



Trends in Cigarette Smoking Among Florida's New Mothers and Exposure of Infants to Tobacco Smoke

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PRAMS Report # 14

Findings at a Glance

- Among all new mothers in Florida, the prevalence of smoking during the last trimester of pregnancy decreased from 13.6% in 1993 to 9.1% in 2000 ($p < 0.01$). For 20- to 34-year-old new mothers, smoking during the last trimester declined from 13.7% in 1993 to 12.9% in 2000 ($p < 0.01$).
- Overall, among new mothers in Florida, the prevalence of smoking during the three months before pregnancy declined from 23.2% in 1993 to 17.2% in 2000 ($p < 0.01$).
- The percentage of new mothers aged 20 to 34 who are current smokers decreased from 18.2% in 1993 to 13.8% in 2000 ($p < 0.05$).
- The overall proportion of new mothers who report that they had had a discussion with a health care worker about the effects of smoking during pregnancy decreased from 76.9% in 1993 to 68.5% in 2000 ($p < 0.01$).
- The overall trend of infant exposure to second-hand smoke (SHS) did not significantly change from 1996 to 2000.

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Please contact your local County Health Department, Healthy Start Coalition, call The Maternal and Child Health Unit at the Florida Department of Health, (850) 245-4465, or write to us at Maternal and Child Health Unit, Florida Department of Health, 4025 Bald Cypress Way, Bin A-13, Tallahassee, Florida 32399-1723.

Cigarette Use

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For more information about this report, *Trends in Tobacco Use Among Florida's New Mothers and Exposure of Infants to Tobacco Smoke*, call the Bureau of Epidemiology at the Florida Department of Health, (850) 245-4401; write to us at Bureau of Epidemiology, Florida Department of Health, 4052 Bald Cypress Way, Bin A-12, Tallahassee, Florida 32399-1720; or contact us via the internet at the following website: http://www.doh.state.fl.us/disease_ctrl/epi/topics/contact_epi.htm.

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Introduction

Cigarette smoking during pregnancy is associated with adverse birth outcomes such as intrauterine growth retardation, low birth weight, and pre-term delivery.^{1,2,3} Maternal smoking and infant exposure to second-hand cigarette smoke have also been associated with Sudden Infant Death Syndrome (SIDS) and respiratory illnesses in children.^{2,4} The purpose of this report is to provide a description of trends in smoking behavior (before, during, and just after pregnancy) from 1993 to 2000, among new mothers in Florida. These trends are compared to data from the Florida Youth Tobacco Survey (FYTS) (for years 1998-2001) and from the Florida Behavioral Risk Factor Surveillance System (BRFSS) (for years 1990 to 2000). This information may be used to evaluate efforts to reduce smoking among pregnant women and new mothers in Florida.

Data Sources

Analyses for this report are based on data from three sources: the Florida Pregnancy Risk Assessment Monitoring System (Florida PRAMS), for 1993 through 2000; the FYTS, for 1998 through 2001; and the Florida BRFSS, for 1990 through 2000. Florida PRAMS is a joint surveillance project between the Florida Department of Health and the U. S. Centers for Disease Control and Prevention (CDC), designed to monitor the physical, economic, and social health of Florida's mothers and newborns. The project is designed as a mail survey with telephone follow-up of a random sample of recent mothers of live-born infants, completed when the infant is approximately three to six months old. In 1993, 2,059 surveys were completed, with a response rate of 78.7%; in 2000, 2,065 surveys were completed, with a response rate of 75.7%. The results presented are weighted to reflect the total population of Florida new mothers and infants, appropriate to the year of the survey. Detailed tables follow the report, providing point estimates for each survey.

The FYTS is a self-administered school-based survey of public middle school students (grades 6 through 8) and high school students (grades 9 through 12). The survey has been conducted by the Florida Department of Health since 1998. Implementation of the 1998 and 1999 FYTS was a cooperative effort among the Department of Health, the Department of Education, county health departments, and local school districts. Beginning in 2000, the FYTS became part of a larger survey effort, the Florida Youth Survey, which was the result of a partnership among the departments of Health, Children and Families, Education, and Juvenile Justice, and the Governor's Office of Drug Control, in addition to local school districts and county health departments.

Response rates have ranged from 80% (middle school) and 72% (high school) in 1998 to 73% (middle school) and 73.6% (high school) in 2001. The FYTS data are weighted to reflect the grade and sex distribution of Florida's in-school youth population. The FYTS tracks outcome indicators for use in monitoring and evaluating the progress of Florida's youth-focused tobacco control program.

The BRFSS is a state-based telephone survey of the civilian, non-institutionalized adult population with telephones. The BRFSS was developed by the CDC and is designed to monitor trends in risk behaviors related to preventable chronic disease and conditions. With support from the CDC, the Florida Department of Health has conducted the Florida BRFSS annually since 1986. The Florida BRFSS data are weighted to reflect the age and sex distribution of Florida's adult population, and to account for

¹ CDC. Cigarette smoking during the last 3 months of pregnancy among women who gave birth to live infants—Maine, 1988-1997. *MMWR* 1999;48:421-425.

² Adams, E.K., Miller, V.P., Ernst, C., Nishimura, B.K., Melvin, C., and Merritt, R. Neonatal health care costs related to smoking during pregnancy. *Health Economics* 2002;11:193-206.

³ Miller, C., McDuffie, K.Y., and Bailey, M. Maternal stress in Florida, 2000. Florida Department of Health, Tallahassee, Florida. 2001.

