

Cigarette Smoking During Pregnancy

Births to Women on Medicaid

Iowa 2009



FACT SHEET PURPOSE

The purpose of this fact sheet is to highlight the characteristics of Iowa women who reported that they smoked during pregnancy. This information can be used to guide decision makers in implementing programs that promote smoking cessation and that improve the health outcomes of the mothers and infants who rely on Medicaid coverage.

BACKGROUND

Medicaid is a health insurance program for low income pregnant women. It is funded by both state and federal dollars and is administered by the State of Iowa, Department of Human Services. In Iowa, pregnant women with household incomes up to 300 percent of the federal poverty level are eligible for Medicaid coverage.

PERILS OF CIGARETTE SMOKING DURING PREGNANCY

Women who smoke during pregnancy are at increased risk of having a low birth weight baby or of delivering a baby early (preterm delivery). Low birth weight babies and those born prematurely are at increased risk for infant mortality, illness and postnatal complications such as

feeding problems, poor weight gain, and future learning problems.

DATA SOURCES

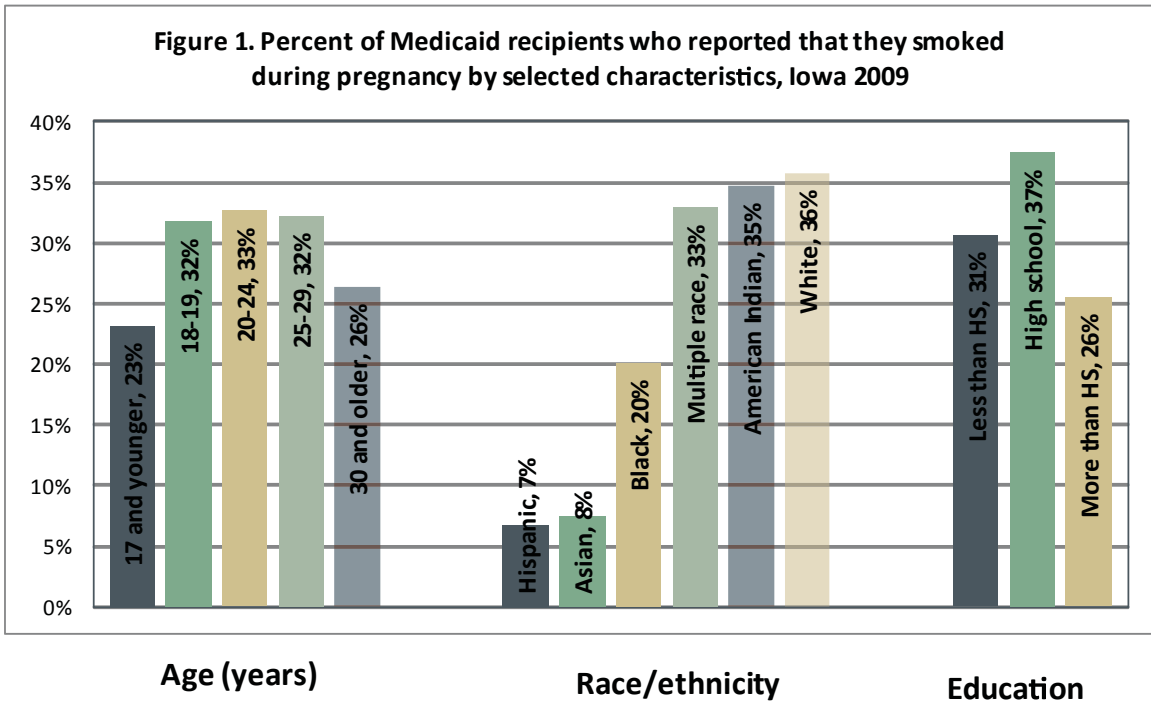
Data from calendar year 2009 birth certificates and Medicaid paid claims were matched to develop this fact sheet. Medicaid paid claims were for maternal diagnostic related groups (DRGs) 370 through 375. These DRGs included categories of vaginal and cesarean deliveries. The birth certificate provided information about maternal demographic characteristics and about whether a woman smoked during pregnancy. If a woman reported that she smoked during any trimester of her most recent pregnancy, she was described as a smoker. Medicaid status was based on a paid claim for any one of the selected DRGs.

