

Smoking and Women's Health

An official position statement of the Association of Women's Health, Obstetric & Neonatal Nursing

The *Smoking and Childbearing and Smoking and Women's Health* position statements were combined to create this position statement, approved by the AWHONN Board of Directors, June 2010. Both statements were previously approved by the AWHONN Board of Directors, 2000.

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Position

Women and girls should not initiate smoking cigarettes, and current smokers should pursue smoking cessation. There is no known level of smoking that is considered a safe consumption level.

Health care professionals should educate all women about the risks of cigarette smoking and second-hand smoke, screen women for tobacco use, and support smoking cessation efforts. Focusing attention on these efforts before, during, and after pregnancy is also critically important because of the harmful effects of smoking and exposure to second hand smoke on the fetus and newborn.

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) supports aggressive anti-smoking policy initiatives, including insurance coverage for smoking cessation products and programs. AWHONN also supports initiatives that restrict the sale of tobacco products to minors and opposes the targeted marketing of tobacco products to young people.

Background

Cigarette smoking is the leading cause of preventable death and poses one of the most significant threats to public health in the United States. Approximately 173,940 women died in the United States between 2000–2004 due to smoking (Centers for Disease Control and Prevention [CDC], 2009b). The CDC estimates that 18.1% of adult U.S. women aged 18 years or older are current cigarette smokers (2009a).

The American Cancer Society (ACS) reported that lung cancer is the leading cause of cancer death among women (2009). Ninety percent of all lung cancer deaths in women smokers are attributable to cigarette smoking. Since 1950, lung cancer deaths among women have increased by more than 600%, and by 1987 lung cancer surpassed breast cancer as the leading cause of cancer-related deaths in women. Cigarette smoking contributes to

increased risk of other cancers (e.g., oral cavity, esophagus, kidney, uterine, cervical), coronary heart disease, chronic obstructive pulmonary disease, infertility, low bone density in postmenopausal women, and hip fracture (CDC, 2009a).

Smoking and Childbearing

Smoking is harmful to the health of pregnant women and their fetuses. However, despite evidence of these harmful effects, combined data for 2007 and 2008 indicate that 16.4% of pregnant women age 15 to 44 reported smoking during their pregnancies (Substance Abuse and Mental Health Services Administration [SAMHSA], 2008).

Smoking during pregnancy presents major, avoidable health risks to both the woman and her fetus. Smoking has been linked to doubling a woman's risk of having a low birth-weight baby, slowing fetal growth, and increasing the risk of preterm delivery. Compared to babies of nonsmokers, babies whose mothers smoked during pregnancy are up to three times more likely to die from sudden infant death syndrome (March of Dimes, 2009). Additionally, neonates exposed to secondhand smoke in their homes are at increased risk for developing asthma and other respiratory disorders later in childhood (Pletsch & Morgan, 2002). Furthermore, smoking during pregnancy doubles a woman's risk of experiencing placenta previa and placenta abruption, both of which can cause heavy bleeding that adversely affect mother and baby. Pregnant smokers are also at higher risk for premature rupture of the membranes, often resulting in a premature birth (March of Dimes, 2009).

Because of the high costs of neonatal intensive care and other medical interventions necessary for newborns with smoking-related health problems, efforts to reduce maternal smoking can be instrumental in saving medical costs. According to a recent study, "... a 1% decrease in the number of pregnant women who smoke would prevent 1,300 low birth-weight births and approximately \$21

million in associated medical costs in the first year. After seven years, those numbers would rise to 57,200 prevented low birth-weight births and \$572 million in medical cost savings" (Menzin, Lines, & Marton, 2009, p.259).

Role of the Nurse

Health care professionals have a responsibility to routinely screen patients for tobacco use, to implement or support evidence-based smoking cessation strategies, and to refer patients to smoking cessation programs and resources. Nurses (including perinatal and women's health nurses) have the expertise in health promotion, disease prevention, women's health issues, and holistic care to provide the continuity of care necessary during and after pregnancy to support and monitor a woman's efforts to quit smoking (Pletsch & Morgan, 2002).

