

**PERFORMANCE MEASURE
14**

**A) Percent of women who smoke during pregnancy and
B) Percent of children who live in households where someone smokes**

GOAL

A) To decrease the number of women who smoke during pregnancy and
B) To decrease the number of households where someone smokes.

DEFINITION

Numerator:

A) Number of women who report smoking during pregnancy
B) Number of children who live in households where there is household member who smokes

Denominator:

A) Number of live births
B) Number of children, ages 0 through 17

Units: 100

Text: Percent

**HEALTHY PEOPLE 2020
OBJECTIVE**

Related to Tobacco Use (TU) Objective 6: Increase smoking cessation during pregnancy (Target: 30.0%) and related to Tobacco Use (TU) Objective 11.1: Reduce the proportion of children aged 3 to 11 years exposed to secondhand smoke. (Baseline: 52.2% , Target 47%)

Related to Respiratory Diseases (RD) Objective 7.5: Increase the proportion of persons with current asthma who have been advised by a health professional to change things in their home, school, and work environments to reduce exposure to irritants or allergens to which they are sensitive according to National Asthma Education and prevention Program guidelines. (Baseline: 50.8%, Target: 54.5%)

**DATA SOURCES and DATA
ISSUES**

This is an integrated measure with the following data sources:
A) National Vital Statistics System (NVSS) for smoking during pregnancy and
B) National Survey of Children's Health (NSCH)

If selected, the state needs to address both parts (A & B) of the measure.

MCH POPULATION DOMAIN

Cross-cutting/Life course

SIGNIFICANCE

Women who smoke during pregnancy are more likely to experience a fetal death or deliver a low birth weight baby. Further, secondhand smoke (SHS) is a mixture of mainstream smoke (exhaled by smoker) and the more toxic side stream smoke (from lit end of nicotine product) which is classified as a "known human carcinogen" by the US Environmental Protection Agency, the US National Toxicology Program, and the

International Agency for Research on Cancer. Adverse effects of parental smoking on children have been a clinical and public health concern for decades and were documented in the 1986 U.S. Surgeon General Report. The only way to fully protect non-smokers from indoor exposure to SHS is to prevent all smoking in the space; separating smokers from non-smokers, cleaning the air, and ventilating buildings do not eliminate exposure. Unfortunately, millions (more than 60%) of children are exposed to SHS in their homes. These children have an increased frequency of ear infections; acute respiratory illnesses and related hospital admissions during infancy; severe asthma and asthma-related problems; lower respiratory tract infections leading to 7,500 to 15,000 hospitalizations annually in children under 18 months; and sudden infant death syndrome (SIDS). Higher intensity medical services are also required by children of parents who smoke including an increased need for intensive care unit services when admitted for flu, longer hospital stays; and more frequent use of breathing tubes during admissions.