

Smoking Before, During, and After Pregnancy

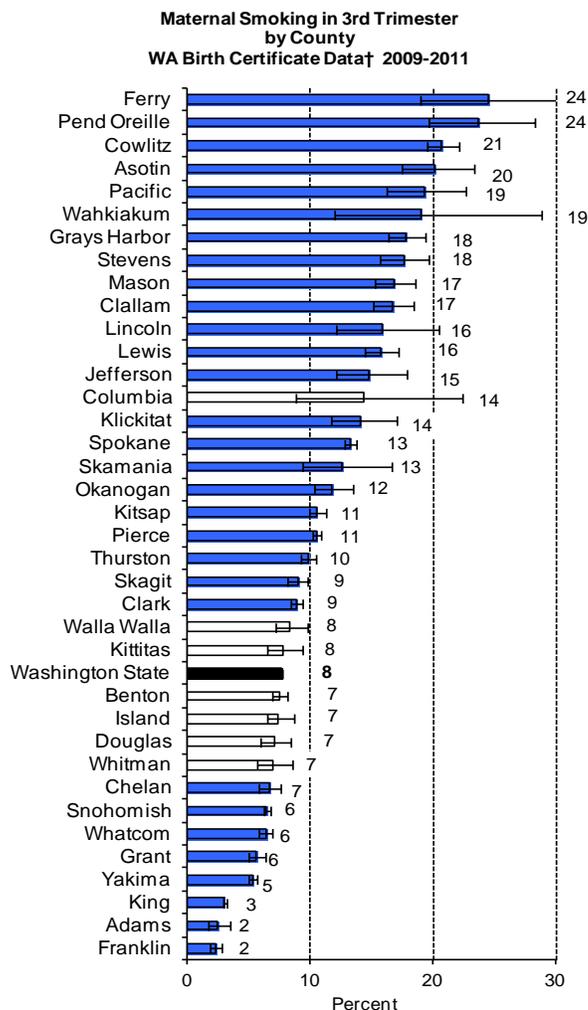
Key Findings:

- Tobacco smoking before and during pregnancy is one of the most important preventable causes of infant morbidity and mortality.¹
- Tobacco smoking before pregnancy decreased in Washington State women from 1996 to 2008. Since 2009 a change in PRAMS questions made comparison to previously collected data invalid. At this time, there are not enough data to track trends in smoking since 2009.²
- In 2009-2011, about 21 percent of PRAMS respondents reported smoking in the three months before pregnancy and about 9 percent in the last three months of pregnancy, and 14 percent after pregnancy.² US data are not available.
- Smoking during pregnancy was highest among women under 25 years of age.²
- Smoking cessation during pregnancy followed a similar pattern among women of all races and ethnicities. American Indian/Alaska Native women report the higher smoking rates than women of other races and ethnicities.
- Women who qualify for TANF and those on Medicaid's Pregnancy Medical program, reported more smoking before during and after pregnancy compared to non-Medicaid women. Very few women in the Medicaid Undocumented category report smoking at all.^{2,3,b}
- Healthy People 2020 goals are to increase abstinence from smoking in the 3 months prior to pregnancy to 85.4 percent and

▪ **Definition:** Smoking in PRAMS is defined as smoking cigarettes. Smoking before pregnancy is defined as the mother smoking 3 months prior to pregnancy. Smoking during pregnancy is defined as the mother smoking during the last trimester of her pregnancy. Smoking after pregnancy is defined as the mother smoking at the time of interview (2-6 months after delivery).

- during pregnancy to 98.6 percent⁴. Washington hasn't met either goal.
- Higher rates of maternal smoking are concentrated in rural counties in WA State.⁵

