Reasons for you to quit—

* Within 20 minutes after your last cigarette, your pulse rate and blood pressure return to normal.
* Within eight hours the oxygen level in your blood increases and the carbon monoxide level in your blood decreases; both return to normal.
* Within 48 hours your ability to smell and taste is enhanced, your nerve endings adjust to the absence of nicotine.
* Within 72 hours your lung capacity increases and you breathe more easily.
* Within two weeks to three months walking is easier as your circulation improves and lung function increases.
* Within one to nine months fatigue, coughing, sinus congestion and shortness of breath are diminished.
* Within five years your heart disease death rate returns to that of a nonsmoker.
* Within ten years your lung cancer death rate drops almost completely to the rate for a non-smoker.

These are some other harmful chemicals in cigarettes:

- Propylene Glycol-Helps tobacco from drying out
- Toluene-Highly toxic chemical used in paint thinner
- Phenol-Chemical used in disinfectants
- Butane-Highly flammable and is one of the key components in gasoline
- Benzo(a)Pyrene-Coal tar
- Arsenic-Deadly poison that makes your lips burn and your breath turn bad

Acetone-Active ingredient in nail polish remover
Lead-Stunts your growth, makes you vomit, and damages your brain
Cadmium-Causes damage to the liver, kidneys, and brain
Amonia-Keeps you hooked on smoking
Benzo(a)Pyrene-Coal tar

What will smoking do to my baby??

What you need to know:
Smoking harms your baby. When you smoke, your baby gets less oxygen. Lack of oxygen can cause your baby to grow more slowly and gain less weight in the womb. Smoking during pregnancy has also been linked to preterm labor and other pregnancy complications.

What you can do:
Quit or cut back as much as you can. We know it’s hard, but remember, you’re doing this for your baby.

Smoking in the First Trimester
For some women, quitting will never be easier than in early pregnancy when they develop a sudden distaste for cigarettes. If you stop smoking now, you can reduce your chances of miscarrying and it may also diminish the likeliness of affecting your baby’s
development. It is best to stop smoking before you become pregnant, but stopping now is a very smart choice and your odds of having a healthy baby are good.

**Smoking in the Second Trimester**

If you stop smoking now, you can decrease your chances of developing such complications as placenta previa going into pre-term labor and even stillbirth. If you tried to stop smoking in your first trimester, but didn't succeed—at least for the sake of your baby—cut down on how many cigarettes you smoke each day. Every cigarette you don’t smoke is going to help your baby.

**Smoking in the Third Trimester**

It is never too late to quite smoking. If you stop now, you can still improve your chances of delivering a healthy, full-term, normal birth-weight baby. Decreased birth-weight is directly related to the number of cigarettes you smoke. There is a direct relationship between smoking and impaired fetal growth. By quitting now, you can also better your odds of not losing your baby to SIDS. Sooner is better, but quitting even in the last month can help preserve oxygen flow to your baby during delivery.

**Drugs in Pregnancy**

Some drugs can be harmful when used at any time during pregnancy; others, however, are particularly damaging at specific stages.

The stage of organ formation

Most of the body organs and systems of the baby-to-be are formed within the first ten weeks or so of pregnancy (calculated from the date of the last menstrual period). During this stage, some drugs—and alcohol in particular—can cause malformations of such parts of the developing fetus as the heart, the limbs, and the facial features.

The stage of prenatal growth

After about the tenth week, the fetus should grow rapidly in weight and size. At this stage, certain drugs may damage organs that are still developing, such as the eyes, as well as the nervous system. Continuing drug use also increases the risk of miscarriage and premature delivery. But the greatest danger drugs pose at this stage is their potential to interfere with normal growth. Intrauterine growth retardation (IUGR) is likely to result in a low-birthweight baby—a baby born too early, too small, or both. Low-birthweight babies require special care and run a much higher risk of severe health problems or even death.

The stage of birth

Some drugs can be especially harmful at the end of pregnancy. They may make delivery more difficult or dangerous, or they may create health problems for the newborn baby.