⁴ Blizzard, L., Ponsonby, A-L., Dwyer, T., Venn, A., and Cochrane, J. A. Parental smoking and infant respiratory infection: How important is not smoking in the same room with the baby? *American Journal of Public Health* 2003;93:482-488.

differences in the probability of selection and for non-response. In 1990, 2,143 surveys were completed, with a response rate of 64.8%; in 2000, 5,202 surveys were completed, with a response rate of 41.5%.

Table 1 presents the unweighted number of respondents, for each survey year, by age for the Florida PRAMS and BRFSS surveys and by school level for the FYTS. Table 2 presents the weighted frequencies according to the above classifications.

Table 1. Age/School Level Distribution by Survey and Survey Year (unweighted numbers)

	Year of Survey											
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Florida PRAMS												
Younger than 18	1a*	1a*	a*	125	180	158	135	150	280	250	246	a*
18-19	1a*	1a*	a*	176	211	238	187	242	484	403	414	a*
20-34	1a*	1a*	a*	1,513	1,820	1,759	1,421	1,579	1,398	1,149	1,174	a*
Over 34	1a*	1a*	a*	227	290	293	243	280	283	225	231	a*
Florida BRFSS												
18-19	35	32	45	27	45	36	43	48	59	55	62	a*
20-34	350	325	418	432	491	463	542	483	630	703	678	a*
Over 34	823	973	1,124	1,308	1,516	1,450	1,549	1,526	2,134	2,350	2,348	a*
FYTS												
Middle school	1a*	1a*	a*	a*	a*	a*	a*	a*	6,137	6,011	7,219	2,203
High school	1a*	1a*	a*	a*	a*	a*	a*	a*	5,556	4,888	4,812	2,253

*na=not available.

Table 2. Age/School Level Distribution by Survey and Survey Year (weighted percentages)

	Year of Survey											
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Florida PRAMS												
Younger than 18	1a*	1a*	1a*	5.9	6.0	5.2	5.6	5.4	4.9	4.9	4.7	1a*
18-19	1a*	1a*	1a*	8.4	7.6	8.6	7.5	8.6	8.4	8.1	8.0	1a*
20-34	1a*	1a*	1a*	76.5	75.1	74.3	74.4	73.7	72.1	73.1	73.3	1a*
Over 34	1a*	1a*	1a*	9.2	11.3	12.0	12.6	12.3	14.6	14.0	14.1	1a*
Florida BRFSS												
18-19	4.7	3.7	3.9	2.6	3.2	2.4	2.3	2.9	2.7	2.2	2.5	1a*
20-34	24.9	25.9	27.7	27.6	26.9	25.7	24.6	23.7	23.3	23.4	22.6	1a*
Over 34	70.5	70.4	68.4	69.8	69.9	71.9	73.1	73.5	74.0	74.4	74.9	1a*
FYTS												
Middle school	1a*	1a*	1a*	1a*	1a*	1a*	1a*	1a*	48.0	48.1	48.3	48.3
High school	1a*	1a*	1a*	1a*	1a*	1a*	1a*	1a*	48.8	49.1	49.1	49.2

*na=not available.

Since each of the three surveys has its own survey design, sampling and data collection methodologies, data are not precisely comparable. However, the questions and definitions about tobacco use are worded and/or calculated in the same manner across all surveys. Consequently, the information contained in this report should provide guidelines for enhancing efforts to evaluate the impact of Florida's tobacco prevention and control programs on targeted populations. These data should be considered in the context of a larger evaluation or surveillance plan. Finally, all data presented in this report are self-reported and subject to recall bias or social desirability bias.

Definitions

Cigarette Smoking Status

Florida PRAMS (1993-2000)

Before 2000, new mothers were asked, "Have you ever smoked at least 100 cigarettes *in your entire life?*" and given a response choice of "No" or "Yes." For 2000, the question was modified to read, "Have you smoked at least 100 cigarettes *in the past 2 years?*" and the same response choice was offered as in previous years. Respondents who answered yes were then asked the following three questions:

In the *3 months before* you got pregnant, how many cigarettes or packs of cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

- a. # Cigarettes or # Packs
- b. Less than 1 cigarette a day
- c. I didn't smoke
- d. I don't know

In the *last 3 months* of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

- a. # Cigarettes or # Packs
- b. Less than 1 cigarette a day
- c. I didn't smoke
- d. I don't know

How many cigarettes or packs of cigarettes do you smoke on an average day *now*? (A pack has 20 cigarettes.)

- a. # Cigarettes or # Packs
- b. Less than 1 cigarette a day
- c. I didn't smoke
- d. I don't know

Nonsmokers are those who reported having never had at least 100 cigarettes in their entire life or in the last two years. Respondents who reported that they smoked at least one cigarette a day in the 3 months before pregnancy were coded as having smoked during the 3 months before pregnancy. Respondents who reported that they smoked at least one cigarette a day in the last 3 months of pregnancy were coded as having smoked during the last 3 months of their pregnancy. Finally, respondents who reported that they currently smoke at least one cigarette a day were coded as current smokers.

Florida BRFSS (1990-2000)

The Florida BRFSS survey was used to address smoking prevalence among adult women in the general population of Florida. A current smoker is defined as (a) having ever smoked at least 100 cigarettes in his or her lifetime *and* (b) now smoking every day or some days.

