

Highlights in Tobacco Control

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Practical Ideas Online

Working with High Risk Populations Reducing Tobacco Use Among Moms-To-Be

Message for Women of Childbearing Age
Pregnant? Here are a few good reasons for not smoking and avoiding others who do.



Women who smoke during pregnancy increase their risk for:

- ◆ **Complications during pregnancy**
- ◆ **Premature delivery**
- ◆ **Low birth weight infants**
- ◆ **Stillbirth**
- ◆ **SIDS (Sudden Infant Death Syndrome)**
- ◆ **Higher rates of infant mortality**



Almost all birth outcomes are made worse by smoking. For women who smoke, quitting early in pregnancy is one of the most important things they can do for the health of their baby.

Fetal tobacco syndrome is the diagnostic term for a range of adverse effects on a child due to smoking during pregnancy.

Nieburg P, Marks JS, McLaren NM, Remington PL, The fetal tobacco syndrome, JAMA 1985; 253: 2998 – 2999.

Program Goal

Decrease tobacco use in at risk, priority population groups

Young women of childbearing age (18-24) who smoke are a priority population based on higher prevalence of smoking, excess direct medical costs at birth, and the contribution of mother's smoking to increased health risks for themselves as well as their unborn child. *The national goal is to reduce smoking among pregnant women to no more than 2% by 2010. In Texas approximately 6.3% of all pregnant women smoke.*¹

Characteristics of Pregnant Smokers

Nationally, smoking among pregnant women is consistently higher among those ages 15-19 (16.7%) and 18-19 (18.1%).² Rates also vary by educational level. Smoking prevalence during pregnancy is only 2.2% among mothers with 16 or more years of education versus 25.5% for those with 9-11 years of education.³

Low Birth Weight Babies

Low birth weight is the leading cause of infant deaths. Infants born to mothers who smoke weigh less than other infants.³ In Texas⁴ over 41,000 babies born each year weigh less than 5 lbs 8oz (low birth weight). Very low birth weight babies (less than 3 lbs 5 oz at birth) are at even greater risk of infant mortality and complications of pregnancy. There were 4,605 very low birth weight births in Texas in 2000. In Jefferson County, for example, one out of every 50 infants weighed less than 3 lbs. 5 oz.



References

1. Texas Department of State Health Services, Bureau of Vital Statistics, 2002
2. USDHHS, CDC (2004) Smoking During Pregnancy — United States, 1990 – 2002, MMWR, October 8, 2004 / 53(39):911-915.
3. US Department of Health and Human Services (2001) Women and Smoking, A Report of the Surgeon General. USDHHS, CDCP, National Center for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health.
4. Texas Department of State Health Services, Bureau of Vital Statistics, 2000

Strategic Program Activities:

- 1) Educate women of childbearing age on the effects of smoking during pregnancy.
- 2) Encourage smokers to seek help in quitting by calling the Quitline (1-877-YES – QUIT).
- 3) Promote systems change to enhance delivery of tobacco education and cessation messages among health care providers who serve pregnant women



Practical Ideas to Support Program Goal

Education and Outreach: Copy and distribute the attached **FACT SHEET** to prenatal clinic providers, new parent groups, Lamaze programs in hospitals and clinics, school programs for teen mothers, public housing projects and other residential areas with young mothers as well as to operators of day care centers. Use the information in the **FACT SHEET** as the basis for a letter to the editor in your local newspaper or for a wall mural.

Dear Dr. Phil Huang,

What advice do you have for pregnant women who smoke?

Ask
Dr.
Phil

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While quitting smoking early in pregnancy is one of the most important things you can do for the health of your baby, quitting at any time during your pregnancy can help reduce the harm to your child. If you need support in giving up the addiction to nicotine, call the Quitline (1-877-YES-QUIT).

The evidence is clear. Cigarette smoking during pregnancy accounts for 20% of low birth weight deliveries, about 8% of preterm births and 5% of all perinatal deaths. Between 22% and 41% of all SIDS cases (Sudden Infant Death) are attributable to tobacco use.¹

Direct medical costs of a birth for a smoker are estimated to be two-thirds higher than for non-smokers – a reflection of more complications at birth and the need for more intensive care. In 2002, there were **23,268 Texas women² who smoked while pregnant**. The excess direct medical costs for these Texas women can be estimated at over \$16 million a year.³

The health hazards of smoking do not end with pregnancy. After pregnancy, exposing infants and young children to secondhand smoke produces immediate effects. It increases the chance of SIDS, respiratory illnesses, and middle ear infections and increases the severity of asthma.

