Health Impact

Smoking during pregnancy remains one of the most common preventable causes of infant morbidity and mortality. Maternal cigarette smoking during pregnancy increases the risk for pregnancy complications including placenta previa, placental abruption, premature rupture of the membrane, preterm delivery, restricted fetal growth, and sudden infant death syndrome (SIDS). Smoking around the time of conception has been associated with the development of cleft lip with or without cleft palate.

In the United States, 5-8 percent of preterm deliveries, 13-19 percent of term low-birth-weight deliveries, 23-34 percent of SIDS, and 5-7 percent of preterm-related deaths are attributable to prenatal smoking.

Cost Impact

Maternal smoking increased the risk of admission to a neonatal intensive care unit (NICU) by almost 20 percent and increased the length of stay. NICU care for an infant costs over $3600 per night. Smoking attributable expenses were estimated at $149 million nationally and $340 per maternal smoker.

What is Being Done in Ohio?

ODH uses the “5 A’s” in 14 Child and Family Health Services Perinatal Direct Care clinics and 13 Women, Infant, and Children (WIC) projects. The 5 A’s is an evidence-based intervention method that increases smoking cessation among pregnant smokers by 30-70 percent. The 5 A’s method includes Asking a woman about her tobacco use, Advising her to quit, Assessing willingness to make an attempt to quit, Assisting her with counseling or pharmacotherapy and Arranging a follow-up appointment or referral.

Also available to pregnant women is the Ohio Tobacco Quit Line | 1-800-QUIT-NOW.
* During the last three months of pregnancy:
  - women ages 20-24 were almost twice as likely to smoke than women 35 years of age or older.
  - women with more than 12 years of education were less likely to smoke than women with 12 or fewer years.
  - women with Medicaid insurance were more than five times more likely to smoke than women without Medicaid insurance.
  - women on WIC were almost three times more likely to smoke compared to non-WIC participants.

* Among women covered by Medicaid:
  - almost half smoked before becoming pregnant.
  - one in three smoked throughout pregnancy.

* Among women who smoked before pregnancy, those on Medicaid were half as likely to quit (34 percent) compared to other women (68 percent).

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**Figure 4: Smoking Before and During Pregnancy, By Medicaid Status, Ohio, 2009-2010**

- Women covered by Medicaid insurance were more likely to smoke before and during pregnancy compared to women without Medicaid (48.1 percent vs. 18.5 percent and 32.2 percent vs. 5.8 percent, respectively).
- Among women covered by Medicaid:
  - almost half smoked before becoming pregnant.
  - one in three smoked throughout pregnancy.
- Among women who smoked before pregnancy, those on Medicaid were half as likely to quit (34 percent) compared to other women (68 percent).

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**Data Notes:** Mothers on Medicaid include those that reported having Medicaid for health care coverage during any of the following three time periods: in the month before pregnancy, for prenatal care visits, or for delivery. Grey bars within figures represent 95% confidence intervals (CI). The width of the CI gives us an idea of how certain we are about the true prevalence. The 95% CI means that if we were to repeat this study 100 times, 95 of the intervals generated would contain the true estimate.

**References:**

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