**Alcohol** is one of the most dangerous drugs for pregnant women, especially in the early weeks. In the mother's body, alcohol breaks down chemically to a cell-damaging compound that is readily absorbed by the fetus. Heavy drinking during early pregnancy greatly increases the risk of a cluster of birth defects known as fetal alcohol syndrome.
This cluster includes a small skull (microcephaly), abnormal facial features, and heart defects, often accompanied by impeded growth and mental retardation. Heavy drinking in later pregnancy may also impede growth.

It is not known whether light to moderate drinking can produce these effects. However, even if the risk is low, the stakes are very high. Medical experts agree that a woman should avoid alcohol entirely when she decides to become pregnant, or at least when the first signs of pregnancy appear. Even such mild beverages as beer and wine coolers should be off limits.

**Cocaine** (including crack) and methamphetamine (speed, or ice) are powerful stimulants of the central nervous system. They suppress the mother’s appetite and exert other drastic forces on her body, causing the blood vessels to constrict, the heart to beat faster, and the blood pressure to soar. The growth of the fetus may be hindered, and there are higher risks of miscarriage, premature labor, and a condition called abruptio placentae (the partial separation of the placenta from the uterus wall, causing bleeding).

If these drugs are taken late in pregnancy, the baby may be born drug dependent and suffer withdrawal symptoms, such as tremors, sleeplessness, muscle spasms, and sucking difficulties. Some experts believe learning difficulties may later develop. Heavy narcotics use increases the danger of premature birth with such accompanying problems for the infant as low birth weight, breathing difficulties, low blood sugar (hypoglycemia), and bleeding within the head (intracranial hemorrhage).

The babies of narcotics-dependent mothers are often born dependent themselves and suffer withdrawal symptoms, such as irritability, vomiting and diarrhea, and joint stiffness.

Women who inject narcotics may become infected with the HIV virus from dirty needles and may subsequently develop AIDS. HIV-infected women obviously run a high risk of passing the virus on to their babies.

At least one inhaled substance has been clearly connected with birth defects. The organic solvent toluene, widely used in paints and glues, appears to cause malformations like those produced by alcohol (which is itself an organic solvent). It is possible that all organic solvents may cause birth defects. PCP (phencyclidine, or angel dust) taken late in pregnancy can cause newborns to have withdrawal symptoms, such as lethargy alternating with tremors.

Studies of marijuana use by pregnant women are inconclusive, because marijuana is often used with other drugs, such as tobacco and alcohol. Like them, it is associated with premature birth and low-birthweight babies. Many medications have side effects that are potentially harmful during pregnancy, but their benefits may outweigh their risks. A woman should consult her doctor or midwife before taking any drug, even one sold over the counter. Below are a few examples of medical drugs that must be used with extreme caution or avoided altogether.

* Isotretinoin (Accutane) and etretinate (Tegison) are used to treat chronic acne and psoriasis. They may cause chronic malformations during the stage of organ development.
* Anticonvulsants, such as phenytoin (Dilantin) and carbamezapine (Tegretol), are used to prevent epileptic seizures. They are associated with defects of the heart and face, as well as mental retardation.
Cont. from pg.3

* Antimigraine drugs, such as ergotamine and methysergide, are used to head off migraine attacks but raise the risk of premature labor.
* Aspirin, ibuprofen, and other non-steroidal anti-inflammatory drugs (NSAIDs) interfere with blood clotting and increase the risk of uncontrolled bleeding for both mother and baby. Toward the end of pregnancy, they hinder production of the hormones that stimulate labor, so that labor may be dangerously delayed or extended.
* Anticoagulant drugs based on coumarin are used in the treatment of heart disease and stroke, to slow blood clotting. Taken during early pregnancy, they are associated with facial malformations and mental retardation. Later on they raise the risk of uncontrolled bleeding.

Resources

**Smoking: Tips to Quit From the March of Dimes**

- Write down your reasons for quitting. Look at the list when you are tempted to smoke.
- Choose a "quit day." On that day, throw away all your cigarettes, lighters and ashtrays.
- Stay away from places, activities or people that make you feel like smoking.
- Ask your partner or a friend to help you quit, and call that person when you feel like smoking.
- Ask your health care provider about quitting aids such as patches, gum, nasal spray and medications. Don't start using these without your health care provider's okay especially if you are pregnant.

