

Maternal Smoking Fact Sheet Wyoming, 2012-2015

Wyoming Department of Health

2017

Fast Facts

Between 2012 and 2015, 14.2% of Wyoming women reported that they smoked during pregnancy.

Cigarette smoke contains over 7,000 chemicals. Hundreds of these are toxic and over 70 can cause cancer.¹

Smoking during pregnancy leads to increased risk of SIDS, preterm delivery, reduced lung function, low birthweight, and other adverse birth outcomes.²

Maternal Smoking

Cigarettes are highly addictive and contain over 7,000 chemical compounds known to have toxic effects on health¹. Smoking during pregnancy can result in negative health effects for both the mother and the infant.

Maternal health²

Increased risk of:

- Altered maternal hormones
- Elevated heart rate and blood pressure
- Impaired fertilization

Infant health²

Increased risk of:

- Preterm delivery
- Low birthweight
- Cleft lip/palate
- Spontaneous abortion/ fetal loss
- Sudden Infant Death Syndrome (SIDS)³
- Long term impacts on language and cognitive development

Maternal Smoking in Wyoming

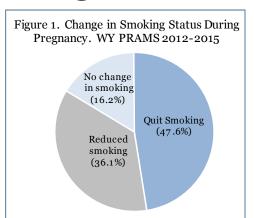
Between 2012 and 2015, 27.1% of Wyoming mothers smoked in the three months prior to their pregnancy compared with 21.1% in other PRAMS states (2013).

Among women who said that they smoked in the three months before their pregnancy, nearly half quit (47.6%), about one third reduced their smoking (36.1%), and

16.2% did not change levels of smoking during pregnancy (Figure 1).

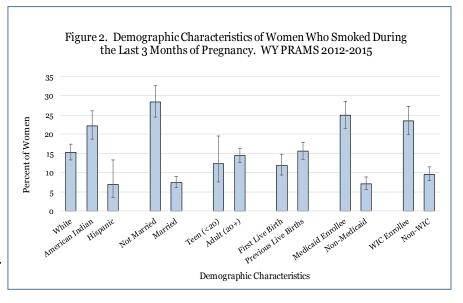
Between 2012 and 2015, 14.2% of Wyoming women smoked in the last three months of their pregnancy compared with 9.9% of women in other PRAMS states (2013).

Wyoming women who smoked in the last three



months of pregnancy (Figure 2) were more likely to be:

- American Indian as compared to White or Hispanic/Latino
- Unmarried versus married
- With a high school degree or less as compared to more than a high school education
- Enrolled in WIC and or Medicaid during their pregnancy as compared to non-enrollees



The Health Impact of Maternal Smoking

Women who smoke during pregnancy put themselves and their infants at higher risk for a variety of negative short and long term outcomes².

An analysis of Wyoming PRAMS data suggests that there is an association between smoking during pregnancy and risk of delivering a low birthweight (LBW) infant.

Figure 3 shows that among women who did not smoke, 6.6% delivered a LBW infant.

Women who reported smoking before pregnancy, but who quit had a slightly higher risk of delivering a LBW infant (8.4%).

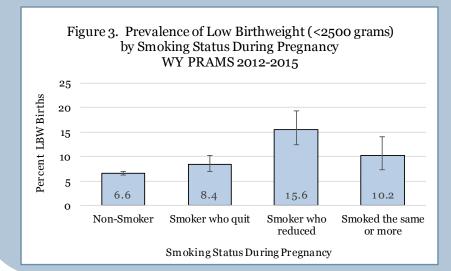
Women who said that they reduced their level of smoking continued to have more than

twice the risk of delivering a LBW infant when compared to women who did not smoke.

Finally, those who said that there was no change in their smoking also had a higher risk of LBW, although this risk was not significantly different than those who reduced smoking.

Disorders related to short gestation and LBW were the second leading cause of infant mortality in the United States in 2014⁴ and can cause respiratory distress, and problems of the heart, brain, and intestines in newborns⁵. Additionally, long term outcomes such as high blood pressure, diabetes, heart disease⁵, and delayed cognitive development² are more likely among babies born LBW.

Many other infant outcomes associated with maternal smoking result in complications at birth. Like LBW, they may also have negative long-term effects on the child's health.



What is PRAMS?

The Wyoming Pregnancy Risk Assessment Monitoring System (PRAMS) is a surveillance project of the Wyoming Department of Health and the Centers for Disease Control and Prevention (CDC). Wyoming PRAMS collects Wyoming-specific, population-based data on maternal attitudes and experiences before, during and shortly after pregnancy. The goal of the PRAMS project is to improve the health of mothers and infants by reducing adverse outcomes such as low birth weight, infant mortality and morbidity, and maternal morbidity.

To learn more about Wyoming PRAMS, visit our website: https://health.wyo.gov/publichealth/chronic-disease-and-maternal-child-health-epidemiology-unit/mch-epi/pregnancy-risk-assessment-monitoring-system-prams/

References:

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- 2. United States. Public Health Service. Office of the Surgeon General. How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General. Rockville, MD Washington, DC: U.S. Dept. of Health and Human Services, Public Health Service; 2010.
- 3. McDonnell-Naughton M, McGarvey C, O'Regan M, Matthews T. Maternal smoking and alcohol consumption during pregnancy as risk factors for sudden infant death. *Ir Med Jr*. 2012. 105(4):105-8.
- 4. Kochanek KD, Murphy SL, Xu J, Tejada-Vera B. Deaths: Final Data for 2014. *National Vital Statistics Report 2016*. 65(4).
- 5. March of Dimes Fact Sheet: Low birthweight. Accessed 11/29/2017 at http://www.marchofdimes.org/complications/low-birthweight.aspx



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