

## Pittsburgh Ranks Worst in Nation for Maternal Smoking

### Campaign Launched to Reduce Smoking during Childbearing Years

Pittsburgh ranked worst in maternal smoking in a recent study by the Annie E. Casey Foundation. Of the 50 largest cities surveyed, Pittsburgh has the highest rate of maternal smoking. In 2000, 23.3% of the total births in Pittsburgh were to mothers who smoked during pregnancy. That compares to maternal smoking rates of 1.5% in Miami, which ranked #1 with the lowest rates in the country, and a 14% maternal smoking rate in Philadelphia, which ranked 30th. Pittsburgh ranked last.

#### Smoking during pregnancy, 2000

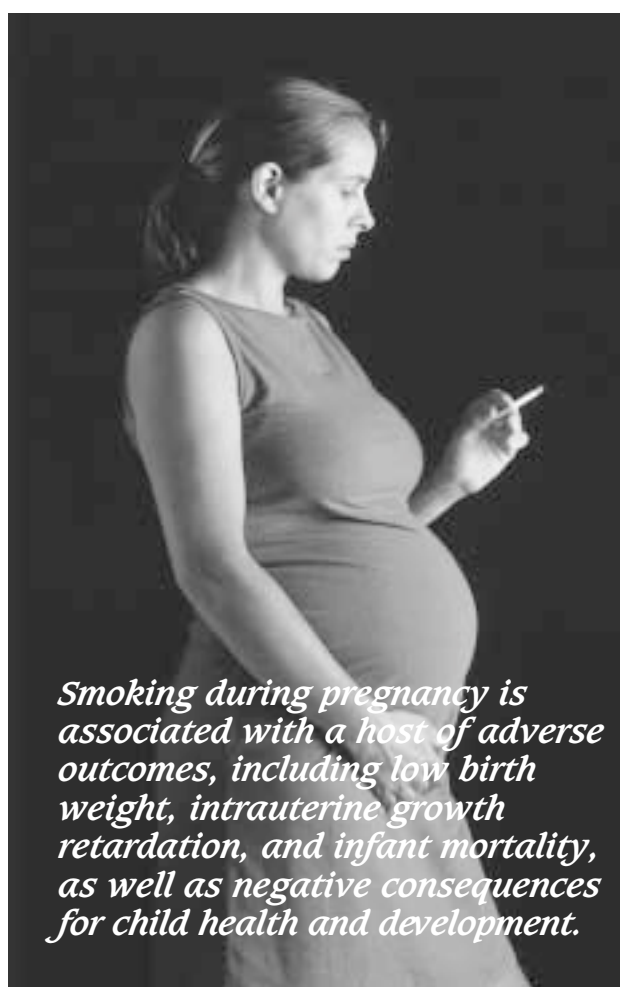
##### Top 5 cities (Best)

Miami, FL .....	1.5%
New Orleans, LA .....	1.8%
Washington, D.C. ....	2.6%
El Paso, TX .....	2.9%
Dallas, TX .....	3.1%

##### Bottom 5 cities (Worst)

Milwaukee, WI .....	16.2%
Cleveland, OH .....	18.0%
Columbus, OH .....	18.8%
Indianapolis, IN .....	19.7%
<b>Pittsburgh, PA .....</b>	<b>23.3%</b>

The report comes at a time when Governor Rendell is proposing ways to spend the tobacco settlement money. "It's a great opportunity to evaluate how the money can best be spent. This data is alarming and



*Smoking during pregnancy is associated with a host of adverse outcomes, including low birth weight, intrauterine growth retardation, and infant mortality, as well as negative consequences for child health and development.*

Health Canada

clearly points out the dire need for prevention and cessation programs for maternal smokers," said Robert Nelkin, director of policy initiatives for the Office of Child Development at the University of Pittsburgh.

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growth retardation, and infant mortality, as well as negative consequences for child health and development.

