



Mission: To improve the quality of life for children and families in Genesee County through assessment, awareness, advocacy and action.

Fact Sheet 2.11 Smoking during Pregnancy

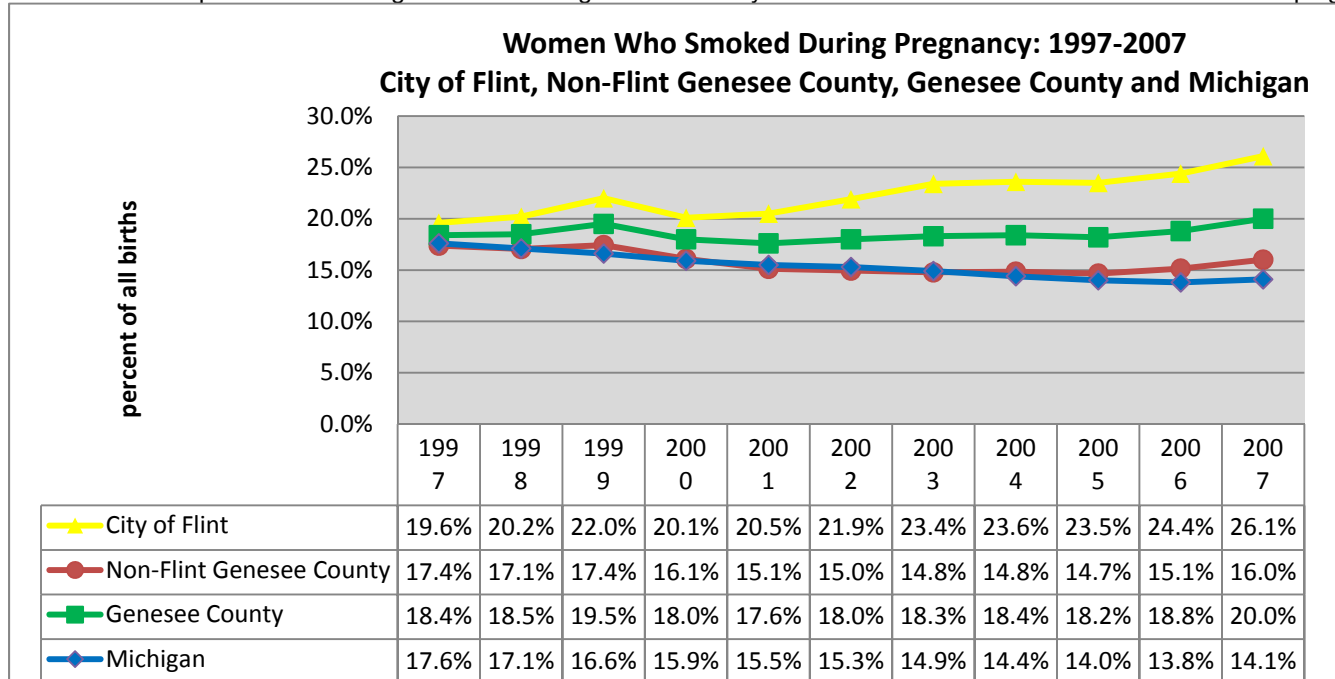
Smoking during pregnancy and second hand smoke exposure are linked with increased risk for adverse maternal and infant health outcomes. Cigarette smoke contains more than 2,500 chemicals. It is not known for certain which of these chemicals are harmful to a developing baby. However, both nicotine and carbon monoxide are believed to play a role in causing adverse pregnancy outcomes.

Smoking nearly doubles a woman's risk of having a low-birthweight baby (less than 5½ pounds), Low birthweight can result from poor growth before birth, preterm delivery or a combination of both. Smoking has long been known to slow fetal growth. Studies also suggest that smoking increases the risk of preterm delivery (37 weeks of gestation). Premature and low-birthweight babies face an increased risk of serious health problems during the newborn period, chronic lifelong disabilities (such as cerebral palsy, mental retardation and learning problems) and even death.

The more a pregnant woman smokes, the greater the risk to her baby. However, if a woman stops smoking by the end of her first trimester of pregnancy, she is no more likely to have a low-birthweight baby than a woman who never smoked. Even if a woman has not been able to stop smoking in her first or second trimester, stopping during the third trimester can still improve her baby's growth.

