

MATERNAL SMOKING AND MENTAL HEALTH IN KANSAS



Updated 2020

Tobacco use can have negative health consequences, especially for maternal and infant health. Smoking during pregnancy can contribute to adverse birth outcomes, such as low birth weight and birth defects.¹ After pregnancy, exposure to tobacco smoke can increase an infant's risk for sleep-related deaths, such as Sudden Infant Death Syndrome (SIDS). Due to the risks of smoking, the U.S. Department of Health and Human Services has set a goal to increase abstinence from cigarette smoking during pregnancy, to 95.7% of births by 2030.² To help reduce maternal tobacco use in Kansas, it is important to understand the burden of maternal tobacco use in the state, as well as barriers that individuals may face when trying to quit.

One challenge in tobacco prevention and cessation, is that cigarette use often presents alongside mental illness or other substance use. In the U.S., approximately one in four adults have some form of mental illness or substance use disorder. These adults consume nearly 40% of all cigarettes smoked by adults.³ In 2016, the use of cigarettes was more common among adults with any mental illness (30.5%) compared to adults without mental illness (18.4%).⁴ Nicotine has mood-altering effects that put people with mental illness at higher risk for cigarette use and nicotine addiction.⁵

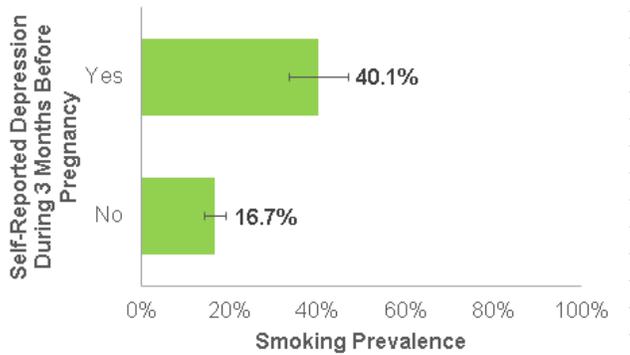
Smoking Before, During, and After Pregnancy

Among individuals with a live birth in 2017 or 2018, cigarette smoking rates dropped from the 3 months before pregnancy to during pregnancy, but began to increase again in the months following pregnancy.



