Welcome to First Breath!
An educational newsletter for First Breath clients and their support people

Welcome! We are so pleased that you joined the First Breath program. Thousands of women across Wisconsin have already benefited from First Breath. One in three women (34%) have quit smoking during pregnancy with the help of First Breath. We want you to succeed too.

In addition to getting one-on-one counseling and support from your First Breath provider, educational materials, and gifts for joining the program, you will also get this newsletter. It is for you and the support people in your life—your partner, family and friends. Studies have shown that you will be more successful quitting smoking when you have their help. These newsletters are meant to help you while you work on quitting. Let’s get started!

Quitting: What should I expect?

Whether you have already quit smoking, are thinking about quitting, or are unsure, you have taken an important step toward improving your health and the health of your baby. It is likely you are now experiencing a variety of feelings about your pregnancy and smoking, such as:

- Joy
- Excitement
- Determination
- Guilt
- Frustration
- Doubt

Because of these mixed feelings, it is important to understand that:

- You are not alone. Your First Breath provider is here to support you—no matter where you are at with your smoking.
- Quitting is not easy, but it can be done. First Breath will give you many strategies to make quitting more manageable.
- No two people are alike. You must design your own plan to quit—one that meets your exact needs.
- Relapse is part of the quit process. Most people try to quit more than once before they are successful. Remember, every effort made is another step closer to quitting for good!

Quitting smoking now will help you have a healthy pregnancy and child. However, it is important that you quit for yourself as well! Your health is important, not only for you, but it allows you to be there for your child and family. They need you!
Your First Breath provider should have given you a workbook for pregnant women who want to quit smoking at one of your prenatal care appointments. This workbook is an educational planning tool to help you quit smoking. It explains the benefits of quitting, the toxins in cigarettes and the cost of smoking. The workbook helps you explore the reasons why it is important to quit smoking for both you and your baby. It also gives you the tools needed to develop a quit plan, build a support system and deal with secondhand smoke.

Here are some tips to help you get the most out of your workbook:

- Ask your First Breath provider to read it with you and explain any information you are unsure of.
- Take the workbook home and fill it out. Then bring it back to your next visit with your First Breath provider so you can talk about your plans and work through any problems.
- Share the workbook with family and friends so they know what you are going through and how they can help.
- Use the pages in the back of the book to journal your thoughts and feelings about quitting.
- Tear out page 15, Why do I want to quit?, and put it up somewhere where you will see it often.

Planning is key to quitting

- Take time to think about why you smoke and why you want to quit.
- Write down changes you can make in your daily habits to keep your mind off smoking.
- List how you are going to deal with cravings and withdrawal symptoms.
- Set a quit date.
- Tell family and friends of your decision to quit.
- Ask others not to smoke around you and avoid smoke-filled places.
- Reward yourself for each success.

Family and Friends: You can help moms quit

Are you a husband, significant other, family member or a friend? You can make a big difference in your loved one’s quit attempt. Quitting smoking is difficult for everyone, but your support can help her be successful! Here are some ways you can help:

If you also smoke, try to quit with her. Being around other smokers, especially those living in the same house, make it more difficult for her to quit smoking. Make a commitment to quit together. Talk to each other about what you need to quit smoking. Call the Wisconsin Tobacco Quit Line at 1-800-QUIT-NOW and talk with a counselor about the best way for you to quit.

If you can’t quit, don’t smoke around her. Go outside. It’s not enough to open a window or leave the room. It’s also a big help if you shower and change your clothes after smoking to get rid of the smell and chemicals that remain in clothes, skin, and hair. Remind others that it is not okay to smoke around the mother and baby. Make your home and car smoke-free zones.

Attend a First Breath appointment with her. You will learn about what she is doing to quit, how her First Breath provider is helping her, and how you can support her. If you smoke, you can also get information on how you can work on quitting.

Encourage her and provide support. Quitting smoking is very difficult and may add more stress to your loved one’s pregnancy. Ask her how you can help. Tell her how good she is doing.
Do You Have At Least One Person To Call On For Support?

