



Reducing Postpartum Smoking Relapse in New York State

Postpartum smoking relapse refers to women who report smoking after delivery among those who had quit smoking by the last three months of pregnancy. As of 2013, approximately 43 percent of women who quit smoking during pregnancy in New York State had resumed smoking after delivery (Figure 1). Reducing postpartum smoking relapse is one of the Healthy People 2020 (HP2020) initiatives, aiming to reduce postpartum relapse to 38.2 percent or less by 2020.

Why is this important?

- Maternal health behaviors strongly influence infant health, even after delivery.
- Infants of mothers who smoke during pregnancy or after delivery are at increased risk for Sudden Infant Death Syndrome (SIDS), lower respiratory infections, and ear infections.
- Smoking relapse puts mothers at higher risk for tobacco-related illnesses.
- Tobacco use may lead to delayed conception for mothers who would like to have additional children.

Smoking cessation should be celebrated!

Successfully quitting smoking during pregnancy is a major accomplishment and should be celebrated. Consistent support and follow-up are needed for mothers to stay tobacco-free, especially during this important time in their lives.

Guidelines for Treating Tobacco Use and Dependence

Smoking tobacco is an addiction to nicotine and, like any addiction, can be difficult to quit. Unfortunately, relapse after quitting happens, and quit attempts have to be repeated. Health care providers should administer counseling at every visit and medications when appropriate. Remember the five A's:

1. **A**sk every patient if she uses tobacco.
2. **A**dvice the patient to quit.
3. **A**ssess the patient's willingness to make a quit attempt.
4. **A**ssist the patient in making a quit attempt by providing or referring the patient to counseling.
5. **A**rrange for follow-up contact with the patient to prevent relapse.

Find out more about how to stay smoke-free or how to support someone trying to remain abstinent from smoking by visiting www.nysmokefree.com.

Percentage of Postpartum Smoking Relapse Among Women Who Quit Smoking During Pregnancy, New York State PRAMS, 2009-2013