*Smoking or exposure to second-hand smoke during pregnancy causes more serious risks to the survival and health of fetuses, newborns, and children than using cocaine during pregnancy.*

Reducing smoking during childhood years would certainly reduce infant death, disability, and a host of health complications as well as public costs, which are significant, according to the National Campaign for Tobacco-Free Kids. The picture isn't brighter when children are exposed to second-hand smoke. The potential dangers for this group include everything from cancer-causing agents in infants' blood and childhood leukemia to various health problems in adulthood.

"We have known for a long time that cigarette smoking was a critical issue in the Healthy Start communities," said Carmen Anderson, former director of Healthy Start, a local initiative that has significantly reduced infant mortality through community-designed

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## Immediate Policy Decisions Could Boost Campaign

The situation calls for urgent action by state officials. Some actions could be taken without additional cost to the taxpayers while others, like preventing expensive neonatal intensive care, would subsequently reduce costs.

### Media Campaigns

With the many millions appropriated from the Tobacco Settlement Fund for media cessation and prevention ads, one million could be allocated for media campaigns to help pregnant women stop smoking. For maximum effectiveness, the campaign should target the influential healthcare providers who come in contact with pregnant women. Money invested now on a campaign will be returned to the state

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## Readers' Poll: Do You Agree?

1. A campaign is important. Reducing smoking during pregnancy reduces infant deaths, long-lasting disability, and health care costs.
2. Success is possible. Models of local campaigns, such as Healthy Start, have changed behaviors and reduced infant mortality.
3. The timing is right. New funds—\$6 million for Allegheny County in 2003—are now available through the tobacco settlement to reduce smoking and prevent future disability and cost.
4. Multiple strategies (comprehensive programs) are required. Success is possible if various sectors (health care, advocates, community leaders) come together to change behavior in neighborhoods and governments.
5. The situation is urgent. Among the largest cities in the nation, Pittsburgh has the highest rate of mothers smoking during pregnancy.

## Experts Call for Action

*"It is quite disturbing that a city that can pride itself on strong traditional values, a strong focus on the family, and an impressive and extensive medical community would have such an unacceptably high rate of maternal smoking. The community as a whole must address the questions of why Pittsburgh has the highest rate of maternal smoking in the nation and how we are going to reach these young women who choose to smoke during pregnancy."*

*"It is the responsibility of Tobacco Free Allegheny and its service providers to provide information and resources and it is the responsibility of the medical community to provide recommendations and support. This is a priority for Tobacco Free Allegheny and we will leave no stone unturned in our quest to address it."*

Linda Duchak  
Executive Director  
Tobacco Free Allegheny

*"The problems with smoking are certainly obvious. People need to stop and they need help stopping. One program that could be highly effective is the parent/child program. Young kids today are very anti-smoking and they can have a positive impact on their parents. The parents in turn certainly do not want their kids to start smoking so they can complement them."*

Robert Thompson, MD  
Obstetrics and Gynecology  
Magee-Womens Hospital

*"We know that smoking plays a significant role in low birth weight babies and it is also associated with infant death. Everyone should be making efforts to reduce the risk of exposing infants to hazardous material. Clearly there is a need to heighten awareness of smoking and the danger to children and fetuses. We need to treat people who are addicted to cigarettes and put more resources into prevention and cessation programs. And we need to get to the youth who are targeted by tobacco companies who are getting lulled into smoking. It's not a mystery. If young people don't start smoking early, in most cases they don't smoke."*

Robert Cicco, MD  
Associate Director of Neonatology  
West Penn Hospital

## Magee-Womens Leads the List

Where have mothers who smoke delivered their babies? Based on three years of statistics from the Allegheny County Health Department, we know that 40% of Allegheny County residents who smoked during pregnancy delivered their babies at Magee-Womens Hospital; 11% at West Penn Hospital; 10% at Allegheny General; 9% at Mercy Hospital; 6% at Forbes Regional; 4% at Ohio Valley General Hospital; 3% at UPMC McKeesport; 2% each at Sewickley Valley, St. Clair Memorial, Alle-Kiski Medical Center, and St. Francis; and 1% at UPMC Passavant. (Based on three years of statistics from the Allegheny County Health Department.)

