





#### EARLY TRANSFER OF TOBACCO-DERIVED MOLECULES

- <u>COELO & CORDOCENTESIS</u>
- Cotinine is found inside the GS from 6 wks.
- Cotinine level in CF > MS
- Cotinine level @ 11-17 wks in FS > MS
- FP levels of Ser, Pro, α-aminobutyric ac, Leu & Arg are lower @12-17 wks in Smokers.



#### CIGARETTE SMOKING AND OFR

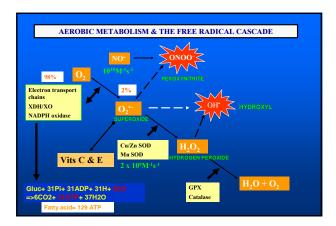
# Smoking is associated with increased blood levels of glutathione (GSSP) (Muscar et al, FR Biol Med 2004). # Cigarette smoke extract decreases iNOS expression and NO production (Heyt et al, Exp Lung Res, 2003). # Smokers have significantly lower plasma ascorbic cold memory and associated as a second second as a second sec

acid (Dietrich et al., AJ Clin Nut, 2003). # Activities of SOD and CAT in erythrocytes are significantly lower in active and passive smokers

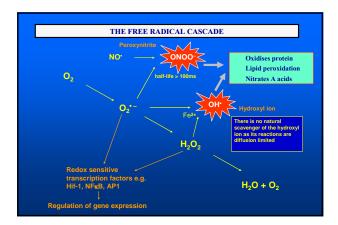
(Yildiz et al., Clin Chem Lab Med, 2002).

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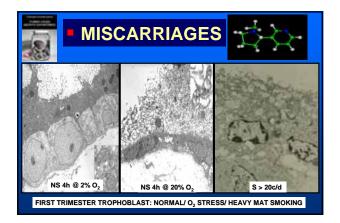
TOBACCO SMOKE INDUCES DIRECT DAMAGES (CADMIUM) AND INDIRECT DAMAGES VIA AN INCREASE INTAKE OF FREE RADICAL AND DECREASE ANTIOXYDANT ENZYME ACTIVITY











# Placental and fetal side-effects of maternal tobacco smoking in early pregnancy

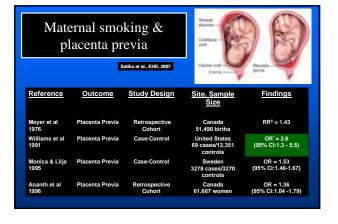
- Miscarriage
- Ectopic pregnancy
- Placenta previa & placenta previaaccreta
- Fetal orofacial clefts



# OROFACIAL CLEFTS

Among fetuses lacking enzymes involved in the detoxification of tobacco-derived chemicals (Lammer et al., Epidemiology, 2004 & 2005)









	Maternal smoking & placenta abruptio		-	Ō
	Salihu et al., E			
<u>Reference</u>	<u>Outcome</u>	Study Design	<u>Site, Sample</u> <u>Size</u>	<u>Findings</u>
Voigt et al 1990	Abruptio Placentae	Case-Control	United States 1406 cases/2874 controls	OR = 1.6 (95% CI:1.3 -1.8)
Castles et al 1999	Abruptio Placenta	Case-Control	United States 37 cases/51 controls	OR = 4.0 (95% Cl: 1.5 – 11.0)
Ananth et al 2001	Placental Abruption	Retrospective Cohort	United States 7,465,858 singleton births	OR = 2.00 (95% CI:1.95 -2.05)





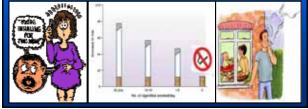


Indices of adverse birth outcomes among infants born to smoking mothers.					
Indices	Magnitude of Association	Absolute Risk	Number Needed to Quit to prevent 1 AO		
Preterm	OR = 1.3 (95% Cl 1.2 -1.3)	4.8	21		
Very Preterm	OR = 1.4 (95% Cl 1.2-1.5)	1.4	71		
SGA	OR = 2.3 (95% Cl 2.2-2.4)	11.2	9		
Infant Mortality	OR = 1.40 (95% Cl 1.32–1.48)	0.4	250		
Sudden Infant Death Syndrome	OR = 2.3 (95% Cl 1.8–2.9)	0.16	<sup>625</sup> alihu et al., EHD, 2007		






SMOKING DURING PREGNANCY (US):
 Costs 250 millions \$/ year.
 Additional 1500\$ to pregnancy costs.
 A drop of 1% in maternal smoking prevalence prevents the delivery of 1300 LBW infants.



## LONG TERM IMPACT OF MATERNAL SMOKING

- Has been associated with:
  - Activation of nicotine Rec (12 wks) => Addiction in utero.
- Abnormal brain cell proliferation & differentiation => Cognitive deficits & attention deficit/hyperactivity disorder.



 Chromosome instability in amniocytes & blood SC => Childhood cancer.

### FETAL ALCOHOL SYNDROME (FAS)

- Low birth weight (Small head circumference).
- Facial abnormalities:
- \* Small upper jaw
- \* Short, upturned nose
- \* Smooth groove in upper lip
- \* Smooth and thin upper lip
- \* Narrow, small eyes with large epicanthal folds



## FAS: LONG TERM EFFECTS

#### • Has been associated with:

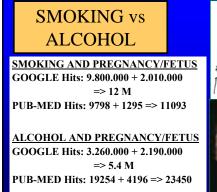
- Poor coordination/fine motor skills
  Poor socialization skills, such as difficulty building and maintaining friendships and relating to groups.
  Lack of imagination or curiosity
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  Learning difficulties, including poor memory, inability to understand concepts such as time and money, poor language comprehension, poor problem-solving skills
- Behavioral problems, including hyperactivity, inability to concentrate social withdrawal, stubbornness, impulsiveness, and anxiety



#### FAS: EPIDEMIOLOGY

- There is little research published on the prevalence, natural history, medical, and social complications relevant to adults with FAS.
- The evidence that is emerging suggests that this disorder is common, and that services to diagnose and treat these individuals are limited.









#### RM & PREVENTIVE MEASURES ESHRE guidelines 2006

- <u>RISK FACTORS</u>
- Stop Smoking (+ passive).
- Toxics (Caffeine, Alcohol, Radiations, Chemicals).
- Stable maternal health (BMI/Obesity)



- TLC (Stress).



Thank You