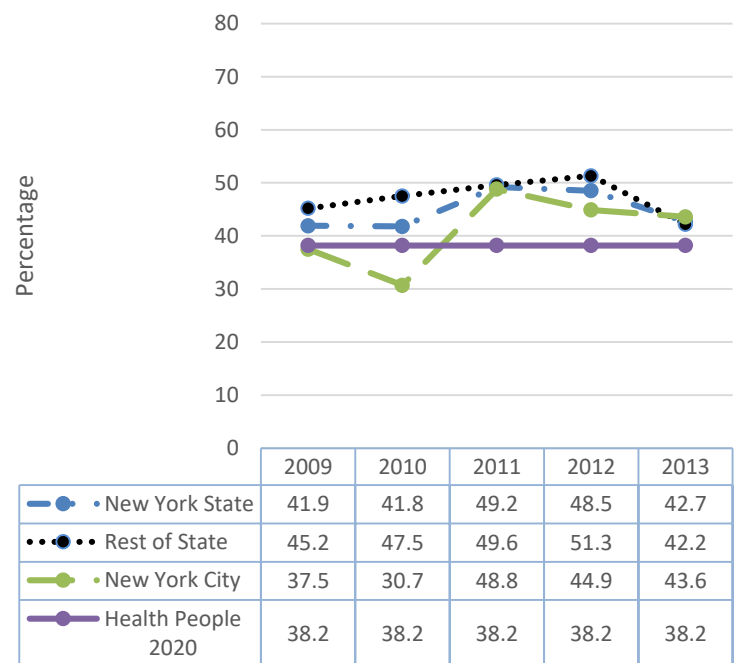


Table 1. Postpartum Smoking Relapse, New York State PRAMS, 2009 – 2013

Maternal Characteristics	# of Respondents	Estimated Yearly Population Affected	Prevalence (%)	95% CI	P value
Total	1,236	9,925	44.8		
Race/Ethnicity					.1646
Non-Hispanic White	668	6,043	44.1	(39.3- 49.0)	
Non-Hispanic Black	222	1,578	54.6	(43.7-65.4)	
Non-Hispanic Other	96	616	36.7	(24.0- 49.4)	
Hispanic	250	1,688	43.1	(34.7- 51.5)	
Maternal Age					.0002
Less than 20	179	1,062	56.1	(42.3-69.9)	
20-24 years	262	3,172	56.9	(49.2-64.6)	
25-34 years	603	4,552	39.7	(34.7-44.7)	
35 years of older	192	1,140	35.2	(26.3-44.0)	
Maternal Education					.0420
Less than High School	227	1,830	55.7	(45.4-66.0)	
High School Graduate	304	2,531	46.2	(38.3- 54.1)	
More than High School	700	5,564	41.4	(36.8- 46.1)	
Marital Status					.0001
Married	517	3,086	30.7	(25.8-35.7)	
Not Married	719	6,838	56.4	(51.2-61.6)	
Medicaid Status					.0018
On Medicaid	468	3,803	53.5	(46.8- 60.2)	
Not on Medicaid	768	6,122	40.6	(36.1- 45.1)	
Smoking status prior to pregnancy					.0001
Not a daily smoker	241	719	17.5	(11.4- 23.6)	
Daily smoker	995	9,206	50.9	(46.7- 55.1)	
Pregnancy Intention					.0018
Unintended	511	4,919	51.0	(45.0-56.9)	
Intended	612	4,241	38.5	(33.5-43.6)	
Number of Stressors					.0117
None	265	1,965	39.4	(31.8- 47.1)	
1-2	509	3,679	40.8	(35.2- 46.5)	
3-5	358	3,219	50.2	(43.0- 57.3)	
6 or more	100	1,057	60.9	(46.9- 74.9)	
Maternal BMI					.0427
Underweight	66	360	43.1	(24.7-61.6)	
Normal	594	4,044	39.4	(34.0- 44.7)	
Overweight	291	2,945	52.3	(44.8- 59.8)	
Obese	243	2,214	47.6	(39.0- 56.1)	
Breastfeeding initiation					.0020
Yes	970	7,186	41.5	(37.3- 45.7)	
No	235	2,637	56.4	(48.0- 64.7)	
On WIC during pregnancy					.0008
Yes	625	5,469	51.6	(46.0- 57.1)	
No	605	4,432	38.7	(33.7- 43.7)	

Key Findings - Table 1

Almost 1 in 2 women (44.8%) who quit smoking during pregnancy relapse to smoking after delivery. However, smoking relapse percentages differ significantly by most demographic groups as seen in Table 1. Among women age 20-24 years 56.9 percent relapsed after delivery compared to women age 25-34 years (39.7%) and women age 35 years and older (35.2%). Prevalence of smoking relapse was also significantly higher among women with less than a high school education (55.7%) compared to those that graduated (46.2%) or those with more than high school education (41.4%). In addition, women who are not married (56.4%) were more likely to relapse compared to married women (30.7%), and women with Medicaid as insurance coverage (53.5%) compared to those who did not have Medicaid as insurance (40.6%). Higher percentages of relapse to smoking were found among women who were daily smokers before pregnancy (50.9%), overweight (52.3%) and those on WIC during pregnancy (51.6%). Differences among racial/ethnic groups was not significant. While these data do not demonstrate a causal relationship, they are key groups to be noted when identifying those at highest risk for relapse to provide additional support.

Taking Action to Prevent Postpartum Smoking Relapse in New York State

New York State Department of Health

- Monitors outcomes, including postpartum smoking, using electronic birth records and data from the Pregnancy Risk Assessment Monitoring System (PRAMS), to inform state policies and initiatives.
- Funds **Advancing Tobacco-Free Communities** initiative, using community engagement and youth action to influence the way tobacco use is perceived in the community.
- Supports **Health Systems for a Tobacco-Free NY**, a network of contractors that work with hospitals, community health centers, federally qualified health centers, and mental health and behavioral health service agencies to improve the reach and delivery of evidence-based tobacco dependence treatment to all New Yorkers.
- Supports the **New York State Smokers' Quitline** as a free resource to current and past smokers to counsel and encourage smoking cessation and abstinence.
- Funds community health workers through the Maternal and Infant Health Community Health Collaboratives and home visitors through Nurse-Family Partnership programs to provide support, including tobacco cessation, to high risk pregnant and parenting women.