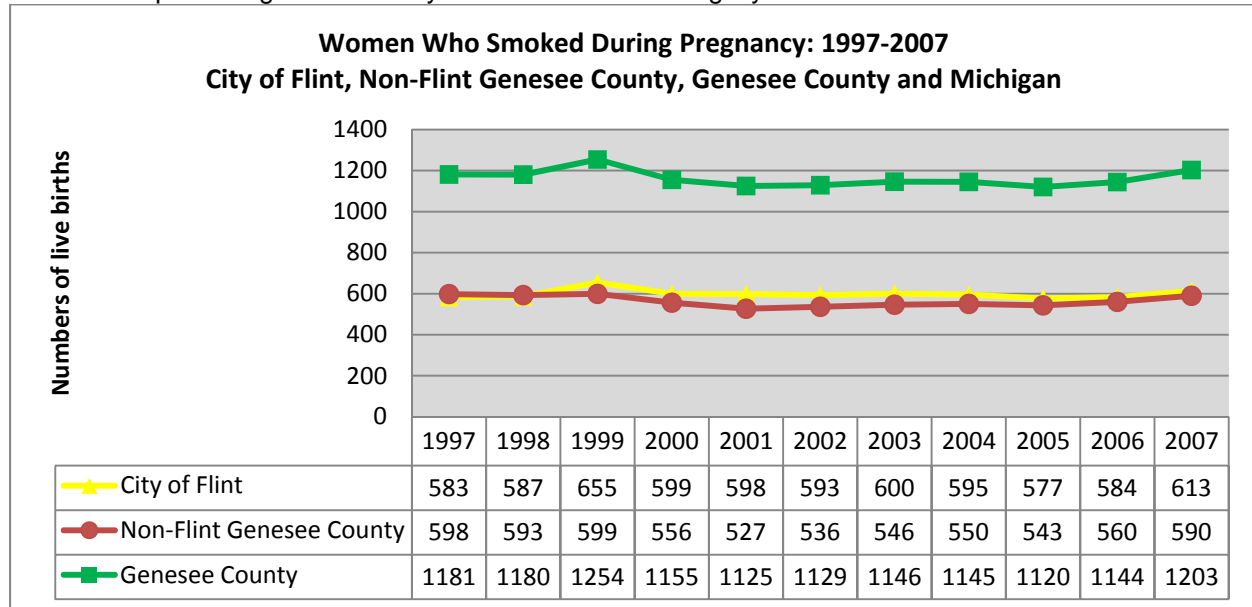
Recent studies suggests that babies of mothers who smoke during pregnancy may undergo withdrawal-like symptoms similar to those seen in babies of mothers who use some illicit drugs. For example, babies of smokers appear to be more jittery and difficult to soothe than babies of non-smokers. Babies whose mothers smoked during pregnancy are also up to three times as likely to die from sudden infant death syndrome (SIDS) as babies of nonsmokers.

Babies who are exposed to smoke suffer from more lower-respiratory illnesses (such as bronchitis and pneumonia) and ear infections than other babies. Babies who are exposed to their parents' smoke after birth also may face an increased risk of SIDS. A child exposed to smoking at home during the first few years of life also is at increased risk of developing asthma.



Fact Sheet 2.11: Smoking During Pregnancy

- The percentages of women who smoked during pregnancy in Flint have increased over the past ten years.
- Whereas, the percent at the state level has decreased substantially.
- The percentages at a county level have increase slightly.



BEYOND THE NUMBERS

The trends away from smoking during pregnancy outside the city of Flint and in the state of Michigan, and toward increased smoking within the city of Flint are completely divergent. Since there is an established link between smoking during pregnancy and maternal/infant health outcomes, it is important to reverse the upward trend. Physicians, health care workers, educators, and other agency/service delivery personnel must continue to spread the word about the negative effects of smoking on this population sub-group. The vehicle(s) for this campaign could be one-on-one counseling during other service sessions, pamphlets, poster campaigns, a larger billboard and/or other media anti-smoking campaign. Get the word out!

EXAMPLES OF INTERVENTION EFFORTS

The well-established linkages between maternal-infant health and smoking demonstrate the need to educate and make people aware of help for quitting the use of tobacco. Smoking cessation programs advocate counseling as an effective means for quitting. If mothers cease smoking in the first trimester of pregnancy, the infant's weight and body measurements will be near those born to non-smoking mothers. By quitting smoking, the mother will also avoid many of the future health risks of smoking such as heart disease, cancer and other lung problems. AND she will save money that she can spend on herself and her new baby.

Resources for quitting

- The **MDCH Quit Line** is available, although they serve all populations; they are trained to provide cessation for pregnant women. The number is 1-800-480-QUIT (QUIT is 7848) 800-480-7848

Definitions: The percentage is based on all live births.

Definitions: The total number of live births to mothers who smoked during pregnancy.

Data Source: Michigan Department of Community Health, Vital Records and Health Data Development Section.

Note: These data are based on three-year averages, with the latest year listed.

Data Source: Annie E. Casey Foundation <http://www.kidscount.org/cgi-bin/cliiks.cgi?action=profile>

Revised: 6/30/2009