

FACT SHEET

Aboriginal and Torres Strait Islander women and smoking during pregnancy

What are the health effects of smoking during pregnancy?

Smoking during pregnancy can have serious health effects for babies, including: low birth weight, Sudden Infant Death Syndrome (SIDS), preterm births (born too early), and other pregnancy complications.

There are long-term health effects for children later in life, such as: an increased risk of coronary heart disease, type 2 diabetes, and obesity.

The prevalence of these conditions are all higher among Aboriginal and Torres Strait Islanders compared to non-Indigenous people.

How many Aboriginal and Torres Strait Islander women smoke during pregnancy?

- ✧ Between 46% and 67% (about the same level as Aboriginal and Torres Strait Islanders generally) compared to 16% of non-Indigenous women
- ✧ Indigenous pregnant women in other countries are also more likely to smoke than non-Indigenous women.

Why is it still hard to quit smoking even when you are pregnant?

Most women know that smoking is bad for their baby, even if they do not know exactly what those effects are. Even though they know the dangers, they still find it very difficult to quit.

Smoking is not only addictive, but there are many other health and social factors that affect pregnant

Aboriginal and Torres Strait Islander women.

- ✧ It is pleasurable to smoke, and smoking is a way for them to cope with the many stresses that they have in their lives (this is especially so during pregnancy).
- ✧ It is also very difficult to quit when so many people around you smoke, and when it is an important way of socialising and sharing with other people. Some pregnant women report not being supported by their partners and family to quit.

Pregnancy as a motivator to quitting

Pregnancy is seen as an opportunity to help women to quit smoking. Because of the health effects for their baby, women may be more likely to quit, especially if it is their first baby.

Women also have more contact with health professionals during their pregnancy, which creates more opportunities to talk to them about their smoking, and to support them to quit if they choose.

However, as we've already said, the barriers to quitting may be too difficult to overcome, and cutting down their smoking might be more achievable for them.

The roles of AHWs in supporting pregnant women to quit

It can be very challenging to talk to pregnant women about quitting and many health professionals don't want to increase the woman's stress when she's



dealing with so many other health and social issues. They also may fear that women won't return for their antenatal care because they're embarrassed about failing to quit and don't want to be hassled about it.

Despite this discomfort, it's really important to ask pregnant women about their smoking, to talk to them about quitting if they are smokers, and then to support them to find the right way to quit. In the mainstream, we know that providing smoking cessation advice to pregnant women, in addition to simply asking them "do you smoke?" works to help them to quit and this is probably true for Aboriginal and Torres Strait Islander women too.

Aboriginal Health Workers providing quitting advice during pregnancy need:

- ✧ training to develop the skills and knowledge required to have confidence to talk to women about quitting.
- ✧ up-to-date knowledge of treatments and programs to refer women to, and some capacity to follow the women up.

Programs for pregnant women

Programs that are able to give pregnant women different options to support them to quit, and offers this support in a coordinated way, are more likely to be successful.

- ✧ Nicotine replacement therapy (like patches) is not necessarily the best treatment during pregnancy and it may be better to explore other options in consultation with the doctor.
- ✧ The woman's quitting support should be carefully coordinated with her care by a team of health professionals at the service (doctors, nurses, AHWs).
- ✧ Incorporating quitting support within a program that supports women not only to quit but with other well-being issues (for example nutrition, financial concerns and relationship problems) may be beneficial.

- ✧ Pregnant women may be more likely to quit if their partners are non-smokers, and programs that take a family-based approach to assist those around the pregnant woman to quit, may be more successful.
- ✧ In mainstream programs, providing incentives (payments) to pregnant women have had success in helping them to quit, particularly when part of a multi-component program that also supports the women in other ways.

The information in this fact sheet comes from the report: "Goreen Narrkwarren Ngrn-toura – Healthy Family Air: a literature review to inform the VACCHO Smoking amongst Pregnant Aboriginal Women research project". This report is available at <www.ceitc.org.au/system/files/Goreen+Narrkwarren+Ngrn-toura+-+Healthy+Family+Air+Lit+Review.pdf>

For more information on using incentives, see the fact sheet: "What do we know about the success of using incentives (payments) to stop smoking?"

For more ideas....

If you would like to learn about other programs for pregnant Aboriginal and Torres Strait Islander women, please visit the Project Register at the Centre for Excellence in Indigenous Tobacco Control (CEITC) website: <www.ceitc.org.au/project_register>



Centre for Excellence in Indigenous Tobacco Control

Level 4, 207 Bouverie Street
The University of Melbourne, Vic 3010
Tel: (03) 8344 0883
Email: ceitc-info@unimelb.edu.au
Web: www.ceitc.org.au

This brochure was produced with funding from the Commonwealth Department of Health and Ageing under the *Closing the Gap in Indigenous Health Outcomes – Tackling Smoking Initiative*.