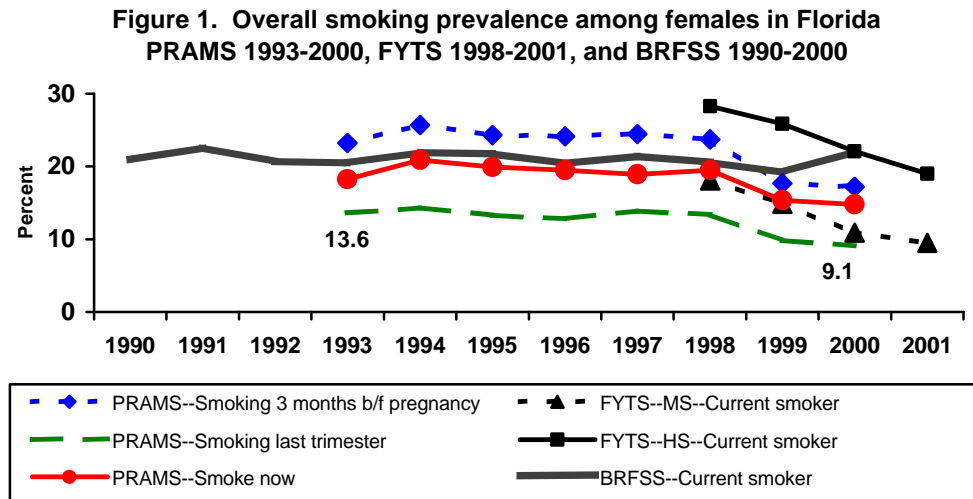
FYTS (1998-2001)

From the FYTS data, a student is described as a current smoker if he or she has smoked cigarettes on one or more of the 30 days preceding the survey.

Trends in Smoking Prevalence

Smoking Prevalence Overall

Figure 1 shows the overall prevalence of smoking among females in Florida for each source of data: Florida PRAMS, FYTS, and Florida BRFSS. The Florida PRAMS data include teenage and adult new mothers, while the FYTS data represents only females younger than 18 years old and the Florida BRFSS data represents only females aged 18 years or older.



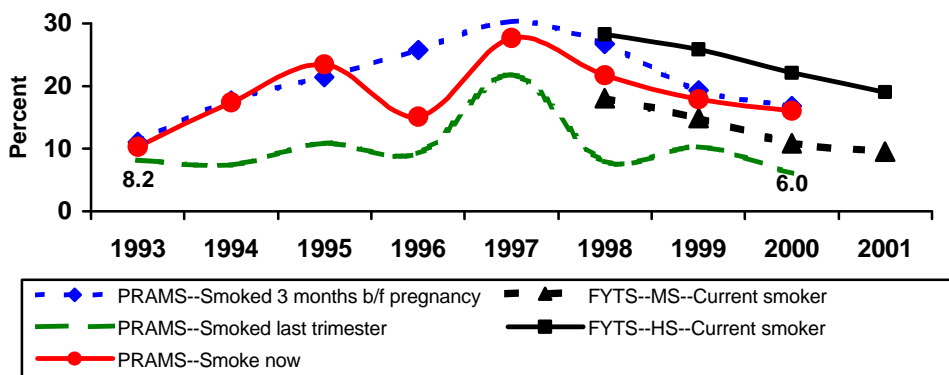
Overall, among new mothers in Florida, the prevalence of having smoked during the last trimester of pregnancy decreased from 13.6% in 1993 to 9.1% in 2000 ($p < 0.01$), and the prevalence of having smoked three months before pregnancy decreased from 23.2% in 1993 to 17.2% in 2000 ($p < 0.01$). The prevalence of current smoking among new mothers did not significantly decrease from 1993 to 2000; however, for each survey year, the prevalence of current smoking among new mothers appears to be consistently lower than the prevalence of smoking before pregnancy.

Smoking Prevalence Among Girls Younger than 18 Years Old

Figure 2 shows the trends of smoking prevalence among survey respondents younger than 18 years old based on Florida PRAMS data from 1993-2000 and FYTS data from 1998-2000. Prevalence of smoking during the last trimester among new mothers in this age group was 8.2% in 1993, 22% in 1997, and 6% in 2000 (Florida PRAMS). These changes in prevalence estimates are not statistically significant differences, due in part to the small sample size of this age group. As seen in Figure 2, however, the prevalence of smoking during the last trimester of pregnancy, as well as smoking before and after pregnancy, has been on a downward path since 1997.

This downward trend in the late 1990s is similar to that observed among middle and high school girls (FYTS). In 1998, the first year for which data are available, 18.1% of middle school girls and 28.3% of high school girls reported being current smokers. By 2001, prevalence of current smoking had dropped to 9.5% among middle school girls and 19.0% among high school girls.

