

Pregnant Women

FACT SHEET



Pregnant Women

“Smoked while pregnant” means that the mother reported smoking sometime during the last three months of pregnancy.

National Facts and Trends

- In the U.S., 10.2% of pregnant women smoke.¹ (This is from a different data source than Maine data. Surveillance data comparable to Maine’s is not available since not all states participate in the same surveillance system.)
- Of women who smoked three months before pregnancy, 45% quit during pregnancy, but half of those who quit relapsed to smoking within six months after delivery.¹
- Smoking during pregnancy can result in low birthweight, intrauterine growth retardation, miscarriage and infant mortality, as well as negative consequences for child health and development.²
- 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.³
- From 1997-2001, smoking during pregnancy resulted in an estimated 523 male and 387 female infant deaths annually.⁴

Maine Facts and Trends

- Maine women who smoke while pregnant total 17.5% (2,469). Of those 17.5%, 83.3% receive MaineCare assistance.⁵
- Of Maine women between 18 and 44, the prime ages for pregnancy and parenting, 26.7% smoke.⁵
- Among pregnant women who receive MaineCare, 32.8% (2,127) smoke.⁵
- Of pregnant teens (women under 20 years of age), 32.6% (366) smoke.⁵
- Of pregnant women enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), 25% (459) smoke.⁵
- Of women who gave birth to babies weighing less than 2500 grams, 31% (297) smoke.⁵
- In 2004, Maine ranked 36th highest in percentage of pregnant women smoking (a rank of “1” being low).⁶
- Maine’s percentage of Latino and Black women, who smoke much less than white women, is very low, causing the rates of smoking among pregnant women in Maine to skew high relative to states with a higher percentage of Latino and/or Black populations.⁷
- Total state health costs to treat female smokers per year in Maine: \$250.86 million.⁶

The Story Behind the Facts: Why Is this Information Important

- Smoking before and during pregnancy is the single most preventable cause of illness and death among mothers and infants.²
- When women quit smoking, they improve their own health as well as the health of people around them.²
- Women who smoke during pregnancy are about twice as likely to experience premature rupture of membranes, placental abruption, and placenta previa during pregnancy.²
- Babies born to women who smoke have about 30% higher odds of being born prematurely.²
- Babies born to women who smoke are more likely to be born with low birth weight ²
- Babies born to women who smoke are more likely to die from sudden infant death syndrome (SIDS).²
- Children exposed to tobacco in utero are more than twice as likely to become regular smokers themselves later in life.²
- Smoking and exposure to secondhand smoke during pregnancy directly increases the risk of health problems for the children: abnormal blood pressure, cleft palate and lips, childhood leukemia, infantile colic, respiratory disorders, eye problems, mental problems, attention deficit disorder, behavioral problems, and other learning and developmental problems.²
- Other side effects of smoking include menstrual problems and premature menopause.²

References:

¹ National Vital Statistics, 2004.

² US Center for Disease Control and Prevention (CDC), 2004 Surgeon General's Report—The Health Consequences of Smoking: Chapter 5, http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2004/00_pdfs/chapter5.pdf.

³ US Center for Disease Control and Prevention (CDC), Tobacco Use and Pregnancy: Home, <http://www.cdc.gov/reproductivehealth/tobaccousepregnancy/index.htm>.

⁴ US Center for Disease Control and Prevention (CDC), Morbidity Mortality Weekly Report, July 1, 2005; 54{25}: pp. 625–628. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5425a1.htm>

⁵ Pregnancy Risk Assessment Monitoring System (PRAMS), Maine, 2005.

⁶ Martin, JA, et al. "Births: Final Data for 2004." National Vital Statistics reports 55 (1), Hyattsville, MD. National Center for Health Statistics, 2006, http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55_01.pdf.

⁷ Phares, TM, et al. "Surveillance for Disparities in Maternal Health-Related Behaviors—Selected States, PRAMS, 2000–2001. Abstract, July 2, 2004, 53 (ss04), <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5304a1.htm>.



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