

CWHS

Data Points

RESULTS FROM THE 2008 CALIFORNIA WOMEN'S HEALTH SURVEY

It is recommended that women who are pregnant or of child-bearing age abstain from alcohol consumption and tobacco use because of teratogenic risks to their potential children.¹⁻³ Prenatal exposure to alcohol can cause a collection of negative effects called fetal alcohol spectrum disorders, which include fetal alcohol syndrome, alcohol-related neurodevelopmental disorders, and alcohol-related birth defects.^{4,5} Cigarette smoking during pregnancy increases the risk of preterm birth, the leading cause of infant death.^{6,7} Smoking is also associated with lower birth weight, spontaneous abortion, and sudden infant death syndrome (SIDS).⁸

Since the inception of the California Women's Health Survey (CWHS) in 1997, respondents have been annually asked

about alcohol consumption, tobacco use, and pregnancy status. The question regarding attempting to become pregnant was asked in every year except 1998. For this analysis, alcohol consumption was defined as any alcohol use in the past 30 days. Use of tobacco was defined as smoking cigarettes every day or some days in the past 30 days. Pregnancy status was broken into three mutually exclusive groups: pregnant, currently attempting to get pregnant, and not pregnant or attempting to get pregnant.

This report focuses on the trends in smoking and drinking behavior among women of childbearing age (ages 18 to 44). The 1997 to 2008 surveys included 1,389 respondents who were pregnant, 1,219 who were attempting to get pregnant, and

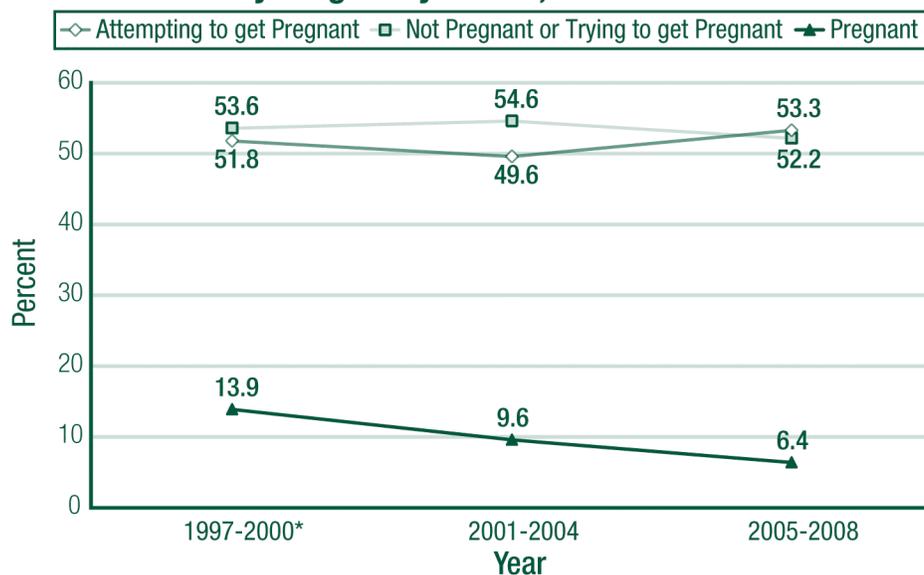
Trends in Alcohol and Tobacco Use Among Pregnant Women and Non-Pregnant Women 1997-2008

California Department of Public Health
Cancer Surveillance and Research Branch
Survey Research Group Section
Public Health Institute

Public Health Message: Diseases, defects, and deaths in neonates and infants caused by alcohol consumption and smoking among pregnant women and women attempting to get pregnant are completely preventable. The trends for these risk behaviors are generally declining in this population; however, any women who engage in these behaviors are potentially putting their children at risk. Interventions in the primary care and community settings have been shown to be effective in reducing smoking and drinking and are recommended.^{9,10,11}

Figure 1

Trend for Alcohol Consumption in the Past 30 Days by Pregnancy Status, 1997 to 2008



