

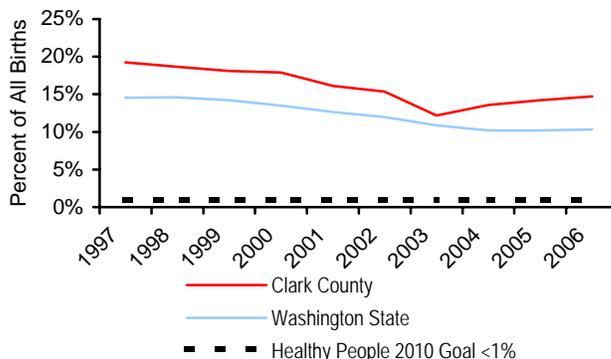


## Births to Women Who Smoked during Pregnancy Clark County and Washington State 1997 through 2006

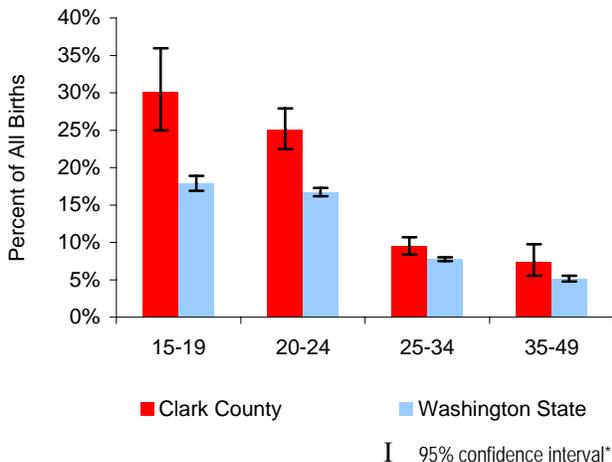
**Why it matters:**

Women who smoke during pregnancy are at greater risk for pregnancy complications, premature delivery, delivering a low birth weight (LBW) infant, stillbirth and a higher rate of infant mortality.<sup>1</sup> Maternal smoking is the single largest preventable cause of premature birth and LBW.<sup>2</sup> Eliminating maternal smoking could lead to a 10% reduction in all infant deaths and a 12% reduction in deaths from perinatal conditions such as premature delivery and LBW.<sup>1</sup> Babies who are born to women who smoke before and after birth are 3 to 4 times more likely to die from Sudden Infant Death Syndrome (SIDS).<sup>2</sup>

Maternal Smoking



Maternal Smoking  
By Age Group, 2006



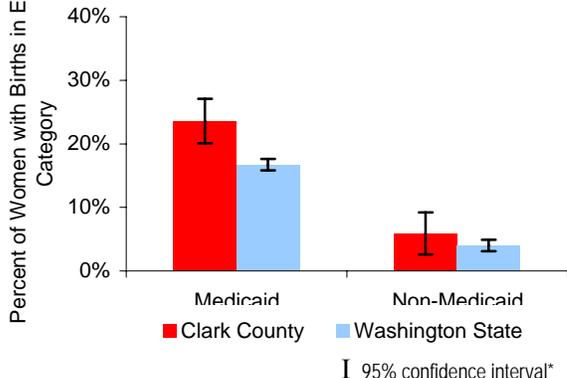
**Status:**

- Overall, there has been a decline in births to women who smoked over the past ten years in Clark County and Washington State.<sup>3,4</sup>
- The decline in smoking among pregnant women corresponds to a decline in the adult smoking in Clark County.<sup>3,4</sup>
- In 2006, the percent of births to women who smoked during pregnancy in Clark County was higher than Washington State, 14.7% and 10.3%, respectively.<sup>3,4</sup>
- Clark County's rate of 14.7% for 2006 does not meet the national target of 1% of births to women who smoke.<sup>3,4,5</sup>
- Smoking during pregnancy is more prevalent among younger mothers than older mothers.<sup>3,4</sup>
- Women enrolled in Medicaid were much more likely to smoke during pregnancy than their non-Medicaid counterparts which is reflective of higher rates of smoking among lower income populations.<sup>6,7</sup>

**What we can do:**

- Reducing smoking among pregnant women is a major goal for tobacco control in Washington.<sup>6</sup>
- Support effective, affordable, pregnancy-specific smoking cessation programs. Successful cessation is more likely when multiple, varied, and intensive interventions are combined.<sup>6,8</sup>
- Maintain smoke-free cars, homes, and businesses.
- Promote and support smoking cessation efforts of all individuals because being around other smokers makes it more difficult for pregnant women to quit.<sup>8</sup>

Maternal Smoking  
By Medicaid Status, 2006



\* If two confidence intervals overlap, there is generally no statistically significant difference between these rates.

