



July 2011

Moms' Comments

"I think that doctors should try to help more with mothers who smoke, and depression. And should ask more questions..."

"I think that drs.& nurses should not just hand a brochure or pamphlet on why to not smoke, drink, or do drugs when they are pregnant. I have heard to many mothers to be tell others they smoke b/c everyone tells them their babies were fine and that marijuana doesn't hurt a baby."

For information about Arkansas PRAMS see:

<http://www.healthy.arkansas.gov/programsServices/healthStatistics/Pages/PRAMS.aspx>

OR National PRAMS:

<http://www.cdc.gov/PRAMS/>

ARKANSAS PRAMS NOTES

Pregnancy Risk Assessment Monitoring System

Barriers to Quitting Smoking, 2009

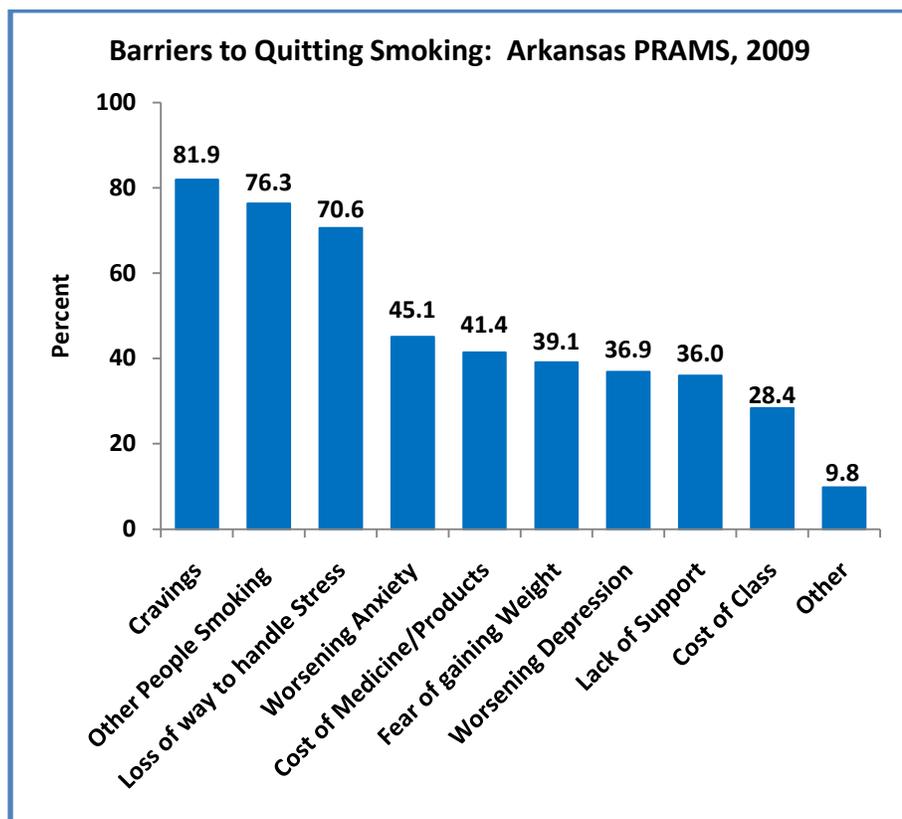
Cigarette smoking before, during, and after pregnancy can cause health problems for the newborn as well as pregnancy complications for the mother. Approximately 18% of pregnant women in Arkansas smoke during the last three months of pregnancy. The *Healthy People 2020* target is for only 1.4% of women to smoke during pregnancy. In this newsletter, we identify the barriers to quitting smoking.

What makes it difficult to quit smoking?

The 2009 PRAMS survey asked women to choose from 10 potential barriers to smoking. They could select as many as they felt applied to them.

