



SURVEY OF PATIENTS SMOKING WHILE PREGNANT IN A RURAL COMMUNITY: PRACTICAL APPLICATIONS

KLAMATH COUNTY PUBLIC HEALTH

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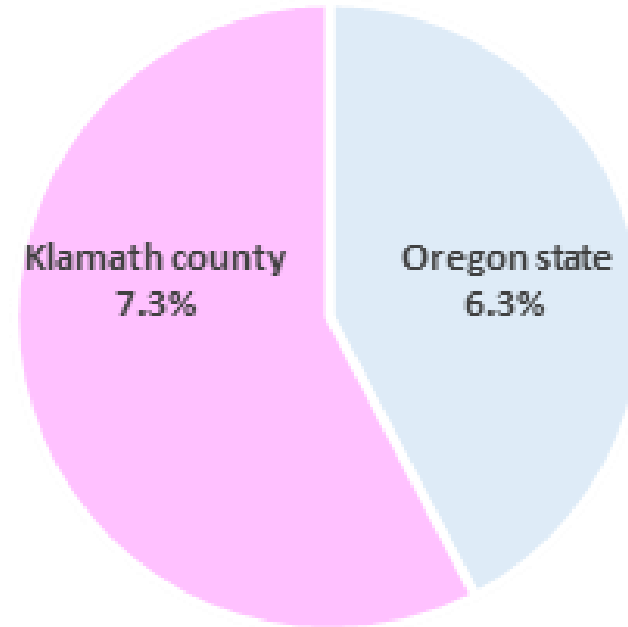
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Low Birth Weight Babies – 2014

Source: Oregon Vital Statistics page



■ Oregon state ■ Klamath County



Low birthweight babies are at high risk for various complications including:

- Infections
- Sudden Infant Death Syndrome
- Neurological Complications
- Other Life Threatening Conditions



Later in life, low birthweight babies may be at higher risk for:

- Diabetes
- Heart Disease
- Obesity
- High Blood Pressure
- Metabolic Disorder
- Other Chronic Conditions



WHY SMOKING MAY CAUSE LOW BIRTHWEIGHT

Low birth weight is most commonly caused by two unfavorable birth outcomes, such as premature labor and intrauterine growth restriction.

Intrauterine growth restriction is the primary way by which smoking cigarettes causes low birth weight.

WHAT PROBLEMS MAY OCCUR IN CHILDHOOD DUE TO SMOKING WHILE PREGNANT?

Some problems common to children with mothers who smoked or used nicotine during pregnancy are asthma and hyperactivity. In addition, the children may have learning difficulties and behavioral problems.