This information allows health officials to more effectively focus efforts—and money—on targeting smoking mothers. ■



## Strategies That Spell Success

1. Enforcing policies and regulations.
2. Engaging people at the neighborhood level.
3. Recognizing the importance of community.
4. Collecting data to measure progress and report outcomes publicly.
5. Developing and promoting policies that give everyone the opportunity to contribute.
6. Getting healthcare providers involved.

## Stopping Pregnant Smokers Saves State Money

By reducing smoking among pregnant women, California's program reduced the number of low birth weight babies with a subsequent reduction of \$107 million in related health care costs over the past seven years. This reduction is a predictable, short-term benefit of sustained tobacco control funding at the state level.

Saving Lives, Saving Money  
by the American Legacy Foundation

### Many Quit During Pregnancy

*"Pregnancy is an opportune time to reach out to women and provide access to cessation services. Pregnancy is a 'teachable moment'—a time when women are more open to quitting than at other times in their lives because they want to protect the health of their babies. Indeed, about 30 percent of women who smoke stop smoking during pregnancy. Now it is time to assist the other 70 percent." David Satcher, MD, PhD, former surgeon general and assistant secretary for health (from The National Partnership to Help Women Quit publication).*

## Scientific Studies Spur Local Action

**The Allegheny County Smoke Free Mothers/Smoke Free Families Coalition is guided by the following conclusions of the Institute of Medicine National Research Council:**

Tobacco control programs can reduce tobacco use, thus saving lives.

Tobacco control programs can incorporate many different elements modeled on existing state programs that have proven effective.

The effects of counter-advertising and education depend on their intensity.

Smoke-free worksite policies reduce illness and death from involuntary smoking, increase smoking cessation, and reduce consumption among continuing smokers.

Raising excise taxes on tobacco products can reduce tobacco use while increasing state revenues.

Tobacco addiction is treatable and treatment programs are cost effective.

The enforcement of youth access laws will not achieve its full potential impact until merchant compliance rates are high.

To ensure accountability and enable future improvements in tobacco control programs, state tobacco control programs must be evaluated and have explicit goals coupled to performance measures. ■

# Local Programs Successful in Reducing Smoking during Childbearing Years

## PREGNANT WOMEN QUIT AFTER HEALTHCARE WORKERS' APPEALS

**Clean Air for Healthy Children** targets essential information to the front line: the health professionals that care for pregnant women, mothers, and caregivers of young children and teens. The goal is to increase the number of clinicians who routinely counsel smokers to quit.

The program provides free training to health practitioners who can then provide brief yet effective interventions on smoking cessation. As of the end of 2002, 8,712 health practitioners in more than 500 offices and clinics in Pennsylvania underwent training from Healthy Air for Children. Health professionals are trained to spend three to five minutes asking if the person smokes and if so, urging them to consider quitting for their health. The practitioner gives smokers information on where to turn for help, such as the number of the PA Quit Line, cessation programs in their area, or quit aids such as nicotine patches or medication. Although the intervention is brief, studies show the impact can be great since it's delivered by a health professional who has considerable influence and credibility.

These efforts by health professionals have resulted in an overall 18% quit rate, with 25% of patients reporting cutting down and 40% reporting a significant reduction in smoking. "The goal is to work with them over time," said Director Dottie Schell. With recent forays into Magee-Womens Hospital and Children's Hospital of Pittsburgh, Schell expects increased reporting and a higher quit rate.

Clean Air for Healthy Children is the name of the statewide program. Nationally, it is known as Make Yours a Fresh Start Family. It was developed and evaluated by the Fox Chase Cancer Center in Pennsylvania for the Pennsylvania Department of Health and later revised by the American Cancer Society and the American Academy of Pediatrics to conform to the 1996 revised Agency for Health Care Policy and Research Guidelines for Smoking Cessation. It is now in use nationwide.

## Putting a STOP to Maternal Smoking

"As a smoker, my baby could be premature or at a low birth weight or even dead," said Jennifer Wright, who is 31 weeks pregnant. Since enrolling in the University of Pittsburgh's and Magee-Womens Hospital's STOP

program, the 24-year-old knows a lot more about the dangers of smoking—to herself and to her baby. Until she had the carbon monoxide level in her body measured, Jennifer had no idea how high it was, or how dangerous it was.

