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BLUEPRINT for KENTUCKY'S CHILDREN

ISSUE BRIEF SERIES

The Blueprint for Kentucky's
Children is a unified policy
agenda for child advocates
across the Commonwealth.
Our goal is to make
Kentucky the best place
to be young.



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Clearing the Air for All Kentucky Children

All children deserve to breathe clean air and be healthy, yet approximately 62 percent of Kentucky's children live in a community that does not offer them strong protections from secondhand tobacco smoke in public places.1 Pregnant women are also exposed to secondhand smoke which increases the risk for poor birth outcomes. Kentucky can reduce exposure to secondhand smoke by children and pregnant women, and reduce smoking during pregnancy, with a statewide, comprehensive smokefree workplace law and increased use of evidence-based tobacco treatment programs. A statewide law would ensure all Kentucky kids and pregnant women have the opportunity to work and fully participate in their communities without exposure to the dangers of tobacco smoke.

The Impact of Secondhand Smoke on Infants, Children, and Pregnant Women

Kentucky has the highest rate of adult smoking in the nation (28.3 percent) exposing children, and adults who choose not to smoke, to a significant amount of tobacco smoke in the 85 counties without any smokefree ordinances covering workplaces or other public places.^{2,3} The devastating effects of smoking cigarettes have been well-known for decades, but fewer people are aware of the dangers of secondhand smoke. According to the U.S. Surgeon General, "there is no safe level of exposure to tobacco smoke," because "when individuals inhale cigarette smoke, either directly or secondhand, they are inhaling more than 7,000 chemicals: hundreds of these are hazardous, and at least 69 are known to cause cancer."4



CLEARING THE AIR

The health consequences causally linked to exposure to secondhand smoke by children include sudden infant death syndrome (SIDS), middle ear disease, and respiratory symptoms, illnesses and infections.⁵ Kentucky is ranked 41st in the nation for children with asthma problems, and secondhand smoke is a common trigger for asthma attacks.^{6,7} Nationally, an estimated 400,000 to one million children with asthma experience worsened symptoms from exposure to secondhand smoke.8

Pregnant women exposed to secondhand smoke are more likely to have babies born with a low birthweight.9 In Kentucky counties without a comprehensive smoke-free law, more than 25,000 babies were born in 2011 to mothers without protections from secondhand smoke at work or in the community.¹⁰ Children born at a low birthweight (less than 5.5 pounds) face increased risk for serious health problems as newborns, developmental and intellectual disabilities, cerebral palsy, and vision and hearing loss.11 Additionally, low birthweight babies are 25 times more likely than those born at normal weights to die within their first year of life. 12 The health consequences of being born at a low birthweight continue into adulthood, with increased risk for hypertension, heart disease, diabetes, and obesity.13 Kentucky's rate of low-weight newborns is among the worst in the nation, ranking 43rd of 50.14

In addition to the effects of secondhand smoke on the unborn child, the health of the pregnant mother is also affected. Exposure to secondhand smoke substantially increases a person's risk of heart disease, including coronary heart disease, stroke, aortic aneurysm, and peripheral arterial disease.¹⁵

The Impact of Smoking during Pregnancy

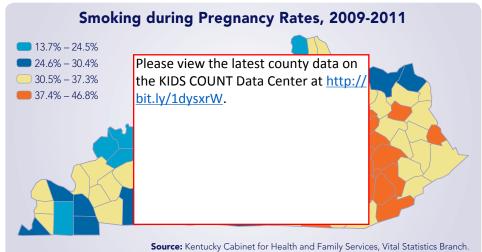
For those women who smoke while pregnant, the health consequences for mother and baby are even more severe. With one of the highest rates in the nation of mothers smoking while pregnant in 2011, Kentucky (at 23 percent) not only suffers from the poor health outcomes for mother and baby, but also experiences a significant financial cost from health care expenses.

Smoking during pregnancy can cause increased maternal heart rate and blood pressure, problems with the placenta, increased risk of miscarriage, and preterm delivery. Cigarette smoking during pregnancy is the "single most important known cause" of low birthweight.16 In addition to the risk of low birth weight discussed above, babies whose mothers smoked during pregnancy are also more likely to have a cleft lip.17 Moreover, babies whose mothers smoked during pregnancy are more likely to die before their first birthday, and are three times more likely to die from SIDS.18

With one of the highest rates in the nation of mothers smoking while pregnant in 2011, Kentucky (at 23 percent) not only suffers from the poor health outcomes for mother and baby, but also experiences a significant financial cost from health care expenses. 19 Kentucky spends \$5.6 million on neonatal services directly related to maternal smoking.²⁰ A 2002 national study estimated that maternal smoking adds \$724 to the average neonatal cost of a birth, as there is increased probability that infants Nearly 1 in 4 Kentucky Babies **Born to Mothers Who Smoked** during Pregnancy, 2011 Source: KIDS COUNT Data Center.

