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ORIGINAL ARTICLE

HARMS IN TOBACCO USE IN PREGNANCY AND ITS COMPLICATIONS TO THE FETUS

OS MALEFICIOS DO USO DO TABACO NA GESTAÇÃO E SUAS COMPLICAÇÕES AO FETO

LOS DAÑOS DEL USO DE TABACO EN EL EMBARAZO Y SUS COMPLICACIONES AL FETO

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ABSTRACT

Objective: analyzing the knowledge of pregnant women about the evil of tobacco use and its implications to the fetus. ***Method:*** an exploratory and descriptive study of a qualitative approach. Data were collected in the household of 13 pregnant women who smoke, registered in FHU in a form, and then analyzed using the technic of Collective Subject Discourse (CSD). The research project was approved by the Research Ethics Committee, Opinion nº 768.792. ***Results:*** the respondents presented a partial knowledge of the cigarette complications during pregnancy, both for themselves and for the fetuses. ***Conclusion:*** it is necessary to implement strategies for the prevention and smoking cessation in women, what should happen continuously, thereby preventing complications for mother and child. ***Descriptors:*** Complications; Fetus; Pregnancy; Smoking.

RESUMO

Objetivo*:** analisar o conhecimento das gestantes sobre o maléfico uso do tabaco e suas implicações para o feto. ***Método: estudo exploratório e descritivo com abordagem qualitativa. Os dados foram coletados no domicílio de 13 gestantes fumantes cadastradas nas USF, a partir de um formulário, em seguida, analisados pela técnica do Discurso do Sujeito Coletivo (DSC). O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, parecer nº 768.792. ***Resultados:*** as entrevistadas apresentaram um conhecimento parcial das complicações do cigarro na gravidez, tanto para elas como para os fetos. ***Conclusão*:** é preciso a implementação de estratégias para a prevenção e a cessação do tabagismo em mulheres, que deva acontecer de forma continuada, prevenindo assim, complicações para mãe e filho. ***Descritores:*** Complicações; Feto; Gestação; Tabagismo.

RESUMEN

Objetivo: analizar los conocimientos de las mujeres embarazadas acerca del mal del consumo de tabaco y sus consecuencias para el feto. ***Método:*** un estudio exploratorio y descriptivo con enfoque cualitativo. Los datos fueron recolectados en el hogar de 13 mujeres embarazadas fumantes, registradas en USF en un formulario, después se analizó mediante el Discurso del Sujeto Colectivo (DSC). El proyecto de investigación fue aprobado por el Comité de Ética en la Investigación, Opinión nº 768.792. ***Resultados:*** las encuestadas tenían un conocimiento parcial de las complicaciones del uso de cigarrillos en el embarazo, tanto para ellas como para los fetos. ***Conclusión:*** es necesario implementar estrategias para la prevención y el abandono del hábito de fumar en las mujeres, lo que debería ocurrir de forma continua, evitando de este modo, las complicaciones para la madre y el niño. ***Descriptores:*** Complicaciones; Feto; Embarazo; Fumar.

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INTRODUCTION

Smoking is considered a major public health problem, being one of the main causes of morbidity and mortality worldwide. Recent data published in 2010, assessing residents of capital cities, showed a prevalence of 12,4% of female smokers, and in some cities, the proportion of women smokers is very close to men.[1]

In 2004, the World Health Organization (WHO) estimated that 12% of the adult female world population is smokers. Developed and developing countries are in different stages of the tobacco epidemic, this fact is reflected in the prevalence rate among women in these geographical contexts: 7% and 24%, respectively.[2]

It has been growing concern about tobacco use by women, a fact that has motivated greater attention of health institutions in an attempt to warn society and health professionals to the negative impact that tobacco use causes on women's health.[3]

The pregnant woman smoker favors the fetus becomes an involuntary smoker, causing damage to its development. The reasons why women start and remain smoking vary with age, their psychological, socio-economic, demographic and cultural factors as well as by the action of the tobacco industry propaganda. The earlier the initiation and the longer the consumer, the harder is the cessation.[4]

Due to the effect of nicotine on the cardiovascular system of the fetus, a single cigarette smoked by a laboring woman is able to quickly accelerate the heartbeat of it. Thus, it is easy to idealize the extent of damage to the fetus, with regular use of cigarettes by pregnant women.[5]

It is clear that smoking during pregnancy causes much damage to the health of women and the fetus. It is remarkable the high rate of pregnant women in cigarette use and the need to develop strategies to remedy this mistake becoming relevant develop studies that address this issue as well, motivate health professionals, especially nurses, to promote actions of education focused on rehabilitation of these women through circles of conversation and lectures related to that topic.

