

National Priority Area: Smoking

National performance measure: A) Percentage of women who smoke during pregnancy and B) the percentage of children who live in households where someone smokes.

Title V MCH Block Grant in Oregon

The Title V Maternal and Child Health (MCH) Block Grant is a federal program that provides funding to states to improve the health of all women, children, adolescents, and families, including children with special health care needs (CYSHCN). Oregon's Title V MCH priorities for 2016-2020 include: well woman care, breastfeeding, physical activity for children, adolescent well care visits, oral health, smoking, toxic stress and trauma, nutrition and food insecurity, culturally and linguistically responsive services, and medical homes and services for the transition to adulthood for children and youth with special health care needs.

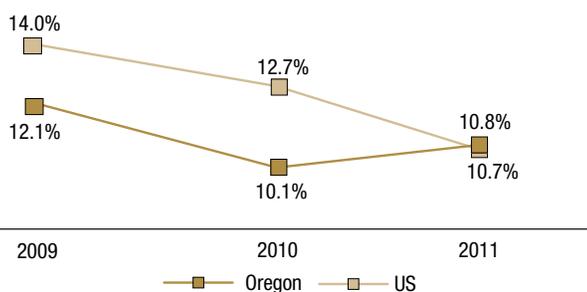
More information about each of the above priorities is available at: <http://Healthoregon.org/titlev>.

Significance of the issue

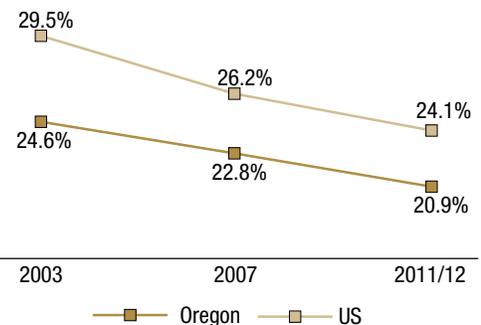
Tobacco use during pregnancy is a special concern because of the effects of smoking on both the mother and the developing fetus. Those exposed in-utero have a 5.5 times greater risk of becoming smokers in adolescence.¹ Prenatal cigarette smoke exposure is also related to lifetime tobacco dependence.² Women who smoke during pregnancy are more likely to experience a fetal death or deliver a low birth weight baby. Secondhand smoke is a mixture of mainstream smoke (exhaled by smoker) and the more toxic side stream smoke (from lit end of nicotine product) and is classified as a known human carcinogen by the US Environmental Protection Agency. Adverse effects of parental smoking on children have been a clinical and public health concern for decades and were documented in the 1986 U.S. Surgeon General Report.

Health Status Data

Percent of women who smoked during the last 3 months of their pregnancy, 2009-2011
Source: Pregnancy Risk Assessment Monitoring System



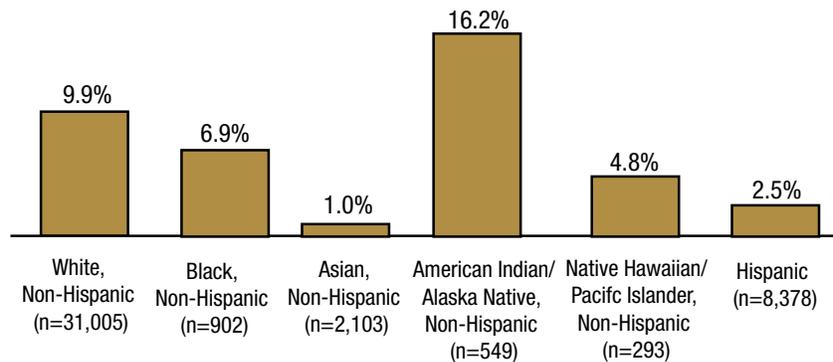
Percent of children who live in a household with someone who smokes, 2003-2007
Source: National Survey of Children's Health



- Oregon's rate of smoking during pregnancy has always been above the national average. An estimated 10,381 women smoked at the time of pregnancy in 2011.³
- Pregnant women who are younger, have a low level of education, are non-Hispanic White or Native American, and are unmarried are more likely to smoke during pregnancy.⁴
- Most pregnant women make quit attempts during pregnancy; according to Oregon PRAMS (2011), 71% of women attempted to quit. And smoking rates decrease during pregnancy from 23.2 to 10.8% in the last trimester.

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Percent of women who smoked during the last 3 months of their pregnancy, by race/ethnicity. Oregon, 2011 Births
Source: Pregnancy Risk Assessment Monitoring System



- However rates increase after a baby is born to 13.8% (PRAMS, 2011). Smoking rates by pregnant women are not consistent across race and ethnicity, with the highest rates among American Indian/Alaska Native and White mothers.
- Children with Special Health Care Needs are more likely to live in a household where someone smokes and to be exposed to second-hand smoke inside the home than children who don't have special health care needs.⁵

Context for the Issue in Oregon

Community programs: Public Health Nurses are routinely trained in the evidenced-based 5As intervention (Ask, Advise, Assess, Assist, and Arrange). Maternity Case Management home visiting programs throughout Oregon are required to conduct the 5As on women who smoke each and every time a woman is seen. This intervention is also conducted in other home visiting and maternal and child health programs.

Local Tobacco Prevention and Education Programs (TPEP) convene a workgroup on the topic of tobacco use and pregnant women. They share successful strategies and learn from guest speakers regarding pregnant women and tobacco use using policy and systems change approaches. MCH Programs focusing on tobacco as a Title V priority will also participate in a corresponding workgroup, joining forces when shared issues arise.

Cessation: The Oregon Tobacco Quit Line offers enhanced services to smokers who are pregnant. The program offers pregnant smokers increased support with women receiving ten consultation calls, up to six months post-partum, from the Quit Line. (www.quitnow.net/oregon) This pregnancy program is grounded in existing scientific evidence, and provides pregnant smokers the resources they need to be successful in quitting tobacco use.

Work in progress

- Maternal and child programs have tobacco cessation as a priority for pregnant women and children affected by second-hand smoke.
- Addressing tobacco use for the entire population is a primary priority of Oregon's State Health Improvement Plan.
- Tobacco use is an incentivized performance measure for Oregon's CCO's.
- A variety of strategies are used by the PHD, which works to protect all Oregonians from secondhand smoke in their homes, workplaces and communities, and also help smokers, including those who are pregnant, to quit.

1. Cornelius, M.D., Leech, S.L., Goldschmidt, L., & Day, N. (2000). Prenatal tobacco exposure: Is it a risk factor for early tobacco experimentation? *Nicotine & Tobacco Research*, 2, 45-52, doi:10.1010/14622200050011295

2. Buka, S., Shenassa, E., & Niaura, R. (2003). Elevated risk of tobacco dependence among offspring of mothers who smoked during pregnancy: A 30-year prospective study. *American Journal of Psychiatry*, 160, 1978-1984. Doi:10.1176/appi.ajp.160.11.1978

3. Oregon Pregnancy Risk Assessment Monitoring System (PRAMS), 2011.

4. Child Trends Data Bank. <http://www.childtrends.org/?indicators=mothers-who-smoke-while-pregnant>

5. Children with Special Health Care Needs in Context: A portrait of States and the Nation 2007. <http://mchb.hrsa.gov/nsch/07cshcn/national/2chf/1hdr/pages/01sh.html>