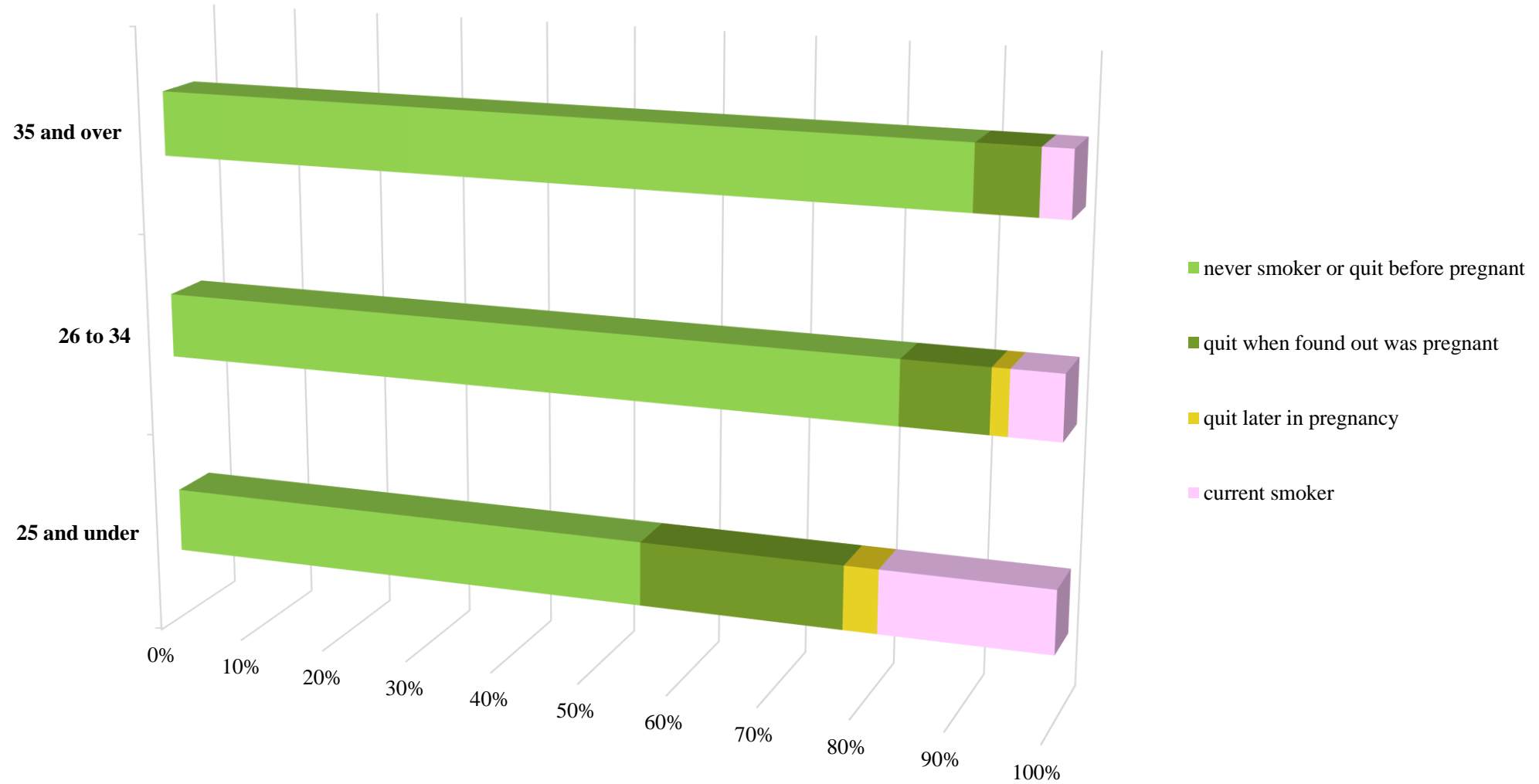
Recent research is showing that these problems can also occur when the mother is consistently exposed to second-hand smoke during pregnancy.



