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News Release

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“Clear the Air for Mother’s Day” Campaign Challenges Pregnant Women to Quit Smoking

(Salt Lake City, UT) – Tobacco use continues to be a serious health issue for women and babies. If a woman quits smoking before or while she is pregnant, her baby will grow better, get more food and oxygen, and have a better chance of being born — and born healthy. To create awareness about the risks of tobacco use and second-hand smoke, today the Utah Department of Health (UDOH) launched its second annual “Clear the Air for Mother’s Day” campaign at LDS Hospital, where for the last several years the most babies have been born in Utah.

UDOH representatives today presented new moms at LDS Hospital’s maternity ward with baby T-shirts imprinted with the slogan “No Smoking, Baby Breathing.” Expectant mothers who call the Tobacco Free Resource Line, 1-877-330-3466, for quitting information can get one of the T-shirts (while supplies last) and a free quit kit with information on local resources for mothers and pregnant women who want to quit. The shirts will also be offered in smoking cessation classes specifically targeted to pregnant and new moms.

“Smoking during pregnancy is related to a variety health problems for newborns most notably a major cause of low birth weight,” stated Dr. Jason Johnson, M.D., OB/GYN. The risks of secondhand smoke for babies after birth include ear infections, colds, flu, asthma, and a two-fold increase in Sudden Infant Death Syndrome (SIDS). A mother who quit smoking while pregnant told reporters that knowledge about these risk factors led her to quit smoking while she was pregnant. Today she challenged pregnant women and mothers to quit smoking.

In Utah and according to the UDOH, 11.4 percent of women smoke and 11.8 percent of girls in grades 9-12 smoke. This translates to nearly 100,000 females in Utah who smoke. “Tobacco use is a serious public health problem,” says Dr. Tamara Lewis, M.D., MPA, MPH, Chairperson of the UDOH’s Utah Tobacco Advisory Board. Not only are babies at risk for serious health problems because of tobacco, national lung cancer rates in women have now overtaken breast cancer rates.

- MORE -

Page 2 of 2 - “Clear the Air for Mother’s Day” Campaign Challenges Pregnant Women to Quit Smoking

Earlier this spring, U.S. Surgeon General David Satcher issued a report on Women and Smoking. The report stated that there has been a 600 percent increase in women’s death rates for lung cancer (since 1950), a disease primarily caused by cigarette smoking. Tobacco use can lead to heart disease, emphysema, and reproductive health problems such as infertility and miscarriage. “Unfortunately, women have been specifically targeted by the tobacco industry, which attempts to associate tobacco use with slimness and attractiveness,” stated Dr. Lewis.

Dr. Scott Williams, M.P.H., UDOH Deputy Director, released new data from a recent survey of prenatal health care providers concerning their clinical practice and caring for pregnant women who smoke. “The survey results indicate that tobacco use is an important issue for providers. The new data helps us know what is happening in clinical settings and what needs to happen to care for expectant and new mothers who should quit smoking,” said Dr. Williams.

Preliminary highlights of the UDOH “Kiss the Marlboro Man Goodbye” prenatal health care provider survey results:

- 90 percent providers reported that they always ask if their patients smoke.
- 74 percent of providers reported that they ask if their pregnant patients smoke at each visit either until they quit or each visit even after quitting to check for relapse.
- 93 percent of providers personally counsel pregnant patients about smoking.
- 7 percent of providers have a clinic staff member who offers counseling about quitting smoking. All health care providers and clinic staff have a role in encouraging their patients to stop smoking.
- 45 percent of providers refer patients to smoking cessation programs: Smoking cessation programs are available for those who want to quit, and can be very helpful.
- 61 percent of providers prescribe smoking cessation medications, like nicotine patches, nicotine gums, or Zyban for pregnant women. Medications may be helpful when stopping smoking – women who smoke should talk to their provider about these products.
- 65 percent of providers discuss the risks of secondhand smoke with patients.
- 94 percent of providers said that the possibility that the pregnant woman may fail to quit is not considered a barrier.

The UDOH would like to thank Community Health Centers and U.S. Department of Health and Human Services Office on Women’s Health for providing assistance and funding for the baby T-shirts. For additional information, contact the Tobacco Free Resource Line at 1-877-330-3466.

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