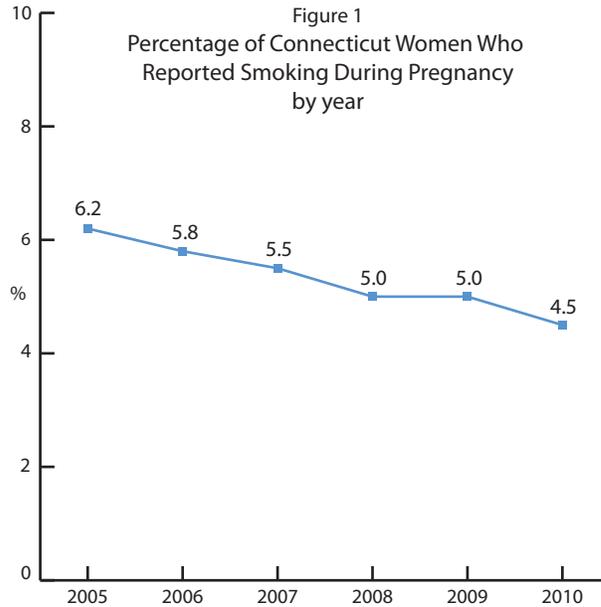


### Pregnancy and Smoking

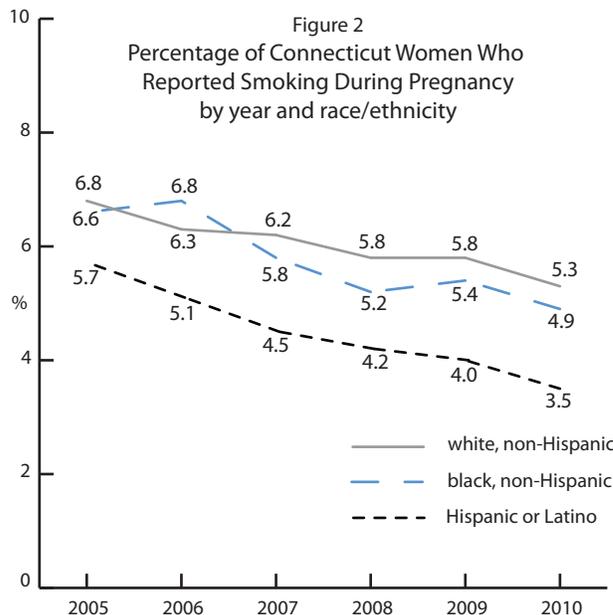
#### Effects of Smoking During Pregnancy<sup>1</sup>

- Women who smoke during pregnancy are more likely than other women to have a miscarriage
- Smoking can cause problems with the placenta—the source of the baby’s food and oxygen
- Smoking can cause a baby to be born too early or to have low birth weight, making it likely the baby will be sick and stay in the hospital longer; a few infants may even die
- Smoking during and after pregnancy is a risk factor for Sudden Infant Death Syndrome (SIDS)
- Babies born to women who smoke are more likely to have certain birth defects, like cleft lip or cleft palate



- During 2005-2010, a decrease (6.2%-4.5%) occurred in the percentage of women who reported smoking during pregnancy (Figure 1)<sup>2</sup>

- In 2011, 18.5% of women in Connecticut of child-bearing age (18-44 years) smoked cigarettes<sup>3</sup>



- Between 2005 and 2010, there were 104 Sudden Infant Death Syndrome cases in Connecticut<sup>2</sup>; it is estimated that 7 or 8 of these deaths can be attributed to maternal cigarette smoking<sup>4</sup>

- During 2005-2010, a decrease occurred in the percentage of white (6.8%-5.3%), black (6.6%-4.9%), and Hispanic (5.7%-3.5%) who reported smoking during pregnancy (Figure 2)<sup>2</sup>

Most people know that smoking causes cancer, heart disease, and other major health problems, but women who smoke during pregnancy put themselves and their unborn babies at risk for other health problems. The dangers of smoking during pregnancy include preterm birth, certain birth defects, and infant death.<sup>1</sup>



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Call the Connecticut QuitLine to quit smoking today.



