

Smoking and Pregnancy in Tasmania 2007

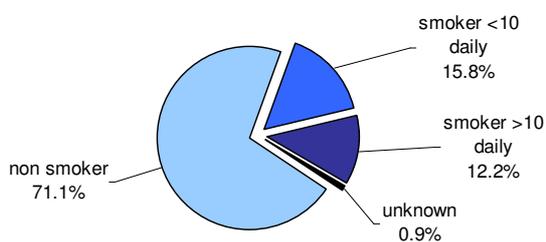
Fact Sheet - July 2009

The Perinatal Data Collection is a state-wide 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 derived from self-reported information obtained by clinicians from the mother and reported to the Perinatal Data Collection.

Smoking during pregnancy is regarded as one of the key preventable causes of low birth weight and pre-term birth. Low birth weight (LBW) babies (less than 2500 grams) are more likely to die in the first year of life and are more susceptible to chronic illness later in life, such as heart and kidney disease and diabetes.

28% of Tasmanian women smoked while pregnant during 2007, up by 0.8% from the previous year. 15.8% of women reported to have smoked less than 10 cigarettes per day and 12.2% reported to have smoked more than 10 cigarettes daily.

Self-Reported Tobacco Smoking Status during Pregnancy, Tasmania 2007



Council of Obstetric & Paediatric Mortality & Morbidity, Annual Report 2007

In 2006 Tasmania had the second highest proportion of women of all jurisdictions who smoked during pregnancy.

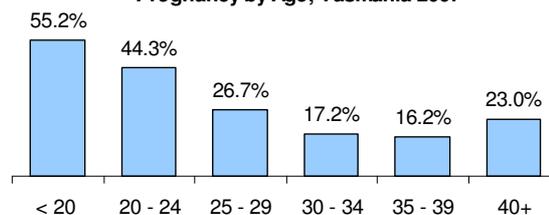
Self-Reported Tobacco Smoking during Pregnancy by State and Territory, 2006

NT	29.3%	WA	17.5%
Tas	27.2%	ACT	13.8%
SA	22.0%	NSW	13.5%
Qld	20.3%	Vic	n/a

AIHW, National Perinatal Statistics Unit, Australia's Mothers and Babies 2006, Sydney, 2008

Maternal smoking is more prevalent among younger women, particularly those under the age of 25 years. The prevalence of smoking during pregnancy declines significantly for women aged 30 years and over.

Self-Reported Tobacco Smoking during Pregnancy by Age, Tasmania 2007

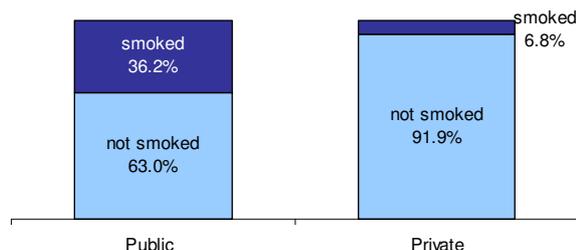


Council of Obstetric & Paediatric Mortality & Morbidity, Annual Report 2007

There have been slight increases in self-reported smoking during pregnancy by both private (6.8% in 2007 c.f. 6.2% in 2006) and public patients (36.2% in 2007 c.f. 35.3% in 2006), but neither of these increases were statistically significant.

Smoking during pregnancy continues to be more prevalent for public patients at 36.2% compared to private patients at 6.8%. This trend continues to reflect the higher prevalence of smoking among lower socio-economic groups.

Self-Reported Smoking Status by Public/Private Patients, Tasmania 2007



Council of Obstetric & Paediatric Mortality & Morbidity, Annual Report 2007

Despite the slight increase in smoking reported by public and private patients in 2007, the figures remained relatively stable in relation to last year's reported findings. It is encouraging that the percentages reported in 2007 for both public and private patients who smoked during pregnancy are lower than the percentages reported in 2005.

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For public hospitals, smoking during pregnancy was reported most frequently by patients of the Royal Hobart Hospital (RHH) at 33.3% and least frequently by patients in the Launceston General Hospital (LGH) at 24.3%. A key factor in the variations reported between hospitals is the difference in the patient mix at the three hospitals.

The prevalence of smoking in public hospitals from 2005 to 2007 has declined by 4.9% for the RHH, 1.9% for the LGH, and by 5.1% for the Mersey.

Self-Reported Tobacco Smoking during Pregnancy by Public Hospital, Tasmania 2005-07 (%)

	2005	2006	2007
RHH	38.2	36.6	33.3
LGH	26.2	27.0	24.3
NWRH Mersey	30.7	31.1	25.6

DHHS, Perinatal Database 2005, 2006; Council of Obstetric & Paediatric Mortality and Morbidity, Annual Report 2007

LBW is defined as a weight of less than 2500 grams and includes babies that are small for gestational age as well as premature. Excluding multiple births, a total of 345 babies were born in 2007 with a birthweight of less than 2500 grams. Of these, 22.3% (77) had a weight of less than 1500 grams (very LBW).

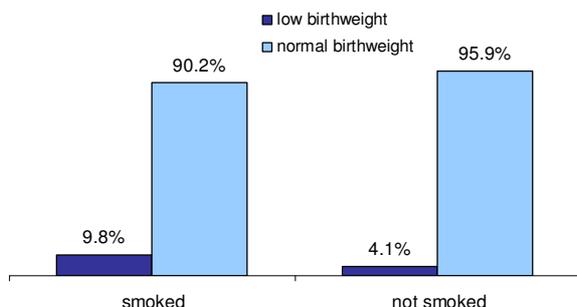
Of all women who had smoked in pregnancy in 2007, 9.8% had a LBW baby, compared to 4.1% of women who reported not to have smoked. The relative risk of having a LBW baby in 2007 was 2.40 (95% 1.96–2.94) in women who smoked in pregnancy compared with those who reported not to have smoked.

It is important to note that a number of sources of error may influence the strength of the association between smoking during pregnancy and birthweight. 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 able to be 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 estimate of RR = 2.40 may be an overestimate due to confounding.

It is noted that implementation of a number of initiatives to reduce smoking prevalence by pregnant women in Tasmania commenced in 2008, in particular a project that provided training on smoking cessation to midwives in public hospitals. The impact of this is not expected to be evident in the Perinatal Data Collection until 2010 which will be reported on in 2012.

Self-Reported Tobacco Smoking Status during Pregnancy by Birthweight, Tasmania 2007



Council of Obstetric & Paediatric Mortality & Morbidity, Annual Report 2007