References

1. DiFranza JR, Lew RA (1995) Effect of Maternal Cigarette Smoking on Pregnancy Complications and Sudden Infant Death Syndrome. *Journal of Family Practice*, 40:385-94.
2. Texas Department of State Health Services, Bureau of Vital Statistics, 2002
3. Lightwood JM, Phibbs CS, Glantz SA (1999) Short Term Health and Economic Benefits of Smoking Cessation: Low Birth Weight. *Pediatrics*, 104:1312-1320.

Yes You Can!, a media campaign on TV, cable and radio, urges men to kick the habit. The message, whether man or woman, is still the same, Yes, You Can Quit! For more information check out the website:

<http://www.tdh.state.tx.us/otpc/yesucan/yesucan.htm>

Run Dates: Jefferson County: December 27 – Feb 11, 2005
Houston: January 3 – 14, 2005

For More Information on *Yes You Can!* Contact marcus.cooper@dshs.state.tx.us



Fact Sheet

Impact of Smoking on Unborn Babies, Infants and Pregnant Women

- ◆ Women who smoke during pregnancy increase their chance of
 - **Complications during pregnancy**
 - **Premature delivery**
 - **Low birth weight infants**
 - **Stillbirth**
 - **Sudden infant death (SIDS)**
 - **Higher rate of infant mortality**
- ◆ Nicotine in cigarettes can **narrow blood vessels to the umbilical cord and uterus**, decreasing the amount of oxygen to the unborn child.¹
- ◆ **Nicotine is found in breast milk.**¹
- ◆ Babies of mothers who smoked during pregnancy have lower birth weights. **Low birth weight is the leading cause of infant deaths, resulting in more than 300,000 deaths annually** among newborns in the United States.¹
- ◆ **Smoking by mothers causes SIDS.** Babies exposed to secondhand smoke after birth are twice the risk for SIDS as those protected from secondhand smoke, and infants whose mothers smoked before and after birth are at three to four times greater risk.²

Smoking Remains a Personal Health Problem for Pregnant Women

*Smoking harms nearly every organ of the body, causing many diseases and reducing the general health of smokers. The list of diseases caused by smoking includes a series of **cancers** - stomach, bladder, cervical, kidney, pancreatic, esophageal, laryngeal, lung, oral and throat cancers, **chronic lung diseases, coronary heart and cardiovascular diseases, cataracts, pneumonia, and periodontitis.**³*

Nationally, in 2002, **16.7 % of teen-age mothers smoked during pregnancy.** The highest rate of smoking during pregnancy, **18.2%, was among pregnant women 18-19 years of age.**⁴ Only **18% to 25% of all women quit** smoking once they become pregnant.¹ **Over 23,000 Texas women a year smoked during pregnancy.** Delivery complications for women who smoke are estimated to cost Texans **over \$16 million a year in direct medical costs.**⁵

Almost all birth outcomes are made worse by smoking. For women who smoke, quitting early in pregnancy is one of the most important things they can do for the health of their baby.

For Help In Quitting Tobacco Use call **1-877-YES-QUIT**

References

1. US Department of Health and Human Services (2001) Women and Smoking, A Report of the Surgeon General. USDHHS, CDCP, National Center for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health 1.
2. DiFranza JR, Lew RA (1995) Effect of Maternal Cigarette Smoking on Pregnancy Complications and Sudden Infant Death Syndrome. Journal of Family Practice, 40:385-94.
3. USDHHS(2004) The Health Consequences of Smoking: A Report of the Surgeon General. USDHHS, CDCP, National Center for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health.
4. USDHHS, CDC (2004) Smoking During Pregnancy — United States, 1990 – 2002, MMWR, October 8, 2004 / 53(39); 911-915.
5. Lightwood JM, Phibbs CS, Glantz SA (1999) Short Term Health and Economic Benefits of Smoking Cessation: Low Birth Weight. Pediatrics, 104:1312-1320.