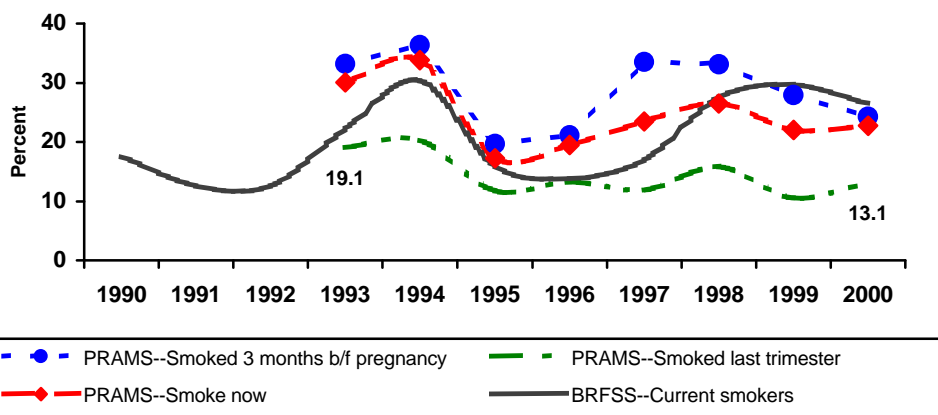
Figure 2. Prevalence of cigarette smoking among women younger than 18 years old, PRAMS 1993-2000 and FYTS 1998-2001



Smoking Prevalence Among Women 18 to 19 Years Old

Figure 3 shows widely variant estimates of smoking among new mothers age 18 to 19 years old, from 1993 to 2000, at 3 months before pregnancy, 3 months during pregnancy, and after pregnancy (Florida PRAMS). The changes in prevalence of smoking during the last trimester among this group of new mothers were not statistically significant, although the trend of smoking during the last trimester to be on a downward path: 19.2% of new mothers age 18-19 in 1993 and 13.1% of new mothers age 18-19 in 2000 smoked during their last trimester. Changes in prevalence for smoking 3 months before pregnancy and after pregnancy also were not statistically significant for new mothers in this age group. Data from the Florida BRFSS show that cigarette smoking among general female population in this age group was 18.2% in 1990 and 26.5% in 2000 (see Figure 3). This change in prevalence is not statistically significant, however, due in part to the very small sample size of this age group in the general population (see Tables 1 and 2).

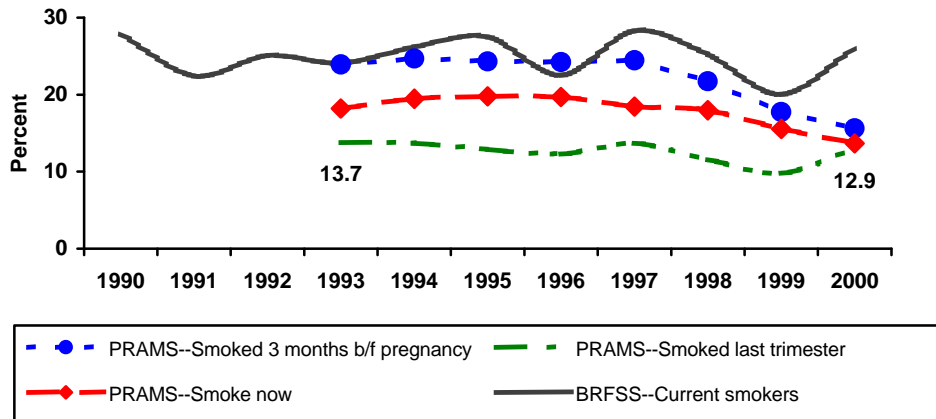
Figure 3. Prevalence of cigarette smoking among women 18-19 years old, Florida BRFSS 1990--2000 and Florida PRAMS 1993--2000



Smoking Prevalence Among Women 20 to 34 Years Old

Among new mothers aged 20 to 34, reports of smoking declined significantly from 1993 to 2000 (see Figure 4). The decrease in prevalence of smoking during the last 3 months of pregnancy, from 13.7% in 1993 to 12.9% in 2000, was statistically significant ($p < 0.01$). The percentage of new mothers aged 20 to 34 who smoked during the 3 months before pregnancy declined markedly from 23.9% in 1993 to 16.1% in 2000 ($p < 0.01$). Current smoking prevalence among this group of new mothers also decreased significantly, from 18.2% in 1993 to 13.8% in 2000 ($p < 0.05$). Comparatively, cigarette smoking among Florida's population of women aged 20 to 34 has remained unchanged, with 27.9% reporting cigarette smoking in 1990 and 26.0% reporting cigarette smoking in 2000 (Florida BRFSS) (see Figure 4).

Figure 4. Prevalence of smoking among women 20-34 years old, Florida BRFSS 1990--2000 and Florida PRAMS 1993--2000

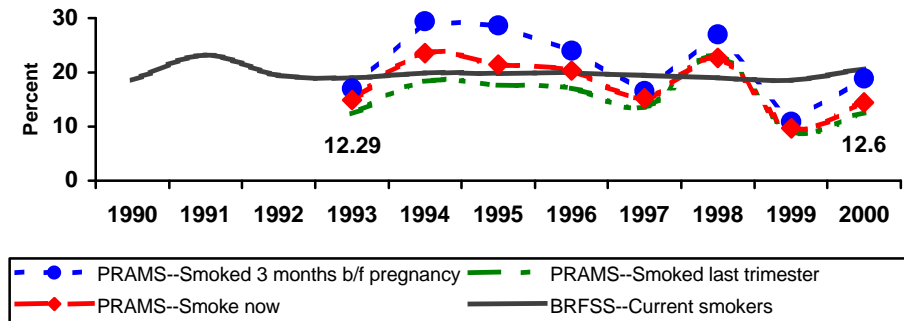


Smoking Prevalence Among Women Over 34 Years Old

Figure 5 shows the trends of smoking before, during, and after pregnancy as reported by new mothers over 34 years old (Florida PRAMS). Although smoking trends have varied over time, no significant changes have occurred in this age group from 1993 to 2000. Specifically, in 1993, 12.3% of new mothers over 34 reported smoking during the last trimester of pregnancy, compared to 12.9% in 2000. Current smoking prevalence among these new mothers remained unchanged from 1993 (14.8%) to 2000 (15.0%). The highest rates of smoking among new mothers 34 and older were in the three months before pregnancy; however, no statistically significant change occurred from 1993 (17.0%) to 2000 (19.5%).

