping smoking will also improve maternal health and **have future benefits from a reduction in a baby's exposure to second-hand smoke.**

Free support to stop smoking

Women who breastfeed can use nicotine replacement therapy (NRT) to help **them stop smoking. A baby's exposure to nicotine from NRT via breast milk is small compared with that of an adult smoker or compared with an adult using NRT and any risk is negated by the benefits of a reduction in exposure to second-hand smoke¹³, and to the chemicals and carcinogens in active smoking which may pass into the breast milk.** NRT patches produce a steady but low level of nicotine (but should be removed at night¹⁴) whereas the levels in gums and sprays may produce sudden highs and are perhaps **best used after feeds to minimize a baby's exposure.**

Varenicline (Champix) and bupropion (Zyban) should not be used by women who are breastfeeding.

People who smoke have a much better chance of giving up smoking if they get support to do so and there are lots of different ways to find support:

- pharmacies/local chemists are able to provide quit smoking advice and support. Where appropriate, the pharmacist can identify the most suitable form of nicotine replacement therapy (NRT) and some pharmacies run NHS-funded stop smoking services
- **through the local doctor's surgery**
- phone free to Smokeline on **0800 84 84 84** (8am to 10pm, seven days a week)
- Smokeline advisers provide free advice and information for anyone who wants to stop smoking, or who wants to help someone to quit
- Smokeline also provides information about the free stop smoking services provided by every health board in Scotland
- request stop smoking leaflets, a magazine and a DVD from Smokeline either by calling the helpline, or by texting 'QUIT' to 83434

- visit www.canstopsmoking.com and enter a postcode to find the nearest stop smoking service or use web chat support (8am to 10pm) at www.canstopsmoking.com/Web-Chat

Types of tobacco used in some minority ethnic groups

There are several minority ethnic groups in which tobacco use is not limited to smoking cigarettes. Different kinds of tobacco use include: **paan, pan masala, betel quid, areca nuts, gutkha, hookah, water pipe, nargeela/arghileh/nargile, shisha/sheesha, okka, kalyan, ghelyoon or Ghalyan, or hubble-bubble.** All of these have a negative impact on health.

For more information see ASH Scotland information briefings on:

- Tobacco use and minority ethnic groups
- types of tobacco used in some minority ethnic groups
- smoking shisha
- tobacco use and pregnancy.

All available from: www.ashscotland.org.uk/what-we-do/supply-information-about-tobacco-and-health/briefings.aspx

Breastfeeding support

National Breastfeeding Helpline 0300 100 0212

www.nationalbreastfeedinghelpline.org.uk

Open 9.30 am to 9.30 pm every day of the year.

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