

Cigarette Smoking Before, During, and After Pregnancy is Declining in New York State, 2016 – 2020

The United States Preventive Services Task Force recommends that “clinicians ask all pregnant individuals about their tobacco use, advise them to stop using tobacco products, and provide behavioral interventions for all people who are pregnant who use any tobacco product.”¹ Similar guidance is offered by other professional groups including the American College of Obstetricians and Gynecologists.² Cigarette smoking during pregnancy has been linked to negative outcomes during pregnancy and birth, including increased risk of low birthweight and preterm birth,³ miscarriage,⁴ stillbirths,⁵ birth defects,⁶ lower head and chest circumferences,⁷ and sudden infant death syndrome.⁸ Cigarette smoking during pregnancy is also associated with multiple adverse health and developmental outcomes in infancy and childhood. These include: impaired lung development and pulmonary functioning,^{9,10} asthma and other respiratory illnesses,¹¹ neurobehavioral problems and attention deficit disorder,^{12,13} as well as overweight and obesity.¹⁴

The Pregnancy Risk Assessment Monitoring System is an annual survey of individuals who recently gave birth covering the periods of the three months before pregnancy, the last three months of pregnancy, and after delivery that is conducted across 46 states in the U.S.¹⁵ The Pregnancy Risk Assessment Monitoring System data is collected separately for New York City and New York State (defined by the Pregnancy Risk Assessment Monitoring System as all other parts of New York State excluding New York City). The survey’s questions pertaining to smoking reflect the respondents’ estimated daily average number of cigarettes smoked. Data for the 2016 to 2020 period are presented below. For both New York City and New York State (excluding New York City), the prevalence of smoking during the last three months of pregnancy was consistently lower than that during the three months before pregnancy. Smoking prevalence after delivery remained lower than pre-pregnancy levels. Smoking levels were lower in New York City than in New York State (excluding New York City) across all pregnancy timepoints consistently from 2016 through 2020. In 2020, 3.6% of individuals living in New York City smoked in the 3 months before pregnancy, while the rate was 13.2% in individuals living in New York State (excluding New York City). The declines in smoking over all three time periods are encouraging; however, more effort is needed to further reduce cigarette use prior to, during, and following the pregnancy period and to address the apparent geographic disparities across the state.

The New York State Department of Health is committed to reducing the burden of tobacco and addressing disparities in tobacco use for all New Yorkers, including pregnant individuals. The aim of New York’s Tobacco Control Program is to reduce illness, disability and death related to tobacco use and secondhand smoke exposure, alleviate the social and economic burdens caused by tobacco use, and advance health equity. The New York Tobacco Control Program uses an evidence-based, policy-driven, and cost-effective approach to decrease tobacco initiation by pregnant individuals, motivate those currently smoking to quit, and eliminate exposure of pregnant individuals to secondhand smoke.

Figure 1: Pregnancy Risk Assessment Monitoring System survey questions regarding smoking cigarettes around the time of pregnancy (before, during, and after)^a



^a Questions come from the *Pregnancy Risk Assessment Monitoring System Phase 8 Core Questionnaire* that was in use between 2016-2022.

^b Any cigarette smoking is defined as smoking 1 or more cigarettes in the past 2 years.

^c Respondents who answered “yes” to this question were directed to answer the next three questions on the number of cigarettes smoked before, during, and after pregnancy.

Figure 2: Percentage of Individuals who Report Smoking any Number of Cigarettes in the Three Months Before Pregnancy in New York City and New York State (Excluding New York City), Pregnancy Risk Assessment Monitoring System 2016-2020

