

Preventing Smoking and Exposure to Secondhand Smoke Before, During, and After Pregnancy

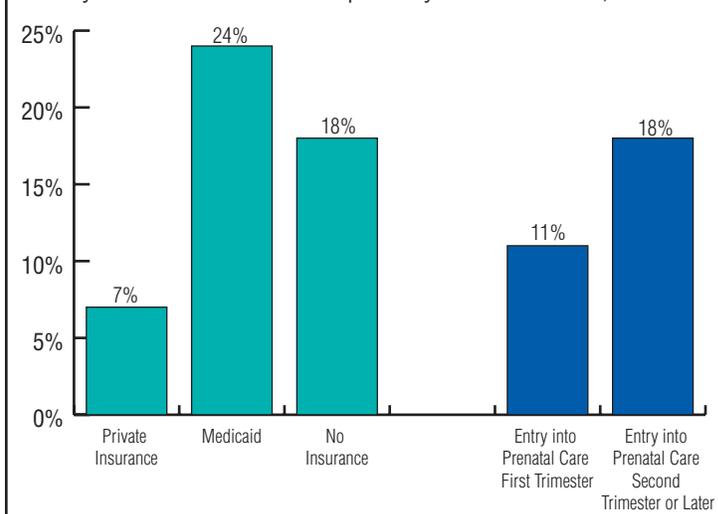


The Reality

Smoking before and during pregnancy is the single most preventable cause of illness and death among mothers and infants. 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.
- Babies born to women who smoke during pregnancy,
 - Have about 30% higher odds of being born prematurely.
 - Are more likely to be born with low birth weight (less than 2500 grams or 5.5 pounds), increasing their risk for illness or death.
 - Weigh an average of 200 grams less than infants born to women who do not smoke.
 - Are 1.4 to 3.0 times more likely to die of Sudden Infant Death Syndrome (SIDS).

Figure 2. Prevalence of Smoking During the Last Three Months of Pregnancy by Access to Health Care as reported by 26 PRAMS States, 2004

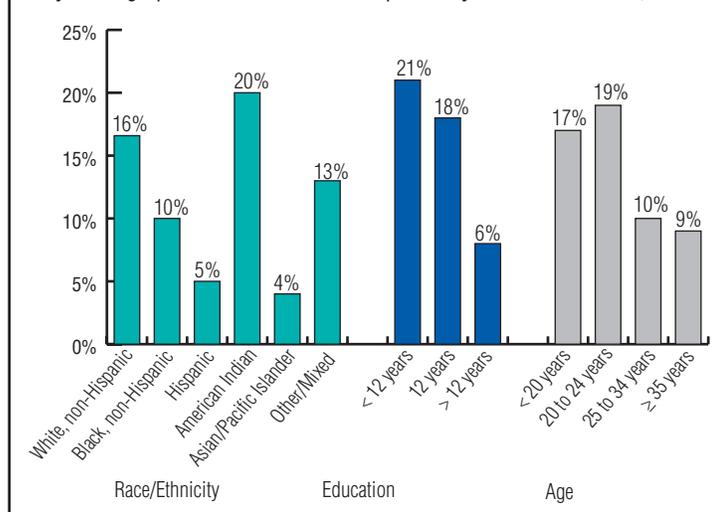


Prevalence of Smoking During The Last 3 Months of Pregnancy

According to 2004 Pregnancy Risk Assessment Monitoring System (PRAMS) data from 26 states,¹

- Approximately 13% of women reported smoking during the last 3 months of pregnancy.
- Younger, less educated, non-Hispanic white, and American Indian women are more likely to smoke during pregnancy compared with their older, more educated counterparts (Figure 1).
- Women on Medicaid are more than three times as likely to smoke during the last 3 months of pregnancy as women with private insurance, and smoking rates are higher among women who enter into prenatal care later in pregnancy (Figure 2).
- Of women who smoked during the last 3 months of pregnancy, 52% reported smoking 5 or fewer cigarettes per day, 27% reported smoking 6 to 10 cigarettes per day, and 21% reported smoking 11 or more cigarettes per day.
- Of women who smoked 3 months before pregnancy, 45% quit during pregnancy. Among quitters during pregnancy, 52% relapsed within 6 months after delivery.

Figure 1. Prevalence of Smoking During the Last Three Months of Pregnancy by Demographic Characteristics as reported by 26 PRAMS States, 2004



¹ PRAMS 2004 representing 26 states. Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

Secondhand Smoke

Exposure to secondhand smoke causes premature death and disease in children and adults who do not smoke.

- From 1988 through 2002, cotinine levels (a biological indicator of tobacco smoke exposure) declined by approximately 70% among children and nonsmoking adults. Despite this positive trend, in 2002 nearly half of all children and nonsmoking adults still had detectable levels of cotinine.



- Pregnant women who are exposed to secondhand smoke have a 20% higher odds of giving birth to a low-birth weight baby than women who are not exposed to secondhand smoke during pregnancy.
- Children are at greater risk of being exposed to secondhand smoke than adults.
 - During the period 1999–2002, almost 40 million children aged 3 to 19, or about 58% of children in this age group, were exposed to secondhand smoke.
 - Infants who are exposed to secondhand smoke are more likely to die of SIDS compared with infants who are not exposed.
 - Children who are exposed to secondhand smoke are at increased risk for bronchitis, pneumonia, ear infections, severe asthma, respiratory symptoms, and slowed lung growth.

Recommended Strategies & Policies

Prevent smoking initiation among young people.

- Increasing the unit price for tobacco products and conducting mass media campaigns in combination with other interventions (such as school-based education and community education) effectively prevents young people from initiating smoking.

Help pregnant women quit and prevent relapse.

- Because pregnant women who have received brief smoking cessation counseling are more likely to quit smoking, clinicians should offer effective smoking cessation interventions to pregnant smokers at the first prenatal visit and throughout the pregnancy.

- Medicaid coverage of smoking cessation counseling services and medications is associated with lower smoking rates among women.
- Increasing the unit price for tobacco products can reduce rates of smoking during pregnancy and relapse after delivery.

Take Action

The Surgeon General has concluded that the only way to fully protect yourself and your loved ones from the dangers of tobacco smoke is to live in and visit only 100% smoke-free environments.

- Access a quitline serving your area by calling 1-800-QUIT-NOW (1-800-784-8669) or visiting www.1800quitnow.org.
- Find tips on quitting smoking at www.smokefree.gov.
- Learn more online about the harmful effects of smoking and secondhand smoke and receive expert advice on how to keep children tobacco-free at www.cdc.gov/tobacco.
- Make the Smoke-free Home Pledge by calling 1-866-SMOKE-FREE (1-866-766-5337) or visiting www.epa.gov/smokefree.
- Read The Health Consequences of Involuntary Exposure to Tobacco Smoke – 2006 Surgeon General’s Report, available at http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2006/.

For more information or updates, visit www.cdc.gov/nccdphp or email cdcinfo@cdc.gov.