* Excludes 1998 data

Source: California Women's Health Surveys, 1997-2008

Issue 7, Spring 2012, Num. 8

Trends in Alcohol and Tobacco Use Among Pregnant Women and Non-Pregnant Women 1997-2008

California Department of Public Health
Cancer Surveillance and Research Branch
Survey Research Group Section
Public Health Institute

24,836 who were not pregnant or trying to get pregnant. Because the sample size for each single year was too small for analysis, the data were analyzed in four-year group aggregates: 1997 to 2000 (excluding 1998), 2001 to 2004, and 2005 to 2008. Responses were weighted by age and race/ethnicity to reflect the 2000 California adult female population. Chi-square analysis was performed to test for significance.

Alcohol consumption

- The prevalence of alcohol consumption in the past month among pregnant women significantly decreased from 1997 to 2008 ($P < .01$; see Figure 1). From 1997 to 2000, 13.9 percent of pregnant women reported consuming alcohol in the past month versus 6.4 percent during 2005 to 2008.
- The prevalence of alcohol consumption in the past month among women who were currently attempting to get pregnant increased slightly

between 1997 to 2000 and 2005 to 2008 from 51.8 percent to 53.3 percent, although this increase was not statistically significant.

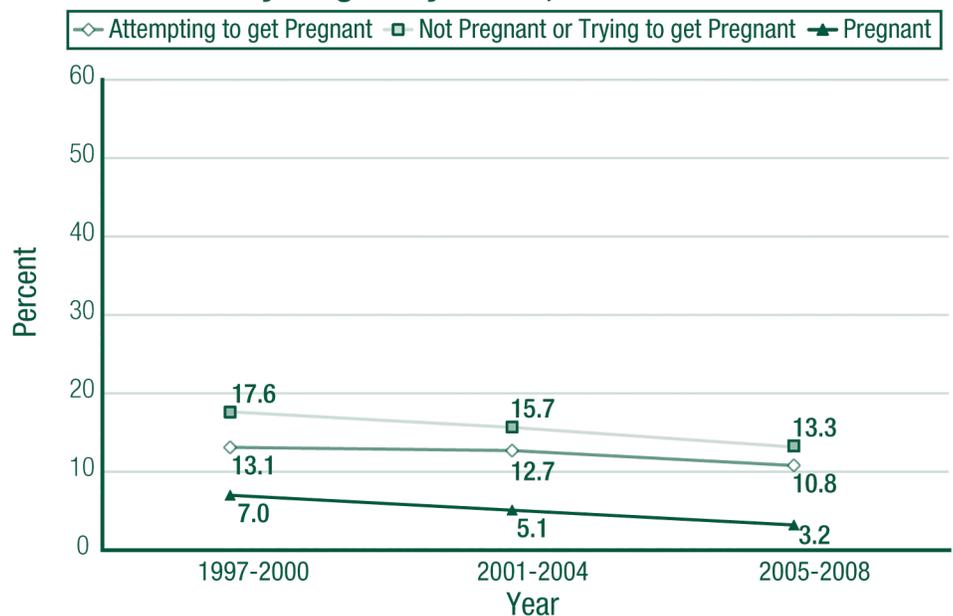
- The prevalence of alcohol consumption in the past month among women who were not pregnant or attempting to get pregnant decreased significantly from 1997 to 2008 ($P < .05$): From 1997 to 2000, 53.6 percent, of women who were not pregnant or attempting to get pregnant reported drinking alcohol in the past month. This increased slightly to 54.6 percent from 2001 to 2004 and decreased to 52.2 percent from 2005 to 2008.

Tobacco use

- Smoking among pregnant women decreased from 1997 to 2008 from 7.0 percent during 1997 to 2000 to 3.2 percent during 2005 to 2008, although the difference was not significant (see Figure 2).