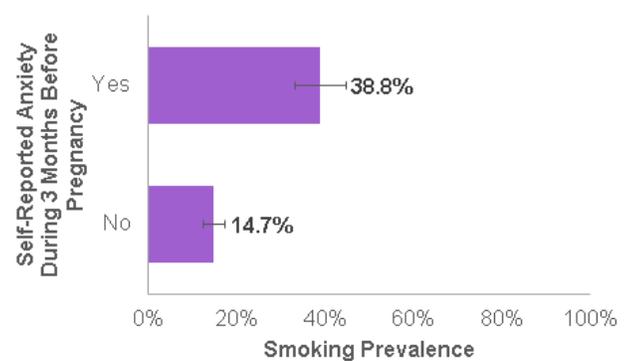


Self-Reported Depression



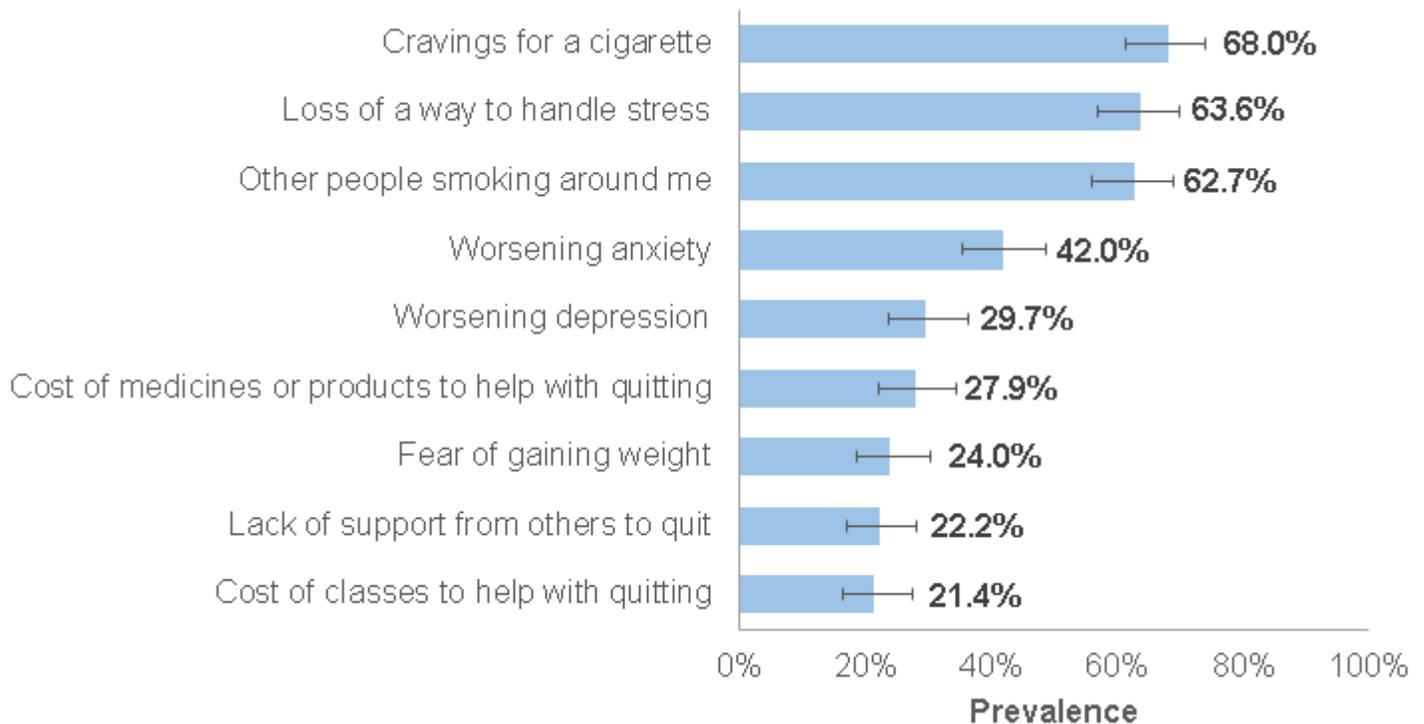
Individuals who reported having depression in the 3 months before pregnancy more commonly reported smoking during this time (**40.1%**) compared to those without depression (16.7%).

Self-Reported Anxiety



Individuals who reported having anxiety in the 3 months before pregnancy more commonly reported smoking during this time (**38.8%**) compared to those without anxiety (14.7%).

