



Smoking Before, During, and After Pregnancy Among New Hampshire Women Who Gave Birth 2013-2015

The New Hampshire Pregnancy Risk Assessment Monitoring System (NH PRAMS) collects data on a variety of topics related to maternal health. This report is based on PRAMS survey data collected from NH residents who gave birth during 2013-2015. For more information on NH PRAMS and to access the complete 2013-2015 NH PRAMS Data Books and other publications visit:

<http://www.dhhs.nh.gov/dphs/bchs/mch/prams.htm>

About the PRAMS Survey

Each year New Hampshire PRAMS samples approximately 1000 resident women who have had a live birth. Survey questions cover a wide variety of topics on experiences and attitudes just before, during, and just after pregnancy. The data is weighted to reflect the entire population of New Hampshire resident women who have had a live birth that year.

Risks of Smoking During Pregnancy

Tobacco smoke has long been known to cause serious health problems from cancer to heart and vascular disease. Smoking during pregnancy causes significant additional risks to both mother and infant. Maternal smoking can decrease a woman's chance of becoming pregnant and increase the risk of miscarriage due to effects on the placenta and circulation. Women who smoke during pregnancy also have an increased risk of having preterm and low birth weight infants. Effects on the infant include an increase in the risk of certain birth defects. Smoking during and after pregnancy increases the risk of Sudden Infant Death Syndrome (SIDS). Infants exposed to second-hand smoke are more likely to suffer from ear and respiratory infections as well as asthma.

PRAMS and Smoking

The New Hampshire PRAMS survey includes questions on smoking prior to pregnancy, smoking in the last 3 months of pregnancy, and smoking at the time the survey is completed by the mother, which is between 2 and 9 months postpartum. While respondents are asked about the number of cigarettes smoked, for this report responses were grouped into two categories, those who smoked any cigarettes during the specific time period and those who did not smoke at all during that time.

In addition, the PRAMS survey asks women who smoked prior to pregnancy about interactions with their health care provider during prenatal care visits related to advice and interventions to help with quitting smoking.

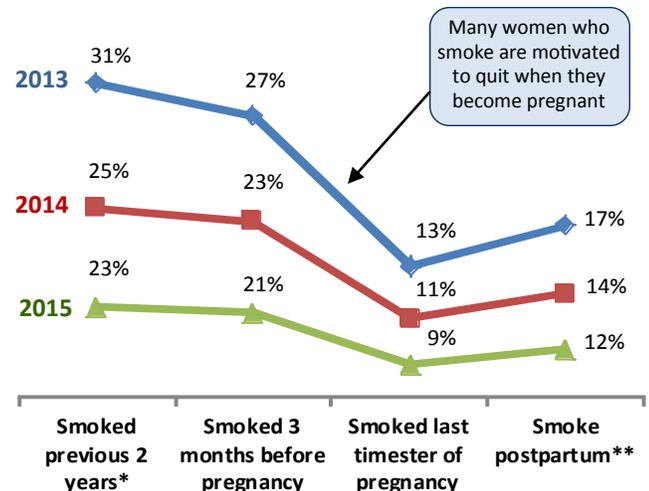
The Healthy People 2020 national objectives addressing smoking before and during pregnancy include:

- **Reduce the percent of women with a live birth who smoke in the 3 months prior to pregnancy to 12.2%**
- **Reduce the percent of women who smoke during pregnancy to 1.4%**

PRAMS data show that among New Hampshire women with a live birth, smoking in the 3 months before pregnancy has dropped from 27% in 2013 to 21% in 2015, an improvement but still well above the 2020 goal. Likewise, smoking during pregnancy dropped from 13% to 9% between 2013 and 2015, still higher than the goal of 1.4%.

Typically there is a decrease in smoking from just before to during pregnancy. An increase in the percent of women who smoke is seen after delivery. Data collected from the NH PRAMS survey is consistent with this trend. NH PRAMS data between 2013 and 2015 show a decrease each year in the percent of women who smoke during each time period before, during, and just after pregnancy.

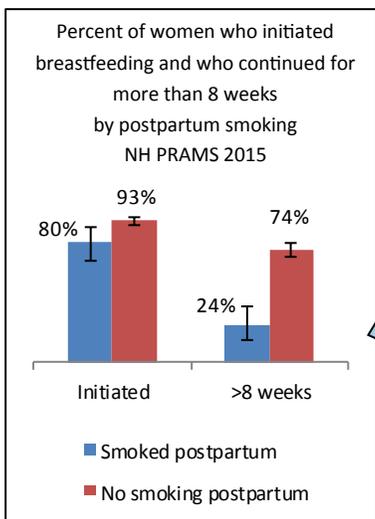
Percent of women who smoked before, during and after pregnancy, 2013-2015
NH PRAMS 2013-2015



