

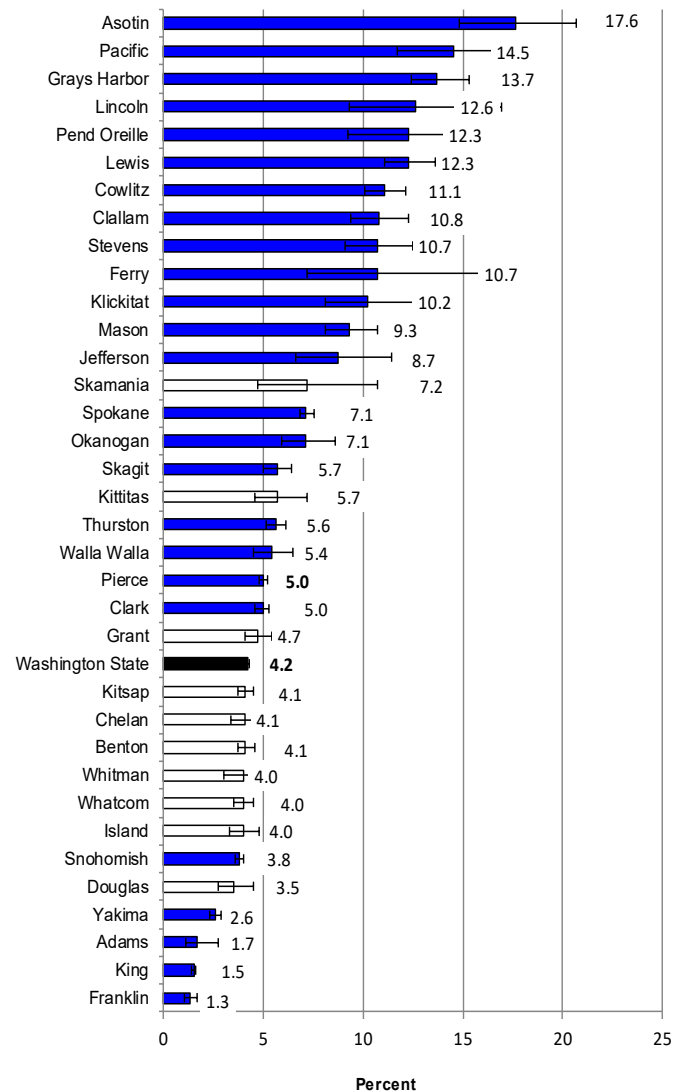
Smoking Before, During, and After Pregnancy

Key Findings:


- Tobacco smoking in pregnancy is a risk factor for miscarriage, stillbirth, placental abruption, preterm birth, low birth weight and neonatal morbidity and mortality¹.
- Tobacco smoking before, during, and after pregnancy has declined in the United States over the past decade.¹
- In Washington State in 2019, 6 percent of birthing persons smoked during pregnancy. The Healthy People 2030 goal is to increase abstinence from smoking among pregnant people to 95.7 percent. Washington State has not met this goal.^{1,3}
- American Indian/Alaska Native birthing persons reported significantly higher smoking rates before, during, and after pregnancy than those of other races and ethnicities.
- Birthing persons who qualify for TANF and those receiving Pregnancy Medical Medicaid benefits reported significantly higher prevalence of smoking before and during pregnancy when compared to non-Medicaid birthing persons.^{1,3, a}
- There were too few birthing persons who were either under 20 years of age, non-Hispanic Pacific Islander, or non-Hispanic Asian, to report all stratified data for these groups. Data are excluded from the graphs and visualizations below where the relative standard error (RSE) is greater than 30 percent.

Definition: Smoking in PRAMS² is defined as smoking tobacco cigarettes. Smoking before pregnancy is defined as the mother smoking 3 months prior to pregnancy. Smoking during pregnancy is defined as the mother smoking during the last trimester of her pregnancy. Smoking after pregnancy is defined as the mother smoking at the time of interview (2-6 months after delivery). Data presented in this report are from 2017-2019 unless otherwise specified.

