

Insights

New CDC Data Shows More Work Needed to Curb Smoking During Pregnancy



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It has been more than 50 years since the Surgeon General's report on the adverse health impacts of smoking. However, maternal smoking during pregnancy remains a persistent problem that healthcare and public health professionals have been unable to eliminate.

While there are a number of evidence-based smoking cessation interventions (e.g., quit hotlines, [diaper incentives](#)) that can help to decrease smoking, these interventions are often offered to women in the course of obstetric care, which may explain why smoking rates are highest in the first trimester, [but go down in number each trimester](#). Women who are able to quit prior to pregnancy provide the best benefits to their unborn children, as they are able to limit exposure of their developing child to cigarette smoke, which is associated with a number of [adverse outcomes](#) such as preterm births, low birth weight, birth defects and risk of infant death.

The fact that prenatal smoking remains a problem despite general awareness of the dangers of smoking to the health of moms and babies, suggest that there are benefits to smoking and costs to cessation that are not equally borne across society. This can be seen in the vast geographic

variation in smoking by place, with prenatal smoking rates less than 2 percent in California and more than 27 percent in West Virginia. There are socioeconomic differences in smoking rates as well.

The high potential for improving both maternal and infant health is why smoking cessation among women of childbearing years, with a focus on the prenatal period, is one of the specific strategies of the Collaborative Improvement and Innovation Network to Reduce Infant Mortality ([Infant Mortality ColIN](#)). Smoking, whether prenatally or among women of childbearing years, is an important health indicator. It contributes to both improving pre- and interconception health of women, as well as to decreasing numbers of children exposed after birth to smoke, which can contribute to sudden infant death syndrome (SIDS). Efforts to curb smoking rates therefore have multi-strategy impacts as they can improve preterm birth rates, decrease sleep related deaths, and are a key component of improving women's health before and between pregnancies.

IM ColIN is specifically addressing the social determinants that contribute to disparities in smoking rates. With efforts that incorporate important tools such as teach back and motivational interviewing, and interventions such as the Smoking Cessation and Reduction in Pregnancy Treatment ([SCRIPT](#)) Program, [Baby & Me Tobacco Free](#), and the [CDC Tips Campaign](#), IM ColIN aims to address at risk populations where smoking rates remain much higher. Only then will we make strides in improving health across the country for both moms and their babies.

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