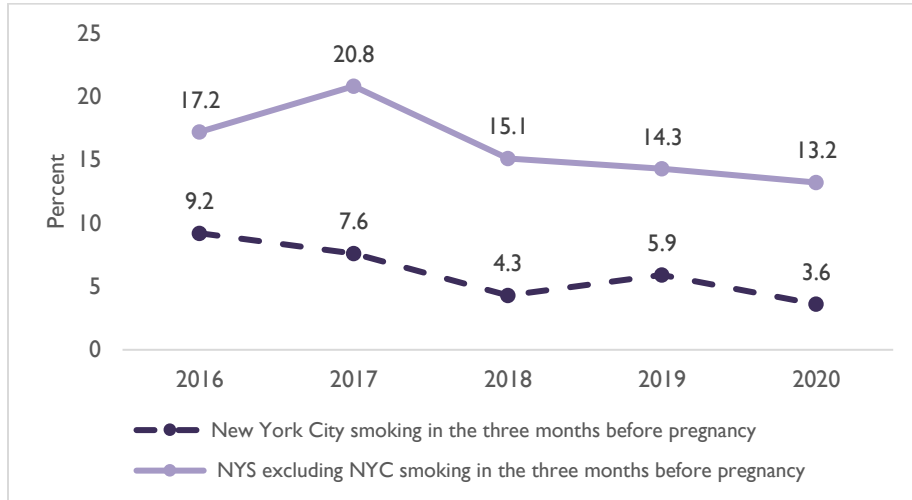


Figure 3: Percentage of Individuals who Report Smoking any Number of Cigarettes in the Last Three Months of Pregnancy in New York City and New York State (Excluding New York City), Pregnancy Risk Assessment Monitoring System 2016-2020

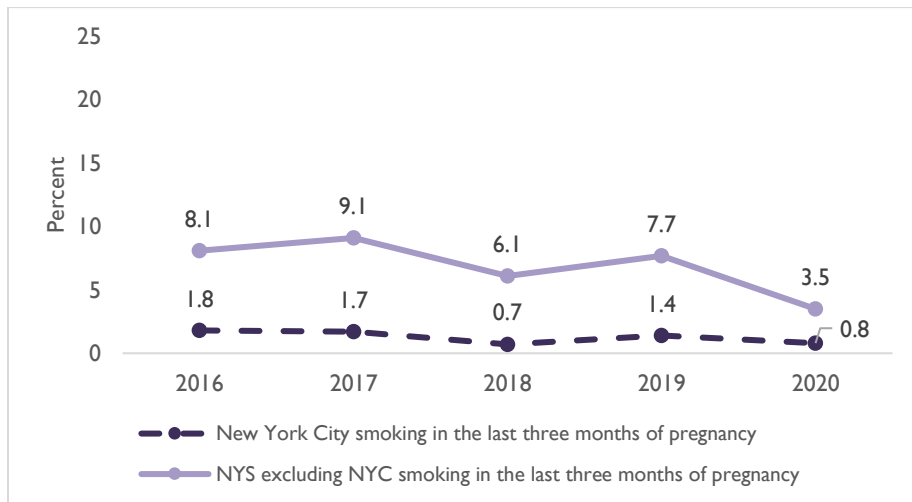
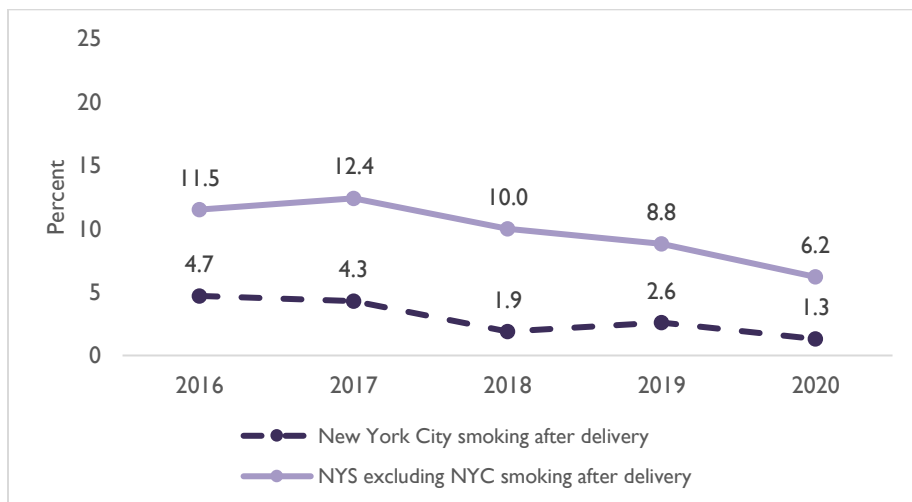


Figure 4: Percentage of Individuals who Report Smoking any Number of Cigarettes After Delivery in New York City and New York State (Excluding New York City), Pregnancy Risk Assessment Monitoring System 2016-2020



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Source: New York State Pregnancy Risk Assessment Monitoring System (PRAMS) Reports (https://apps.health.ny.gov/public/tabvis/PHIG_Public/prams/). Contact the Bureau of Tobacco Control, New York State Department of Health at (518) 474-1515 or send an e-mail to tcp@health.ny.gov. StatShots can be accessed online at: http://www.health.ny.gov/prevention/tobacco_control/reports/statshots/