Develop studies with this focus can elucidate health professionals providing subsidies so that they are able to direct properly the pregnant women, providing a better quality of life and reducing injuries. Thus, this study aims to:

- Analyzing the knowledge of pregnant women about the evil of tobacco use and its implications to the fetus.

METHOD

It is an exploratory and descriptive study of a qualitative approach conducted in the Family Health Units (FHU) in the urban area of the city of Cajazeiras/PB. The population for this study comprised a total of 25 sample-smoking pregnant women constituted 13 women. The sample size was reduced due to no consent in some pregnant women participate and others are already on postpartum during the collection period. To the inclusion criteria had: age over 16 years old, registered and monitored in primary care unit, active smoking during pregnancy and agreed to participate in the study by signing the Informed Consent (IC).

Data were collected in September 2014, the home of the pregnant women, and were described in own collection instrument. The instrument used was one semi-structured interview with questions that characterize the sample and questions focused on the research objectives.

After collection, the data were tabulated, discussed in the light of the relevant literature to the theme, qualitative data were using the method developed by Lefévre; Lefévre, highlighting the identification of Key Expressions (ECs), the seizure of Central Ideas (ICs) and construction of the Collective Subject Discourse (CSD).[6]

In carrying out this survey, it took into consideration the precepts of Resolution 466/12 of the National Health Council (CNS) which lists studies involving living things, protecting the interests of each subject to be searched in its entirety and dignity and contributed to the unraveling of research according to ethical standards.[7]

The study had the project approved by the Research Ethics Committee of the School Santa Maria (FSM) under Opinion 768.792.

RESULTS

Cigarette use during pregnancy is associated with the highest risk of maternal complications and such an observation is made by the comparative analysis of the risk of complications among smoker and nonsmoker pregnant women. Furthermore, it is known that there is a reduced amount of milk produced by women who smoke. Figure 1 shows the view of the participants about tobacco use during pregnancy.

IC 1	CSD 1
Respiratory problems	[...] The child is born with pneumonia, bronco aspiration, asthma, respiratory problems, abstinence from smoking and fatigue, because my two daughters have already had.
IC2	CSD 2
Low birthweight	[...]The child may be born with low weight causing malformation bringing death.

Figure 1. Central idea and the Collective Subject Discourse concerning the following question: What are the complications of cigarette use during pregnancy?

The study revealed that the respondents have a partial knowledge about the cigarette complications during pregnancy, referring breathing problems as an alarming factor. It is necessary and important that the guidelines about the use of cigarette in pregnancy and childbirth be intensified and persistent during the prenatal providing clarification of tobacco complications during pregnancy for the mother and child.

Tobacco has numerous negative effects on the human body. These effects can be even worse when combining pregnancy. Among the consequences the largest number of spontaneous abortions, higher incidence of rupture of membranes, placenta previa, placental abruption, polyhydramnios, vaginal bleeding, loss of appetite due to lack of vitamin B1 and elevated blood pressure and heart rate, fluid retention, among others.[8]

The Ministry of Health and the Health Departments recommend that the first prenatal visit, there should be applied the investigation of smoking in pregnant women and people living with the same in their family and professional environment, and that cognitive-behavioral approach will be basis for actions to be implemented in subsequent consultations, which will be targeted on the risks of smoking, number of cigarettes smoked per day, conducts the most frequent complaints and encourage abstinence.[9]

In a study with 12 pregnant women in Rio Grande do Sul, in 2010, it showed the change of habit understood as care for pregnant women, which refers to use of tobacco and other drugs. According to the testimony of these from the guidance during prenatal, pregnant women have the tendency to quit tobacco use, even if it is only during pregnancy.[10]

There is countless harm that tobacco use during pregnancy can lead to the fetus. The table below shows the speeches of the women when questioned about the subject.

IC 1	CSD 1
Respiratory problems	[...] The child is born with pneumonia, bronco aspiration, asthma, respiratory problems, abstinence from smoking and fatigue, because my two daughters have already had.
IC2	CSD 2
Low birthweight	[...] The child may be born with low weight causing malformation bringing death.
IC3	CSD 3
Unknown cause	[...] I do not know the causes, as in my other pregnancies did not show anything, even though I'm smoking, [...] She may be born with multiple problems, just do not know which.