The top three reasons for not being able to quit smoking were:

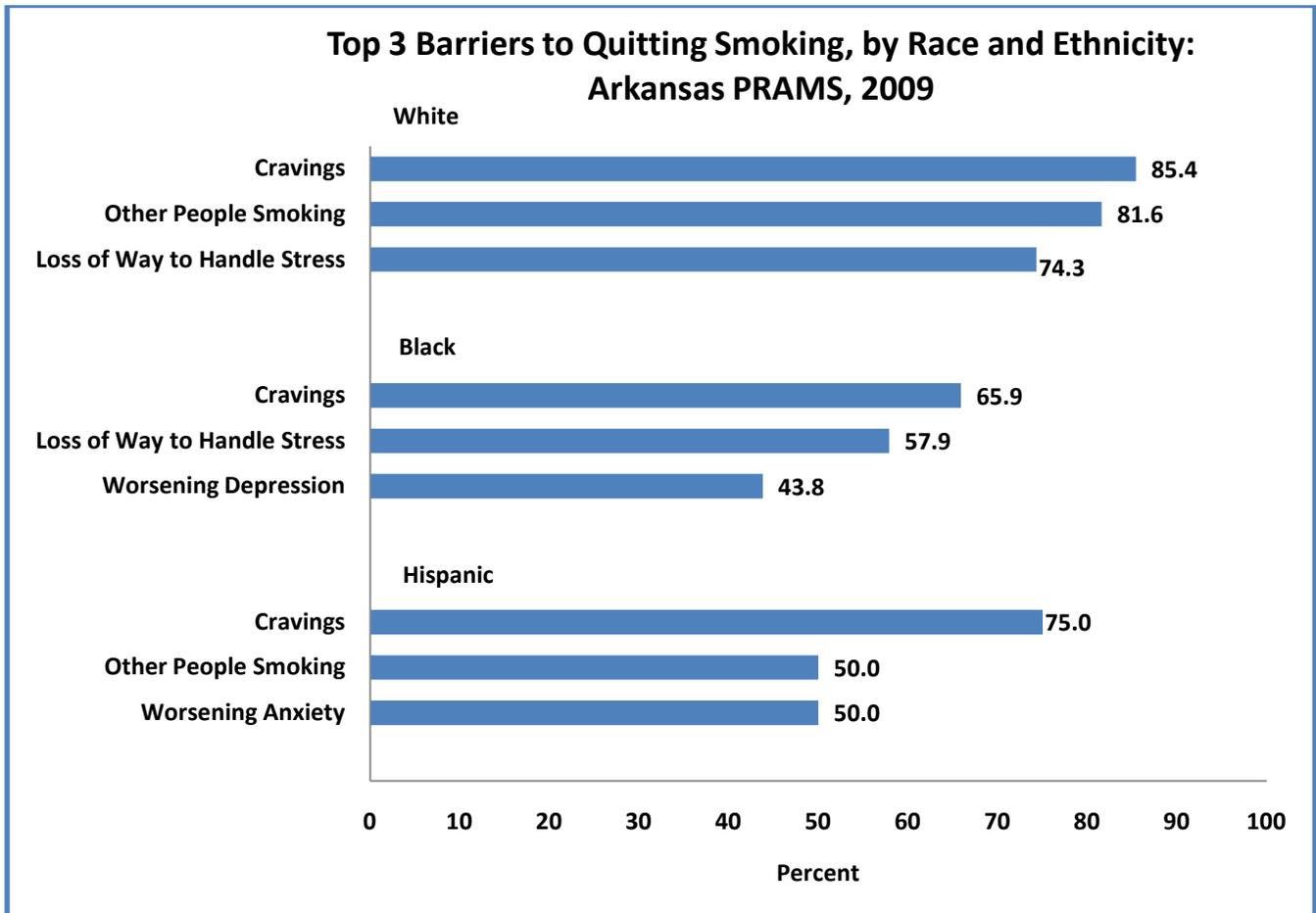
1. Cravings for a cigarette
2. Other people smoking around you
3. Loss of way to handle stress