Quitting smoking can be hard, so having a friend or family member to call when you need help can make a big difference. Here are some things you can do to let others know you need their support and how they can help:

- Tell your family and friends why you want to quit smoking. Tell them your quit date. From there, ask each person to remind you of your reasons to quit when you feel the urge to smoke.
- Write a short letter to family and friends to let them know what you need them to say or do when you crave a cigarette.
- If friends or loved ones smoke, ask them not to smoke around you. Tell them how much harder it is for you to quit when they smoke.
- Ask your First Breath provider or other healthcare provider to write a note to family and friends saying that cigarette smoke is harmful for your health and your unborn baby’s development, and that you must avoid secondhand smoke.

Your Goal: Cutting Back Versus Quitting

Many pregnant women are tempted to cut down the number of cigarettes they smoke instead of quitting. While cutting down to less than 5 cigarettes a day may reduce risk, quitting is the best thing you can do for you and your baby. Here are some things to think about to get you over the “cut down” hurdle:

- Not having a single puff after you decide to quit is the best way to rid your body of tobacco’s poisons. The idea is that you only have to go through withdrawal one time when you quit.
- Many people who try to cut down end up going back to their same smoking behaviors.
- Staying quit over a long period of time will eventually reverse the affects of smoking on your body and health. However, good things will happen to your body as soon as you quit. AFTER ONLY
  
  **20 Minutes** your blood pressure, heart rate, and circulation return to normal.
  **12 Hours**, your carbon monoxide level drops to normal and you can get more oxygen from every breath you take.
  **2 Weeks to 3 Months**, your risk of having a heart attack drops and your lungs work better.
  **1 to 9 Months**, you will cough less and be able to breathe easier.

Talk to your First Breath provider about strategies to get rid of those last few cigarettes. If you decide that cutting down is still your goal and it works for you, keep at it. You should be proud of your efforts.
What you can do if you smoke:

For someone who is trying to quit smoking, being around others who smoke is very challenging. Your loved one will have a hard time keeping her mind off cigarettes and she is more likely to go back to smoking if her family and friends smoke around her. If you smoke and want to help her quit, it is best you try to quit with her.

Until you are able to quit, here are some things you can do that will reduce the harmful effects of nicotine and other toxins to her and her baby:

- Never smoke in front of her and always smoke outside of the home and car. Tell others not to smoke in these places as well.
- Wash your hands and/or take a shower and change your clothes before coming around her. Even if you smoke outside, you carry the secondhand smoke with you in your skin, hair, nails, and clothing.
- Secondhand smoke can remain in the home and car for days, weeks, and months after the smoking took place. Wash inside walls, windows, drapes, cushions and linens. Replace or deep clean carpets and rugs.
- Do not leave ashtrays, lighters and cigarettes around for her to see. She is working hard to keep her mind off smoking and these items will distract her.
- Consider using nicotine replacement therapy (NRT) such as the nicotine patch, gum or lozenge instead of smoking a cigarette when you are with her. These are available over-the-counter and many health plans will pay for stop smoking treatments. Check with your health plan to see what is covered.

Babies are hurt by secondhand smoke

Secondhand smoke is a combination of the smoke from another person’s cigarette, cigar, or pipe and the smoke breathed out by smokers. It contains over 4,000 toxins. Breathing even a little can be harmful. When a pregnant woman breathes secondhand smoke, it increases the risk for:

- Miscarriage and stillbirth.
- Delivery problems and infant death.
- Babies born too early or too small. These babies are at risk for severe health problems throughout their lives.
- Sudden Infant Death Syndrome (SIDS).

This pregnancy is a great time to make your home and car a smoke-free zone. Protect yourself and your loved ones—keep away from secondhand smoke as much as you can.
Myth: “It is less stressful on the baby for me to continue smoking.”
Truth: Smoking during pregnancy does not help you or the baby. Some people may tell you it is better to keep smoking, but this is not true. If you continue to smoke during pregnancy, you may have a low birth weight baby with other health problems.

Myth: “Smoking fewer cigarettes during pregnancy is good enough.”
Truth: There is no safe level of smoking. Cutting back helps, but even a few cigarettes a day means may poisons are hurting you and your baby’s health. It is never too late to quit. Quitting at any time is likely to reduce the bad effects of smoking on your baby. But quitting early means a better start to life for your baby.

Myth: “There is nothing wrong with having a low-birth weight baby, it just means a quicker and easier birth.”
Truth: Having a low birth-weight baby does not make delivery easier for you or your baby. A smaller baby is more likely to become stressed during birth, leading to a harder delivery. Labor with a small, under-weight baby is no easier or shorter than labor with an average-sized baby. Low birth weight babies are more likely to have serious health problems than normal weight babies.