In 2000, the U.S. Public Health Service issued a comprehensive, evidence-based blueprint for smoking cessation. They recommended that clinicians and health care delivery systems should institutionalize the consistent identification, documentation, and treatment of every tobacco user at every healthcare visit, and that smokers be strongly advised to quit at every visit (Fiore et al., 2000). Health care professionals have a responsibility to routinely educate women of all ages about the dangers of smoking and tobacco use, especially their pregnant patients and women of childbearing age. This education should be an important part of preconception counseling. Further, health care providers should be especially mindful of providing the same services to teenagers, adolescents, and young adults who are less likely to be counseled about the dangers of smoking than adult women (Frank, Winkleby, Altman, Rockhill, & Fortmann, 1991).

Despite busy work settings, health care professionals can make a difference when treatment of tobacco use is made a priority. Even with minimal time (less than three minutes), clinician-delivered interventions can enhance motivation and increase the likelihood of future attempts to quit. There is also evidence that those smokers who receive clinician advice and support with quitting report more satisfaction with their health care than those who do not (Office of the Surgeon General, 2008).

Prevention and Cessation

The majority of smokers begin during adolescence. In 2007, 20% of U.S. high school students were current cigarette smokers (CDC, 2009a). Prevention is a

key component in controlling the public health crisis caused by tobacco use. After the age of 20, the likelihood that a woman will become a smoker is greatly reduced (Nelson et al., 1995).

There are several effective treatments for tobacco dependence, and all patients should be encouraged to quit smoking. Strategies that improve cessation rates include many forms of counseling, such as individual, group, and telephone. Two effective components of counseling are practical counseling, which builds problem solving skills, and social support. Additionally, there are a number of first-line pharmacotherapies available to treat tobacco dependence and increase long-term smoking cessation rates, such as bupropion and varenicline (Fiore et al., 2009).

Both counseling and medication can be successful when used by themselves for treating tobacco dependence. When medication and counseling are used in combination, they are more effective than either alone. Therefore, clinicians should encourage patients to use the combination of counseling and medication to quit smoking (Fiore et al., 2009). However, it is important to note that medications have not been approved for use in pregnancy, and it is unlikely that effectiveness studies for smoking cessation will be conducted in pregnant women (Coleman, 2007).

Policy Initiatives

AWHONN supports educational programs at the federal, state, and local levels that increase public awareness of the health risks for women and their babies related to smoking during pregnancy. Insurance coverage for smoking cessation products and services are fundamental to supporting efforts to quit.

In February 2009, President Obama signed into law a 62 cent increase in the federal cigarette tax along with increases in other tobacco taxes to fund the expansion of the State Children's Health Insurance Program (SCHIP). Later that year, the President signed into law the Family Smoking Prevention and Tobacco Control Act granting regulatory authority over tobacco products to the U.S. Food and Drug Administration. AWHONN supports governmental efforts to better regulate the sale of tobacco products and discourage individuals from starting or continuing to smoke.

On the local and state level, smoking bans and increased cigarette prices are cost effective

prevention measures. A 2008 study reported that young people who lived in towns with regulations that banned smoking in restaurants were 40% less likely to become regular smokers than those in communities with no regulations or weak ones (Siegel, Albers, Cheng, Hamilton, & Biener, 2008). Additionally, evidence suggests that smoking bans are associated with decreased rates of heart attacks after a ban was implemented (Institute of Medicine, 2009). A longitudinal analysis found that a 10% increase in the price of cigarettes would decrease the number of children who start to smoke between 3 and 10% (Tauras, O'Malley, & Johnston 2001). AWHONN supports such efforts to decrease the rate of current smokers and to prevent young people from becoming smokers.

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