These trends vary somewhat from the prevalence of current smoking reported by the general population of women over 34 years old (also shown in Figure 5) (Florida BRFSS). However, analysis of Florida BRFSS data shows that the prevalence of current smoking among the general population of women over 34 years old also has not changed statistically, with 18.6% in 1990 and 20.7% in 2000.

**Figure 5. Prevalence of smoking among women over 34 years old
Florida BRFSS 1990--2000 and Florida PRAMS 1993--2000**



Discussion with Health Care Workers about the Effects of Smoking During Pregnancy

Definition

In the Florida PRAMS survey, all new mothers are asked whether—during a prenatal visit—a doctor, nurse, or other health care worker discussed with them the effects of smoking during pregnancy. For this report, we assessed answers to this question:

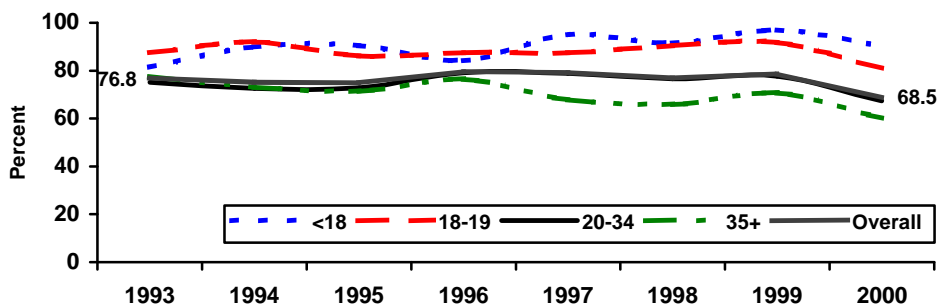
- Did the health care professional discuss with you, How smoking during pregnancy could affect your baby?
1. No
 2. Yes

Respondents who answered “Yes” were coded as having had a discussion regarding smoking during pregnancy with a health care professional during a prenatal visit. Please note that in 2000, this question was modified to include, “Please count only discussions, not literature or videos.” This modification may have had an effect on how new mothers answered the question, thus, comparisons between 1993 and 2000 estimates should be viewed with caution. Overall trends, however, suggest that modification of this question might explain only part of the differences seen between 1993 and 2000. Other explanations are discussed below.

The percentage of women under 18 years old who report having had this discussion during a prenatal visit with a health care worker was 81.3% in 1993 and 90.2% in 2000 (see Figure 6); however, this is not a statistically significant increase. Significant decreases in reporting are seen among new mothers 20 years old and over. The overall proportion of new mothers who report that they did have such a discussion with a health care worker, nurse, or doctor decreased from 76.8% in 1993 to 68.5% in 2000 ($p < 0.01$).

The percentage of 20- to 34-year-old new mothers who had a discussion with a health care worker during a prenatal visit follows the same trend as the overall percentage of new mothers. While new mothers over 34 years of age reported the lowest rates of having had a discussion with a health care worker of the effects of smoking during pregnancy, the prevalence of smoking before, during, and after pregnancy has not changed for this age group since 1993 (see Figure 5).

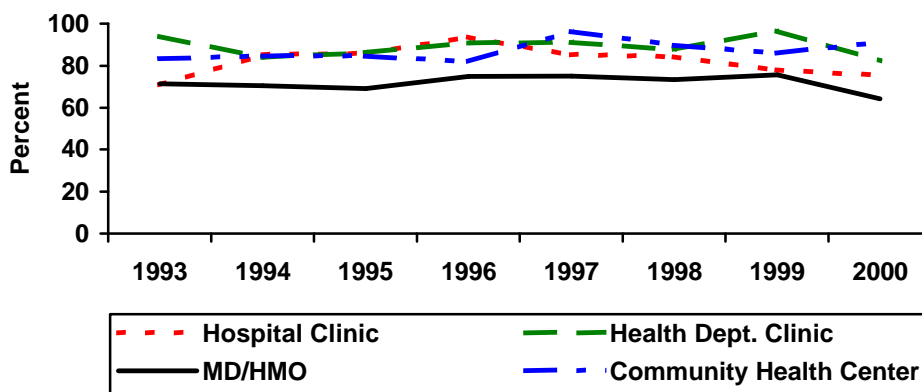
**Figure 6. Discussion on Smoking Occurred During Prenatal Care, by Age Group
FL PRAMS 1993--2000**



As noted above, these observed changes may be due in part to a modification of the Florida PRAMS question. The location at which the new mother had most of her prenatal care visits may also be a contributing factor in whether a new mother had this discussion with a health care worker. Most new mothers received prenatal care through their private physician or HMO: 66.6% in 1993 and 76.6% in 2000 (see Table 5). Of particular interest to state departments of health are the new mothers who received prenatal care through health department clinics: 16.6% in 1993 and 11.6% in 2000.

As shown in Figure 7, a majority of new mothers reported having had discussions on smoking with a health care worker during a prenatal care visit, regardless of the location or the survey year. However, from 1993 to 2000, a statistically significant decrease in reports of these discussions occurred among new mothers who had most of their prenatal care visits at a health department clinic (94% in 1993 vs. 82.4% in 2000; $p < 0.05$). In contrast, a statistically significant increase in reports of these discussions occurred among new mothers who had most of their prenatal care visits at a hospital clinic (70.9% in 1993 vs. 75.3% in 2000; $p < 0.05$).