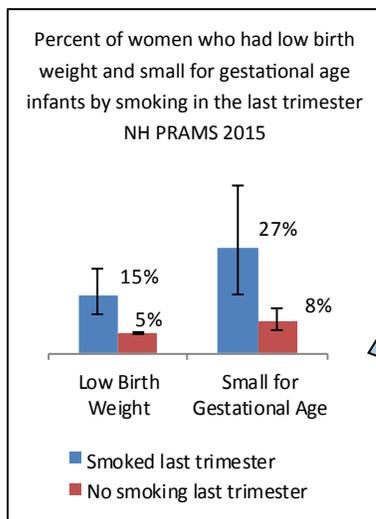
* during 2 years before completing survey

** at time of completing survey- between 2 and 9 months postpartum

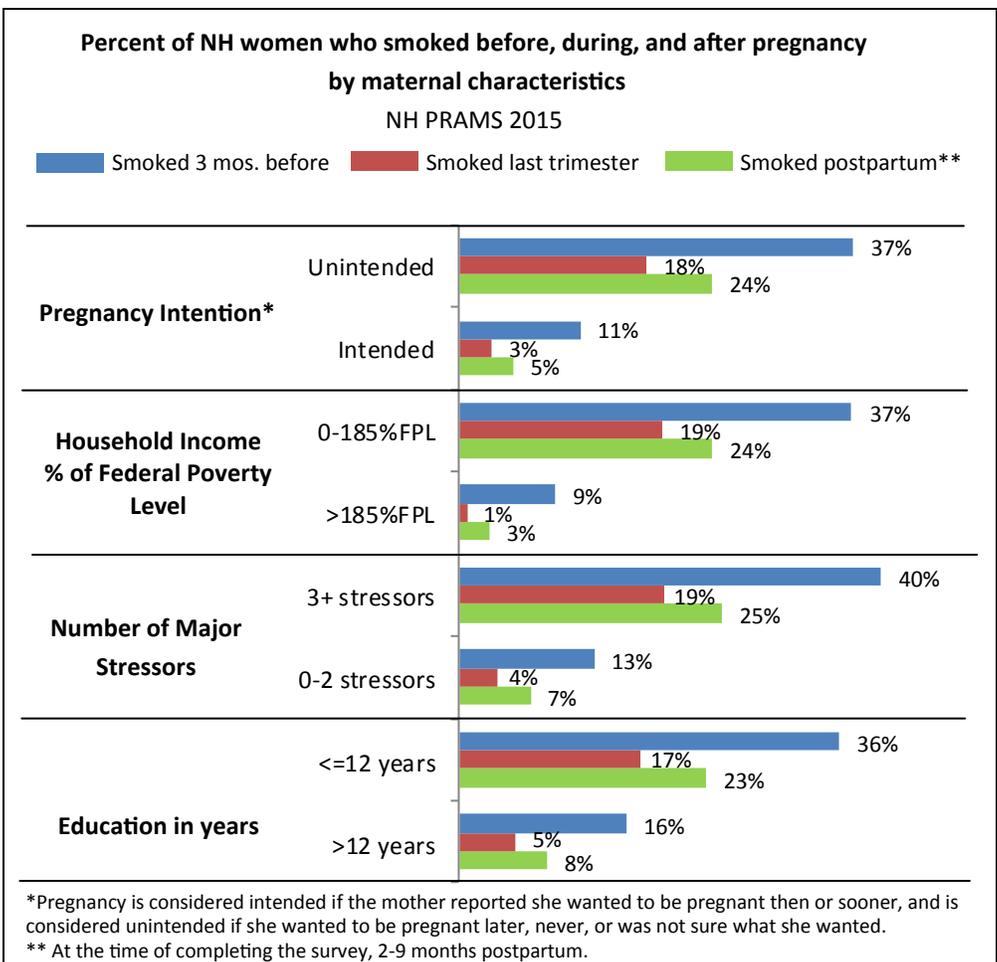
Results of 2015 NH PRAMS Data on Maternal Smoking Before, During, and After Pregnancy



New Hampshire women who smoked postpartum initiated breastfeeding at a lower rate than those who did not (80% vs. 93%) and were far less likely to continue breastfeeding longer than 8 weeks (24% vs 74%).



The proportion of New Hampshire women who smoked during the last trimester and had a low birth weight baby or a small for gestational age baby was at least 3 times that of those who did not smoke.



Among NH women who had a live birth in 2015 and smoked in the 3 months prior to becoming pregnant

Q: During any of your prenatal care visits did a doctor, nurse or other health care worker...	% yes
Spend time discussing how to quit smoking	43%
Refer you to counselling for help with quitting	19%
Refer you to a national or state quit line	14%
Recommend using a nicotine patch	16%
Provide booklets, videos, or other materials to help you quit smoking on your own	25%

About NH PRAMS

The Pregnancy Risk Assessment Monitoring System, PRAMS, is an ongoing population based surveillance project of the CDC and state departments of health, with the goals of reducing infant mortality and low birth weight and improving the overall health of mothers and infants. New Hampshire PRAMS was funded in 2011 by the CDC and began collecting data in 2013. Funding for NH PRAMS was provided by the Centers for Disease Control and Prevention under grant #U01DP003156. Contents of this publication do not necessarily represent the official views of the CDC.

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