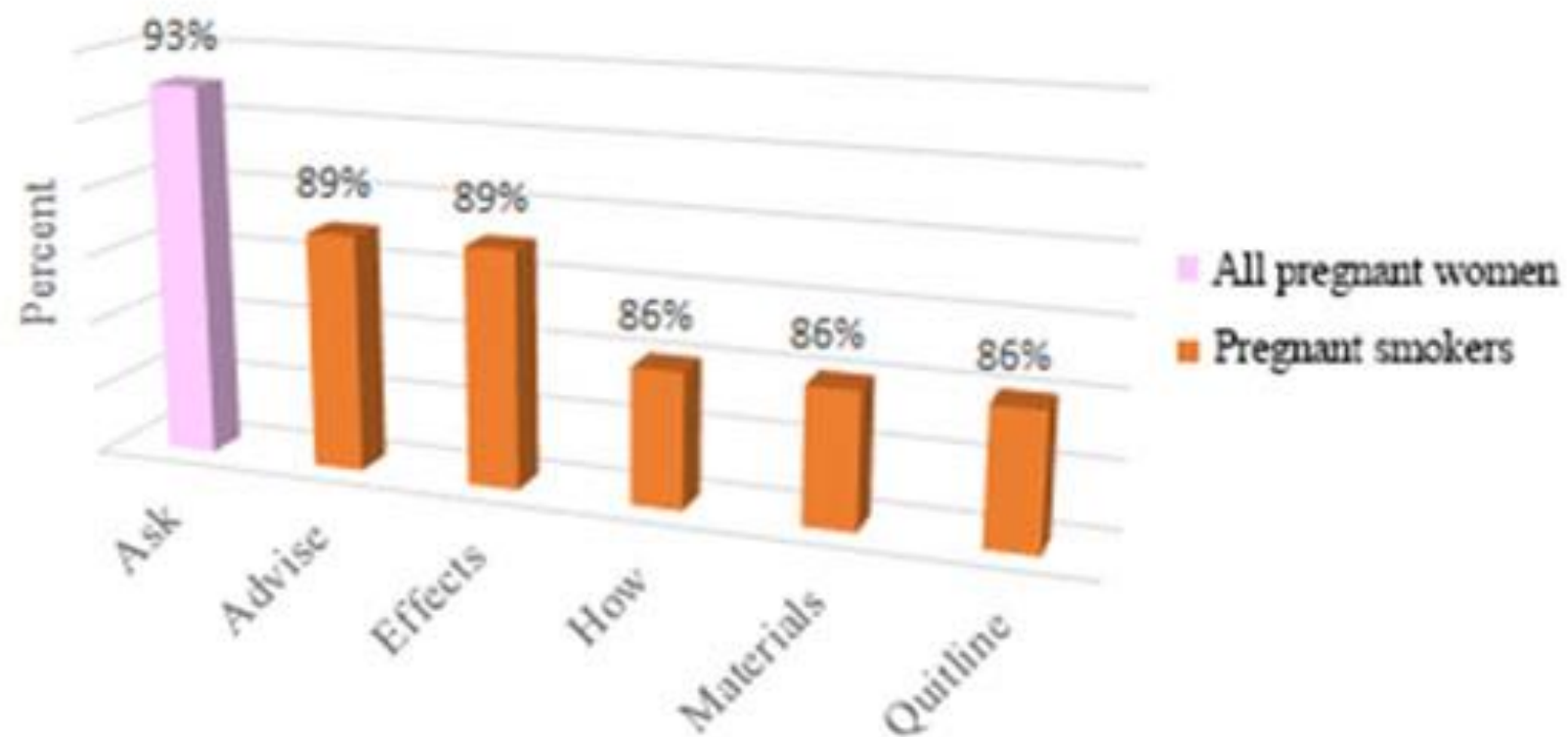
SPARC PREGNANT SMOKER SURVEY

- Funded by the OHA SPArC Grant
- Survey prepared by nursing students from OHSU, with oversight from Klamath County Public Health
 - Questions regarding smoking status; conversations about tobacco use with medical providers; and, most likely utilized method of cessation (quit line, one-on-one counseling, or group meetings)
- Survey distributed to five clinics providing prenatal care, yielding 254 unique respondents

Smoking Rates Rates in Pregnant Women



Patient Conversations with Doctors or Nurses on Tobacco Use



For pregnant smokers, which smoking cessation resource are you likely to use?



■ Oregon Tobacco Quitline

■ Talked to a professional, such as a community health worker, that visits me at home

■ Attend a weekly smoking cessation class for 8 weeks

■ Talk to nurse/doctor privately at the clinic/hospital

SPECIFIC BARRIERS TO CESSATION FOR PREGNANT SMOKERS

- STRESS
- ADDICTION
- LACK OF ACCESS
- SPECIFIC MYTHS – “SHOCK THE BABY”
- STIGMA

STUDY RECOMMENDATIONS

- Women 25 years and younger should be targeted
- E-cigarettes and emerging products should be addressed
- Myth about “shocking the baby” needs to be addressed
- Foster community champions for one on one cessation counseling
- Pregnant Smokers support group
- Policy to refer pregnant smokers to a counselor

LIVE LIFE TOBACCO-FREE



Talk to your doctor about the benefits of quitting. Just by talking about breaking your addiction, you will actually improve your chances of quitting tobacco.