Figure 7. Discussion on Smoking During Prenatal Care Visit, by Location of Most Prenatal Care Visits



Infant Exposure to Tobacco Smoke

Definition

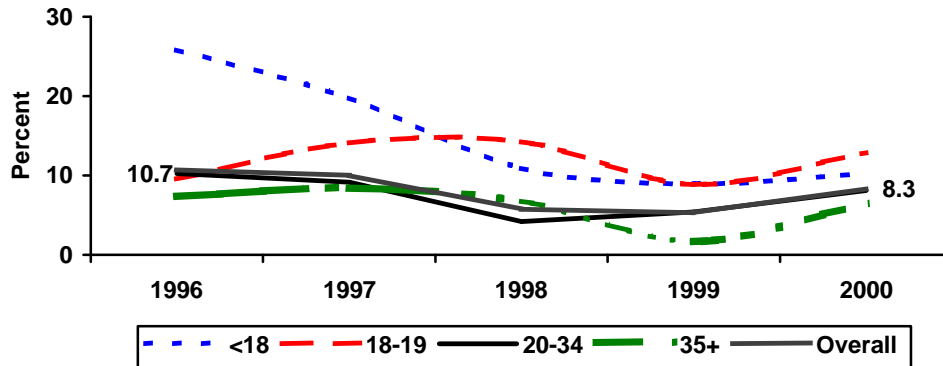
Starting in 1996, the Florida PRAMS survey assessed infant exposure to second-hand smoke (SHS) with the following question:

About how many hours a day, on average, is your new baby in the same room with someone who is smoking?:

- Number of hours
- Less than one hour a day
- My baby is never in the same room with someone who is smoking.

New mothers who reported that their infant was exposed to SHS for at least one hour a day were coded as positive for infant exposure to SHS.

Figure 8. Infant Exposure to Tobacco Smoke, by Maternal Age Group FL PRAMS 1996-2000



No statistically significant changes were observed in the overall trend of infant exposure to SHS from 1996 to 2000 (see Figure 8). However, the prevalence of infant exposure to SHS did increase significantly from 5.3% in 1999 (the lowest prevalence in this five-year period) to 8.3% in 2000 ($p < 0.05$).

New mothers under 20 years of age report more infant exposure to SHS than do mothers overall. While infant exposure to SHS has substantially decreased among new mothers younger than 18 (from 25.9% in 1996 to 10.2% in 2000; $p < 0.05$), infant exposure to SHS among the 18- to 19-year-olds did not change statistically. The prevalence of infant exposure to SHS reported among the two oldest age groups (20 to 34 years old and over 34 years old) tend to follow the pattern of the overall rate, with a decrease from 1996 to 1999, followed by an upturn in the trend from 1999 to 2000. However, these changes in prevalence rates are not statistically significant.

Summary

Among new mothers in Florida, smoking prevalence tends to increase after pregnancy, with the highest prevalence during the three months before pregnancy, and the lowest during the last trimester of pregnancy. For all new mothers in Florida, the trend in smoking prevalence during the last three months of pregnancy has significantly declined from 13.7% in 1993 to 9.01% in 2000 ($p < 0.01$). In particular, for new mothers aged 20 to 34 years old, smoking prevalence during the last three months of pregnancy significantly decreased from 1993 to 2000. Small sample sizes may preclude the finding of statistical

significance between the estimates of smoking during the last trimester in 1993 and 2000 among new mothers under 20 years old or over 34 years old (see Tables 1 and 2).

Overall, smoking among new mothers during the three months before pregnancy has declined from 23.3% in 1993 to 17.2% in 2000 ($p < 0.01$) (see Figure 5). No statistically significant change was found in smoking prevalence in the three months before pregnancy among new mothers younger than 18 years old. However, as noted earlier (see Figure 2), the trend of current smoking among this age group appears to have been on a decline since 1997.

Finally, while the decrease in overall current smoking from 18.4% in 1993 to 14.8% in 2000 is statistically significant ($p < 0.05$), the prevalence of current smoking has not changed significantly among new mothers younger than 18 years old. Among this age group, the decline in smoking prevalence after pregnancy, from 27.7% in 1997 to 16.1% in 2000, is only marginally significant ($p < 0.10$).

Discussion and Recommendations

Florida has seen impressive declines in smoking prevalence among middle and high school students since the inception of the youth-focused component of the Florida Youth Tobacco Control Program in 1998. While this report does not provide analysis of the data by educational level, the trend lines in Figure 2 suggest that, along with their in-school peers, teenaged new mothers might have responded to the Florida youth anti-tobacco program by not initiating tobacco use or by quitting smoking. Longitudinal data are needed in order to fully evaluate whether the Florida Tobacco Control Program has been successful in reducing cigarette smoking among pregnant teenagers. Continued monitoring of tobacco use behavior among youth, both in-school and out-of-school, is critical for understanding whether Florida's tobacco prevention and control programs are having a long-lasting and positive effect on preventing and reducing tobacco use among all youth.