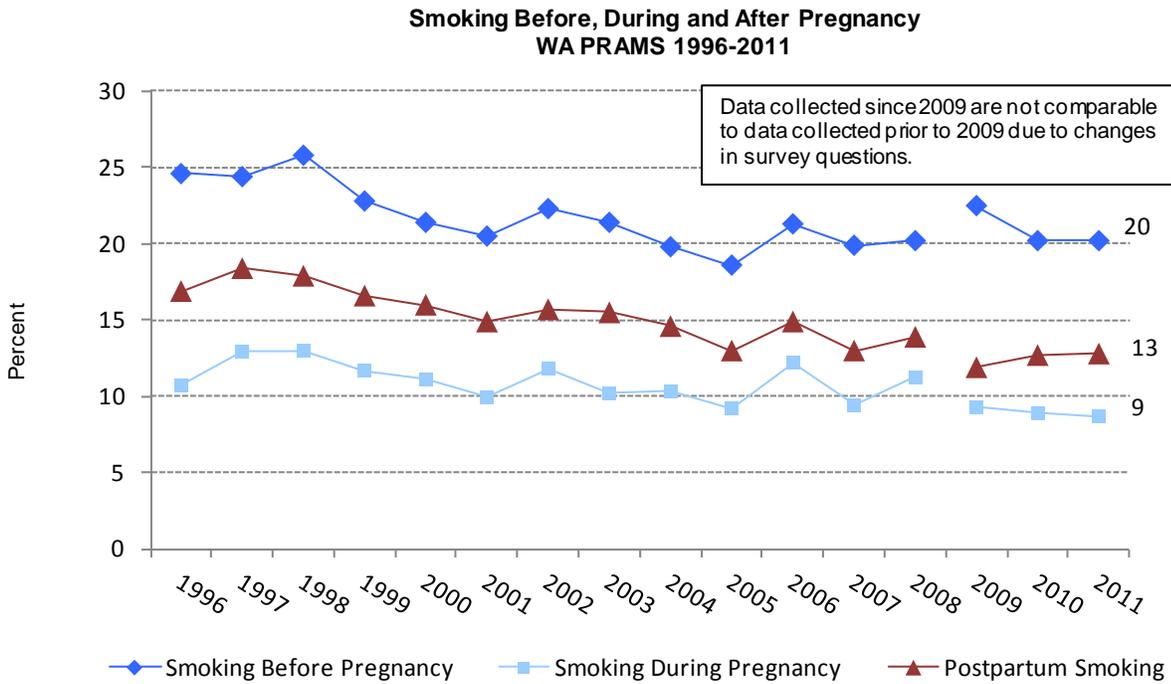
County⁵



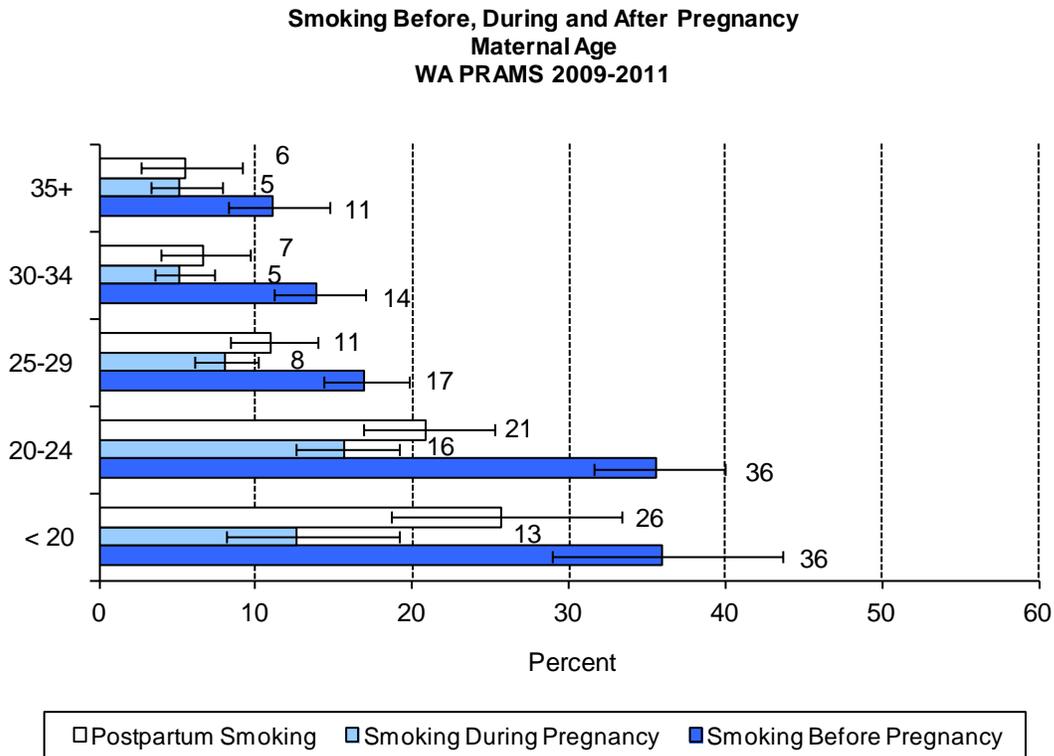
†Birth Certificate data tend to under ascertain true rates of smoking.

