

### Overview

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, like a cleft lip or cleft palate, and infant death.<sup>1</sup>

### Connecticut Estimates

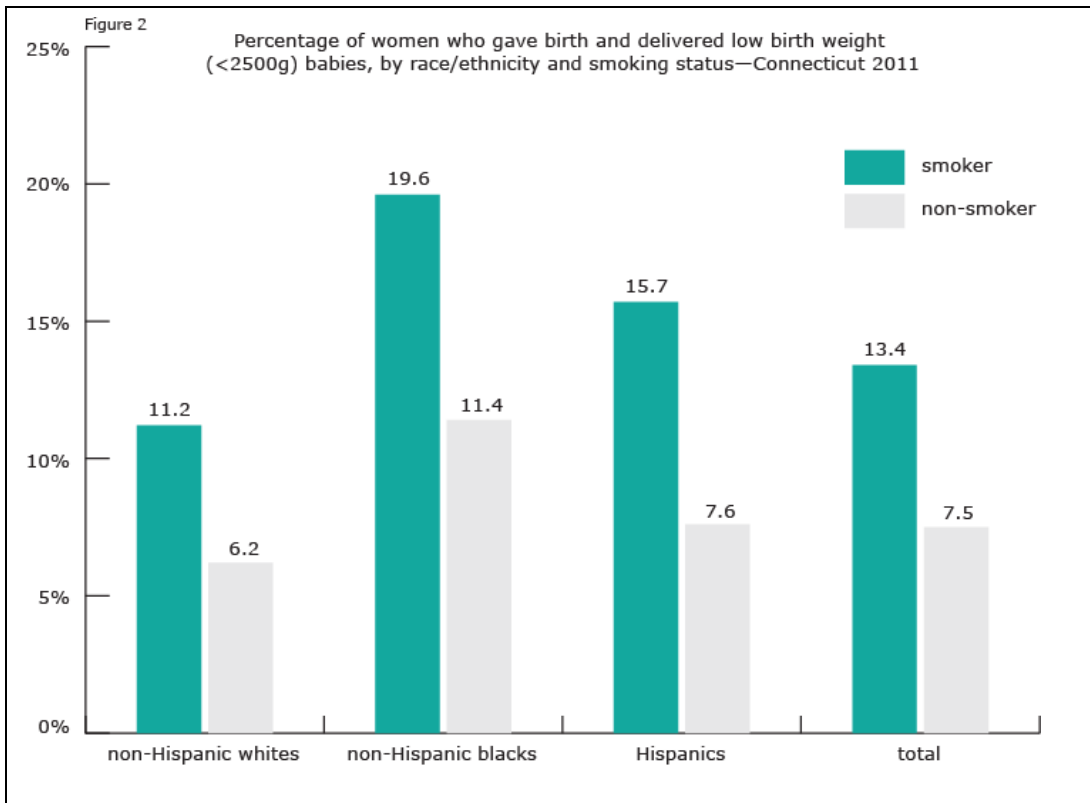
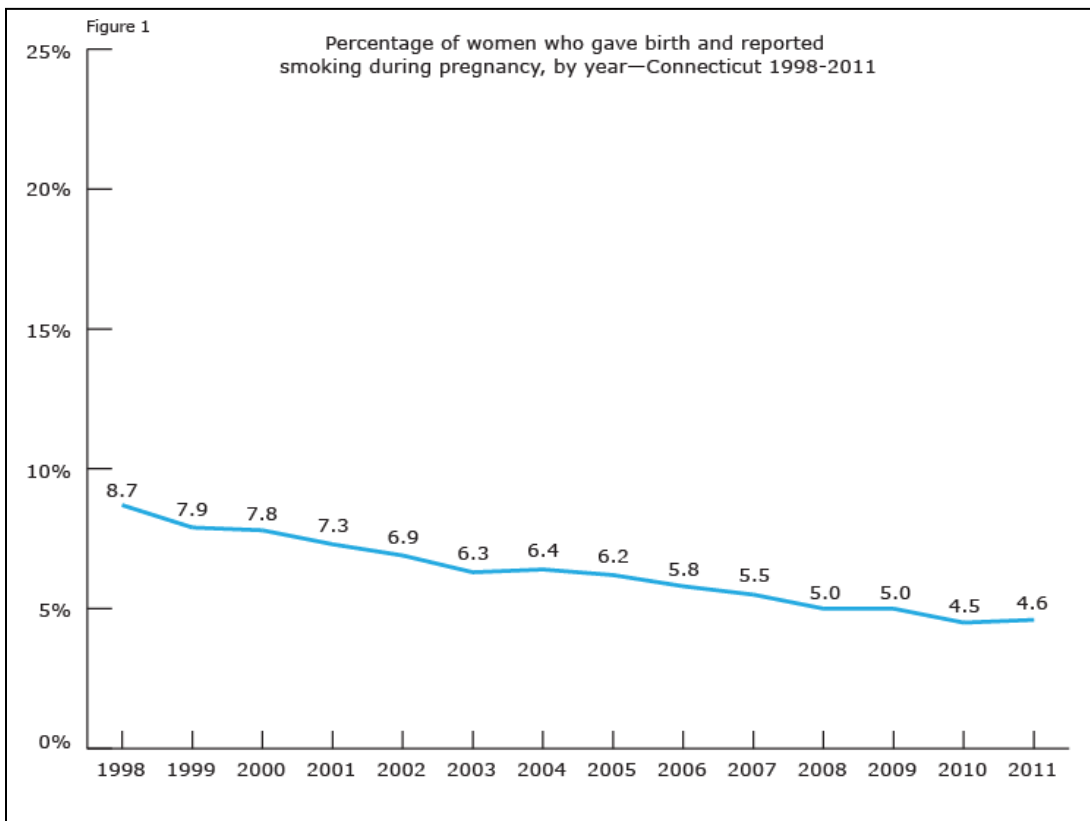
- During 1998-2011, a 47% decrease (8.7%-4.6%) occurred in the percentage of women who gave birth in Connecticut and reported smoking during pregnancy.<sup>2</sup> [Figure 1]
- In 2013, 15.7% of women of child-bearing age (18-44 years) were current cigarette smokers, which is a decrease of about 39% since 2000 (25.6%).<sup>3</sup>
- Between 2005 and 2011, there were 122 Sudden Infant Death Syndrome (SIDS) cases in Connecticut<sup>2</sup>; it is estimated that 8 or 9 of these deaths can be attributed to maternal cigarette smoking.<sup>4</sup>
- Mothers in the HUSKY Program (Healthcare for Uninsured Kids and Youth) or on Medicaid are more likely to smoke during pregnancy, but the rate has declined dramatically since monitoring began. Treatment of tobacco dependence was not covered in Connecticut's HUSKY Program or Medicaid until October 2010.<sup>6</sup>
- Smoking-attributable neonatal expenditures exceed \$3 million annually.<sup>5</sup>

