## People's Health

**Outcomes • Planning • Evaluation** 



### **Know the Facts: Smoking During Pregnancy**

#### **DID YOU KNOW?**

- Smoking during pregnancy can cause complications such as miscarriage and early separation of placenta. It also increases the risks of premature birth, low birthweight infants, stillbirth and sudden infant death syndrome (SIDS).
- Children born to mothers who smoke during pregnancy are at an increased risk of asthma, infantile colic and childhood obesity.
- In 2010, a survey in 27 states showed that approximately 10.7% of women smoked during the last three months of pregnancy. Of women who smoked 3 months before pregnancy, 54% quit during pregnancy.

#### WHERE WE WERE (BASELINE):

15% of 18- to 49-year-old women who smoked in Shasta County quit smoking during pregnancy in 2007.

#### WHERE WE ARE:

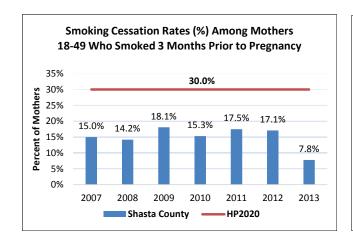
7.8% of 18- to 49-year-old women who smoked in Shasta County quit smoking during pregnancy in 2013.

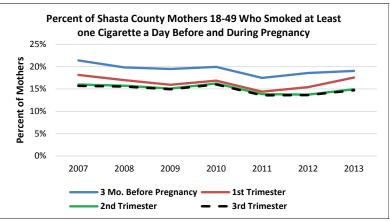
#### **HEALTHY PEOPLE 2020 GOAL:**

The Healthy People 2020 goal is to increase smoking cessation during pregnancy to 30%.

#### **DEFINITION:**

Number of women aged 18-49 years who reported smoking tobacco in the 3 months prior to pregnancy who quit smoking in their first trimester and stayed off cigarettes for the rest of their pregnancy.





#### **KEY POINTS:**

- Smoking during pregnancy in the U.S. decreased from 20% in 1989 to 9% in 2013.
- In 2013, 19% of Shasta County women aged 18-49 years smoked in the three months before pregnancy. Of these, 17.6% continued to smoke during the first trimester, 14.9% during the second trimester, and 14.7% during the third trimester.
- In California, about 12.3% of women in California smoked during the 3 months before their pregnancy and 8.1% smoked during the first or third trimester.
- Smoking during the third trimester decreased from 16% in 2007 to 14.7% in 2013 in Shasta County.
- The smoking cessation rate during pregnancy in Shasta County was 17.1% in 2012 and 7.8% in 2013, which is much lower than the national target of 30%.

#### PRIMARY PREVENTION ACTIVITIES:

- Provide tobacco education in junior and senior high to prevent initiation of smoking by adolescent girls. Consider focusing education on negative social effects (e.g. bad breath, not cool, stained teeth, etc.) as much as negative health effects.
- Ensure women receive early and adequate prenatal care, including education about the risks of smoking during pregnancy.
- Encourage planned pregnancies and preconceptual counseling, including smoking cessation prior to conception.
- Offer smoking cessation classes for pregnant women as early in pregnancy as possible.
- Support girls in the transition between early adolescence and young adulthood through positive self-esteem and youth asset development and independent life skills activities.

# From the Desk of Andrew Deckert, MD, MPH

Shasta County
Public Health Officer



Smoking during pregnancy is harmful to the health of both mother and baby. In addition to negative impacts of smoking on the general health of a mother, it can lead to different kinds of complications that put the mother and her child in danger. It might cause low birth weight, stillbirth and sudden infant death syndrome, among other problems.

Educating prospective mothers on the dangers of smoking, encouraging smoking women to quit when they get pregnant, and providing social support for smoking cessation are among the measures to be taken.

To your health!