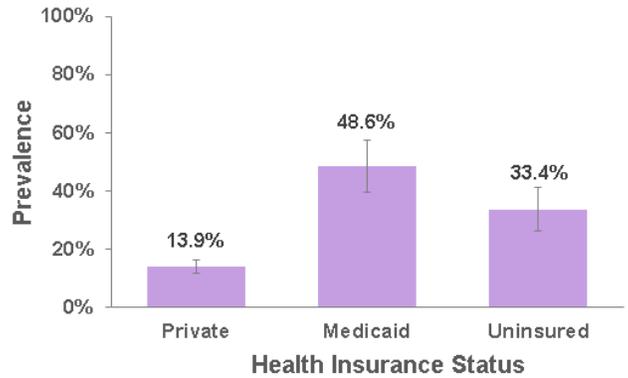
Barriers to Quitting Smoking



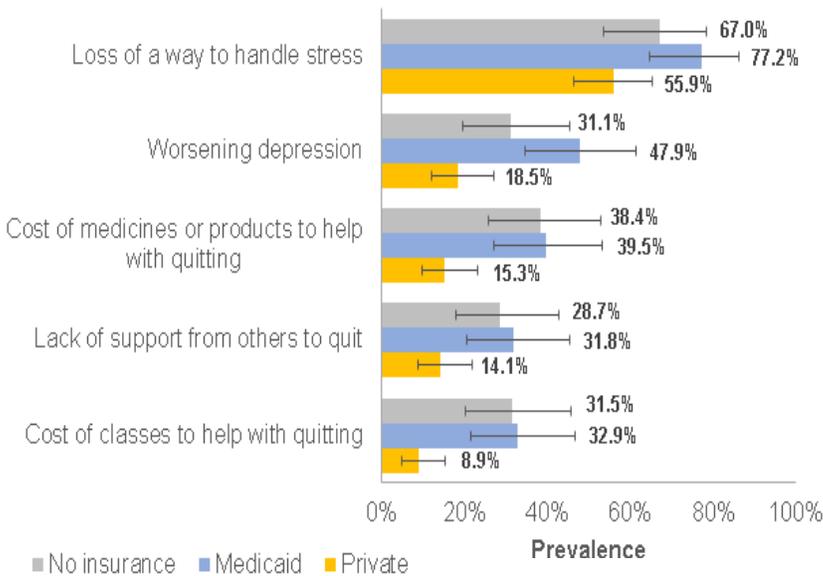
Three out of ten smokers (**29.7%**) reported worsening depression as a barrier to quitting and **42.0%** reported worsening anxiety as a barrier. Other commonly reported barriers included cigarette cravings (**68.0%**), loss of a way to handle stress (**63.6%**), and others smoking around them (**62.7%**).

Health Insurance Status

Nearly half (**48.6%**) of individuals whose primary health insurance was Medicaid in the month before pregnancy smoked cigarettes compared to **13.9%** of those who had private insurance. About 1 in 3 individuals who were uninsured (33.4%) had smoked in the 3 months before pregnancy.



Barriers to Quitting Smoking by Health Insurance Status



The prevalence of certain barriers varied by health insurance status. Those who had private insurance less frequently reported being limited by the cost of classes or products to help with quitting as well as lack of support from others to quit compared to those without private insurance. In addition, individuals whose primary insurance was Medicaid more frequently reported worsening depression (**47.9%**) and loss of a way to handle stress (**77.2%**) as barriers, compared to those with private insurance (18.5% and 55.9%, respectively).

What is PRAMS?

The Kansas Pregnancy Risk Assessment Monitoring System is a survey of Kansas residents with a recent live birth. Each month, individuals 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 residents who had a live birth in Kansas during that year. PRAMS data are used to help guide programs and policies that improve maternal and infant health in Kansas. For more information on PRAMS, visit: <https://www.kdheks.gov/prams>.



The Kansas Tobacco Quitline 1-800-QUIT-NOW (784-8669) offers a tailored phone counseling program for pregnant women free of charge who are interested in quitting tobacco.



Sources: 1. CDC.gov. Substance Abuse During Pregnancy, <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/substance-abuse/substance-abuse-during-pregnancy.htm> 2. HealthyPeople.gov. 2030 Topics & Objectives: Maternal, Infant, and Child Health. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/increase-abstinence-cigarette-smoking-among-pregnant-women-mich-10> 3. Substance Abuse and Mental Health Services Administration. Adults with Mental Illness or Substance Use Disorder Account for 40 Percent of All Cigarettes Smoked. The NSDUH Report, Data Spotlight. March 20, 2013. 4. Substance Abuse and mental Health Services Administration. Results from the 2016 National Survey on Drug Use and Health: Detailed Tables. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, 2017. 5. Centers for Disease Control and Prevention. Vital Signs Fact Sheet: Adult Smoking Focusing on People With Mental Illness, February 2013. National Center for Chronic Disease and Health Promotion, Office on Smoking and Health, 2013. 6. Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2017-2018, Kansas Department of Health and Environment.

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