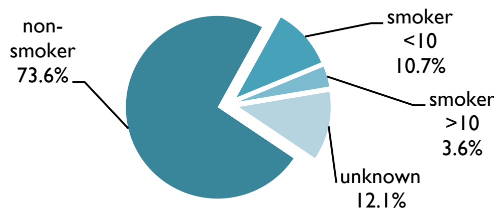
# Smoking and Pregnancy in Tasmania 2014

**In 2014, 14.3 per cent** of Tasmanian women smoked tobacco during their pregnancy, slightly less than in 2013 at 15.1 per cent, but statistically significantly less than in 2010 at 23 per cent. Of the 14.3 per cent who smoked during their pregnancy, 10.7 per cent smoked 10 or less cigarettes a day and 3.6 per cent smoked more than 10 cigarettes daily.

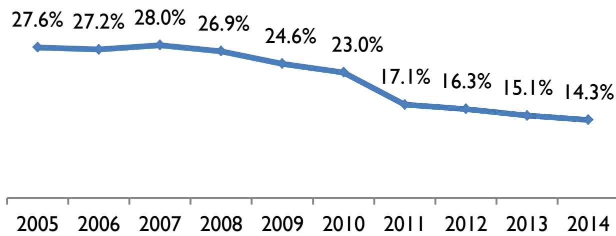
**Self-reported tobacco smoking status during pregnancy, Tasmania 2014**




Number of mothers 5 820; Council of Obstetric and Paediatric Mortality and Morbidity Annual Report 2014

The prevalence of smoking during pregnancy in 2014 has declined by **13.3 per cent since 2005**, and by just under one per cent since 2013.

**Self-reported tobacco smoking during pregnancy, Tasmania 2005-2014**




Council of Obstetric and Paediatric Mortality and Morbidity Annual Reports

In 2013, Tasmania had the second highest proportion of women who smoked during their pregnancy after the Northern Territory.

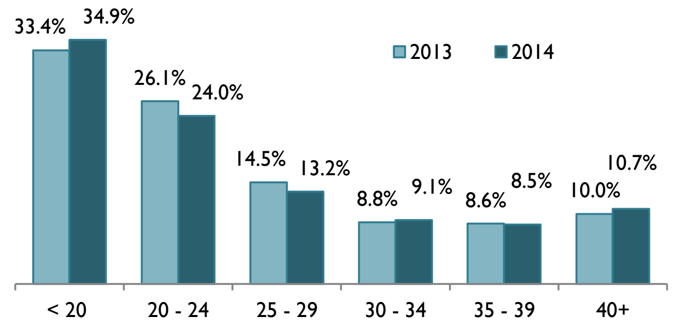
**Self-reported tobacco smoking during pregnancy by State and Territory, 2013**

| | |
|---|---|
| NT | 23.4% |
| SA | 14.5% |
| QLD | 14.2% |
| VIC | 11.2% |
| WA | 10.8% |
| NSW | 9.7% |
| ACT | 6.1% |

AIHW, Australia's Mothers and Babies 2013, December 2015

**Young Women:** Maternal smoking continues to be more prevalent among younger women, particularly those aged less than 20 years. The proportion of maternal smokers has increased slightly for some age groups since 2013, but this is not statistically significant.

**Self-reported tobacco smoking during pregnancy by age, 2013 and 2014**

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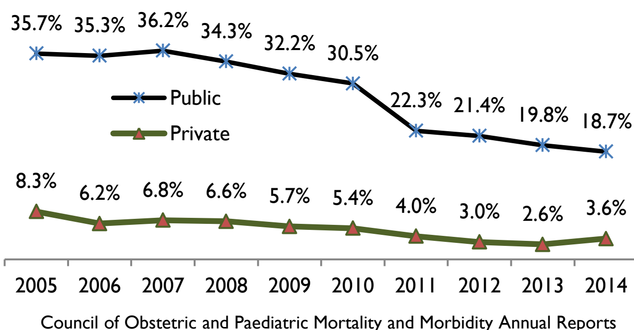
**Patient Type:** Smoking during pregnancy continues to be more prevalent for public patients (18.7 per cent) compared to private patients (3.6 per cent), which reflects the higher prevalence of smoking in lower socio-economic groups.

Although smoking has declined for both public and private patients since 2005, there has been a slight increase in smoking among private patients since 2013.