STOP uses a hand-held carbon monoxide monitor, a plastic device that women exhale into, which then allows them to measure the amount of carbon dioxide in their bodies. "It's a good measure of smoking of the last 48 hours, and a good motivator since it tracks scores," Cluss said. "We also use incentives. The women can earn small gifts for babies such as clothing, hats, and toys just for coming to appointments. If they can demonstrate they haven't smoked, they get additional gifts for themselves. It has helped us to maintain an 18% dropout rate, which is very low for these kinds of programs," she added.

In the two and a half years since the program started, **STOP (Stop Tobacco in Pregnancy)** has helped 150 mostly low-income

pregnant women attempt to quit smoking, maintain quitting, or cut down. In that time, said Program Director Patricia Cluss, PhD, they have focused on two communities—the city's Hill District and the county's Braddock neighborhood—to increase rates of smoking cessation. A clinical health psychologist, Cluss created the STOP program, which is based on best practices of maternal smoking cessation programs and is tailored to low-income women. The program is conducted in partnership with the University of Pittsburgh Medical Center, its original funder, and Magee-Womens Hospital in Pittsburgh.

Since receiving funding from Tobacco Free Allegheny in December 2001, the program is expanding, said Cluss. "We can really reach many more geographic areas in the community and hopefully continue to improve our 'quit rates' and ultimately the birth outcome data in the county. We're focusing on communities with a high number of births per year and a high rate of women who smoke," said Cluss.

To maximize chances of success, a STOP counselor meets with women individually to assess their needs and goals and then suggests methods of support. That can include meeting with them weekly throughout pregnancy, said Cluss.

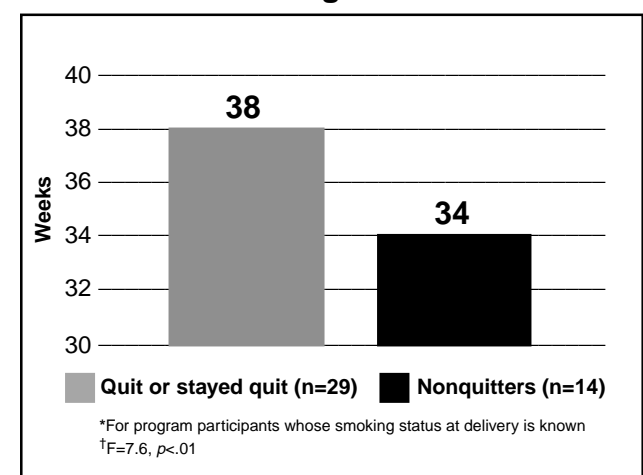
The program has achieved high

**If 25% of pregnant smokers on Medicaid receive counseling that achieves an 18% quit rate, almost \$10 million in excess Medicaid neonatal health care costs could be averted. (CDC 2002)**

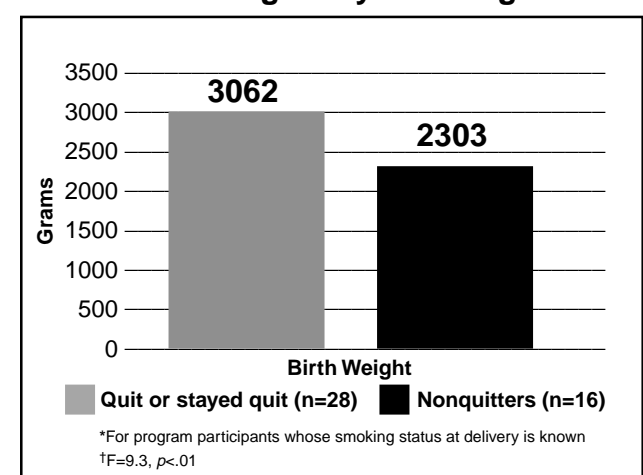
*"Prenatal counseling can double or triple quitting rates in smoking women," according to the U.S. Department of Health and Human Services in a 2000 report on clinical practice guidelines (source: Treating Tobacco Use and Dependence Clinical Practical Guidelines 2000). "Health care administrators and insurers should ensure that clinicians have the training and support and receive the reimbursement necessary to achieve consistent, effective intervention with tobacco users," the report continues.*

success rates. "For women who enter the program as smokers, the quit rate through delivery is about 48%," said Cluss, who explained that the numbers are conservative, based on those they are certain have quit. "About one-third of women who smoke quit when they find out they're pregnant," Cluss explained. "But the relapse rate is high. That's why many women who have already quit enter the program to 'stay quit.'" The success rate for these women is 60 percent. ■

