

facts on

For More Information

Contact:

1319 Colony Street
Saskatoon, SK S7N 2Z1
Bus. 306.651.4300
Fax. 306.651.4301
info@skprevention.ca
www.skprevention.ca

The Saskatchewan Prevention Institute is supported by:

Government of Saskatchewan
Kinsmen Telemiracle
Foundation
Saskatchewan Abilities Council
University of Saskatchewan
Community-At-Large

HIV/AIDS, Pregnancy, and Tobacco Use

Tobacco use during pregnancy is harmful for both a mother and her unborn child. This is particularly true for women living with HIV/AIDS, as smoking tobacco during pregnancy can increase the chances that HIV will be passed to the baby. If a woman is pregnant or planning a pregnancy, becoming tobacco free can help her and her unborn baby.

Tobacco use and Pregnancy

There are over 4000 chemicals in tobacco products (e.g., cigarettes and cigars), including carbon monoxide, nicotine, and cancer causing substances. These chemicals can negatively affect the unborn baby and increase the chance of problems during pregnancy and delivery. Babies born to mothers who use tobacco products have a greater risk of preterm birth, low birth weight, developmental and learning problems, visual and respiratory problems, bleeding in the brain, jaundice, and Sudden Infant Death Syndrome (SIDS). Pregnant women who use tobacco products have a higher risk of pregnancy difficulties such as miscarriage, ectopic pregnancy, premature rupture of the membranes (i.e., water “breaking” too early), vaginal bleeding, and damage to the placenta. A healthy placenta is necessary for an unborn baby’s growth and health.

Tobacco use and HIV/AIDS

Nicotine is known to harm the body’s immune system (i.e., the system that protects the body against infections and diseases). Having a compromised immune system increases the risk of developing many cancers, diseases, and infections. Since HIV/AIDS also causes damage to the

immune system, a pregnant woman with HIV/AIDS who smokes tobacco is at even greater risk for infections/diseases. While HIV medications aim to improve immune functioning, smoking tobacco can decrease the chance of treatment success. Specifically, smoking has been associated with increased viral loads (i.e., the amount of HIV in the blood) and poorer immune responses to HIV treatment.

Tobacco use, HIV/AIDS, and Pregnancy

In pregnant women living with HIV/AIDS, the risk of passing HIV from mother to child (transmission) is a main concern. Specifically, increased transmission risk has been associated with:

- maternal HIV viral load (i.e., the amount of HIV in the mother’s blood)
- premature rupture of membranes
- damage to the placenta
- low birth weight of the baby
- preterm birth

Unfortunately, many of the problems caused by tobacco use during pregnancy are also known to increase the risk of each of these factors occurring. Smoking tobacco increases the risk of transmission up to three times in women not receiving HIV treatment.

The Good News

Becoming tobacco free reduces the chances of negative outcomes for a woman’s pregnancy and her unborn baby. In women living with HIV/AIDS, quitting smoking can also reduce the chance of passing HIV to their babies.

There are resources available to help pregnant women and those planning a pregnancy to become tobacco free. Women can speak to their healthcare provider for help, or refer to one of the websites listed below.

Expecting to Quit

(<http://www.expectingtoquit.ca>)

- includes information for healthcare providers and pregnant women about how to quit smoking

March of Dimes

(http://www.marchofdimes.com/pregnancy/alcohol_smoking.html)

- includes a list of tips to help quit smoking

Partnership to Assist with Cessation of Tobacco; PACT

(<http://www.makeapact.ca>)

- provides information and support for people trying to quit smoking and for people working with those trying to quit smoking
- provides information about Sacred Tobacco and traditional uses of tobacco

Saskatchewan Prevention Institute

(<http://skprevention.ca/smoking-and-tobacco/>)

- includes information resources focused on tobacco use and pregnancy
- further information about HIV and pregnancy can be found at <http://skprevention.ca/sexual-health/#hiv-aids>

References (Information for this fact sheet was adapted from:

Centers for Disease Control and Prevention. (2012). Tobacco Use and Pregnancy. Retrieved from <http://www.cdc.gov/reproductivehealth/tobaccousepregnancy/>.

Lifson, A. R., Neuhaus, J., Arribas, J. R., van den Berg-Wolf, M., Labriola, A. M., & Read, T. R. H. (2010). Smoking-related health risks among persons with HIV in the strategies for management of antiretroviral therapy clinical trial MMBS. *American Journal of Public Health, 11*, 1896 - 1903.

Los Angeles County Department of Health Services, Tobacco Control and Prevention Program. (n.d.). HIV and Tobacco Use. Retrieved from <http://publichealth.lacounty.gov/tob/pdf/HIV%20Flyer.rev.pdf>

National Healthy Mothers, Healthy Babies Coalition. (2011). Smoking Cessation and Pregnancy. Retrieved from <http://www.hmhb.org/pregnant.html#smoke>.

Purohit, V., Rapaka, R. S., Schnur, P., & Shurtleff, D. (2011). Potential impact of drugs of abuse on mother-to-child transmission (MTCT) of HIV in the era of highly active antiretroviral therapy (HAART). *Life Sciences, 88*, 909 - 916.

Sapori, M. (2002). Effects of cigarette smoke on the immune system. *Nature Reviews Immunology, 2*, 372 - 377.

Saskatchewan Prevention Institute. (n.d.). Tobacco. Retrieved from <http://www.preventioninstitute.sk.ca/alcohol-tobacco-and-other-drugs/tobacco>

Turner, B. J., Hauck, W. W., Fanning, T. R., & Markson, L. E. (1997). Cigarette smoking and maternal child HIV transmission. *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology, 14*, 327 - 337.