Myth: “If I stop smoking, I’ll put on too much weight.”
Truth: Some women find that smoking makes them eat less. But remember, during pregnancy, you need more calories to meet the needs of your growing baby and to keep you healthy. This means eating different kinds of health foods. Ask your doctor how much weight gain is healthy for you and your baby.

Myth: “I know women who smoked and had healthy, normal weight babies. The risks of smoking aren’t really that great.”
Truth: Having a low-weight baby is only one of many risks that can happen when you smoke while pregnant. Smoking during pregnancy increases the risk of miscarriage, babies being born too early or too late, and SIDS (Sudden Infant Death Syndrome). Some of the other health problems don’t show up until the baby is older. Kids whose mothers smoking during pregnancy are at greater risk for having behavioral and learning problems, and becoming smokers themselves.

Myth: “It’s safe to smoke while I breastfeed.”
Truth: Nicotine passes directly into your breast milk no matter if you inhale directly from a cigarette or secondhand smoke. It can decrease milk production and cause infants to be fussy, have diarrhea, vomiting, and a rapid heart rate. The best thing to do for you and your baby’s health is to stop smoking. If you are having trouble quitting, try not to smoke just before or during feedings, and try to cut back on the number of cigarettes you smoke.
## Your Pregnant Body….What’s Going On?

### First Trimester (Weeks 1 to 12)

**Your Baby**
- All major organs and external body structures have begun to form, including the brain, spinal cord, and heart
- The nerves and muscles begin to work together
- Arms and legs grow longer, and fingers and toes begin to form
- Heart beats with a regular rhythm

**Your Body**
- Extreme tiredness and mood swings
- Tender, swollen breasts
- Upset stomach, heartburn, nausea, and cravings or distaste for certain foods
- Constipation
- Headache
- Weight loss or gain

### Second Trimester (Weeks 13 to 28)

**Your Baby**
- Muscle tissue and bone continue to form; Skin begins to form
- Is more active and can hear and swallow
- Eyebrows, eyelashes, fingernails, and toenails have formed and real hair begins to grow
- Lungs are formed, but do not work

**Your Body**
- Body aches and stretch marks
- Patches of darker skin, usually over the cheeks, forehead, nose, or upper lip
- Numb or tingling hands
- Itching on the abdomen, palms, and soles of feet
- Swelling of ankles, fingers, and face
- Darkening of skin around the nipples

### Third Trimester (Weeks 29 to 40)

**Your Baby**
- Bones are fully formed, but still soft
- Kicks and jabs are more forceful
- Eyes can open and close and sense changes in light
- Begins to store vital minerals, such as calcium and iron
- Body fat increases
- By the end of 37 weeks, your baby is considered full term and organs are ready to function on their own
- As you near your due date, baby may turn into a head down position for birth

**Your Body**
- Shortness of breath
- Heart burn
- Swelling of the ankles, fingers, and face
- Tender breasts and your belly button may stick out
- Hemorrhoids
- Trouble sleeping
- Baby dropping lower in your abdomen and contractions

### Getting Ready for Baby Checklist

- Find out what to expect during your last few weeks of pregnancy
- Stock up on diapering essentials
- Buy crib and mattress
- Develop your birth plan
- Shop for and know how to install your car seat
- Have baby clothes and necessities ready
- Prepare yourself for labor and delivery
- Know your contractions—Recognize the difference between false contractions and true labor
- Breast or bottle? Know all your feeding options
- Put your feet up—they are working extra hard these days!
- Study up on newborn vaccines and find out what’s best for your baby
- Prepare for the weeks after you give birth
- Relax and enjoy your last days before delivery
Checking In: How Are You Doing With Quitting?

You've been with First Breath for some time now. How are you doing? Have you worked with your First Breath provider to develop a quit plan? Have you told your family and friends how they can help you best? Maybe you have these things in place, but you are still struggling with quitting. You might not even feel motivated to quit anymore.

Quitting is hard, but it can be done. Staying motivated to quit is really important. If you feel that you are losing interest, here are some things that you can do to boost your motivation and cope with the stress of quitting.