MATERNAL SMOKING DURING PREGNANCY BY AGE, RACE AND EDUCATION

The percent of Medicaid recipients who reported that they smoked during pregnancy varies by age, race/ethnicity, and maternal education level (Figure 1). By age, the highest percentage of smokers was among women ages 20 to 24. However, women ages 18 to 19 and those 25 to 29 reported that they smoked during pregnancy at just one percentage point less than women ages 20 to 24.

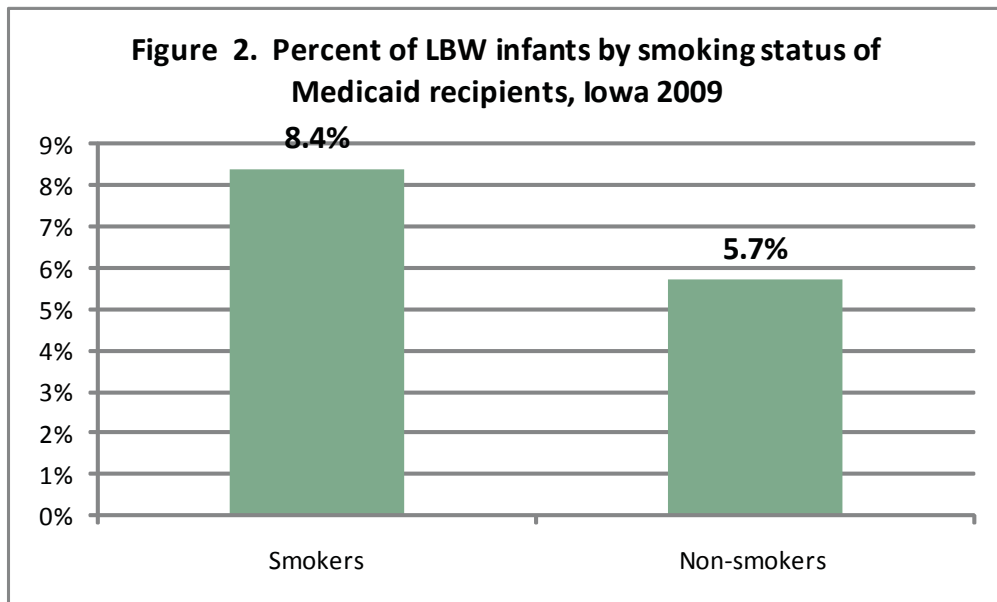
The highest percentages of Medicaid recipients by race and ethnicity who reported that they smoked during pregnancy were white, followed by American Indians, those who identified themselves as multiple races, and Blacks (Figure 2). Hispanics and those of Asian heritage reported the lowest percent of smoking during pregnancy.

The highest percentage of Medicaid recipients by education level was among women who attained a high school education, followed by women with more than a high school education and those with less than a high school education.



MATERNAL SMOKING AND INFANT LOW BIRTH WEIGHT

The percent of infants born at a low birth weight (LBW) was significantly higher among Medicaid recipients who reported that they smoked during pregnancy (8.4%; n=617 of 10831) than Medicaid recipients who reported that they had not smoked during pregnancy (5.7%; n=408 of 4863). See Figure 2.



RECOMMENDATIONS AND RESOURCES

During each prenatal care visit it is critical that women are asked about tobacco use, advised to quit smoking, and referred to smoking cessation resources. Medicaid coverage for smoking cessation has been linked to higher smoking quit rates. Medicaid in Iowa covers smoking cessation medication for pregnant Medicaid recipients.

Quitline Iowa | 1 800 QUIT NOW | 1 800 784 8669

Quitline is an important resource to assist pregnant women to quit smoking



ADDITIONAL INFORMATION

For additional information or to obtain copies of this fact sheet, write or call the Iowa Department of Public Health, Bureau of Family Health, 321 E. 12th Street, Des Moines, IA 50309; 1-800-383-3826

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