Figure 2. Central idea and the Collective Subject Discourse concerning the following questions: the complications that can cause the fetus to tobacco use during gestational period.

The interviewees still have little knowledge about the risky effects of smoking in relation to the fetus, it refers to various complications such as respiratory problems, low birth weight, poor training, but it is clear the lack of these evils in relation to the fetus, importantly it is further encouraging tobacco cessation and the search finds these mothers during pregnancy to guide them as to complications mainly because the fetus is a real active smoker.

The birth of a normal child is the main expectation of the parents as soon as pregnancy is confirmed however can be shaken when using the cigarette may bring some risk to the fetus. The most common neonatal complications can be delayed intrauterine growth, decreased fetal weight, respiratory distress syndrome, delayed fetal growth, neonatal jaundice besides the weight of newborns of smoking mothers have reduced from 150g to 250g, which they vary according to the number of cigarettes smoked.[11]

Because pregnant women continue to smoke during pregnancy tend to have an immediate effect on the fetus may lead to fetal mortality. Smoking during pregnancy can result in fetal injury, premature birth and low

birth weight. The risk of fetal limb deficiency is greater in the fetuses of mothers who smoke.[12]

The prevalence of maternal smoking during pregnancy was of 23,3%, and most mothers reported smoking throughout pregnancy. Almost a third of women were exposed to passive smoking during pregnancy. Mean (SD) weight, length and head circumference at birth of newborns were 3.204,7g (SD = 552,5), 48,4cm (SD = 5,7) and 35,3cm (SD = 7,6), respectively. The prevalence of low birth weight was of 7,8%.[13]

Researches have shown that a deficit in the average weight of the concepts born to mothers who smoke is 111 grams when they consume one to five cigarettes, 175 grams of six to ten cigarettes and 236 grams when smoke more than 10 cigarette per day.[11]

Infants of more than five cigarettes per day users tend to have symptoms which sometimes are not noticed as fetal withdrawal symptoms of smoking and which can be interruption of facilitating breastfeeding as cramps and crying.[13]

The consumption of more than 10 cigarettes/day is considered toxic to both the fetus and in infants, because the nicotine can both reduce milk production as well as be transmitted through breastfeeding, leaving the baby weight gain, and may cause effects such as diarrhea, tachycardia, drowsiness, and shock.[14]

Considering the harms that tobacco causes both the mother and the fetus, smoking cessation is very important, causing the light pregnant her pregnancy to a favorable outcome. Despite knowing the damage that smoking causes maternal and child health, large proportions of pregnant women still smoking, so we know how is the smoking cessation process can help professionals to implement interventions.[15]

It is important that every smoker and of gestation age woman who was considering the possibility of becoming pregnant, were addressed during family planning, so as to prevent the effects of smoking during pregnancy, familiar and creating the confidence of women, thus being able to know why the use if the family induced if your spouse also makes use, so it is necessary to know their friendship. Remembering that pregnancy and postpartum are peculiar times to renounce smoking.[16]

There are difficulties in acceptance of pregnant women, to eliminate the addiction, although the tobacco elimination promotes prevention, promotion and rehabilitation for this population group, once rehabilitated, the risk for pregnancy complications may cause neonatal mortality decrease considerably because pregnant women are physiologically normal individuals, making orientation a significant preventive practice.[17]

CONCLUSION

Despite the participants present related to complications of smoking in pregnancy and there is little nursing instructions during prenatal consultations deficit, all interviewees wish to cease cigarette use during pregnancy, using various forms of treatment.

Given this context, the pregnant women who smoke should be prioritized given that health professionals can be the basis of the success of the smoking approach programs in pregnancy, it is necessary to develop a clear policy to support smoking cessation during pregnancy, where the control of tobacco use becomes the best and cheapest way to prevent, treat and cure various diseases.

There is a need to further expand the vision for pregnancies on this topic, especially those who do not seek the family health program, there must be an active search, providing educational activities in the FHP, interact with proposals that can stop the abuse of smoking, the implementation of policies for the prevention and smoking cessation in women should cover training measures for health professionals and public education, and there should be discussion and implementation of measures that are most relevant for this segment of the population.

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