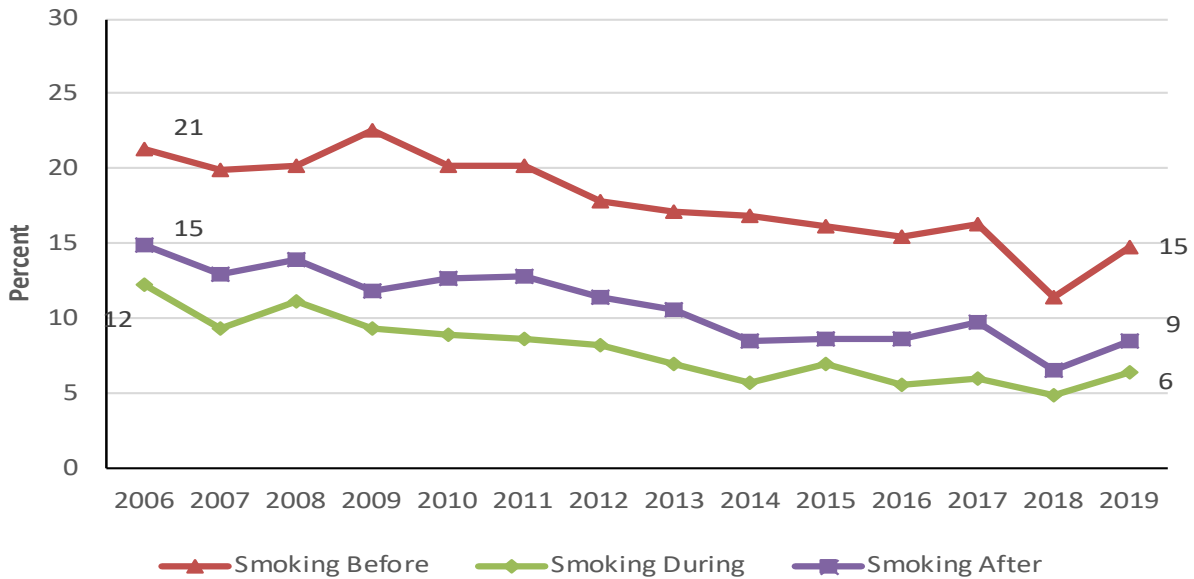
Smoking in 3rd Trimester by County, 2017-2019⁴



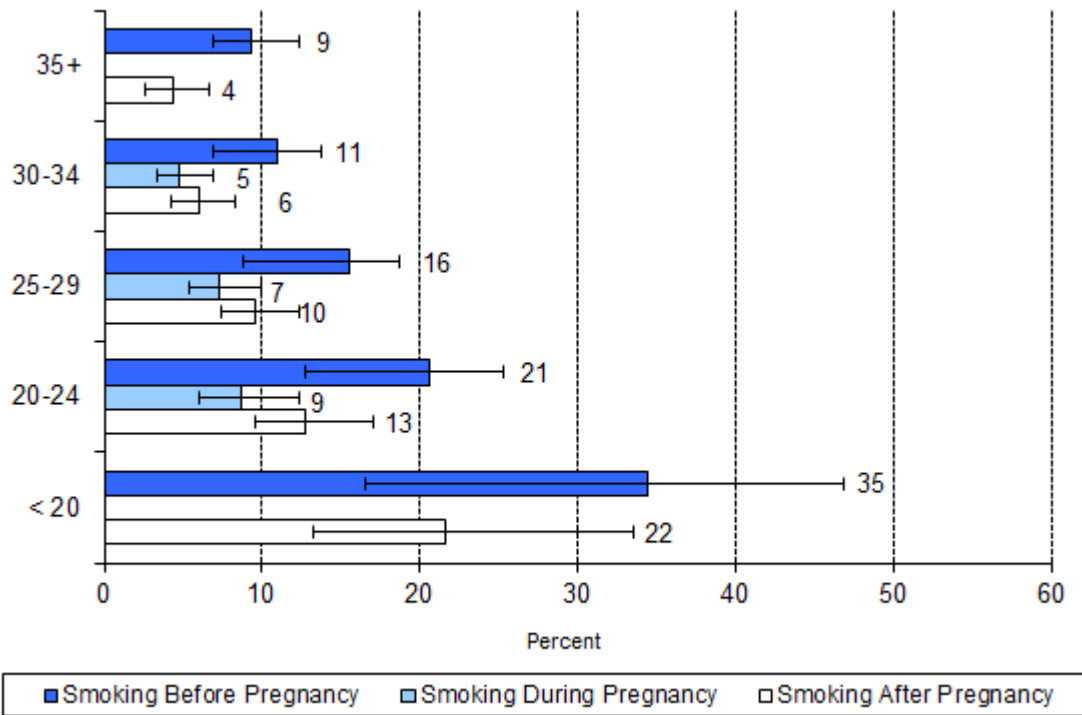
County rates not shown for Columbia, Garfield, San Juan and Wahkiakum counties. These counties had a relative standard error of the rate ≥ 30 percent.