Statistically significant declines, from 1993 to 2000, in overall prevalence of smoking during the three months before pregnancy and during the last three months of pregnancy suggest that some tobacco control and reduction efforts might be having an impact with the population of new mothers in Florida. Programmatic efforts to prevent or reduce the tobacco use of pregnant women and new mothers should be continued at the high school level, at programs for low-income women such as Women, Infants, and Children (WIC), and at primary physicians' offices. Even in cases where a health care worker may be confident that the new mother-to-be does not smoke, counseling on how babies may be affected by second-hand smoke is still critical, especially given that Florida PRAMS data indicate a possible increase in infant exposure to second-hand smoke across all age groups. Infant exposure to second-hand smoke has been associated with Sudden Infant Death Syndrome (SIDS) and respiratory illnesses in children.⁵ When ascertaining the smoking status of a new mother-to-be, the physician, nurse, or health care worker should also inquire whether *anyone* in the household smokes.

Comprehensive programs are necessary to preventing and reducing tobacco use. To these ends, Florida continues to implement multiple anti-tobacco use programs through the Florida Department of Health's Division of Health Access and Tobacco and via enforcement of the Clear Indoor Air Act. In addition, a variety of community-level and state-level advocacy groups work to reduce tobacco use in Florida. Through these efforts to prevent youth smoking, to protect citizens from second-hand smoke, and to promote smoking cessation among youth and adults, the adverse effects of smoking on mothers and infants can be reduced.

⁵ Adams, E.K., Miller, V.P., Ernst, C., Nishimura, B.K., Melvin, C., and Merritt, R. Neonatal health care costs related to smoking during pregnancy. *Health Economics* 2002;11:193-206.

Detailed Tables

Table 3: Trends in Smoking Prevalence Among Women Younger than 18 Years Old, by Year and Survey Group

	Smoking 3 Months Before Pregnancy	Smoking During Last Trimester of Pregnancy	Current / Smokin
1993			
Florida PRAMS	9.6	6.5	8.7
FYTS--middle school	na*	na*	na*
FYTS--high school	na*	na*	na*
1994			
Florida PRAMS	17.7	7.4	17.4
FYTS--middle school	na*	na*	na*
FYTS--high school	na*	na*	na*
1995			
Florida PRAMS	21.5	10.9	23.4
FYTS--middle school	na*	na*	na*
FYTS--high school	na*	na*	na*
1996			
Florida PRAMS	25.8	9.2	15.1
FYTS--middle school	na*	na*	na*
FYTS--high school	na*	na*	na*
1997			
Florida PRAMS	30.3	21.9	27.7
FYTS--middle school	na*	na*	na*
FYTS--high school	na*	na*	na*
1998			
Florida PRAMS	26.7	7.9	21.7
FYTS--middle school	na*	na*	18.1
FYTS--high school	na*	na*	28.3
1999			
Florida PRAMS	19.4	10.3	17.9
FYTS--middle school	na*	na*	14.9
FYTS--high school	na*	na*	25.9
2000			
Florida PRAMS	17.3	6.1	16.1
FYTS--middle school	na*	na*	10.9
FYTS--high school	na*	na*	22.1
2001			
Florida PRAMS	na*	na*	na*
FYTS--middle school	na*	na*	9.5
FYTS--high school	na*	na*	19.0

Florida PRAMS= Pregnancy Risk Assessment Monitoring System; represents all new mothers in Florida per survey year; available for years 1993—2000.

FYTS= Florida Youth Tobacco Survey; represents all public middle and high school students in Florida; available for years 1998--2001.

*na=not available.

Tobacco Use Trends Among Florida's New Mothers

Table 4: Trends in Smoking Prevalence Among Women Over 18 Years Old, by Survey Year and by Survey Group

	Smoking 3 Months Before Pregnancy	18-19 years old Smoking During Last Trimester of Pregnancy	Smoking	Smoking 3 Months Before Pregnancy	20-34 years old Smoking During Last Trimester of Pregnancy	Smoking	Smoking 3 Months Before Pregnancy	Over 34 years old Smoking During Last Trimester of Pregnancy	Smoking
1990									
FL PRAMS	na*	na*	na*	na*	na*	na*	na*	na*	na*
FL BRFSS	na*	na*	18.2	na*	na*	27.8	na*	na*	18.6
1991									
FL PRAMS	na*	na*	na*	na*	na*	na*	na*	na*	na*
FL BRFSS	na*	na*	12.6	na*	na*	22.4	na*	na*	23.2
1992									
FL PRAMS	na*	na*	na*	na*	na*	na*	na*	na*	na*
FL BRFSS	na*	na*	12.6	na*	na*	25.1	na*	na*	19.4
1993									
FL PRAMS	33.1	19.1	29.9	24.0	13.8	18.2	17.0	12.3	15.0
FL BRFSS	na*	na*	22.2	na*	na*	24.1	na*	na*	19.0
1994									
FL PRAMS	36.4	20.3	33.9	24.7	13.7	19.5	29.5	18.3	23.5
FL BRFSS	na*	na*	30.4	na*	na*	25.9	na*	na*	19.9
1995									
FL PRAMS	19.7	11.8	17.2	24.3	12.9	19.7	28.7	17.7	21.5
FL BRFSS	na*	na*	15.9	na*	na*	27.5	na*	na*	19.8
1996									
FL PRAMS	21.1	13.3	19.5	24.3	12.3	19.7	24.0	17.1	20.3
FL BRFSS	na*	na*	13.8	na*	na*	22.5	na*	na*	19.9
1997									
FL PRAMS	33.5	11.9	23.5	24.5	13.7	18.4	16.5	13.6	15.2
FL BRFSS	na*	na*	17.0	na*	na*	28.3	na*	na*	19.4
1998									
FL PRAMS	33.1	15.8	26.5	21.7	11.6	17.9	27.0	23.1	22.7
FL BRFSS	na*	na*	27.5	na*	na*	25.2	na*	na*	19.0
1999									
FL PRAMS	28.0	10.6	22.0	17.7	9.79	15.6	10.9	9.1	9.7
FL BRFSS	na*	na*	29.6	na*	na*	20.0	na*	na*	18.6
2000									
FL PRAMS	23.9	13.1	22.9	16.1	8.1	13.8	19.5	12.9	14.8
FL BRFSS	na*	na*	26.6	na*	na*	26.0	na*	na*	20.8

*na=not available.

