

Prenatal and postnatal exposure to tobacco smoke, nicotine, alcohol, marijuana, opioids, and illegal drugs

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Maternal smoking and tobacco smoke in the baby's environment after birth are the main risk factors for sudden infant death syndrome (SIDS). Exposure to environmental tobacco smoke decreases physiological arousals. In addition, maternal smoking increases the risk of low birth weight and preterm birth, both risk factors for these sudden infant deaths.¹

The new version of the safe sleep recommendations developed by the American Academy of Pediatrics includes *advising pregnant people not to smoke during pregnancy or after the infant's birth. Advise that no one smoke near pregnant people or infants. If someone has smoked, the room should be well ventilated before the child sleeps there. Smokers' clothing, skin, and hair have carcinogenic particles resulting from the combustion of tobacco. It is advisable to place a clean cloth before directly placing the baby. Encourage families to set strict rules for smoke-free homes and cars and to eliminate secondhand tobacco smoke from all places children and other non-smokers spend time. The risk of SIDS is particularly high when the infant shares the bed with an adult smoker, even when the adult does not smoke in bed.*²

In recent years, data on smoking has shown that tobacco use has decreased, both in the

young and adult populations.^{3,4} Although the trend in tobacco use is declining in both youth and adults, its prevalence and mortality remain high compared to other countries in the region, while advances in terms of policies have been slower than what is required.⁴ The prevalence of tobacco use (cigarettes) was 22.2% according to the National Survey on Risk Factors (Encuesta Nacional de Factores de Riesgo, ENFR) of 2018. When comparing by jurisdiction, the prevalence was higher than the national average in Entre Ríos (22.7%), Salta and Tucumán (23%), Buenos Aires (23.1%), Chubut (23.4%), Catamarca (23.5%), Tierra del Fuego (24.9%), Córdoba (26.7%), Mendoza (26.8%), and Santa Cruz (27.1%). This indicator was higher among males (26.1%) than females (18.6%).⁴ A total of 25% of the population reported having been exposed to second-hand tobacco smoke in the past 30 days at home. The indicator of exposure to secondhand smoke at home was significantly higher than the overall national average in Córdoba (25.2%), Mendoza (26.3%), San Luis (26.7%), Santiago del Estero (27%), Catamarca and Tucumán (27.5%), Buenos Aires (27.8%), Tierra del Fuego (28%), La Rioja (28.8%), Salta (28.9%), and Santa Cruz (29%).⁴ According to the ENFR of 2018, exposure at home was more frequent in groups of younger

doi: <http://dx.doi.org/10.5546/aap.2023-10121>.eng

To cite: Taire DL. Prenatal and postnatal exposure to tobacco smoke, nicotine, alcohol, marijuana, opioids, and illegal drugs. *Arch Argent Pediatr* 2024;122(1):e202310121.

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individuals and people in a situation of greater vulnerability (lower level of education, exclusive public health coverage, and in the 1st income quintile).⁴

Quitting smoking is not easy. It is essential to have interdisciplinary teams trained in smoking cessation in order to be able to connect our patients' parents and/or caregivers with an actual possibility of getting help. We need facilities that cover medical and psychological aspects, have a group device for patients coordinated by a professional and permanent telephone access to the team.⁵ The greatest efforts should be targeted at making the fight against smoking an integral part of current perinatal care across the country and placing the issue on the agenda of health policy makers.⁶

There is also an increased risk of SIDS with prenatal and postnatal exposure to alcohol or illegal drug use. Both alcohol and illegal drugs have a vasoconstrictor action, both at the placental and fetal levels. During pregnancy, growth restriction, placental abruption, premature birth, or stillbirth may be observed. This may be followed by neonatal withdrawal syndrome, increased risk of sudden unexpected infant death during the first year of life and, in the long term, neurodevelopmental impairment. Women who use alcohol or illegal drugs should not breastfeed. As a result, without breastfeeding, the protective factor against sudden death and multiple aspects of the infant's health, growth, and development are no longer present.

The risk of SIDS is also significantly higher with concomitant smoking and alcohol use.⁷ *The risk of SIDS and unintentional mechanical suffocation is particularly high when the infant shares spaces (beds, sofas, reclining chairs, etc.) with an adult who uses alcohol and/or illegal drugs.*

The new 2022 recommendations state *advising pregnant people to avoid alcohol, marijuana, opioids, and illicit drug use during pregnancy and after birth. As with any health action, an open and respectful conversation with pregnant women and mothers will help to become aware of use and provide advice on possible courses of action.*²

Contrary to what has been observed in relation to tobacco, alcohol use is on the rise. The growing trend of alcohol use in the country is extremely concerning in terms of the decrease in the age of initiation (using alcohol for the first time before the age of 14); the increase in use among female adolescents compared to males, with a widening gender gap in adolescents aged 13 to 15 years; and the constant increase in the heavy episodic drinking indicator in adults, particularly young people. All of this evidences the insufficient implementation of public policies to reduce harmful alcohol use that meet international scientific standards.⁴ ■

Acknowledgments

I would like to thank Norma Rossato, M.D., for making a critical review.

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