

Smoking and Pregnancy

In 2003, 10.7% of mothers in the US reported smoking during pregnancy.¹ According to the Office of the Surgeon General, smoking is probably the most important preventable cause of poor pregnancy outcomes among women in the United States.² In Utah, 6.6% (3200) of women reported smoking during the last three months of their pregnancy. At 3–7 months postpartum, 8.7% (4300) of Utah women reported smoking.³

Quitting is Important for the Health of Babies

- Smoking during pregnancy is estimated to account for 20 to 30% of **low-birth weight** babies, up to 14% of **pre-term deliveries**, and 10% of all **infant deaths**
- In 2002, 12.2% of babies born to smokers in the United States were of low birth weight, compared to 7.5% of babies of non-smokers⁴
- Infants of mothers who smoke during and after pregnancy are more likely to die from **Sudden Infant Death Syndrome (SIDS)** compared to infants whose mothers do not smoke⁵
- If all pregnant women in the United States stopped smoking, there would be an estimated 10% reduction in **infant deaths**⁴

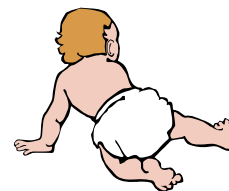
Additionally, infants exposed to smoke have more ear infections and lung problems, including upper respiratory infections.⁶

Helping Women Quit

- Women know smoking is unhealthy—they need **support** to quit.
- Assess how ready each woman is to quit and **tailor the message accordingly**.
- Put mothers at ease. Be careful to **avoid blaming them** for her behavior.
- Problem solve together to break down mothers' **barriers to quitting**.
- Encourage them to develop **personalized quitting plans**.
- Many smokers feel helpless: **Believe in them!** Share proven quitting techniques.
- Pregnant women often have **other time commitments**: Provide them with self-help materials.
- Many women fear **gaining weight**: inform them that the average weight gain for smokers when quitting is only 5-10 pounds. **Stress the health benefits of quitting**.
- Some women think that having a small baby means an easier labor: Educate them about the risks of **low birth weight**.
- Women who smoke during pregnancy have high rates of nondisclosure of their tobacco use. **Strategically ask** pregnant women about their tobacco use to improve disclosure. See the PHS Guideline, pg. 95 for an example.

Quitting at Any Time During Pregnancy Can Help:

- Have a healthier baby
- Be a good role model
- Have more money
- Be healthier
- Feel good and have more energy
- Be no longer dependent on a chemical
- Have better-smelling clothes, breath, and hair⁷



For help quitting, call the Utah Tobacco Quit Line at 1.888.567.TRUTH or visit utahquitnet.com

¹ American Lung Association http://www.lungusa.org/tobacco/pregnancy_factsheet99.html; CDC, Division of Vital Statistics, 2003 unpublished data.

² [The Health Benefits of Smoking Cessation: A Report of the Surgeon General](#), 1990

³ Utah Department of Health *2004 Pregnancy Risk Assessment Monitoring System*

⁴ March of Dimes http://www.marchofdimes.com/professionals/14332_1171.asp

⁵ [The Health Consequences of Smoking: A Report of the Surgeon General](#), 2004

⁶ [The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General](#), 2006

⁷ Windsor, Richard A, *A Pregnant Woman's Guide to Quit Smoking*, 1997, 5th Ed, p2.