

Maternal Cigarette Smoking

South Dakota — PRAMS, 2017

Background

Smoking before pregnancy can make it harder for women to get pregnant. During pregnancy, women who smoke cigarettes have a higher risk of delivering their infant too early and with a low birthweight, making it more likely their infant will be sick and have to stay in the hospital longer. These infants also have a higher risk of having some kinds of birth defects such as a cleft lip and palate. Infants whose mothers smoked during pregnancy or were exposed to second hand smoke after delivery have a higher risk of sudden infant death syndrome (SIDS). There is no safe level of tobacco use or exposure for women and their infants. Women should not smoke before, during or after pregnancy.¹

Pregnancy Risk Assessment Monitoring System (PRAMS)

PRAMS collects site-specific, population-based data on maternal attitudes and experiences before, during, and shortly after delivery. PRAMS surveys are typically completed 3 to 6 months after delivery. PRAMS sites that met or exceeded the response rate thresholds for 2015 (55%) are included in overall estimates and the South Dakota 2017 weighted response rate was 67%. Results presented in this report include responses to “Core” questions (asked by all PRAMS sites) and to an optional, “Standard” question.

National Goals to Eliminate Tobacco Use

Smoking	Healthy People 2020 Objective ²	Title V National Performance Measure ³
Before Pregnancy	Increase the proportion of women delivering a live birth who did not smoke prior to pregnancy to 87.8%	No related performance measure
During Pregnancy	Increase abstinence from cigarette smoking among pregnant women to 98.6%	To decrease the number of women who smoke during pregnancy
After Delivery	Reduce postpartum relapse of smoking among women who quit smoking during pregnancy to 38.2%	No related performance measure

Cigarette Smoking Rates

PRAMS data are used to assess progress on Healthy People 2020 smoking objectives.

Core PRAMS Indicators	South Dakota* 2017	34 PRAMS Sites* 2015
Smoking during the 3 months before pregnancy	23.6 (20.9-26.3)	19.4 (18.7 - 20.0)
Smoking in the last 3 months of pregnancy	9.6 (7.7-11.5)	8.8 (8.4 - 9.3)
Smoking after delivery [†]	9.9 (7.1-12.6)	12.6 (12.1 - 13.2)

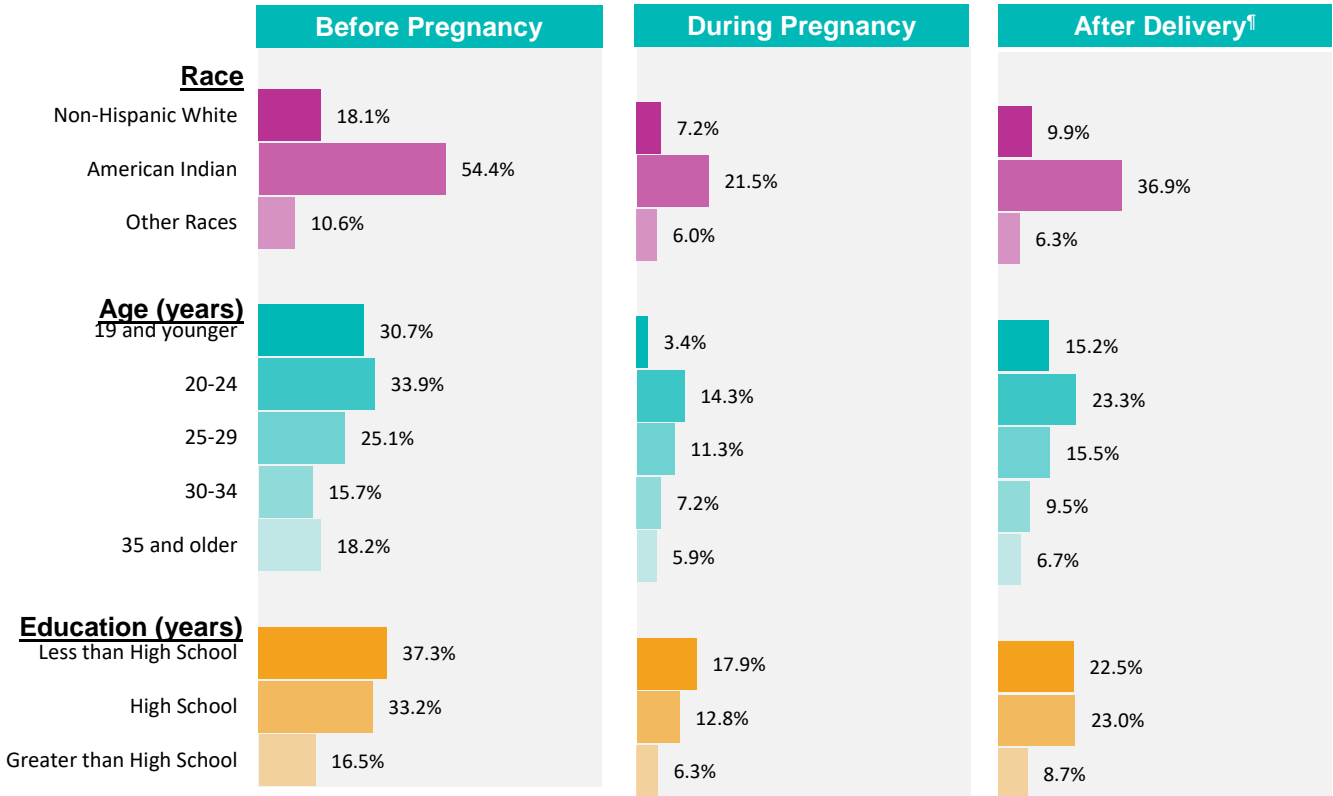
* Weighted percentage (95% Confidence Interval)