Please see reverse side for more information.



## Data Tables

### Births to Women Who Smoked During Pregnancy, 1997-2006 Clark County Washington State

Year	Clark County		Number of Births to Smoking Women	Washington State		Number of Births to Smoking Women
	% of Births to Smoking Women	95% CI*		% of Births to Smoking Women	95% CI*	
1997	19.3	(18.1, 21.5)	952	14.6	(14.3, 14.8)	10,890
1998	18.7	(17.5, 19.9)	958	14.6	(14.3, 14.9)	11,015
1999	18.1	(17.0, 19.3)	931	14.2	(14.0, 14.5)	10,586
2000	17.9	(16.8, 19.1)	967	13.5	(13.3, 13.8)	10,450
2001	16.1	(15.1, 17.2)	857	12.6	(12.4, 12.9)	9,808
2002	15.4	(14.3, 16.5)	805	12.0	(11.7, 12.2)	9,202
2003	12.2	(11.3, 13.2)	649	10.9	(10.6, 11.1)	8,624
2004	13.6	(12.5, 14.7)	639	10.2	(10.0, 10.4)	8,068
2005	14.2	(13.2, 15.3)	691	10.2	(10.0, 10.4)	8,174
2006	14.7	(13.7, 15.8)	769	10.3	(10.1, 10.5)	8,712

### Births to Women who Smoked During Pregnancy, by Age Group Clark County and Washington State, 2006

Age-group	Clark County		Washington State	
	% of Births	Number of Births	% of Births	Number of Births
15 to 19	30.1	121	17.9	1,243
20 to 24	25.1	330	16.7	3,377
25 to 34	9.5	267	7.7	3,403
35 to 49	7.4	51	5.1	680

### Births to Women who Smoked During Pregnancy, by Medicaid Status, 2006

	Clark County		Washington State	
	% of Births	Number of Births	% of Births	Number of Births
Medicaid	23.6	551	16.7	6,752
Non-Medicaid	5.9	198	4.0	1,802

Sources: (1) U.S. Department of Health and Human Services. (2001) Tobacco Use and Reproductive Outcomes. In *Women and Smoking: A Report of the Surgeon General*. Washington, DC. Retrieved May 2008 from [http://www.cdc.gov/tobacco/data\\_statistics/sgr/sgr\\_2001/highlight\\_outcomes.htm](http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2001/highlight_outcomes.htm). (2) U.S. Department of Health and Human Services. (2004). *The 2004 Surgeon General's Report: The Health Consequences of Smoking - What it Means to You*. Atlanta, GA. Retrieved May 2008 from [http://www.cdc.gov/tobacco/data\\_statistics/sgr/sgr\\_2004/index.htm](http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2004/index.htm). (3) *Vital Registration System, Annual Statistics Files, Births 1980-2006*. [Data file]. Olympia, WA: Washington State Department of Health, Center for Health Statistics. (4) Public Health: Seattle & King County, Epidemiology, Planning, & Evaluation. (1991-2008). *VistaPHw 7.3.0.4*, 2008 [Computer software for public health assessment]. Seattle, WA. (5) U.S. Department of Health and Human Services. (November 2000). Maternal, Infant, and Child Health: Prenatal Substance Abuse Exposure (Objective 16-17c: Increase abstinence from cigarette use among pregnant women to 99%). In *Healthy people 2010*, Volume II (second edition). Washington, DC. Retrieved March 2008 from <http://www.healthypeople.gov/Document/tableofcontents.htm>. (6) Washington State Department of Health. (December 2007). *The Health of Washington State: Tobacco Use*. Olympia, WA. Retrieved May 2008 from <http://www.doh.wa.gov/hws/TOC2007.shtm>. (7) Department of Social and Health Services, Research and Data Analysis. (February 2008). *County Profiles: Birth and Unintended Pregnancy Statistics*. Olympia, WA. (8) Smoking Cessation Interventions for Pregnant Women to Prevent Low Birth Weight: What Does the Evidence Show? *Journal of the American Academy of Nurse Practitioners*, April 2001.

