

why we drew up the table used in the referred article, including clinical parameters that indicate lung function involvement (some of which can be found on Wood and Downes score) and oximetry, which is a validated parameter for the study of asthma severity.⁶

Our study was developed based on appropriate scientific methodology, as specified in "Materials and Methods". As described in the "Discussion", the study is preliminary since we use a convenience sample, without previous sample calculation, due to the paucity of studies in the literature that use a similar methodology, which could be used as a basis for sample size calculation; now, our study can provide other studies with a sound basis for this calculation should there be any interest in extending this line of research.

We express our strong disapproval of the derogatory use of the term "tupiniquim" (meaning rudimentary or amateurish). In our viewpoint, we Brazilians have to leave behind the cultural and scientific colonialism in which we live and seek our own identity, develop our own knowledge-producing capacity based on our necessities, and have the courage to express it.

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Smoking in pregnancy: a bigger problem than you think

Smoking compromises female pre-conception reproductive function, pregnancy outcome and lactation.¹ Since pregnant women usually are in close contact with health professionals (prenatal care), antismoking campaigns are frequently successful in this period. However, for these efforts to succeed the following considerations should be emphasized.

First, while the illicit drug use in pregnancy has received significant attention over the past two decades far too little attention has been given to the consequences of the use of "social drugs" such as tobacco, ethanol and caffeine, which are by far the most commonly used substances in pregnancy.

Second, while the deleterious effects of cocaine, amphetamines, and opioids on the mother and the fetus are more pronounced and easier to detect, the addiction to tobacco, ethanol and caffeine is usually subtle and more difficult to diagnose.² As a result recreational use of tobacco in pregnancy may continue undetected, significantly effecting pregnancy outcome and lactation.

Third, approximately 80% of women who smoke before pregnancy continue to smoke when pregnant.² Low cigarette consumption prior to pregnancy is the best predictor for smoking cessation in pregnancy.

Fourth, the majority of patients with a history of drug use in pregnancy (including tobacco) deny it when interviewed by primary care physicians, obstetricians and/or neonatologists.³

Fifth, risk factors suggesting tobacco use in pregnancy include lack of prenatal care, respiratory complications and history of premature labor.

A high index of suspicion for tobacco (as well as other social and illicit drug) use in pregnancy, combined with non-judgmental questioning of every parturient is therefore necessary.

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