

# ASHES, Vol. 3(8) - Pregnant and smoking: Differences from women who abstain

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Conventional medical care discourages pregnant women from smoking. However, quitting might be more difficult for some than others. For example, people with psychiatric disorders are more likely to smoke tobacco (Breslau, Kilbey, & Andreski, 1993; Gonzalez-Pinto et al., 1998), possibly because of self-medicating features of nicotine (Pomerleau, Marks, & Pomerleau, 2000). This week's ASHES examines research detailing rates of various psychiatric disorders and certain demographic features of pregnant women who smoke, women who quit smoking because of their pregnancy, and pregnant women who never smoked.

Flick et al. (2006) administered the Diagnostic Interview Schedule, Version IV (DIS; Robinson & Killen, 1997) to 733 of 878 Medicaid-eligible women they approached (response rate = 83.5%) who were enrolled in the Missouri-based Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The researchers also collected information about the women's educational status, income, and parity (i.e., how many children they already delivered).

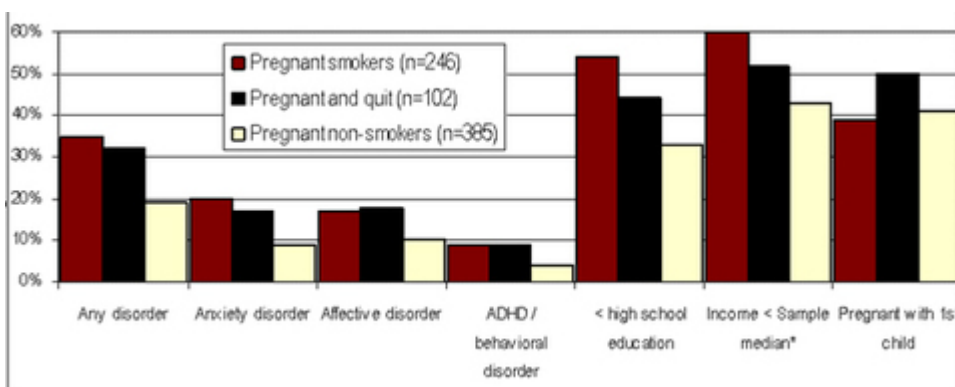


Figure. Prevalence of selected psychiatric disorders and demographic variables that yield the greatest difference by smoking status (n=733; adapted from Flick et al., 2006). Click image to enlarge.

The sample ranged in age from 13 to 43 (SD 22.3); 42% never finished high school, 42% were white, 42% were having their first child, 59% lived in an urban area, and 78% had never married. Figure 1 shows that persistent smokers and

those who quit were both more likely to have a psychiatric disorder than non-smokers; more specifically, persistent smokers were 2.5 times more likely than non-smokers, and those who quit were 2 times more likely than non-smokers. However, non-smokers and those who quit were more likely than those who continued smoking to have more education and higher incomes.

This study has some limitations. The study utilized a self report methodology, so smoking rates and psychiatric symptoms risk underreporting. Further, the researchers conducted interviews at a single point during the pregnancy, so they were unable to account for all changes in smoking status participants might have made during pregnancy (e.g., quitters who resumed smoking).

Compared to abstainers, the higher rates of psychiatric comorbidity among the two groups of smokers, persistent and those who quit, suggest that lifetime smoking status among pregnant women is a predictor of mental health. However, mental health among lifetime smokers could not distinguish persistent smokers from those who quit during pregnancy. Rather, better predictors of quitting smoking during pregnancy included education and means. Interventions that target pregnant women smokers should incorporate aspects of mental health and socioeconomic improvements.

\* Adjusted annual median income for a family of four = \$8,224.

-Leslie Bosworth.

## **References**

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