Figure 2

Trend for Use of Cigarettes in the Past 30 Days by Pregnancy Status, 1997 - 2008



* Excludes 1998 data

Source: California Women's Health Surveys, 1997-2008

Trends in Alcohol and Tobacco Use Among Pregnant Women and Non-Pregnant Women 1997-2008

California Department of Public Health
Cancer Surveillance and Research Branch
Survey Research Group Section
Public Health Institute

- Among women who were attempting to get pregnant, smoking decreased from 13.1 percent during 1997 to 2000 to 10.8 percent during 2005 to 2008, although the difference was not significant.
 - Prevalence of smoking among women who were not pregnant or attempting to get pregnant decreased significantly from 1997 to 2008 ($P < .001$). From 1997 to 2000, 17.6 percent of women not pregnant or trying to get pregnant reported smoking every day or some days. This number decreased to 13.3 percent between 2005 to 2008.
- 1 US Department of Health and Human Services, US Department of Agriculture. *Dietary Guidelines for Americans, 2005*. 6th Ed. Washington, DC: US Government Printing Office; January 2005.
 - 2 U.S. Department of Health and Human Services. *U.S. Surgeon General Releases Advisory on Alcohol Use in Pregnancy*. Washington, DC: Office of the Surgeon General; 2005. <http://www.surgeongeneral.gov/pressreleases/sg02222005.html>. Accessed July 28, 2009
 - 3 Centers for Disease Control and Prevention. *Before You Become Pregnant*. Atlanta, GA: Centers for Disease Control and Prevention. http://www.cdc.gov/ncbddd/pregnancy_gateway/before.htm. Accessed July 28, 2009.
 - 4 Centers for Disease Control and Prevention. *Information, Fetal Alcohol Syndrome*. Atlanta: Centers for Disease Control and Prevention. 2006 NCBDDD, CDC. <http://www.cdc.gov/ncbddd/fas/fasask.htm>. Accessed July 28, 2009.
 - 5 Spohr HL, Steinhausen HC, eds. *Alcohol, Pregnancy and the Developing Child*. Cambridge, MA: Cambridge University Press; 1996.
 - 6 Wisborg K, Henriksen TB, Hedegaard M, Secher NJ. Smoking during pregnancy and preterm birth. *Br J Obstet Gynaecol*. 1996;103(8):800-805.
 - 7 Callaghan WM, MacDorman MF, Rasmussen SA, Qin C, Lackritz EM. The contribution of preterm birth to infant mortality rates in the United States. *Pediatrics*. 2006;118(4):1566-1573.
 - 8 Zuckerman B. Marijuana and cigarette smoking during pregnancy: neonatal effects. In: Ira J Chasnoff, eds. *Drugs, Alcohol, Pregnancy, and Parenting*. Boston, MA: Kluwer Academic Publishers. 1988;73-90
 - 9 Centers for Disease Control and Prevention. *Preventing Alcohol-Exposed Pregnancies, Fetal Alcohol Syndrome*. Atlanta: Centers for Disease Control and Prevention. NCBDDD, CDC; 2006. <http://www.cdc.gov/ncbddd/fas/fasprev.htm>. Accessed July 28, 2009.

Trends in Alcohol and Tobacco Use Among Pregnant Women and Non-Pregnant Women 1997-2008

California Department of Public Health
Cancer Surveillance and Research Branch
Survey Research Group Section
Public Health Institute

- 10 US Preventive Services Task Force. *Counseling to Prevent Tobacco Use and Tobacco-Caused Disease: Recommendations Statement*. Rockville, MD: Agency for Healthcare Research and Quality; 2003.
- 11 US Preventive Services Task Force. *Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse: Recommendation Statement*. Rockville, MD: Agency for Healthcare Research and Quality; 2004.

Submitted by: Andrew Bellow, M.P.H., California Department of Public Health, Maternal, Child and Adolescent Health, (916) 650-0315, Andrew.Bellow@cdph.ca.gov