born to smoking mothers will require Neonatal Intensive Care Unit (NICU) services during their hospital stay.²¹

County rates of smoking during pregnancy vary widely. During 2009-2011, Fayette, Jefferson, Oldham, and Warren Counties had rates of less than 18 percent.²² Fayette and Jefferson Counties have had strong, county-wide smoke-free ordinances in place since 2008, Oldham County has had a smokefree ordinance in place since 2007, and Bowling Green in Warren County implemented a strong smoke-free ordinance in 2011.²³



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Smoke-free Policies as an Effective Solution

As there is no risk-free level of exposure to secondhand smoke, smoke-free policies are vital to protecting the health of children and pregnant women in workplaces and public places. Indoor smoke-free policies are effective at reducing maternal smoking during pregnancy, regardless of individual socio-demographic characteristics, with fewer pregnant women smoking over time in smoke-free communities.^{24,25} In addition to reducing smoking during pregnancy, smoke-free policies reduce the prevalence of preterm births (a common reason for low birth weight).26 Also, women who quit smoking while pregnant are more likely to start smoking again after giving birth if exposed to secondhand smoke.²⁷ A statewide smoke-free law would also be good for business by improving the health of employees and reducing health care costs.28

For all of the above reasons, a growing number of states have implemented statewide smoke-free policies. Twenty-four states have comprehensive, statewide smoke-free laws that cover workplaces, restaurants, and bars.²⁹

Guidance from Health Care Professionals

During pregnancy, a woman has many regularly scheduled check-ups with medical professionals. Health care providers can be a resource for mothers, and all patients, who smoke and need help quitting or have quit and need help preventing a relapse. A 2008 study of Kentucky mothers who reported smoking during pregnancy found that for almost 60 percent their health care provider did not spend time counseling them on how to quit smoking.³⁰ All pregnant women should be assessed for tobacco use, provided education on the dangers of smoking to mother and baby, and offered resources for tobacco treatment. Education on the dangers of secondhand smoke, while pregnant and postpartum, is also important.

In recognition of the negative health and economic impacts of smoking while pregnant, Kentucky provides tobacco treatment for pregnant women, as well as others, with Medicaid coverage.³¹ For those not on Medicaid, the Kentucky Cabinet for Health and Family Services' Tobacco Prevention and Cessation Program provides free resources for Kentuckians seeking help to quit smoking.³²

Recommendations

Reducing exposure to secondhand smoke and maternal smoking during pregnancy would significantly improve the health of Kentucky's infants and children. Specifically, Kentucky needs to enact a statewide, comprehensive smoke-free workplace law, and bolster the promotion and usage of tobacco treatment resources by pregnant women.

Enact a statewide, smoke-free workplace law. A smoke-free workplace law can help encourage all smokers, including mothers, to quit smoking. With a comprehensive smoke-free law, air quality would improve, the health of workers, youth, and citizens in the community would improve, and exposure to secondhand smoke would decrease.33 Additionally, smoke-free policies can help reduce the prevalence of tobacco use, increase the number of tobacco users who quit, reduce the initiation of tobacco use among youth, and reduce the rate and occurrence of morbidity and mortality.34 If we can prevent youth from initiating tobacco use, we can maintain lifelong health for all.

Evidence-based tobacco treatment programs should be utilized and recommended to women who smoke during pregnancy. Resources exist for doctors and medical practitioners to use with patients to reduce smoking during pregnancy. The U.S. Public Health Service Clinical Practice Guideline, Treating Tobacco Use and Dependence presents research and recommends best practices in clinical practice for health professionals in providing tobacco treatment. Expanded use of this guideline with pregnant patients and women of childbearing age would reduce smoking during pregnancy and result in fewer babies born with birth defects and complications.

RESOURCES TO STOP SMOKING

Quit Now Kentucky

- ► FREE smoking cessation counseling by phone, 7 days a week from 8:00 a.m. – 1:00 a.m. EST
- FREE online tools, information, coaching, and networking with other trying to quit

Call 1-800-QUIT-NOW (1-800-784-8669) or visit https://www.quitnowkentucky.org/ for help.

Cooper Clayton Smoking Cessation Classes

- 12 week program to help cope with the withdrawal of nicotine
- Education, skills training, group support, and nicotine replacement therapy

Contact a local health department for more information.

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Endnotes

- 1 Using child population data from the U.S. Census Bureau, 2010 Decennial Census 38 percent of Kentucky's children ages 0-17 live in areas covered by a strong smoke-free ordinance for workplaces and/or public places, as classified by the Kentucky Center for Smoke-free Policy list at http://www.mc.uky.edu/tobaccopolicy/Ordinances/SFLawsRegsOCT2013.pdf.
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