### Premature Births Higher with Smokers\*†



### Lower Birth Weights by Smoking Moms\*†



## New Organization Fights Tobacco Use

*Tobacco Free Allegheny is a nonprofit organization formed in 2002 with funding by tobacco settlement money through the Allegheny County Department of Health. Their mission is to change the social norm of tobacco use and greatly reduce rates of adult and youth smoking in the county. In 2002 Tobacco Free Allegheny awarded over \$6 million to 31 agencies, including the Allegheny Intermediate Unit, University of Pittsburgh Graduate School of Public Health, Turtle Creek Valley MH/MR, and the Family Health Council. The bulk of the money goes to areas with the highest mortality rate due to tobacco-related illnesses. The contracts will be monitored for program effectiveness and continue through March 2005 pending satisfactory performance and fiscal management.*

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## Pittsburgh Ranks Worst in Nation for Maternal Smoking *(continued from page 1)*

action. "I'm not surprised at the news of Pittsburgh's maternal smoking rate, but I find it disheartening. It serves as an impetus for us to redouble our efforts to educate women on the risks of cigarette smoking, particularly during pregnancy, and that all of us can take

a role in the community education on this issue. Smoking during pregnancy is a contributing factor to low birth weight, and if we're going to make a difference, then we have to reach mothers—and fathers—on this critical issue." ■

## Immediate Policy Decisions Could Boost Campaign *(continued from page 1)*

through a reduction in the many state-related health care costs associated with maternal smoking.

### Medicaid Coverage

Since a disproportionate number of lower-income women—those more likely to use medical assistance—smoke during pregnancy, Medicaid coverage is critical. Yet the state's coverage is inadequate in most areas, including Pittsburgh. By ensuring ample coverage of Medicaid for cessation programs, more lower-income women would be better informed of the many risks of maternal smoking.

### Health Research

With all the advertisements and general knowledge about the adverse health effects on the baby, why do pregnant women still smoke? Experts, such as Tobacco Free Allegheny's executive director, Linda Duchak, are concerned that the risks are *not* known to some women, specifically young, single women of lower economic social status. How can health care professionals help these women best eliminate maternal smoking? These and other pertinent research issues could be addressed by scientists guiding the state allocation of research funds.

Maternal smoking could be a research priority, if not *the* focus for this year, for the

Health Research Advisory Committee. Resources could be committed to studying not only how physicians and healthcare workers can best address the dangers of smoking with pregnant women, but also studying the economic impact of increased healthcare costs in caring for babies born to mothers who smoke.

### Expand the Healthy Babies Program

The Pennsylvania Health Department's **Healthy Babies Program** provides resources and referrals for pregnant women and new moms on a variety of worthwhile issues, but not on maternal smoking. By expanding this program to include information on maternal smoking, the message could effectively reach thousands of pregnant women who smoke.

### Public Hearings

To raise public awareness and galvanize action, House and Senate Standing Committees could conduct public hearings on the issue of maternal smoking to explore causes and find solutions that can be generated by the state. This could lead to legislation such as requiring retailers who sell tobacco to inform pregnant women of the health consequences of smoking during pregnancy. ■

*"Whenever possible, pregnant women should be offered extended and augmented psychosocial interventions that exceed minimal advice to quit."*  
U.S. Surgeon General, June 2002

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Robert Nelkin, Director of Policy Initiatives; Janet Fromkin, MD, coordinator of Smoke Free Mothers/Smoke Free Families Coalition; Tracy Certo, editor.

For more information and references on material in this publication, please contact the Office of Child Development, 400 N. Lexington Avenue, Pittsburgh, PA 15208, 412-244-7092.

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