Vaping and Pregnancy: Health and Policy Concerns

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The Alliance for Patient Access (allianceforpatientaccess.org), founded in 2006, is a national network of physicians dedicated to ensuring patient access to approved therapies and appropriate clinical care. AfPA accomplishes this mission by recruiting, training and mobilizing policy-minded physicians to be effective advocates for patient access. AfPA is organized as a non-profit 501(c)(4) corporation and headed by an independent board of directors. Its physician leadership is supported by policy advocacy management and public affairs consultants. In 2012, AfPA established the Institute for Patient Access (IfPA), a related 501(c) (3) non-profit corporation. In keeping with its mission to promote a better understanding of the benefits of the physician-patient relationship in the provision of quality healthcare, IfPA sponsors policy research and educational programming.



The practice of vaping and the use of e-cigarettes by people of all ages have dominated the headlines in 2019. The prevalence of vaping has brought forward many opinions, policy challenges, and proposed policy solutions. Policymakers have proposed to limit sales, reduce nicotine content, end teen use, eliminate flavors, and wait for more access to research and subsequent government guidelines.

Health policy discussions on vaping have largely focused on adult lung illnesses, youth prevention, elimination of e-liquid flavor cartridges, and the contents of vaping products that have led to over 1,000 domestic deaths.

Less attention, if any, has been addressed by the media related to the impacts of vaping on newborns and infants - and subsequent policy changes to educate expectant mothers about the harmful impacts of vaping, during or immediately after pregnancy.

Should society assume that nicotine use during pregnancy has reached such a level of taboo that pregnant women in America simply are not doing it? Where do pregnant women access resources about quitting, if no one is really talking about the act itself?

Unfortunately, resources indicate that some vaping occurs with pregnant women in America, currently. According to the Mayo Clinic, "research suggests that pregnant women who vape believe that using e-cigarettes is less harmful than smoking cigarettes." Mayo Clinic also suggests that pregnant women often are not aware if e-cigarettes contain nicotine. Another reason given why pregnant women may vape during pregnancy is the perception

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The Centers for Disease Control and Prevention (CDC) has issued clear statements that any product containing nicotine, including e-cigarettes, is "not safe for use during pregnancy." The well-known harm of nicotine to a fetus is described by the CDC as damage to a developing brain and lungs. The CDC also notes that "some of the flavorings used in e-cigarettes may be harmful to a developing baby." (2)

The CDC also points out there is not substantial evidence to conclude whether or not e-cigarettes help women quit smoking during pregnancy or stay smoke-free after their newborn arrives. The health protection agency includes in their literature, however, that e-cigarettes are not approved by the FDA to help people quit smoking.

For its part, the U.S. Food and Drug Administration (FDA) is explicit - no youth or pregnant women should be using any vaping product, regardless of the substance. (3,4)

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The American Academy of Pediatrics (AAP) — as far back as their 2015 annual meeting — addressed the issue of secondhand smoke from e-cigarettes. This attention came at a time when ecigarettes were still relatively new in the U.S. market. The AAP warned that secondhand exposure to e-cigarettes might be dangerous and reiterated that "nicotine-containing products could harm children from conception onward." In 2015, the AAP also challenged the FDA to regulate e-cigarettes as they would other tobacco products.

The FDA has regulated standard cigarette smoking using authorities in accordance with the Family Smoking Prevention and Tobacco Control Act of 2009. Limits and new rules on sales of tobacco products, changes to size and prominence of warning labels on packaging, and elimination of advertisements geared towards children were all employed.

E-cigarettes present a new challenge for the FDA. FDA Acting Commissioner Dr. Ned Sharpless acknowledged in a September newsletter, "this topic is a complicated one with many unknowns." (How FDA is Regulating E-Cigarettes: https://www.fda.gov/news-events/fda- voices-perspectives-fda-leadership-and-experts/how-fda-regulatinge-cigarettes) Dr. Sharpless later acknowledged in that same article that the FDA's policies on e-cigarettes are "still evolving."

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Studies do suggest that pregnant women are vaping - maybe, if only under the belief that they are not using nicotine, or are using



less nicotine with an e-cigarette.

While the FDA's and CDC's of the world work through policy suggestions, guidance, and regulations, what may really protect the next generation from harm (and prevent vaping by expectant mothers) is a continuing concerted effort by hospitals, health care providers, and caretakers to dispel myths about vaping products and vaping during pregnancy, and to provide encouragement and other resources that will end the mother's dependence on e-cigarettes. The direct impact and personal contact may be more expeditious to end vaping during pregnancy than waiting on policymakers to review the data and enact regulations.

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