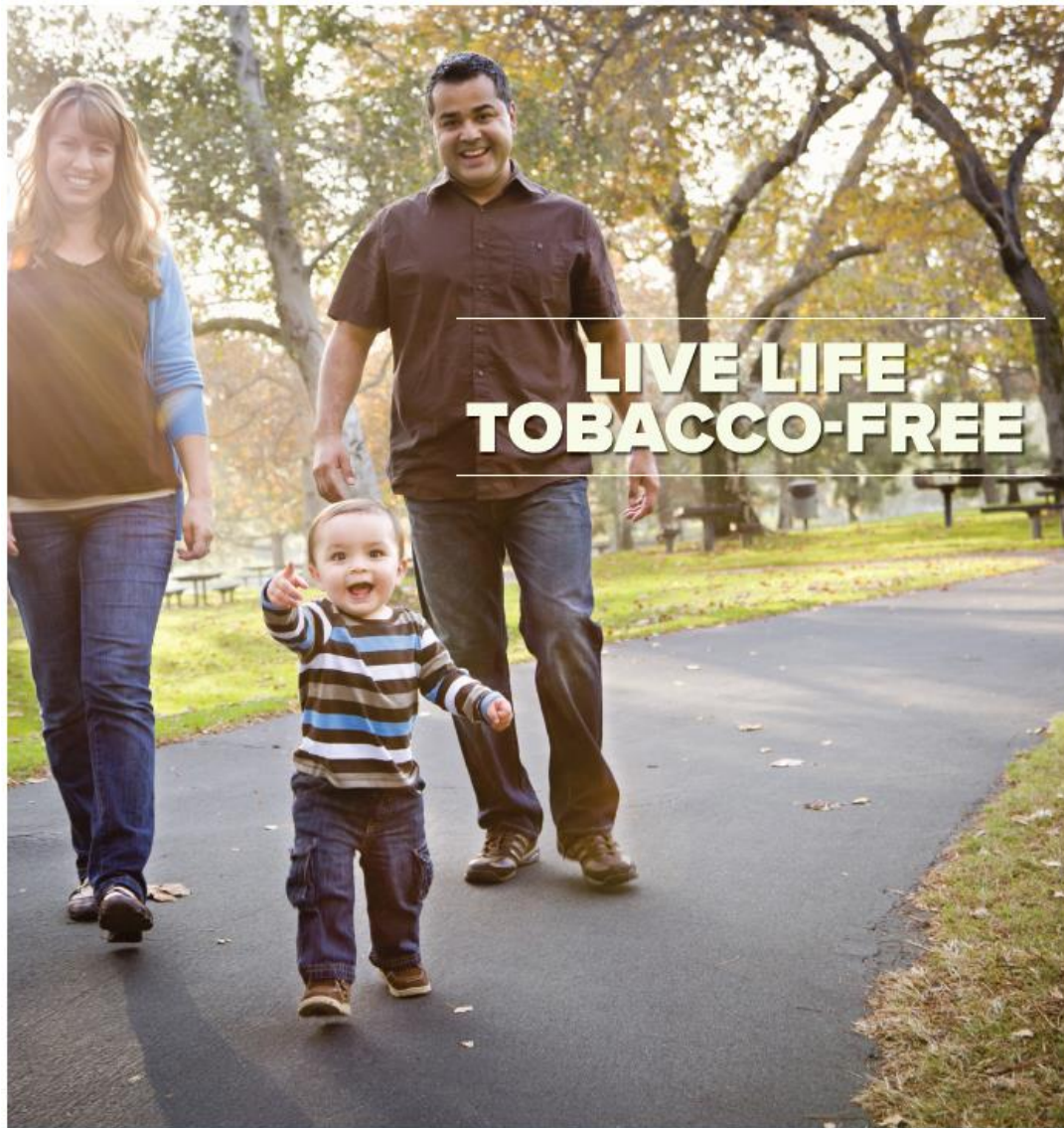
QUIT LINE

1-800-QUIT-NOW (1-800-784-8669)

1.855.DEJELO-YA (1.855.335356.92)

quitnow.net/oregon

SMOKEFREE
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TOBACCO TREATMENT SPECIALISTS

- ❖ Mayo Clinic Program
- ❖ Three clinicians (one counselor, two nurses) trained
- ❖ Increased capacity for one-on-one cessation counseling
- ❖ Additional community advocates and educators

NEXT STEPS

- ❖ Additional Tobacco Treatment Specialists or similarly trained community members
- ❖ Pregnant and new mom living tobacco-free support group
- ❖ Continue community education and engagement



But just in case:

For more information, contact Kristen Wils, Klamath County Public Health at kwils@co.Klamath.or.us