Barriers to Quitting Smoking by Race and Ethnicity

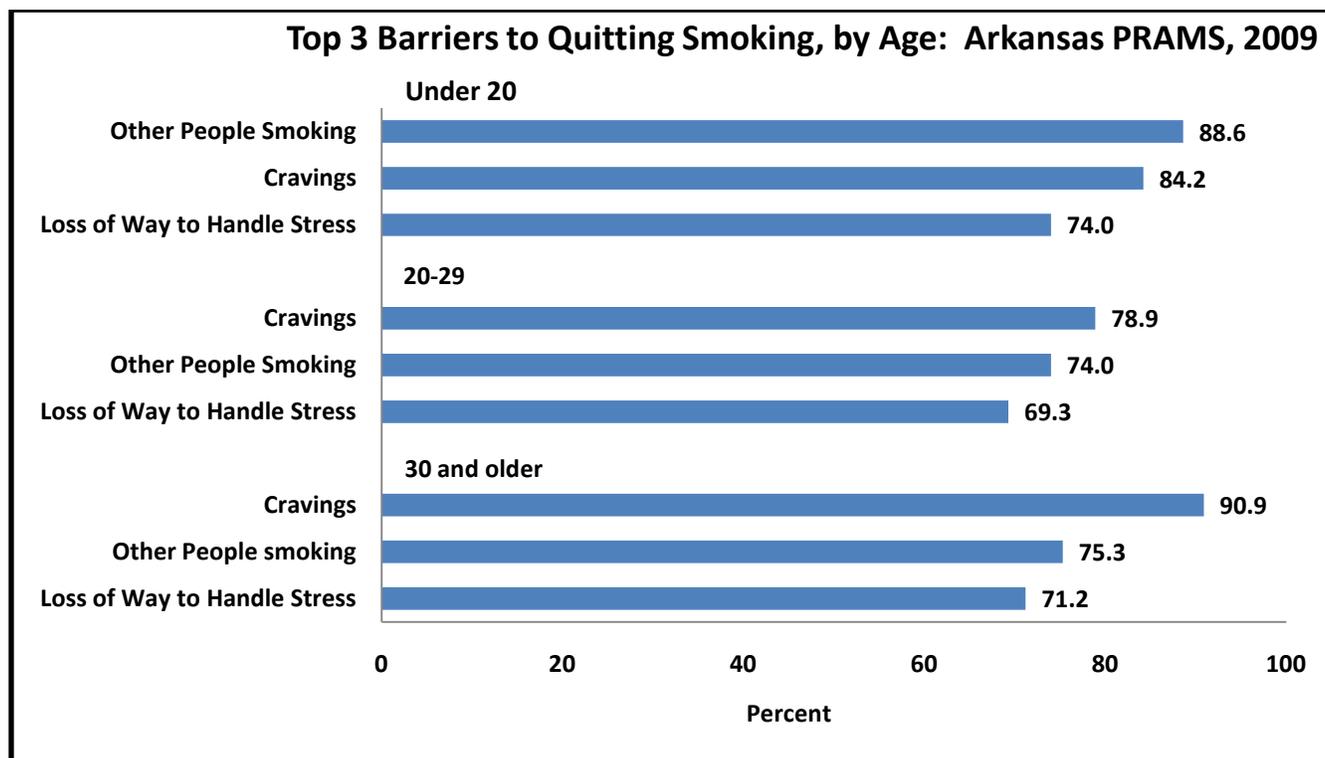
In this report, “White” refers to White, nonHispanic and “Black” refers to Black, nonHispanic populations. Of the top three barriers to quitting smoking, “**Cravings**” was the greatest barrier for White, Black, and Hispanic women. However, there were some important differences by race and ethnicity.

- “Other people smoking” was the second greatest barrier for White and Hispanic women, but not Black women. The “**loss of a way to handle stress** and “**worsening depression**” were greater barriers for Black women.
- “**Worsening anxiety**” was one of the top three barriers for Hispanic and Black women, but not White women. Fifty percent of Hispanic women noted that anxiety was a problem. Over forty-one percent of Black women said “**worsening anxiety**” was a barrier to quitting smoking, making it the 4th most common (Not shown).



Barriers to Quitting Smoking by Age Group

- For teenagers (women under 20), “**Other people smoking**” was a greater barrier to quitting smoking than “**Cravings**,” which was the greatest barrier for women 20 and older.
- Women over 30 found the cost of anti-smoking medicines and products more of a barrier than did women under 20, 52% vs. 35%, respectively (Not shown in graph).