Don't get discouraged if you don't quit completely right away. Keep trying. If you can't quit, cut back as much as you can.

Call for support!
1-877-937-7848

**Online** www.healthyvermonters.com

**Drug and Alcohol Treatment Centers**

Health Care and Rehabilitation Services of Southeastern Vermont

51 Fairview Street
Brattleboro, VT 05301
(802)254-6028
Caffeine and Pregnancy—From the March of Dimes

Safety of caffeine consumption during pregnancy is controversial. Some studies suggest that modest caffeine intake of less than two average cups (defined below) of coffee per day presents a slight risk to the embryo or fetus, but others do not. There is stronger evidence that larger daily amounts of caffeine during pregnancy may increase the risks of miscarriage, preterm delivery and low birth weight, but no solid proof.

General Effects of Caffeine

Caffeine is a stimulant that is naturally produced by a variety of plants. Natural or synthetic caffeine is present in many foods and beverages, and some medications. Caffeine usually enters the central nervous system within fifteen minutes of consumption. It slightly increases both blood pressure and heart rate. Caffeine also stimulates urination and thus reduces body fluid levels—an effect considered undesirable during pregnancy, when adequate hydration is important.

Caffeine in Coffee, Tea and Other Products

The caffeine content of a serving of coffee or tea depends on the beans or leaves used, serving size, and the method of preparation. An 8-oz. cup of brewed coffee averages 150 milligrams (mg) of caffeine. Instant coffee contains less. Black tea averages 80 mg per 8-oz. cup. Green tea contains less. A 12-oz. caffeinated soft drink may contain 30-60 mg. (See the table below for more specific values.)

Other sources of caffeine include chocolate, chocolate syrup, hot cocoa, and certain medications. Amounts differ greatly from one such source to another. Chocolate or cocoa generally has very low caffeine content. Medications containing caffeine include some formulations for pain relief, migraine, the common cold, diuretic purposes, and delaying sleep. Unlike foods and beverages, FDA-approved medications carry labels that say how much caffeine they contain. Some “dietary supplements” may contain caffeine, but are not required to say how much.

Caffeine’s Effects on the Developing Fetus

Caffeine easily passes from mother to fetus through the placenta. A developing fetus may have higher, sustained blood levels of caffeine than its mother because of immature metabolism. A few studies have shown that even moderate caffeine consumption affects fetal heart rate and movement patterns. A pregnant woman’s ability to metabolize caffeine slows as pregnancy progresses, so some of its effects may increase later in pregnancy.

Caffeine’s Effects on Newborns and Infants

High caffeine consumption during pregnancy may shorten gestation and lower birth weight. Both effects appear modest in terms of days and ounces, but may be important to an infant already compromised by prematurity or fetal growth restriction. Such effects have not been consistently linked to moderate consumption.

A reported link between heavy maternal caffeine intake during pregnancy and increased risk of SIDS has not been supported by further studies.

Breast milk can transfer caffeine from mother to baby. Very high caffeine intake by a nursing mother may make her baby irritable, with disturbed sleep cycles, but this is not known to occur from ordinary food and beverage caffeine intake, or without use of medications containing caffeine.
Sugar Consumption in Pregnancy
Sugar increases the excretion of magnesium.

Sugars are cheap nutrients with little nutritional value and offer quick readily burnable energy. Sugars are not appropriate foods for long haul health and body usage.

Some Reasons to Avoid Sugar when Pregnant-

- Sugar has been shown to lead to low birth weight infants.
- Sugar dehydrates newborns
- Sugar may impair the physiological homeostasis of many systems in living organisms
- Sugar has the potential of inducing abnormal metabolic processes in a normal healthy individual and to promote chronic degenerative diseases
- High sugar consumption of pregnant adolescents is associated with a twofold increased risk for delivering a small-for-gestational-age (SGA) infant
- Sugar can suppress the Immune System
- Sugar upsets the mineral relationships in the body
- Sugar interferes with absorption of calcium and magnesium
- Sugar raises the level of a neurotransmitters: dopamine, serotonin, and norepinephrine
- Sugar can lower the amount of Vitamin E in the blood
- Sugar can decrease growth hormone

Sources

References
Caffeine