#### Key Points:

- The percentage of CT women who smoke during pregnancy continues to decrease.
- About 7% of SIDS cases can be attributed to maternal cigarette smoking.
- Millions of dollars are spent annually in CT to treat neonatal smoking-attributable illnesses.
- CT women who smoked during pregnancy are nearly twice as likely as their non-smoking counterparts to give birth to a low birth weight baby.



- During 2005-2011, a decrease occurred in the percentage of white (6.8%-5.8%), black (6.6%-5.3%), and Hispanic (5.7%-3.5%) women who reported smoking during pregnancy.<sup>2</sup>
- 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 costs associated with secondhand smoke.<sup>5</sup>
- During 2011, 13.4% of babies born to mothers who smoked during pregnancy were low birth weight, compared to 7.5% 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 deliver low birth weight babies.<sup>2</sup> [Figure 2]



## For Further Information

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## References

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<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; 1998-2011.

<sup>3</sup>Connecticut Behavioral Risk Factor Surveillance System; 2000, 2013.

<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 2010. Lee, M.A., PhD; <http://www.ctvoices.org/publications/births-mothers-husky-program-and-medicare-coverage-2010>.

Note: Adult current smokers are defined as persons who reported smoking at least 100 cigarettes during their lifetime and who, at the time of interview, reported smoking some days or every day.

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