

News release

Date: Feb. 8, 2011

Contact: Christine Stone, 971-673-1282, desk; 503-602-8027, cell
Christine.I.stone@state.or.us

Most pregnant women are not getting complete smoking cessation help during prenatal check-ups

Newly published information from Oregon Public Health Division also points to disparities among racial and ethnic groups in access to smoking cessation

Almost 60 percent of pregnant women who smoked said they did not get optimal help quitting smoking as part of their prenatal care, according to a recently published study from the Oregon Public Health Division in the [*Maternal and Child Health Journal*](#).

“We can do better than 60 percent. Maternal smoking during pregnancy has become the most preventable cause of poor birth outcomes, such as low birth weight, in the United States,” said Sarah Tran, M.P.H., principal author of the study. “Also, pregnancy is a time when women may be more motivated to make healthy lifestyle changes.”

Tran said that women who are pregnant may be more receptive to the Five A’s a best-practice smoking intervention. This practice involves a health care provider asking a woman about her smoking status, advising her to quit, assessing her willingness to quit, assisting quit efforts, and arranging for follow-up visits.

(more)

Page 2 *Most women not getting complete smoking cessation help*

Tran worked with the Public Health Division's Kenneth Rosenberg, M.D., M.P.H., who was her adviser. Tran is now a Maternal and Child Health epidemiology research analyst at Multnomah County Health Department.

The report also looked at racial disparities in whether women were given smoking cessation information during their pregnancy. Improving health equity in Oregon is one of the main strategies in the Action Plan for Health, which was recently submitted to the Oregon Legislature.

"Racial differences in health outcomes are costly, unacceptable and preventable," said Tricia Tillman, director of the Oregon Health Authority's Office of Multicultural Health and Services. "We need to address racial disparities throughout the health care system. By focusing on culturally relevant strategies, as this study suggests, we can reduce these disparities."

Black women reported receiving the most smoking cessation counseling during their pregnancy, followed by white women.

The study also found that pregnant American Indian women were most likely to not receive a full spectrum of counseling to quit smoking, though they are twice as likely to smoke as the average Oregon woman. This research used data from the Pregnancy Risk Assessment Monitoring System from 2000 to 2001.

It is not known exactly why American Indian mothers were the least likely to receive help in quitting smoking. "What we do know from this research is that there is a need for prenatal care providers to address tobacco use – especially those who care for Native American women," said Rosenberg.

"We can lower these rates by getting the word out to at-risk communities how important it is not to smoke during pregnancy and that there are resources such as the Oregon Tobacco Quit Line," said Rosenberg. "We encourage all prenatal health care providers to learn about Oregon Public Health's Tobacco Prevention and Education Program. We can help them help patients stop smoking."

To read about the study, please visit www.ncbi.nlm.nih.gov/pubmed/19795200. To learn more about the Oregon Public Health Tobacco Prevention and Education Program, please visit www.healthoregon.org/tobacco/. For information about the Oregon Tobacco Quit Line, please visit: www.quitnow.net/oregon/ or call 1-800-QUITNOW (1-800-784-8669).

###