Women, men and families

- Talk to your doctor frequently to discuss ways to quit and remain smoke-free, especially after you give birth.
- Contact your insurance program to learn which smoking cessation options are covered.
- Change rules about smoking in your home to help eliminate cues to smoke and protect the health of you and your child.
- Seek support from the NYS Smoker's Quitline 1-866-NY-QUITS (697-8487) or visit www.nysmokefree.com.
- Do not smoke in the car when others are riding with you or allow others to smoke in your car.

Health insurers

- Provide cessation services to women and their partners, especially after an infant is brought home.
- Remove prior authorization and caps on access to tobacco cessation programs.
- Increase coverage for services, including counseling and medications supporting smoking cessation.
- Increase awareness and promote the use of different services for smoking cessation, with a focus on high-risk groups.

Health care providers

- Identify individual women at highest risk for smoking relapse and offer assistance to support smoking abstinence.
- Continue to speak with women who quit smoking during pregnancy throughout the postpartum period regarding smoking behaviors, providing counseling and medication when appropriate.
- Remember the 5 A's of smoking cessation (Ask, Assess, Advise, Assist, and Arrange).
- Refer women and their partners to the New York State Smoker's Quitline.

Community and local health departments

- Partner with Advancing Tobacco-Free Communities' grantees to promote healthy retail environments, tobacco-free outdoor air, and tobacco-free multi-unit housing.

NYS Maternal and Child Health Block Grant 2015-2020 State Action Plan

http://www.health.ny.gov/community/infants_children/maternal_and_child_health_services/docs/2016_application.pdf

The Maternal and Child Health Services Title V Block Grant provides funding to states to improve the health and wellness of women, children and families. New York's Title V State Action Plan focuses on reducing health disparities and improving the health of all New Yorkers across the life span in maternal and women's health, perinatal and infant health, child health including children with special health care needs, and adolescent health.

And Prevention Agenda 2013-2018: New York State's Health Improvement Plan

<https://www.healthypeople.gov/2020/topics-objectives/objective/mich-18>

The blueprint for state and local action to improve the health of New Yorkers in five priority areas and to reduce health disparities for racial, ethnic, disability, socioeconomic and other groups who experience them. Reducing preterm birth is one of the Department's goals and tobacco use raises the risk of preterm birth.

Additional Resources:

For Individuals:

The New York State Smokers' Quitline
Call 1-866-NY-QUITS (1-866-697-8487) toll free or
visit www.nysmokefree.com

Smoking Cessation Coverage for Medicaid members
<http://pbic.nysdoh.suny.edu/search/>

Centers for Disease Control and Prevention: Tips
From Former Smokers
<http://www.cdc.gov/tobacco/campaign/tips/>

Smoking Cessation Counseling and Interventions
<http://www.uspreventiveservicestaskforce.org/Page/>

For Communities and Health Care Providers:

5 Major Steps to Intervention (The 5 A's)
<http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5steps.html>

The New York State Bureau of Tobacco Control
https://www.health.ny.gov/prevention/tobacco_control/program_components.htm

Smoking Cessation For Pregnancy And Beyond:
A Virtual Clinic
<https://www.smokingcessationandpregnancy.org/resources>

Quick Reference Guide for Clinicians: Treating
Tobacco Use and Dependence
<http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/references/quickref/tobaqrq.pdf>

Centers for Disease Control and Prevention: State
and Community Resources for Smoking and Tobacco
Use
<https://www.cdc.gov/tobacco/stateandcommunity/index.htm>

Smoking Cessation Counseling and Interventions
<http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions>