



Tobacco Use Among Pregnant Women, and Exposure of Infants & Newborns

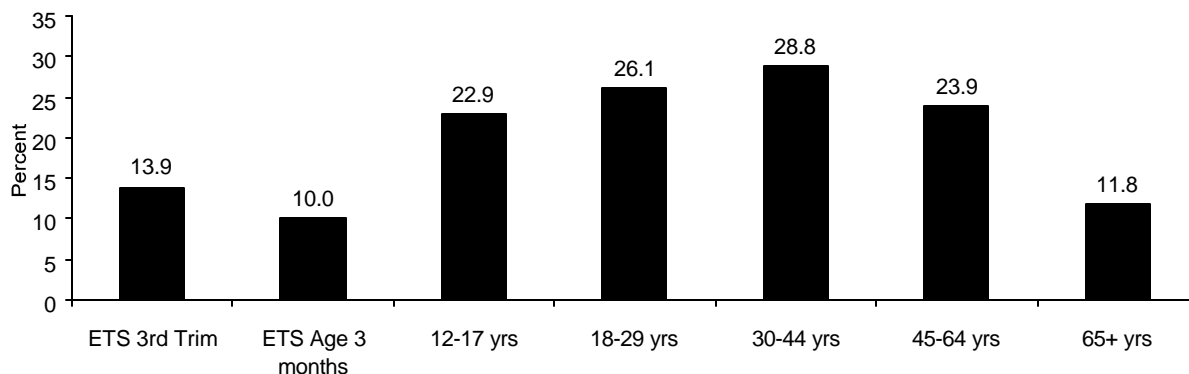
January 14, 1999

PRAMS Report # 3

FINDINGS AT A GLANCE

- Almost 14% of Florida infants (one in seven) were exposed to cigarette smoke before they were born. Among women aged 20 or older, one in four (25.2%) of those without a high school education smoked during the 3rd trimester, compared to only 1 of 10 (11.2%) if those with a high school education.
 - 16.1% of infants born to white mothers were exposed before birth compared to 4% of those born to black mothers.
 - Mothers less than 20 years old were more likely to be light smokers during pregnancy than older mothers.
- Prior to pregnancy, the heaviest smoking was among girls aged 17 or less, with 14.4% reporting smoking a pack or more per day.
 - 45.9% of smokers quit during pregnancy. Older teens (18-19) had the highest quit rates: 57.1% quit and 29.0% reduced their smoking levels. Among those aged 17 or less, 47.4% quit and 38.9% reduced their level of smoking.
 - Over 10% of Florida infants were exposed to environmental tobacco smoke at least an hour a day. Teens aged 17 or less reported infant exposure most often, at 22.9%. Among women aged 20 or older with a high school degree, only 8.8% reported infant exposure.

Current ETS Exposure or Cigarette Use
Pregnancy Risk Assessment Monitoring Survey, 1997
Florida Youth Tobacco Survey, 1998
Behavioral Risk Factor Surveillance System, 1996-97



PRAMS Overview

PRAMS (the Pregnancy Risk Assessment Monitoring System) is a joint surveillance project between the Florida Department of Health and the U.S. Centers for Disease Control and Prevention, designed to monitor the physical, economic, and social health of Florida's mothers and newborns. PRAMS is 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 months old. Minority and low birth weight infants are over-sampled. 5370 mothers were sampled in 1996 and 1997 with 4237 surveys completed, for a response rate of 78.9%. The results presented are weighted to reflect the total population of Florida mothers and infants.

SMOKING IN THE THREE MONTHS PRIOR TO PREGNANCY

Definitions:

Two questions were asked of all respondents in 1996 and 1997:

Question 21 *“Have you ever smoked at least 100 cigarettes in your entire life?”*

- a. No
- b. Yes

Those who answered yes go on to the next question:

Question 22. *“In the three 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

Nonsmokers are those who answered no to question #21 or c). to question #22; light smokers answered yes to questions #21 and smoked less than 1/2 pack per day (less than 10 cigarettes); moderate smokers responded yes to question #21 and smoked 10-19 cigarettes per day; and heavy smokers responded yes to question #21 and smoked at least a pack per day.

Results:

Overall, 34.3% of women responded that they had smoked 100 or more cigarettes in their life. 24.3% smoked in the 3 months prior to pregnancy and 11.6% (almost half of the smokers) smoked a pack or more a day prior to becoming pregnant. The prevalence of pre-pregnancy smoking is higher among white women (29.2% smoked) than black women (7.5%). White women were also more likely to be heavy smokers (14.5% of all women) than black women (1.7%).

Prevalence of smoking decreased with age: 28.0% of teens aged 17 or less were smokers and 20.3% of women 35 and older were smokers. Heaviest smoking was among girls aged 17 or less: 14.4% reported smoking a pack or more per day. Among women aged 20 or older and without a high school education, 32.2% smoked, compared to 22.3% of those with at least a high school education.

Heavy smoking was greatest among women without a high school education: 16.6% for those age 20 or more and 12.2% for those age 18-19 without a degree. Heavy smoking was less in these age groups for those with at least a high school degree (10.7 and 8.0% respectively).

In the 1998 Florida Youth Tobacco Survey, the proportion of 12-17 year old girls who reported any cigarette use in the last 30 days was 22.9%. In 1996-1997, the Florida Behavioral Risk Factor Survey showed the proportion of women aged 18 to 29 who reported regular smoking was 26.1%.

Program Implications:

Smoking cessation programs targeted at pregnant women need to pay special attention to teens. In addition, since the prevalence of pre-pregnancy smoking in teens appears to be higher than among teenaged girls in general, it may make sense for pregnancy prevention programs to pay special attention to smoking teens, especially white smoking teens.

SMOKING IN THE THREE MONTHS PRIOR TO PREGNANCY

Figure 1. Prevalence of Smoking in the Three Months Prior to Pregnancy by Amount, Age Group and Race

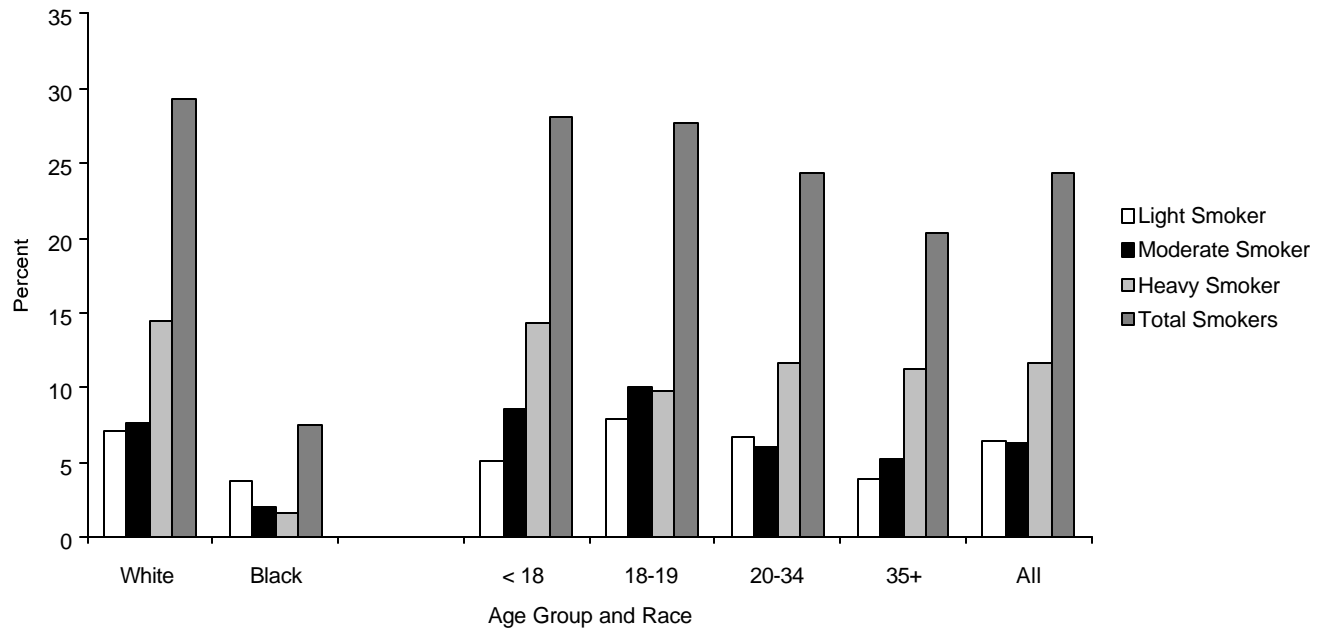
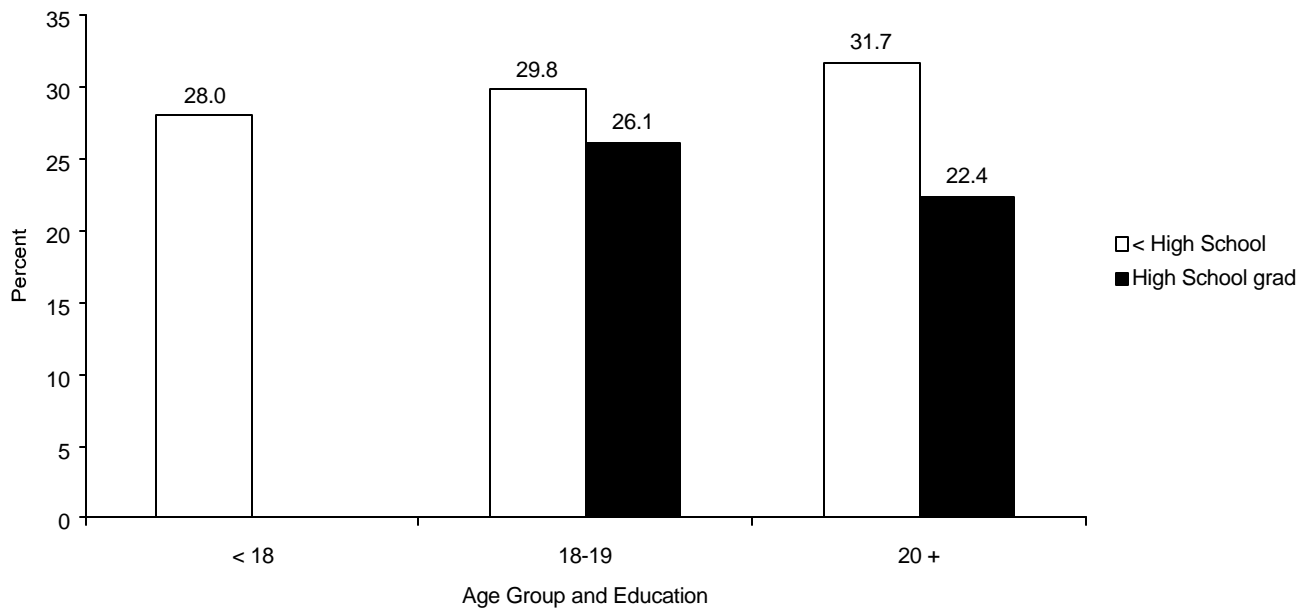


Figure 2. Prevalence of Smoking in the Three Months Prior to Pregnancy by Age Group and Education



SMOKING IN THE LAST THREE MONTHS OF PREGNANCY

Definitions:

Two questions were asked of all respondents in 1996 and 1997:

Question 21. *"Have you ever smoked at least 100 cigarettes in your entire life?"*

- a. No
- b. Yes

Those who answered yes go on to more detailed questions.

Question 23. *"In the last three 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

Nonsmokers are those who answered no to question #21 or c) to question 23; light smokers answered yes to question 21 and smoked less than 1/2 pack per day (less than 10 cigarettes); moderate smokers responded yes to question 21 and smoked 10-19 cigarettes per day; and heavy smokers responded yes to question 21 and smoked at least a pack per day.

Results:

Prevalence of smoking fell from 24.3% prior to pregnancy to 13.4% during the third trimester. Heavy smokers showed the greatest reduction, from 11.6% to 3.0%. The prevalence of smoking among whites was higher than among blacks: 16.1% of white women reported being smokers compared to 4.0% of black women. Smoking patterns did not differ remarkably across age groups. The very young teens (aged less than 18) were slightly more likely to smoke than other ages but were more likely to be light or moderate smokers. In contrast to the prepregnancy period, very young teens were least likely to be heavy smokers in the last three months of pregnancy.

A consistent pattern emerges when age and education are both considered. The prevalence of smoking among teens aged 18-19 without a high school education was 16.8% compared to 9.6% among those with a high school degree or greater. Among women aged 20 or more, those without a high school education were more likely to be smokers than women with a high school degree or greater (25.2% compared to 11.2%).

These results are comparable to those presented in the recently released National Center for Health Statistics document "Smoking During Pregnancy, 1990-1996" measured (Nat Vital Stats Rep, Vol 47, No 10, Nov 19, 1998). In the U.S., 13.6% of women reported smoking during pregnancy as recorded on the 1996 birth certificates. Nationally, white women have the highest smoking prevalence during pregnancy (16.9%) compared to non-Hispanic black mothers (10.3%). Nationally, teens aged 15-19 years had the highest smoking prevalence (17.2%) during pregnancy. Birth certificate data do not measure change in smoking patterns, intensity of smoking or the point in pregnancy at which smoking is measured.

Program Implications:

Younger pregnant women smoke more before they get pregnant, but are more likely to quit. Thus their prevalence of smoking during pregnancy is actually lower than in women aged 20 and over. The very high rate of smoking during pregnancy for women aged 20 to 34 without a high school diploma - **more than one in four** - suggests that efforts to reduce smoking during pregnancy need to be directed predominantly at these women. They also need to be directed to white women, who are four times more likely to smoke during pregnancy than are black women.

The main health effect of smoking during pregnancy is to stunt the growth of the fetus, but smoking also increases the likelihood of complications of labor and delivery and of premature delivery. As black women are already at higher risk of all these complications than are white women, for reasons unrelated to tobacco use, it is important to target a further reduction in the already low smoking rate to reduce low birth weight and preterm delivery in this high risk group.

SMOKING IN THE LAST THREE MONTHS OF PREGNANCY

Figure 3. Prevalence of Smoking in the Last Three Months of Pregnancy by Amount, Age and Race

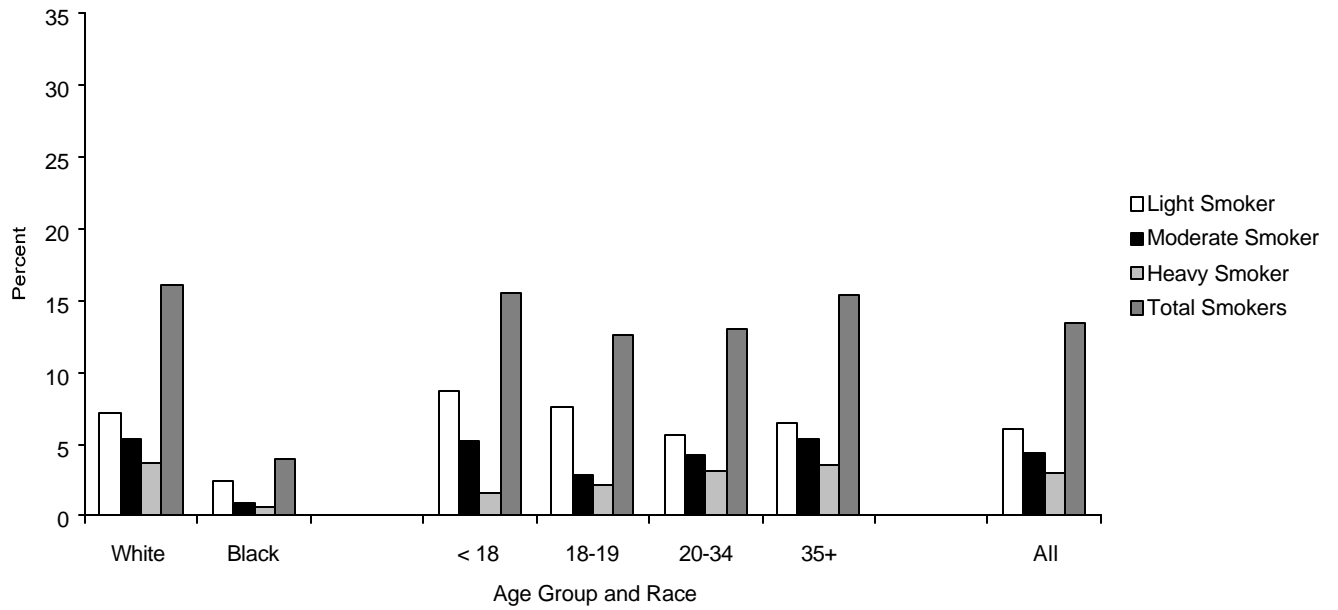
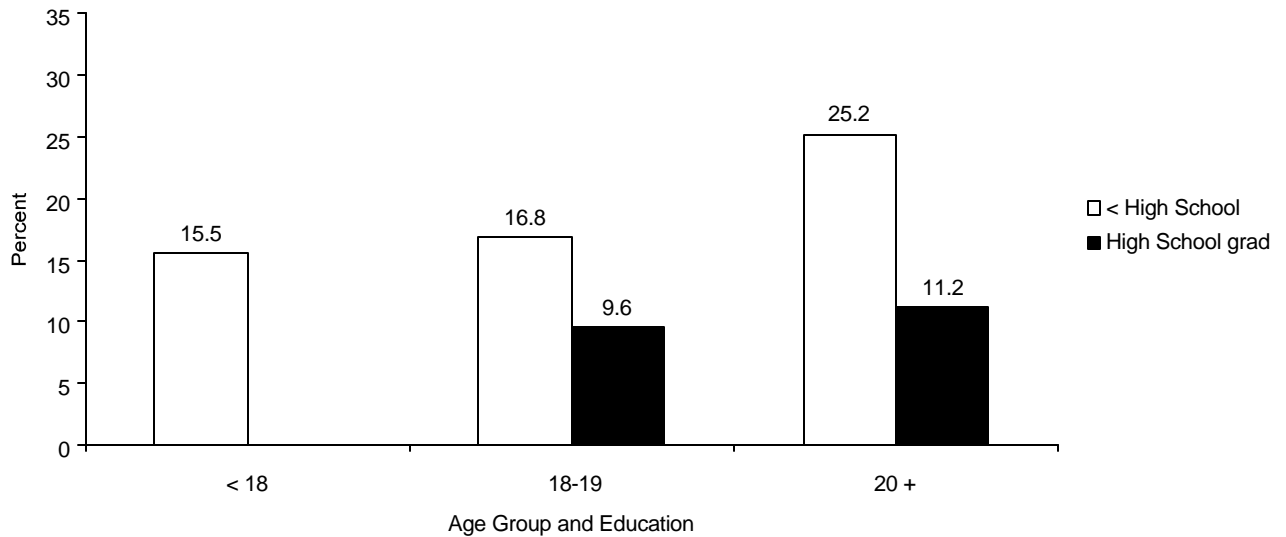


Figure 4. Prevalence of Smoking in the Last Three Months of Pregnancy, by Age Group and Education



SMOKING THREE MONTHS POST DELIVERY

Definitions:

Two questions were asked of all respondents in 1996 and 1997:

Question 21. *"Have you ever smoked at least 100 cigarettes in your entire life?"*

- a. No
- b. Yes

Those who answered yes go on to more detailed questions.

Question 24. *"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 answered no to question #21 or "c)" to question 24; light smokers answered yes to question 21 and smoked less than ½ pack per day (less than 10 cigarettes); moderate smokers responded yes to question 21 and smoked 10-19 cigarettes per day; and heavy smokers responded yes to question 21 and smoked at least a pack per day.

Results:

Smoking at the time of contact, approximately 3 to 4 months after delivery, was reported by 19.2% of women, more than the 13.4% who smoked in late pregnancy but not back up to the 24.3% reported prior to pregnancy. Smoking in the heaviest category showed the most change as 8.3% reported heavy smoking post pregnancy compared to 3.0% in late pregnancy.

Whites were most likely to smoke after delivery: 22.9% reported being smokers compared to 6.4% of blacks. White women were also more likely to be moderate or heavy smokers (6.8% and 10.5%) compared to blacks (2.2% and 1.0%).

The prevalence of smoking decreased with increasing age, with 21.3% of teens aged 17 or less being smokers and 17.8% of women in the 35 or older age group being smokers. Heaviest smoking was also more common in the youngest age group: 10.1% of those 17 or less and 9.8% of 18 and 19-year-old teens smoked a pack or more per day. Overall, the patterns of smoking after pregnancy most closely resembled the smoking patterns prior to pregnancy.

Educational level within age group was strongly associated with post-pregnancy smoking patterns. For teens age 18 and 19, 25.4% of those without a high school education reported smoking, compared to 19.0% of those with a high school education or greater. Among women age 20 or more without a high school education, 30.4% reported smoking compared to 16.7% of those with a high school education or greater.

Program Implications:

Women are often highly motivated to quit or reduce smoking during pregnancy, for the sake of the unborn child as well as for themselves. Reinforcing quitting behavior during pregnancy, and helping to make it permanent, should be a high public health and clinical priority. The fact that about half the women who smoked before pregnancy and quit while pregnant have not resumed at three months post-partum is encouraging, but this percentage can be increased even more. Pediatricians and clinic staff can reinforce non-smoking behavior at well-baby, immunization, WIC, and post-partum visits for both the baby and the mother. White women are more than three times as likely to be smokers at three months post-partum than are black women, contributing both to the tobacco smoke exposure of their children and their own long-term prospects for poor health.

SMOKING THREE MONTHS POST DELIVERY

Figure 5. Smoking Prevalence Among Women at Three Months Delivery, by Amount, Age Group and Race

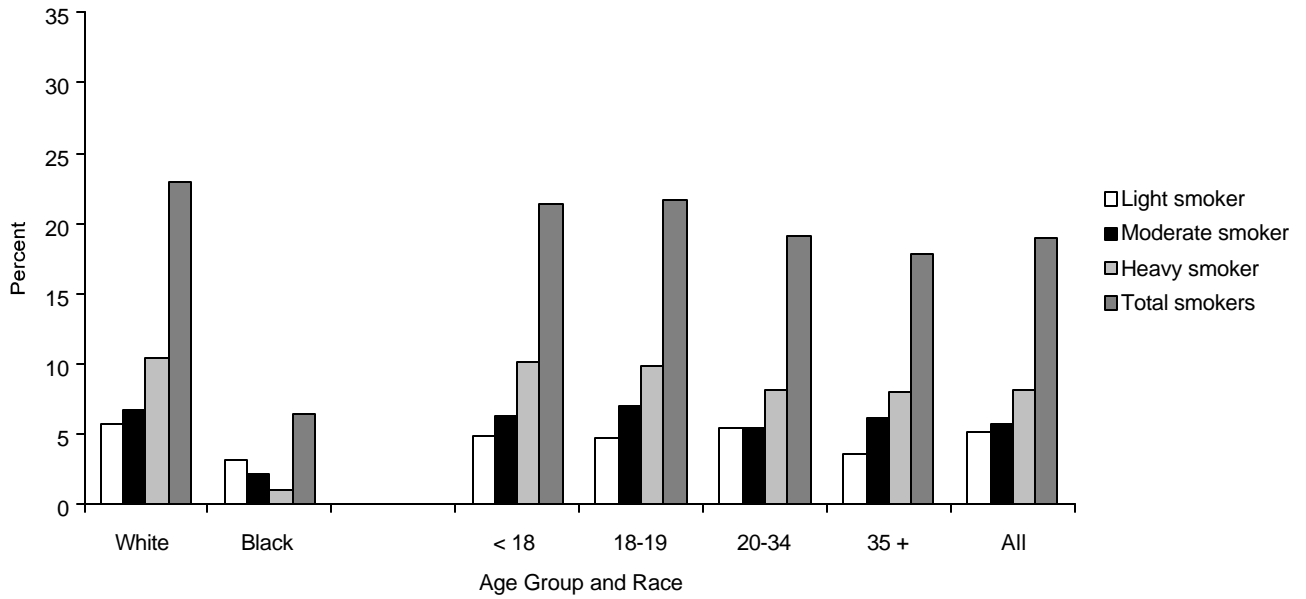
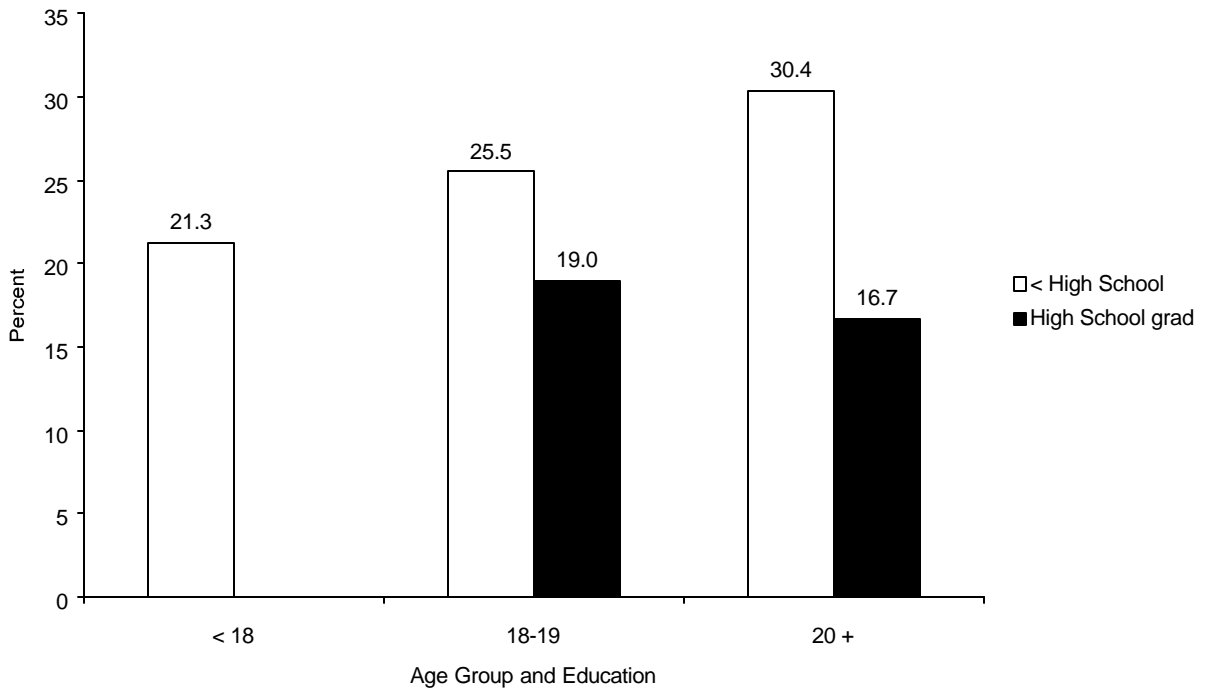


Figure 6. Prevalence of Smoking at Three Months Post Delivery by Age Group and Education



CHANGE IN SMOKING STATUS DURING PREGNANCY: REDUCING OR QUITTING

Definition:

A woman's responses to two questions were used to assess the change in smoking behavior during pregnancy. Questions 22 and 23 addressed smoking behavior immediately prior to pregnancy and in the last three months of pregnancy (see page 2–5). Women were considered nonsmokers if they did not smoke immediately prior to pregnancy and did not smoke in the last three months of pregnancy. A smoker who quit was a woman who reported smoking in the three months prior to pregnancy but reported no smoking in the last three months of pregnancy. A smoker who reduced was a woman who smoked in the three months prior to pregnancy but reported a reduction in the amount of cigarettes in the last three months of pregnancy. Women who maintained the same level of smoking or increased their level were grouped as smoking the same or more and those who were nonsmokers prior to pregnancy but reported smoking in the last three months were considered to have started.

Results:

Most women were nonsmokers and remained so during pregnancy (75.7%). 11.1% of all women were smokers and quit smoking during pregnancy. Among smoking women, 45.9% quit, 36.5% reduced the level of smoking during pregnancy and 17.6% maintained or increased their level.

Among white smokers, 45.7% quit, 37.3% reduced and 17.0% maintained or increased their smoking behavior. Among black smokers, 49.0% quit, 25.5% reduced and 25.5% maintained or increased their smoking levels during pregnancy.

Quitting behavior varied by maternal age. Women aged 35 or more were least likely to quit. Only 27.7% reported quitting outright compared to 47.0% of women aged 20 through 34. Older women were less likely to alter their smoking behavior as 30.6% of women aged 35 or more reported maintaining or increasing their smoking level compared to 16.5% of 20-34 year olds. Older teens had the highest quit rates: 57.1% quit and 29.0% reduced smoking levels. For the young teens aged 17 or less, 47.4% quit and 38.9% reduced their level of smoking.

When maternal education within age groups is considered, those with more education more frequently quit and were less likely to increase or maintain their level of smoking. For teens age 18 through 19, 67.2% of those with a high school education reported quitting, compared to 44.3% of those without a high school education. Among women aged 20 or more 50.1% of those with a high school degree or greater reported quitting, compared to 23.0% of those without a high school degree reported quitting. This same relationship was present in both age groups for women who reduced their smoking level during pregnancy: those with a greater level of education had higher reduction rates.

Changes in smoking behavior also varied by smoking status in the three months before pregnancy. Light smokers were more likely to quit outright (73.3%) compared to moderate (52.1%) or heavy smokers (27.4%). Heavy smokers tended to reduce the number of cigarettes smoked rather than quit (52.8% reported some reduction) whereas 12.5% of light smokers reduced their use of cigarettes.

Program Implications:

Women with lower educational attainment have low quit rates, even among the older teens. Education is a proxy for socioeconomic status and an indicator of greater awareness of appropriate health behaviors. Programs to encourage quitting during pregnancy among women with low education need high prominence in prenatal care settings, and need to be appropriate in terms of reading level and sensitive to class and cultural issues.

The higher quit rates in teens suggest that they were less physiologically addicted than older women. Teens may also be more attentive to the messages concerning the dangers of smoking during pregnancy and more receptive to behaviors that result in smoking reduction or quitting.

CHANGE IN SMOKING STATUS DURING PREGNANCY: REDUCING OR QUITTING

Figure 7. Smoking Status Changes from Three Months Prior to Pregnancy to the Last Three Months of Pregnancy

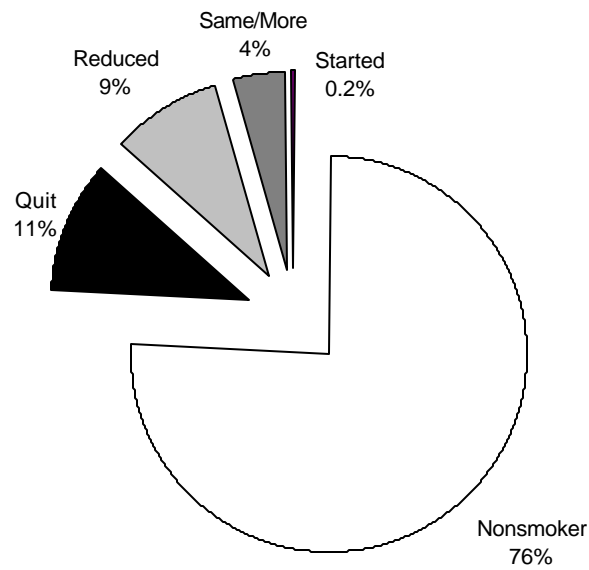
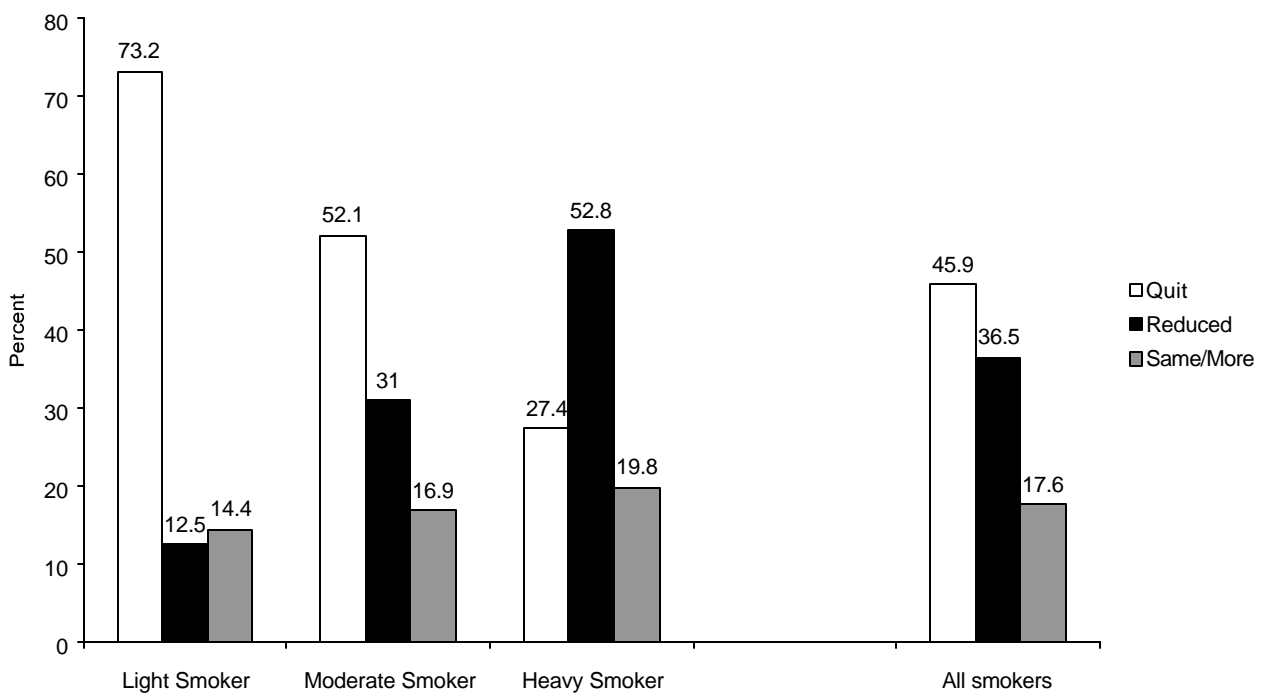


Figure 8. Changes in Smoking Status during Pregnancy and Level of Smoking Before Pregnancy



DISCUSSION OF SMOKING BY HEALTH CARE WORKERS

Definitions:

All women were asked whether the effects of smoking during pregnancy were discussed during their prenatal care:

Question 16. "During any of your prenatal care visits, did a doctor, nurse or other health care worker talk with you about any of the things listed below:

....b. How smoking during pregnancy could affect your baby?"

a. No

b. Yes

Results:

Overall, 79.3% of women had a health care worker discuss the effects of smoking; 77.7% of white women and 85.2% of black women reported such a discussion. Health care workers were less likely to discuss this with older women. 72.2% of women age 35 or more and 78.9% of women age 20 through 34 reported receiving this information whereas 89.4% of teens age 17 or less and 87.5% of teens age 18-19 report a discussion about the effects of smoking during pregnancy.

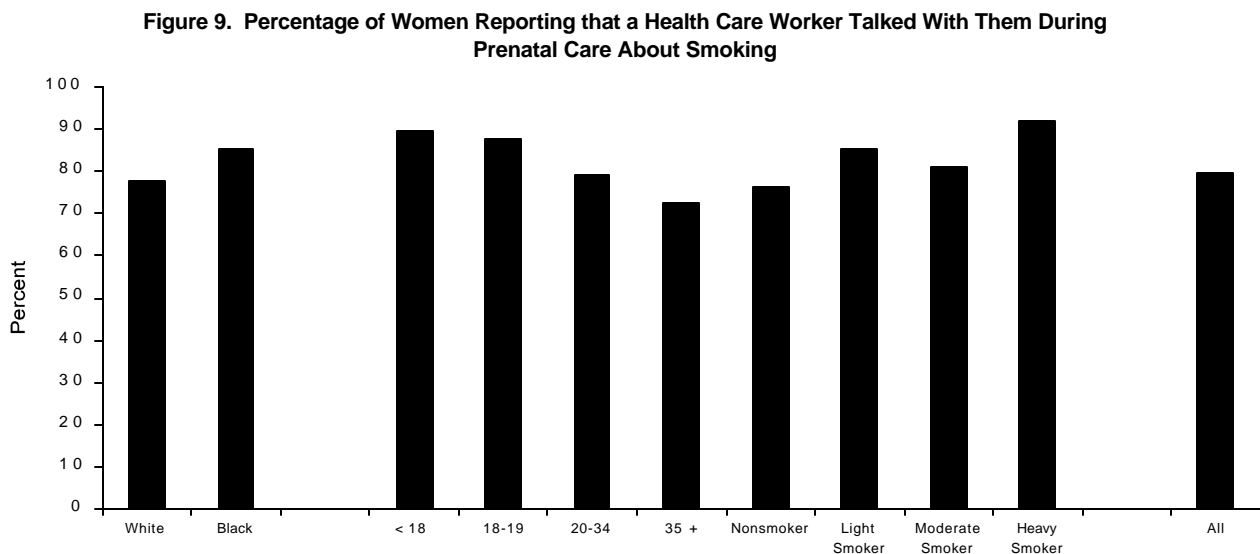
Women who had ever been smokers were more likely to receive advice about the effects of smoking than never-smokers (84.9% versus 76.5%).

Health care workers were slightly more likely to discuss the effects of smoking with heavy smokers (92.0%) than with light or moderate smokers (85.3% and 80.7%). Differences are seen when maternal education within age group is considered. Among women aged 20 or more, 92.1% of those with no high school degree received such a discussion, compared to 75.5% of those with a high school degree or greater. Among teens of any age or educational level, 86.9 - 89.4% of the time had such a discussion.

Women smoked and who reported a health care worker talking with them about smoking were actually less likely to quit than those who did not report such a conversation. This may be because health care workers were more likely to bring up the subject in smoking women who had not quit or were not quitting.

Program Implications:

Generally the proportion of women receiving information about the health effects of smoking is very good, but the fact that almost 20% of moderate smokers report **not** being advised seems high and suggests a need for greater attention to prenatal smoking cessation by clinicians.



INFANT EXPOSURE TO TOBACCO SMOKE

Definition:

Concerns about exposure to second hand smoke among infants were addressed by this question in PRAMS:

Question 44. *“About how many hours a day, on average, is your new baby in the same room with someone who is smoking?”*

a. # hours

b. *my baby is never in the same room with someone who is smoking.*

Results:

At three to four months post-partum, 89.7% of women report that their infants are never in a room with smokers, while 10.3% report at least some exposure. 11.3% of white women reported some exposure for their infant compared with 7.0% of black women. The percentage reporting some exposure to tobacco smoke decreased with age, from 22.9% among infants of teen mothers age 17 or less to 10% of infants of mothers aged 20 to 34, and 7.9% of infants of mothers age 35 or more.

Infant exposure varied by age and education of the mother. 22.9% of teens aged 17 or less reported infant exposure. Among teens age 18 to 19, 13.9% of those without a high school degree reported exposure compared to 10.6% for teens with a high school degree. Among women age 20 or older, 12.9% of those without a high school degree reported infant exposure compared to 8.8% among women with at least a high school degree.

Women who were smokers by three months postpartum were more likely to report exposure of their infants. 30.6% of infants whose mothers smoked then reported infant tobacco smoke exposure compared to 5.5% of nonsmokers. Heavy smokers were more than twice as likely to report infant tobacco smoke exposure (43.1%) as light smokers (17.8%).

Of those women reporting infant tobacco smoke exposure, most reported that their infants were exposed to tobacco smoke one or two hours a day. 3% of all infants (or about 30% of those with any exposure) were exposed to tobacco smoke five or more hours per day.

Program Implications:

Exposure to cigarette smoke is associated with an increased risk of infections in the infant, including ear infections, bronchiolitis, pneumonia, and meningococcal meningitis. It is also associated with an increase in wheezing and asthma, and with risk of sudden infant death syndrome (SIDS). The percent of infants reported as exposed at three to four months of age may be an underestimate of the exposure for older children, as more mothers may resume smoking after the first few months. It is important to reinforce non-smoking behavior in mothers seen in clinical settings such as pediatricians' offices and WIC clinics, as well as to promote quitting among those who are smoking.

INFANT EXPOSURE TO TOBACCO SMOKE

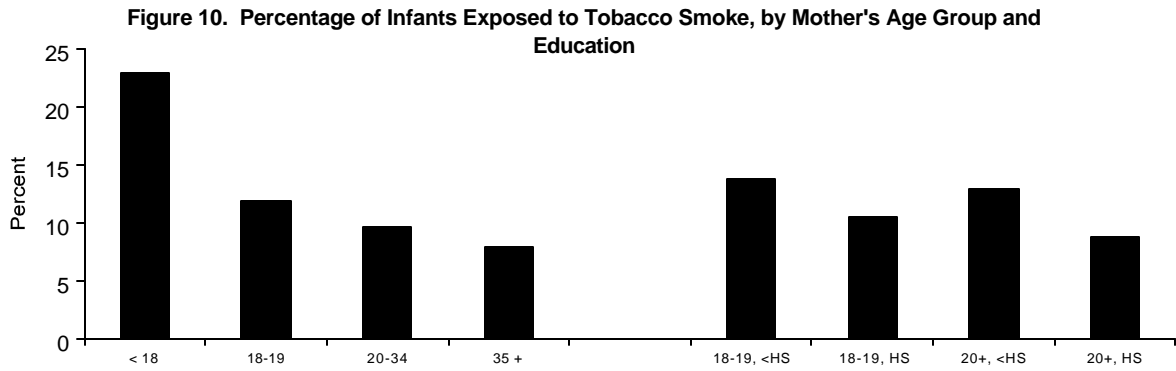


Figure 11. Average Number of Hours Reported for Infant Exposure to Tobacco Smoke for Infants Born in 1996 and 1997:

<u>Hours of Exposure</u>	<u>Percent (%)</u>	<u>Number of Infants</u>
Never Exposed	89.7	323,534
One Hour	3.5	12,452
Two Hours	1.9	6,767
Three hours	1.0	3,563
Four Hours	1.1	3,856
Five Hours or More	1.6	5,623
Ten hours or More	1.4	4,946

Detailed Tables

Smoking Prevalence in the Three Months Before Pregnancy										
	Nonsmoker		Light Smoker		Moderate Smoker		Heavy Smoker		All Smokers	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Race										
Black	92.53	±1.61	3.82	± 1.18	1.98	± 0.86	1.67	0.76	7.47	± 1.61
White	70.76	±2.39	7.10	± 1.35	7.63	± 1.41	14.51	1.84	29.24	± 2.39
Age										
< 18	71.98	± 8.60	5.16*	± 3.94	8.51*	± 5.82	14.35	± 6.96	28.02	± 8.60
18-19	72.38	± 6.66	7.84	± 4.21	10.02	± 4.74	9.76	± 4.39	27.62	± 6.67
20-34	75.65	± 2.22	6.70	± 1.29	5.98	± 1.25	11.66	± 1.69	24.35	± 2.22
35 +	79.69	± 5.04	3.86	± 2.45	5.21	± 2.70	11.24	± 4.02	20.31	± 5.04
Age and Education										
<18	71.98	± 8.60	5.16*	± 3.94	8.51*	± 5.82	14.35	± 6.96	28.02	± 8.60
18-19, <HS	70.20	± 10.98	7.40*	± 6.51	10.18*	± 7.72	12.23	± 8.04	29.80	± 10.98
18-19, ≥HS	73.91	± 8.35	8.14*	± 5.53	9.91*	± 6.00	8.04	± 4.83	26.09	± 8.35
>20, <HS	68.26	± 5.94	5.51	± 3.02	9.63	± 3.80	16.60	± 4.80	31.74	± 5.94
≥20, ≥HS	77.65	± 2.14	6.43	± 1.25	5.20	± 1.16	10.71	± 1.61	22.35	± 2.14

Smoking Prevalence in the Last Three Months Of Pregnancy										
	Nonsmoker		Light Smoker		Moderate Smoker		Heavy Smoker		All Smokers	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Race										
Black	96.01	± 1.16	2.46	± 0.90	0.93*	± 0.59	0.60	± 0.45	3.99	± 1.16
White	83.89	± 1.94	7.11	± 1.35	5.31	± 1.18	3.69	± 0.98	16.11	± 1.94
Age										
< 18	84.48	± 6.98	8.75*	± 5.43	5.23*	± 4.45	1.54*	± 2.45	15.52	± 6.98
18-19	87.48	± 4.98	7.56	± 4.06	2.87*	± 2.45	2.09*	± 2.16	12.52	± 4.98
20-34	87.02	± 1.76	5.63	± 1.22	4.23	± 1.08	3.12	± 0.90	12.98	± 1.76
35 +	84.63	± 4.55	6.49	± 3.14	5.39	± 2.76	3.48	± 2.39	15.37	± 4.55
Age and Education										
<18	84.48	± 6.98	8.75*	± 5.43	5.23*	± 4.45	1.54*	± 2.45	15.52	± 6.98
18-19, <HS	83.18	± 9.06	9.61*	± 7.29	4.93*	± 4.98	2.28*	± 3.96	16.82	± 9.06
18-19, ≥ HS	90.45	± 5.53	6.14*	± 4.65	1.46*	± 2.27	1.95*	± 2.41	9.55	± 5.52
≥20, < HS	74.81	± 5.57	8.26	± 3.47	9.19*	± 3.84	7.73	± 3.51	25.19	± 5.57
≥20, ≥ HS	88.84	± 1.63	5.30	± 1.18	3.53	± 0.96	2.34	± 0.76	11.16	± 1.63

Detailed Tables

Smoking Prevalence at Three Months Post Delivery										
	Nonsmoker		Light Smoker		Moderate Smoker		Heavy Smoker		All Smokers	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Race										
Black	93.63	± 1.47	3.17	± 1.06	2.18	± 0.88	1.03	± 0.57	6.37	± 1.47
White	77.05	± 2.20	5.74	± 1.21	6.75	± 1.31	10.46	± 1.61	22.95	± 2.20
Age										
< 18	78.66	± 7.37	4.86*	± 3.80	6.36*	± 4.55	10.12	± 5.80	21.34	± 7.57
18-19	78.37	± 6.04	4.81	± 2.99	6.99	± 3.80	9.83	± 4.60	21.63	± 6.04
20-34	80.97	± 2.74	5.49	± 1.18	5.45	± 1.20	8.09	± 1.45	19.03	± 2.04
35 +	82.22	+ 4.82	3.54	± 2.41	6.21	± 3.00	8.03	± 3.45	17.78	± 4.82
Age and Education										
<18	78.66	± 7.57	4.86*	± 3.80	6.36*	± 4.55	10.12	± 5.80	21.34	± 1.57
18-19, <HS	74.55	± 10.39	2.81*	± 3.27	10.14*	± 7.37	12.49*	± 8.33	25.45	± 10.39
18-19, ≥ HS	81.05	± 7.17	6.19*	± 4.31	4.82*	± 3.84	7.99*	± 5.17	19.00	± 7.17
≥20, < HS	69.57	± 5.78	5.04	± 2.70	11.18	± 4.02	14.21	± 4.49	30.43	± 5.78
≥20, ≥ HS	83.29	± 1.92	5.24	± 1.16	4.52	± 1.08	6.95	± 1.33	16.71	± 1.92

Changes in Smoking Status During Pregnancy: Reduction or Quitting Behavior Among Women who Smoked Before Pregnancy						
	Quit		Reduced		Same or Increased	
	%	95% CI	%	95% CI	%	95% CI
Race						
Black	49.04	± 11.17	25.50	± 9.43	25.46	± 9.8
White	45.70	± 4.86	37.34	± 4.72	16.96	± 3.72
Age						
< 18	47.37	± 18.99	38.93	± 18.68	13.71	± 12.68
18-19	57.05	± 14.72	29.00	± 13.13	13.94	± 10.82
20-34	47.04	± 5.35	36.49	± 5.19	16.47	± 3.96
35 +	27.66	± 12.37	41.76	± 13.76	30.58	± 13.33
Age and Education						
<18	47.37	± 18.99	38.93	± 18.68	13.71	± 12.68
18-19, <HS	44.32	± 23.36	33.52	± 21.15	22.16	± 20.44
18-19, ≥HS	67.24	± 17.76	25.39	± 16.54	7.38	± 9.25
≥ 20, <HS	23.02	± 9.60	43.56	± 11.52	33.42	± 11.21
≥20, ≥HS	50.07	± 5.55	35.54	± 5.35	14.40	± 3.80
Prior Smoking History						
Light Smoker	73.32	± 7.78	12.54	± 1.54	14.14	± 6.37
Moderate Smoker	52.14	± 9.07	30.96	± 8.41	16.90	± 6.94
Heavy Smoker	27.39	± 6.70	52.80	± 6.70	19.80	± 5.29

Detailed Tables

	Did Discussion on Smoking Occur During Prenatal Care		Is Infant Exposed to Tobacco Smoke	
	%	Yes 95% CI	%	Yes 95% CI
Race				
Black	85.22	± 2.21	6.97	± 1.67
White	77.67	± 2.19	11.29	± 1.69
Age				
< 18	89.38	± 5.74	22.90	± 8.21
18-19	87.48	± 4.92	11.97	± 4.70
20-34	78.95	± 2.08	9.68	± 1.55
35 +	72.17	± 5.66	7.88	± 3.51
Age and Education				
<18	89.38	± 5.74	22.90	± 8.21
18-19, <HS	88.31	± 7.49	13.90*	± 8.01
18-19, ≥HS	86.93	± 6.49	10.62	± 5.64
≥20, < HS	92.06	± 3.16	12.94	± 4.23
≥20, ≥ HS	75.50	± 2.20	8.80	± 1.49
Smoking History in the Three Months Before Pregnancy				
Nonsmoker	76.40	± 2.14	5.50	± 1.10
Light Smoker	85.31	± 6.41	17.82	± 7.84
Moderate Smoker	80.69	± 7.35	25.06	± 8.17
Heavy Smoker	91.99	± 3.74	43.06	± 8.29

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