 Significantly different from state

**Smoking Rates Before, During and After Pregnancy
By Year 2006-2019⁵**

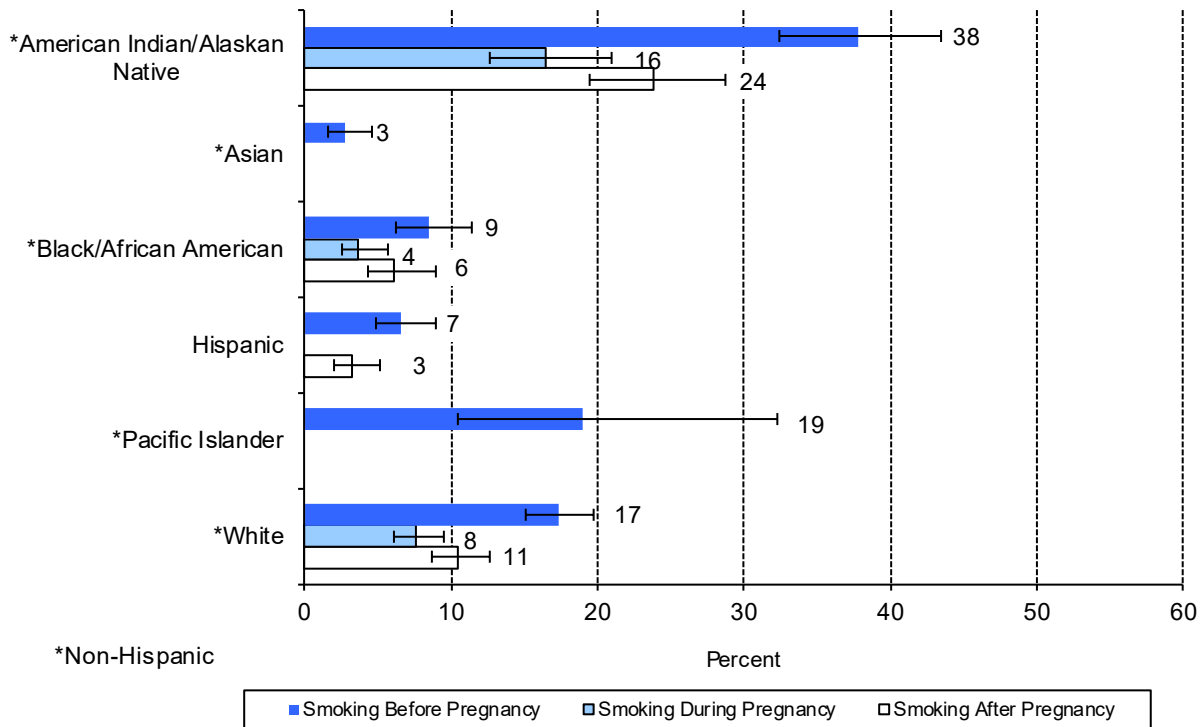


Smoking Before, During and After Pregnancy by Maternal Age, 2017-2019²



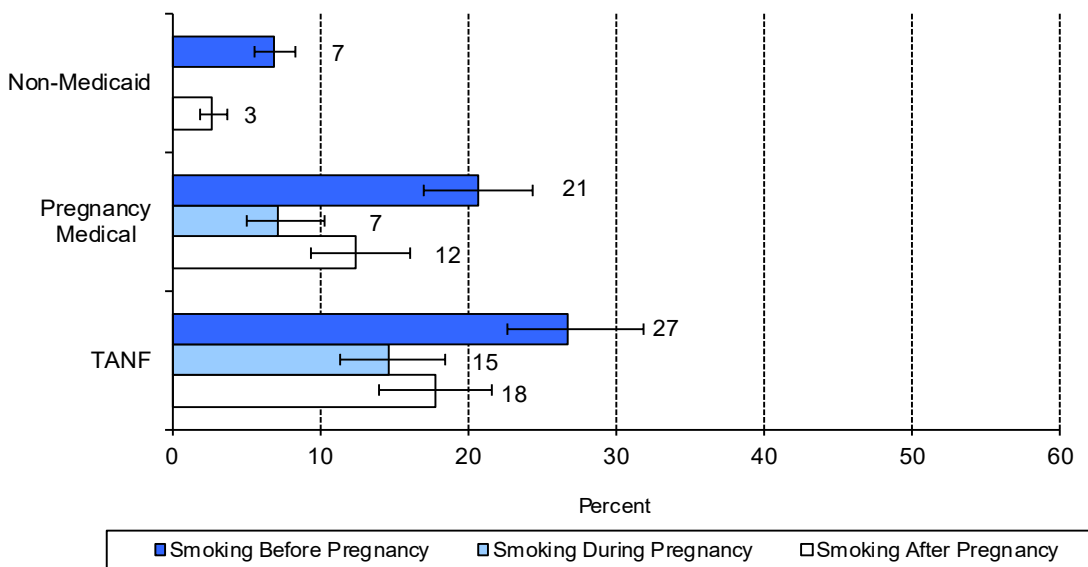
†Data not shown for smoking during pregnancy for birthing persons under 20 and those over 35 years as the relative standard error was >30 percent.

Smoking Before, During and After Pregnancy by Race/Ethnicity, 2017-2019²



†Data not shown for Asian and PI women for smoking during or after pregnancy and for Hispanic birthing persons during pregnancy as the relative standard error was >30 percent.

Smoking Before, During and After Pregnancy by Medicaid Program, 2017-2019^{2,6, a}



Data not shown for during pregnancy for non-Medicaid birthing persons as the relative standard error was >30 percent.

Data Sources

1. McDonnell BP, Regan C. Smoking in pregnancy: pathophysiology of harm and current evidence for monitoring and cessation. *The Obstetrician & Gynecologist*, 2019; 21:169-75. <https://doi.org/10.1111/tog.12585>
2. *Washington Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 8 (2017-2019)* [Data file]. (2021). Olympia, WA: Washington State Department of Health.
3. U.S. Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/increase-abstinence-cigarette-smoking-among-pregnant-women-mich-10>.
4. Washington State Department of Health, Center for Health Statistics, Birth Certificate Data, 2000-2019.
5. *Washington Pregnancy Risk Assessment Monitoring System (PRAMS) Multiple Phases (2006-2019)* [Data file]. (2021). Olympia, WA: Washington State Department of Health.
6. *First Step Database 2020* [Data File]. Olympia WA. Washington State Department of Social and Health Services. Research and Data Analysis Division.

End Notes

- a. Medicaid recipients were divided into two major subgroups based on program eligibility. **Pregnancy Medical** were individuals eligible for the pregnancy medical assistance program. These individuals were U.S. citizens or legal US residents and were eligible to receive Medicaid because they were pregnant and had incomes at or below 195% the federal poverty line; **TANF** were individuals enrolled in the Temporary Assistance for Needy Families (TANF) program. These individuals were very low income (generally <50% the federal poverty level) and received cash assistance (TANF) in addition to Medicaid.

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