FL PRAMS= Florida Pregnancy Risk Assessment Monitoring System.

FL BRFSS=Florida Behavioral Risk Factor Surveillance System.

Table 5: Percentage of Reported Location of Most Prenatal Care Visits, by Survey Year, Florida PRAMS, 1993-2000

	Florida PRAMS Survey Year							
	1993	1994	1995	1996	1997	1998	1999	2000
Hospital Clinic	10.1	11.6	12.7	12.3	11.8	9.8	10.5	9.5
Health Department Clinic	16.6	11.1	10.3	11.2	13.3	13.2	10.7	11.6
MD/HMO	66.6	70.8	72.0	73.1	72.5	75.3	75.6	76.6
Community Health Center	6.8	6.5	5.1	3.4	2.4	1.7	3.2	2.3

Table 6: Discussion with Health Care Worker About Effects of Smoking During Pregnancy and Infant Exposure to Second-hand Smoke, by Maternal Age Group, Florida PRAMS, 1993-2000

	Discussion with Health Care Worker About Effects of Smoking During Pregnancy		Infant Exposure to Second-hand Smoke	
	Yes	No	Yes	No
1993				
Younger than 18 years old	81.0	19.0	na	na
18-19 years old	87.2	12.8	na	na
20-34 years old	75.3	24.7	na	na
Over 34 years old	77.9	22.1	na	na
1994				
Younger than 18 years old	89.9	10.1	na	na
18-19 years old	91.9	8.1	na	na
20-34 years old	72.7	27.3	na	na
Over 34 years old	73.0	27.0	na	na
1995				
Younger than 18 years old	90.4	9.6	na	na
18-19 years old	86.2	13.8	na	na
20-34 years old	72.9	27.1	na	na
Over 34 years old	71.4	28.6	na	na
1996				
Younger than 18 years old	84.1	15.9	25.9	74.1
18-19 years old	87.5	12.5	9.6	90.4
20-34 years old	79.1	20.9	10.2	89.8
Over 34 years old	76.4	23.6	7.4	92.7
1997				
Younger than 18 years old	94.9	5.1	19.8	80.2
18-19 years old	87.5	12.5	14.1	85.9
20-34 years old	78.8	21.2	9.2	90.8
Over 34 years old	67.9	32.1	8.4	91.6
1998				
Younger than 18 years old	91.6	8.4	10.9	89.1
18-19 years old	90.5	9.5	14.3	85.7
20-34 years old	76.6	23.4	4.2	95.8
Over 34 years old	65.8	34.2	6.8	93.2
1999				
Younger than 18 years old	97.0	3.0	9.0	91.0
18-19 years old	91.8	8.2	8.8	91.2
20-34 years old	77.6	22.4	5.4	94.6
Over 34 years old	70.7	29.3	1.6	98.4
2000				
Younger than 18 years old	90.2	9.8	10.2	89.8
18-19 years old	80.8	19.2	12.9	87.1
20-34 years old	67.4	32.6	8.1	91.9
Over 34 years old	60.0	40.0	6.5	93.5

*na=not available.

Table 7: Discussion with Health Care Worker About Effects of Smoking During Pregnancy and Infant Exposure to Second-hand Smoke, by Location of Prenatal Care Visits, Florida PRAMS, 1993-2000

	Discussion with Health Care Worker About Effects of Smoking During Pregnancy	
	Yes	No
1993		
Hospital Clinic	70.9	29.1
Health Dept. Clinic	94.0	6.0
MD/HMO	71.4	28.6
Community Health Center	83.3	16.8
1994		
Hospital Clinic	85.1	14.9
Health Dept. Clinic	84.0	16.0
MD/HMO	70.5	29.5
Community Health Center	84.5	15.5
1995		
Hospital Clinic	85.8	14.2
Health Dept. Clinic	86.2	13.8
MD/HMO	69.0	31.0
Community Health Center	84.5	15.5
1996		
Hospital Clinic	93.8	6.2
Health Dept. Clinic	90.7	9.3
MD/HMO	74.8	25.2
Community Health Center	81.6	18.2
1997		
Hospital Clinic	85.0	15.0
Health Dept. Clinic	91.2	8.9
MD/HMO	75.0	25.0
Community Health Center	96.3	3.7
1998		
Hospital Clinic	84.4	15.7
Health Dept. Clinic	87.7	12.3
MD/HMO	73.3	26.8
Community Health Center	89.8	10.2
1999		
Hospital Clinic	77.9	22.1
Health Dept. Clinic	96.6	3.4
MD/HMO	75.8	24.2
Community Health Center	86.0	14.0
2000		
Hospital Clinic	75.3	24.7
Health Dept. Clinic	82.4	17.6
MD/HMO	64.1	35.9
Community Health Center	91.1	8.9

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