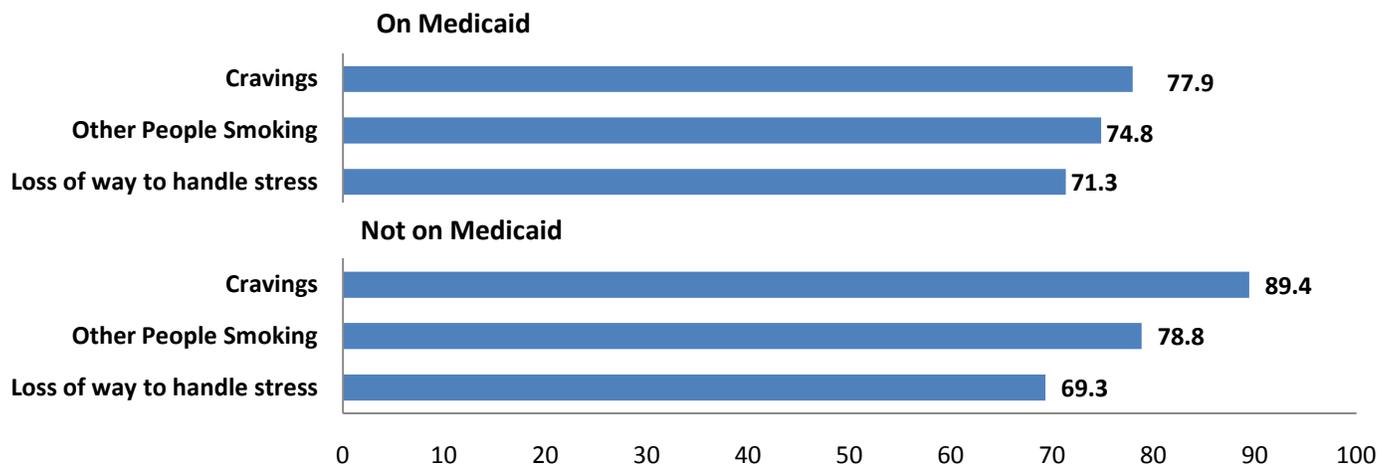
Medicaid Status* and Barriers to Quitting Smoking

Women on Medicaid are much more likely than women not on Medicaid to smoke in the last three months of pregnancy. For this reason, looking at the barriers to quitting smoking by Medicaid status is important.

- The top three barriers to quitting smoking were the same, regardless of Medicaid status.
- Women not on Medicaid, 89.4%, were much more likely than women on Medicaid, 77.4% to say “**cravings**” was a barrier to quitting smoking.
- Women on Medicaid were much more concerned about the costs associated with quitting smoking than women not on Medicaid, including the “**cost of medicines or products**,” 45.6% vs. 26.5%, and “**cost of classes**,” 33.8% vs. 18.6%.
- “Worsening depression” was a greater concern for women on Medicaid than those not on Medicaid.

*“On Medicaid” status is defined as using Medicaid to pay for delivery. “Not on Medicaid” status is defined as using some source other than Medicaid to pay for delivery.

Top 3 Barriers to Quitting Smoking, by Medicaid Status: Arkansas PRAMS, 2009



RECOMMENDATIONS

- **Prevent smoking initiation among young people** - Increasing the unit price for tobacco products and conducting mass media campaigns in combination with school and community interventions can prevent young people from initiating smoking.
- **Help pregnant women quit smoking and prevent relapse** - Because pregnant women who have received brief smoking cessation counseling are more likely to quit smoking, clinicians should offer effective smoking cessation intervention to pregnant smokers at the first prenatal visit and throughout pregnancy.
- **Many women who are unable to quit smoking are suffering from depression.** It is important that these women receive help for their depression, which may make it easier to quit smoking.

Help to Stop Smoking – Arkansas Department of Health Quitline

The Arkansas Department of Health offers a personalized Quitline to help pregnant women quit smoking through “personalized, motivational, and supportive sessions with a QuitCoach®.” Pregnant women are provided 10 supportive sessions with a QuitCoach®”. Five to six calls are made within the first 60 to 90 days, one call is made 30 days prior to the due date, and two calls are made after the birth.

The Arkansas Department of Health “Stamp Out Smoking” program lists several helpful hints to stop smoking:

- List reasons for quitting and place the list where it can be seen often.
- Set a quit date and mark it on the calendar.
- Once a pregnant woman has quit smoking, she should reward herself. Smoking is expensive and there will be money left over for a small treat after quitting smoking.

The Quitline number is 1-800-QUIT-NOW (1-800-784-8669).
Women who call the Quitline are twice as likely to quit smoking as women who don't.