- Ask yourself: what is my goal? How is my smoking helping me reach that goal? Review the reasons you wanted to quit in the first place and revisit your quit plan.
- Make time to rest. It's a simple thing but sometimes it can be difficult to take time out for yourself. Not only is this good for you, but it is also extremely good for your baby so don't feel guilty about doing nothing.
- Think about yourself as a non-smoker and all the changes it will bring to your life. Believe in yourself and reward yourself for your efforts.
- Eat healthy and exercise. It is essential to stay active and eat healthy for yourself and your baby. Foods containing B vitamins, such as whole grains, meat, eggs, dairy, beans/peas, leafy green vegetables and citrus foods increase general well-being and the levels of serotonin, a hormone that reduces stress. Activities such as walking, yoga, deep-breathing, swimming, and massage therapy can also help relieve stress and anxiety and keep your mind off smoking.
- Know that slip is NOT a failure. Set a new quit date and try again.
- Talk about it. Many changes are occurring for you during your pregnancy. Talk about these concerns with your partner, family member, friend, First Breath provider or other healthcare provider to minimize stress and help you stay motivated to quit.

Preparing To Be Smoke-Free After Delivery

Did you know that going back to smoking is really common for women after the baby is born? There are several reasons why post-partum women are at high-risk for relapse:

- Not feeling motivated to stay quit
- Experiencing the baby blues or depression
- Stress of caring for your new baby
- Not getting enough sleep
- Concerns about losing the weight gained during pregnancy

The good news is that you can lower your risk of relapse by planning ahead. Use the First Breath “Smoke Free After Delivery” workbook as your guide to quitting or staying quit. With this useful tool you will review the reasons you quit for yourself and your baby. Talk to your First Breath provider for help in reviewing the 8 strategies to stay quit.
Quitting Smoking: How To Stay Stopped After Your Baby Is Born

Quitting smoking during pregnancy is hard enough, but for many women, it will be harder to stay quit after the baby is born. But by doing so, you will protect your baby from the affects of secondhand smoke, lower your own risk of heart disease and lung cancer, and you will both breathe a lot easier. You will also have more energy to keep up with your baby!

Here are some things you can do to stay smoke-free:

- Physical activity will help you stay in shape and lose any extra weight gained during pregnancy. It will also help you relieve stress.
- Keep asking your support people to help you stay away from cigarettes.
- You may want to join a support group or call the Wisconsin Tobacco Quit Line at 1-800-QUIT-NOW.
- Avoid situations that make you want to smoke and find other ways to relax when stressed. Read a book, listen to music, call a friend, or take a warm bath.
- Use the First Breath workbook “Smoke Free After Delivery” for strategies to stay quit.
- If you are having trouble quitting on your own, talk to your healthcare provider about using Nicotine Replacement Therapy (NRT) such as the nicotine patch, gum, lozenge, inhaler, or nasal spray.

Depression and Pregnancy

After pregnancy, you are under a lot of stress and your hormone levels are changing fast back to their normal levels. This change in hormone levels may affect your moods so that you may not feel like yourself. This can lead to post-partum depression, a common form of depression many women experience after giving birth.

Depression can make quitting smoking very hard. It can also have other harmful effects on your health and ability to provide for your child.

Talk to your healthcare provider if you feel you have any of these symptoms:

- Feeling restless/irritable
- Withdrawal from family and friends
- Eating too little or too much
- Physical symptoms—headaches, chest pain, rapid heartbeat, or fast, shallow breathing
- Feeling sad or hopeless and crying a lot
- Sleeping too little or too much
- Lack of energy or motivation

If you are feeling depressed, there is no need to keep suffering. You can get help. Keeping your baby safe and yourself healthy will help you stay quit for good.

Know the Difference…

Baby Blues
The “baby blues” are very common starting shortly after birth. About 50-80% of new mothers cry and feel overwhelmed, crabby, restless and anxious. Some women have lots of ups and downs, like a roller coaster. “Baby blues” are unpleasant, but they usually go away on their own in less than two weeks. Take good care of yourself and ask for and accept help from others.

Postpartum Depression
Postpartum depression is not the same as the “baby blues.” Postpartum depression is a temporary illness that can be treated with psychotherapy, medication and caring support. About one in 10 new mothers feels depressed for more than a couple of weeks. The depression may begin soon after birth of anytime in the first year.