[†] “After delivery” is defined as the time when the PRAMS survey was completed

South Dakota PRAMS: Maternal Cigarette Smoking

Who Smokes Cigarettes?

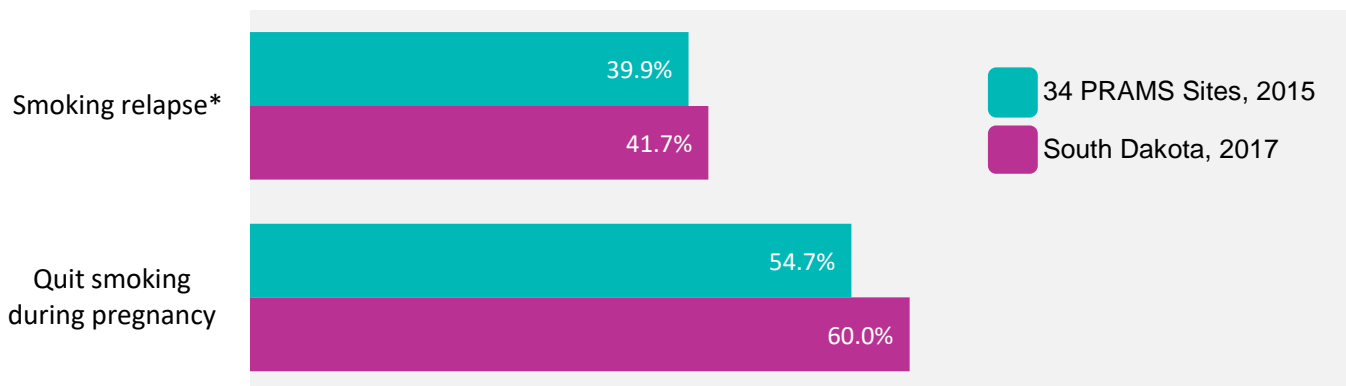
Women who reported smoking during the 3 months before pregnancy, in the last 3 months of pregnancy or after delivery, by maternal characteristics — South Dakota, 2017



[†] "After delivery" is defined as the time when the PRAMS survey was completed

Quitting Cigarette Smoking & Smoking Relapse After Delivery*

Quitting smoking by last trimester among women who smoked in the 3 months before pregnancy — South Dakota, 2017



* Smoking relapse is the percent of women who quit smoking during pregnancy but were smoking at the time of the survey.

South Dakota PRAMS: Maternal Cigarette Smoking

Summary of Results

Cigarette Smoking Rates

- Nearly one in four (23.6%) of South Dakota PRAMS respondents reported smoking cigarettes in the 3 months before becoming pregnant and nearly one in ten (9.6%) reported smoking in the last 3 months of pregnancy.
- Overall, about one in ten (9.9%) South Dakota PRAMS respondents reported smoking at the time they completed the PRAMS survey after infant delivery.

Quitting Cigarette Smoking and Relapse After Pregnancy

- Among South Dakota women who smoked during the 3 months before pregnancy more than half (60.0%) reported quitting smoking by the last trimester of pregnancy.
- Among South Dakota women who quit smoking during pregnancy, two in five (41.7%) PRAMS respondents reported smoking cigarettes at the time they completed the PRAMS survey.

Resources

South Dakota QuitLine: <https://www.sdquitline.com/>

Smokefree: <https://smokefree.gov>

The Community Guide: <https://www.thecommunityguide.org/topic/tobacco>

Tips from Former Smokers: <https://www.cdc.gov/tobacco/campaign/tips/index.html>

References

1. **50 Years of Progress: A Report of the Surgeon General:** <https://www.hhs.gov/surgeongeneral/reports-and-publications/tobacco/index.html>
2. **Healthy People 2020 Objectives:** <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives>
3. **Title V National Performance Measures:** <https://mchb.tvisdata.hrsa.gov/PrioritiesAndMeasures/NPMDistribution>

To learn more about PRAMS methods and to see data availability by state and year visit: <https://www.cdc.gov/prams>



THE BEST SOURCE OF DATA ON MOTHERS AND BABIES