PREGNANCY & VAPING

Women who are pregnant or planning to become pregnant are highly encouraged to quit vaping to reduce health risks for both themselves and their baby.

Vaping has increased in popularity over the last decade – especially among youth as enticing fruity flavors and flashy marketing campaigns lure in the younger population. Effects of vaping are not as well studied as the effects of cigarette smoking; however, research has shown that vaping is not harmless. In fact, toxic chemicals can be found in e-cigarettes, and breathing in secondhand aerosol is not safe. Most vapes contain nicotine. Nicotine is a highly addictive substance that can harm the developing brains of adolescents. Additionally, nicotine is toxic to fetuses.

Around 1 in 20 Kansas women with a recent live birth (4.8%) reported using electronic vapor products (EVPs) in the 3 months before pregnancy.

1.4% reported using EVPs in the last 3 months of pregnancy.

Among those who reported smoking cigarettes in the 3 months before pregnancy, 16.4% also used electronic vapor products during that time. By comparison, only 1.9% of those who were not smoking cigarettes reported using EVPs during this time.

The prevalence of self-reported EVP use in the 3 months before pregnancy was significantly higher among women:

...who were under 20 years old (12.1%) or 20-24 years old (9.0%), compared to those who were at least 25 years old (3.0%).

...whose highest level of education was a high school diploma/GED (8.1%), compared to those with at least some college credit (3.5%).

...who reported having any unmet basic needs (9.5%) during pregnancy, compared to those whose basic needs were met (3.5%).
The prevalence of self-reported EVP use in the 3 months before pregnancy was also significantly higher among women who had not intended to become pregnant (7.3%) or who had been unsure of what they wanted prior to the pregnancy (8.8%), compared to those whose pregnancies were intended (2.8%).

...whose income in the year before the birth was at less than 100% of the federal poverty level (8.6%), or at 100% to 199% of the federal poverty level (6.3%), compared to those whose income was at 200% or more of the federal poverty level (1.7%).

...who reported having only 0 or 1 (7.7%) source of social support or 2-3 sources of social support (6.3%), compared to those with at least 4 sources of social support (3.3%). Sources of social support could have included people such as partners, parents or in-laws, other family members or relatives, a friend, a religious community, or someone else.

...who had not intended to become pregnant (7.3%) or who had been unsure of what they wanted prior to the pregnancy (8.8%), compared to those whose pregnancies were intended (2.8%).

...who received food from Women, Infants, and Children (WIC) Nutrition Services during pregnancy (9.4%), compared to those who were not WIC recipients during pregnancy (2.9%).

...who received food from Women, Infants, and Children (WIC) Nutrition Services during pregnancy (9.4%), compared to those who were not WIC recipients during pregnancy (2.9%).

...who reported having depression (10.4%) or anxiety (10.2%), respectively, compared to those without depression (3.4%) or anxiety (2.8%).

Barriers to Quitting Smoking
Respondents who had smoked cigarettes in the 3 months before pregnancy were asked about things that might make it hard for them to quit smoking. The chart to the right includes respondents who indicated both vaping and smoking in the 3 months before pregnancy.

What is PRAMS?
The Kansas Pregnancy Risk Assessment Monitoring System (PRAMS) is a survey of Kansas women with a recent live birth. Each month, women who gave birth 2-3 months previously are sampled from Kansas’ birth records and interviewed about their experiences before, during, and shortly after their recent pregnancy. After data have been collected on a year of births, the data are weighted to represent the population of Kansas women who had a live birth in Kansas during that year. PRAMS data are used to help guide programs and policies that benefit mothers and infants in Kansas. For more information on PRAMS, visit: www.kdheks.gov/prams.

References

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