**Self-reported tobacco smoking for public and private patients, Tasmania 2005-2014**

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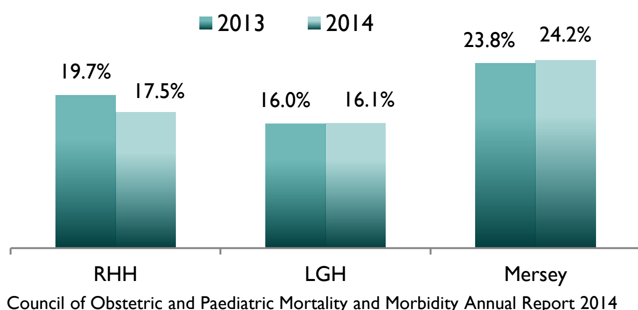
**Hospital:** Smoking during pregnancy in 2014 was reported most frequently by patients at the Mersey Community Hospital (24.2%), showing an increase from 23.8 per cent in 2013 and 21.5 per cent in 2012. The Royal Hobart Hospital reported a further decrease to 17.5%.

**Self-reported tobacco smoking during pregnancy by public hospital, Tasmania 2013 and 2014**




Council of Obstetric and Paediatric Mortality and Morbidity Annual Report 2014

Since 2005, the prevalence of maternal smoking has declined in each public hospital, with the greatest decline in the RHH.

**Self-Reported Tobacco Smoking during Pregnancy by Public Hospital, Tasmania 2005-14**

| | 2005 | 2014 | change |
|---|---|---|---|
| RHH | 38.2% | 17.5% | **-20.7%** |
| LGH | 26.2% | 16.1% | **-10.1%** |
| Mersey | 30.7% | 24.2% | **- 6.5%** |

Council of Obstetric and Paediatric Mortality and Morbidity Annual Reports

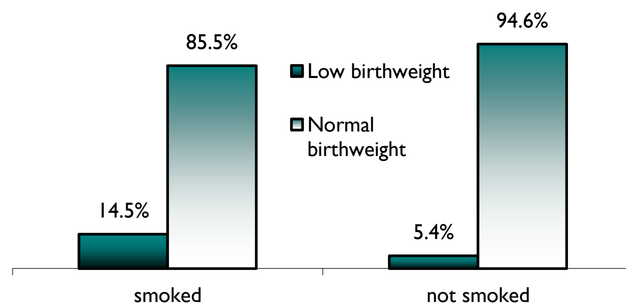
**Low Birth Weight (LBW):** Smoking during pregnancy is regarded as one of the key preventable causes of LBW and pre-term birth. LBW babies are more likely to die in the first year of life and are more susceptible to chronic illness like heart or kidney disease and diabetes later in life.

LBW is defined as a weight of less than 2 500 grams and includes babies that are small for gestational age as well as premature.

Excluding multiple births, a total of 350 babies were born in 2014 with a birth weight of less than 2 500 grams. Of these, 18.9 per cent (66) had a weight of less than 1 500 grams (very LBW).

Of all women who had smoked in pregnancy in 2014, 14.5% had a LBW baby, compared to 5.4 per cent of women who reported not to have smoked, a difference which is statistically significant ($p<0.001$). The relative risk of having a LBW baby in 2014 was 2.67 (95%CI: 2.17, 3.29) in women who smoked in pregnancy compared with those who reported not to smoke.

**Self-reported tobacco smoking during pregnancy by birthweight, Tasmania 2014**




Council of Obstetric and Paediatric Mortality and Morbidity Annual Report 2014

It is important to note that a number of sources of error may influence the strength of the association between smoking during pregnancy and birth weight. For example, since some women may be uncomfortable in disclosing their smoking status during the course of their pregnancy, the reported data may not provide an accurate measure of trends.

Furthermore, maternal smokers may have other risk factors associated with LBW babies including younger maternal age, poorer prenatal care, inadequate maternal weight gain or other substance abuse. Such factors were not adjusted for in the analyses. If one or more of these factors is positively associated with LBW, they may be responsible for some of the excess risk that is attributed to maternal smoking. That is, the relative risk (RR) estimate of 2.67 may be an overestimate due to confounding.

**Prepared by Epidemiology Unit, August 2016**

**Perinatal Data Collection**: The information in this report is sourced from the Perinatal Data Collection. This is a statewide collection of obstetric and perinatal information for all births reported in Tasmania, including live births and stillbirths of at least 400 grams or 20 weeks gestation. The data on smoking prevalence during pregnancy are from self-reported information obtained by clinicians from the mother and reported to the Perinatal Data Collection.