

# **Pregnant or Post Partum Moms and Tobacco**

"Women who quit smoking before or early in pregnancy significantly reduce the risk for several adverse outcomes. Compared with women who do not smoke, women who smoke prior to pregnancy are about twice as likely to experience a delay in conception and have approximately 30% higher odds of being infertile. Women who smoke during pregnancy are about twice as likely to experience premature rupture of membranes, placental abruption, and placenta previa during pregnancy."<sup>1</sup>

## **Community Use**

- Nationally, between 12-20% of all pregnant women smoke.<sup>2</sup> In 2008 in North Carolina, 10.4% of all live births were to women who reported smoking during pregnancy, although in some counties as many as 33% of babies were born to women who smoked.<sup>3</sup>
- The percentage of women who smoke after giving birth in North Carolina varies by race/ethnicity; 3% of Hispanic/Latino, 17% of White, 18% of Black, and 14% of Other race/ethnicity post partum women smoke after pregnancy. There was no available data on American Indian women<sup>4</sup>.
- According to <u>You Quit Two Quit</u> (a program that works with healthcare providers to establish a comprehensive system to screen and treat pregnant and postpartum women for tobacco use), tobacco use amongst pregnant Hispanic/Latino women is increasing.
- American Indian pregnant women in North Carolina have the highest smoking rate (24%) compared to White (15%), African American (10%), Asian American/Pacific Islander (2%), and Hispanic pregnant women (1%).<sup>5</sup>

## Cessation

- In North Carolina, half of women smokers of reproductive age quit smoking during pregnancy.<sup>6</sup> However, 80% return to smoking within the first year of their baby's life, highlighting the need for more continuous care.
- Quitting smoking while pregnant increases the chances newborn babies will go home from the hospital with their mother. For more information on quitting while pregnant go to <a href="https://www.youquittwoquit.com">www.youquittwoquit.com</a>

## **Tobacco's Effect on the Community**

- In North Carolina, according to <u>You Quit Two Quit</u>, 33% of all infants are exposed to second hand smoke.
- Babies born to women who smoke during pregnancy have higher odds of being born prematurely, are more likely to be born with low birth weight, and are more likely to die of Sudden Infant Death Syndrome (SIDS).<sup>1</sup>



Children who are exposed to secondhand smoke are at increased risk for bronchitis, pneumonia, ear infections, more severe asthma, respiratory symptoms, and slowed lung growth.<sup>1</sup>

## Tobacco's effect on the fetus

- The evidence of the negative impact of smoking on pregnant women, infants and mothers continues to grow. For example, a recently published study found that continuous smoking during pregnancy increases the likelihood that children will have behavioral and attention deficit problems.<sup>7</sup>
- This new research adds to the large body of knowledge about the harmful effect of smoking on this
  population. Women who smoke are less likely to become pregnant, compared to non-smokers. Smoking
  during pregnancy has been linked to up to 10% of all infant deaths. Pregnant smokers are twice as likely
  to have a low birth weight baby and more likely to deliver their babies prematurely. Babies whose mothers
  smoked during their pregnancy are more likely to die from Sudden Infant Death Syndrome (SIDS) than
  those whose mothers did not smoke. Smoking during pregnancy may impair normal fetal brain and
  nervous system development.<sup>8</sup>
- The direct medical costs of a complicated birth are 66% higher for smokers than for non-smokers, reflecting the greater severity of complications and the more intensive care that is required.<sup>9</sup>

#### **Environmental Tobacco Smoke**

- Smoking after the baby is born poses risks for the mother, child, and other household members. Twentyseven percent of US children aged 6 years and under live with a parent or other family member who smokes; the annual direct medical costs associated with this exposure to parental smoking is estimated at \$4.6 billion.<sup>10</sup>
- Environmental tobacco smoke, also known as second-hand smoke, can contribute to an increase in respiratory illnesses in mothers and babies, middle ear infections in children, children with impaired lung function<sup>11</sup> and an increase in SIDS.<sup>12</sup>

#### Ask

 Ask parents about folk remedies for teething. Considered a folk remedy by Asian, American Indian and rural communities, rubbing smokeless tobacco on the gums of teething babies and toddlers results in exposure to nicotine at an early age that may have long-term health consequences. If tobacco is used as a folk remedy, work with the parents to find another method of soothing their baby's sore gums, insect bites, etc.<sup>13, 14</sup>



#### References

- 1. Carolina Tobacco Prevention and Control Branch. Surveillance Update Maternal Smoking Around the Time of Pregnancy: 2005 NC Pregnancy Risk Assessment Monitoring System. February 2008.
- 2. Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Munson ML. Births: Final data for 2002. National vital statistics reports; vol 52 no 10. Hyattsville, Maryland: National Center for Health Statistics. 2003.
- North Carolina State Center for Health Statistics. Risk Factors and Characteristics for 2008 North Carolina Resident Live Births: All Mothers. Accessed December 15, 2009. Available from: http://www.schs.state.nc.us/SCHS/births/matched/2008/all.html>
- 4. Office of Minority Health and Health Disparities and State Center for Health Statistics. Racial and Ethnic Health Disparities in North Carolina. Report Card 2010. North Carolina Department of Health and Human Services. Accessed August 2010 at http://www.schs.state.nc.us/SCHS/pdf/MinRptCard\_WEB\_062210.pdf
- 5. 2008 North Carolina Pregnancy Risk Assessment Monitoring System Survey Results. Smoking After Pregnancy. Accessed September 2010 at http://www.schs.state.nc.us/SCHS/prams/2008/SMK5NW\_A.html
- 6. State Center for Health Statistics and Office of Minority Health and Health Disparities. October 2003. Tobacco Use Among Pregnant Women in North Carolina: Predictors of Smoking Cessation During Pregnancy. Accessed September 2010 at http://www.schs.state.nc.us/SCHS/pdf/SCHS138.pdf
- Robinson M, et al. Smoking cessation in pregnancy and the risk of child behavioural problems: A longitudinal prospective cohort study. J Epidemiol Community Health. Published Online First: 24 August 2009 doi:10.1136/jech.2009.088658
- 8. Women and smoking: A report of the Surgeon General. Rockville, MD: U.S. Dept. of Health and Human Services, Public Health Service, Office of the Surgeon General; Washington, DC, 2001.
- 9. Centers for Disease Control and Prevention (1997). Medical-care expenditures attributable to cigarette smoking during pregnancy —United States, 1995. Morbidity and Mortality Weekly Report, 46(44), 1048-1050.
- Aligne CA, Stoddard JJ. Tobacco and Children: An Economic Evaluation of the Medical Effects of Parental Smoking. Archives of Pediatric and Adolescent Medicine 151:648-53 (July 1997)
- 11. Hu FB, et al., Prevalence of asthma and wheezing in public schoolchildren: association with maternal smoking during pregnancy, Annals of Allergy, Asthma and Immunology 79(1): 80-84 (July 1997)
- Tager IB, et al., "Maternal smoking during pregnancy: effects on lung function during the first 18 months of life, American Journal of Respiratory and Critical Care Medicine 152(3);977-83 (September 1995).
- 13. World Health Organization. The scientific basis of tobacco product regulation. WHO technical Report series. 1008.
- 14. Committee on Environmental Health, Committee on Substance Abuse, Committee on Adolescence, and Committee on Native American Child Health.Tobacco Use and Pediatric Disease. *Pediatrics* 2009;124;1474-1487; originally published online Oct 19, 2009; DOI: 10.1542/peds. 2009-2114.