Significantly different from state based on significance testing

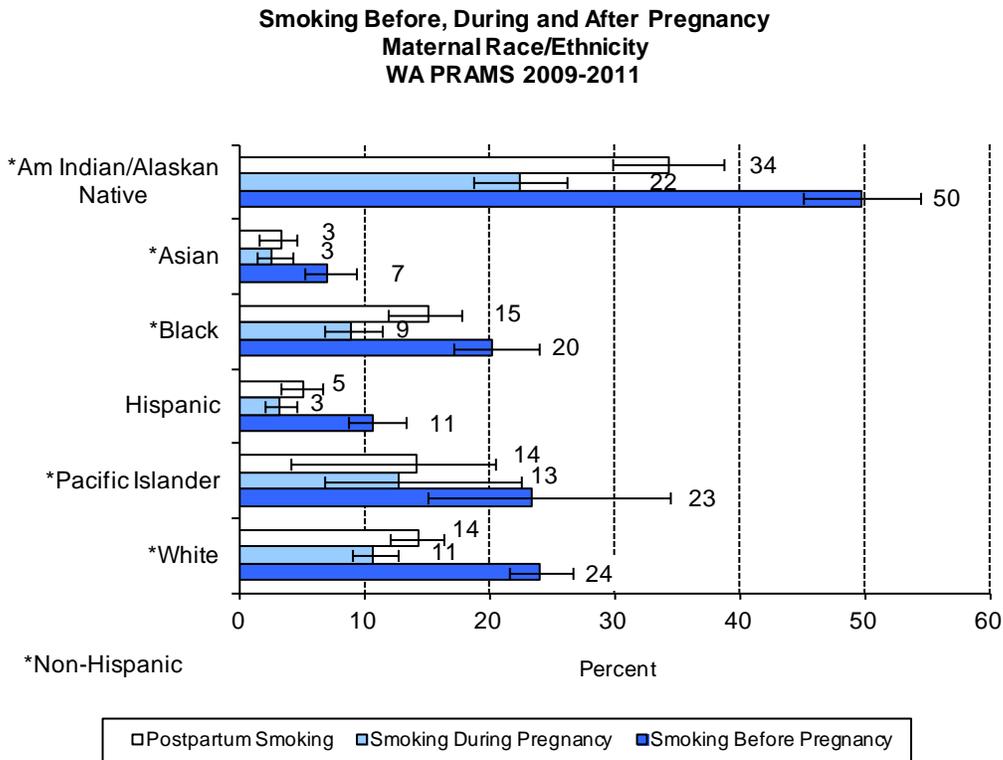
Time Trend²



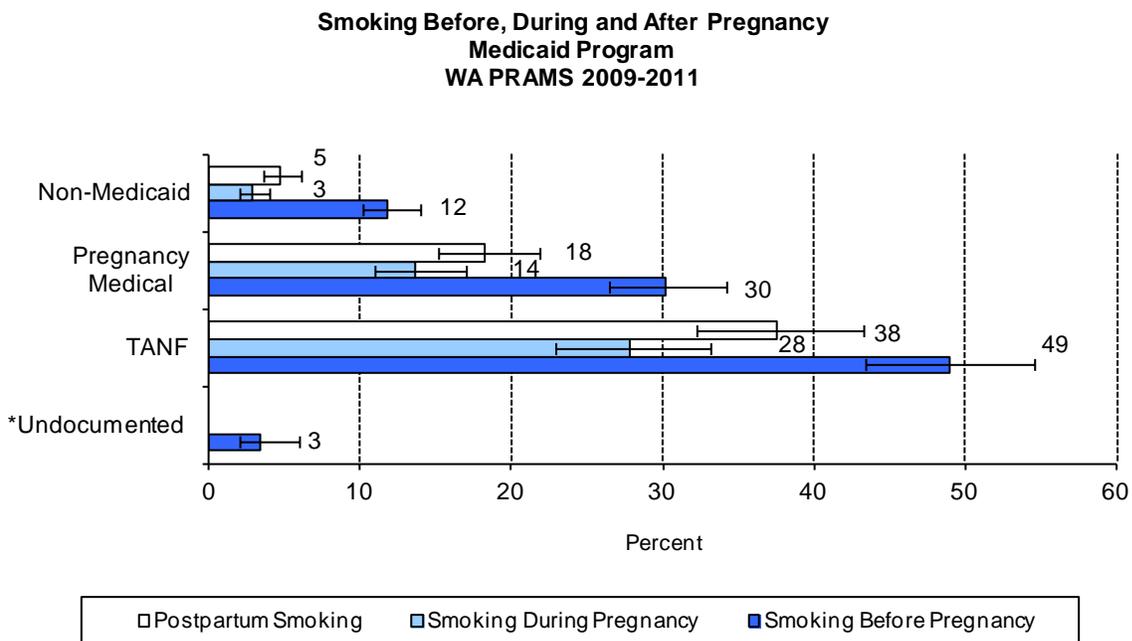
Smoking by Maternal Age²



Smoking by Maternal Race/Ethnicity²



Smoking by Medicaid Status^{2,3,b}



*Data not shown for smoking during or after pregnancy for Undocumented women as the relative standard error was >30%

Data Sources

1. Tong V.T., Jones J. R., Dietz P.M., et al. (2009, May 29). *Trends in Smoking Before, During and After Pregnancy- Pregnancy Risk Assessment Monitoring System (PRAMS), United States, 31 Sites, 2000-2005*. In: Surveillance Summaries, MMWR 2009;58 (No. SS-4)
2. *Washington Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 6m[(2009-2011)]Data file*. (2012). Olympia, WA: Washington State Department of Health.
3. *First Steps Database 2011* [Data file]. Olympia, WA: Washington State Department of Social and Health Services, Research and Data Analysis Division.
4. U.S. Department of Health and Human Services. Healthy People 2020. Accessed June 7, 2011 at <http://www.healthypeople.gov/2020/default.aspx>
5. *Washington State Birth Certificate Data: Vital Registration System Annual Statistical Files, Births 1980-2011* [Data file]. (2012). Olympia, WA: Washington State Department of Health.

Endnotes

- a. PRAMS is the Pregnancy Risk Assessment Monitoring System. It is an ongoing population based surveillance system sponsored by the Centers for Disease Control and Prevention. A randomly selected sample of new mothers representative of all registered births to Washington State residents are surveyed about 2-6 months after delivery. Mothers are asked about prenatal, pregnancy and early postpartum behaviors and health care.
- b. Medicaid women received maternity care paid for by Medicaid. Medicaid recipients were divided into three major subgroups (from highest to lowest socioeconomic status) based on program eligibility. **Pregnancy Medical** were women eligible for the pregnancy medical assistance “S” program. These women were U.S. citizens or legal US residents, and were eligible to receive Medicaid because they were pregnant and had incomes at or below 185% the federal poverty line; **TANF** were women enrolled in the Temporary Assistance for Needy Families (TANF) program. These women were very low income (generally < 50% the federal poverty level) and received cash assistance (TANF) in addition to Medicaid; and **Undocumented**: were women who were not legally admitted for permanent residence, lack temporary residence status, or were not lawfully present in the U.S. They were eligible to receive Medicaid because they were pregnant and had incomes at or below 185% the federal poverty level. Undocumented women were not eligible for TANF although their incomes were often lower than women on TANF. All three Medicaid groups had incomes below most non-Medicaid women. Note that Medicaid eligibility status for pregnant legal residents who were not US Citizens changed in Spring 2009. Prior to Spring 2009, legal residents who were not US Citizens were grouped with Undocumented women (and called Non-Citizens).

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