# Fact Sheet

## Connecticut Department of Public Health Tobacco Use Prevention and Control Program

### P r e g n a n c y   a n d   S m o k i n g

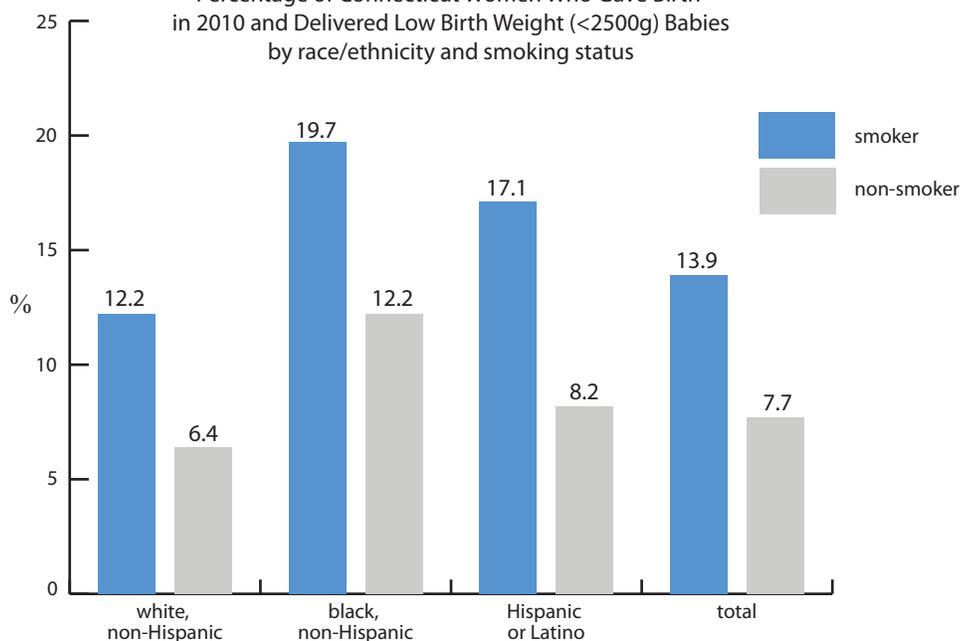
#### Benefits of Quitting<sup>1</sup>

- Your baby will get more oxygen, even after just one day of not smoking
- There is less risk that your baby will be born too early
- There is a better chance that your baby will come home from the hospital with you
- You will be less likely to develop heart disease, stroke, lung cancer, chronic lung disease, and other smoking-related diseases
- You will be more likely to live to know your grandchildren
- You will have more energy and breathe more easily
- You will have more money that you can spend on other things
- Your clothes, hair, and home will smell better
- You will feel good about what you have done for yourself and your baby

- Smoking-attributable neonatal expenditures exceed \$3 million annually in Connecticut<sup>5</sup>
- In Connecticut, smoking-attributable neonatal expenditures per maternal smoker receiving Medicaid average more than \$800, and more than \$700 for women with private insurance; these costs do not include those incurred after the infant's initial hospital stay or any costs associated with secondhand smoke<sup>5</sup>
- In 2009, the rate of smoking during pregnancy for mothers enrolled in the HUSKY Program (Healthcare for the Uninsured Kids and Youth) was 11.4%, which was over seven times higher than the smoking rate for other mothers in Connecticut (1.6%)<sup>6</sup>
- Babies born to mothers with HUSKY Program coverage who smoked were more likely to be born preterm or with low birth weight than babies born to non-smokers<sup>6</sup>
- In Connecticut during 2010, 13.9% of babies born to mothers who smoke were low birth weight, compared to 7.7% of babies born to non-smokers; white, black, and Hispanic women who smoked during pregnancy were more likely than their counterparts who did not smoke to give birth to low birth weight babies (Figure 3)<sup>2</sup>

Figure 3

Percentage of Connecticut Women Who Gave Birth in 2010 and Delivered Low Birth Weight (<2500g) Babies by race/ethnicity and smoking status



References

<sup>1</sup>Centers for Disease Control and Prevention (CDC); Office of Reproductive Health; [www.cdc.gov/reproductivehealth](http://www.cdc.gov/reproductivehealth).  
<sup>2</sup>Connecticut Department of Public Health; Vital Records; Registration Reports; 2005-2010.  
<sup>3</sup>Connecticut Behavior Risk Factor Surveillance System; 2011.  
<sup>4</sup>CDC, MCH SAMMEC, Health Outcomes Report, <http://apps.nccd.cdc.gov/sammec>.  
<sup>5</sup>CDC. State Estimates of Neonatal Costs Associated with Maternal Smoking-US 1996. MMWR 2004;53:915-917.  
<sup>6</sup>Connecticut Voices for Children. Births to Mothers with HUSKY Program and Medicaid Coverage 2009. Lee, M.A., PhD; Siegel, J.; Learned, A.; [www.ctkidslink.org](http://www.ctkidslink.org).