

## Maternal smoking at two weeks postnatal

### HIGHLIGHTS:

- In 2015, 12.0% of mothers who gave birth were smoking at two weeks after birth.
- The percentage of mothers smoking at two weeks postnatal had decreased from 14.3% in 2010, to 12.0% in 2015.
- Maternal smoking at two weeks postnatal was higher among Māori mothers (32.0%) compared with Pacific mothers (7.7%), European/Other mothers (6.8%) and Asian mothers (0.5%).
- In 2015, the highest rates of maternal smoking at two weeks postnatal were in Tairāwhiti DHB (30.6%), Northland DHB (26.6%) and Whanganui DHB (23.0%).



### Relevance of maternal smoking to child health

Young children exposed to second-hand smoke are at higher risk of sudden unexpected death in infancy (SUDI) and lower respiratory tract infections (US Department of Health and Human Services, 2007). In particular, evidence shows an increased risk of SUDI for infants whose mother smokes, independent of whether the mother smoked during pregnancy (Anderson & Cook, 1997).

### Data for this indicator

The National Maternity Collection collects a range of information about mothers who give birth in New Zealand, published in the report *New Zealand Maternity Clinical Indicators 2015* (Ministry of Health, 2016). This indicator presents data from this publication, on maternal smoking at two weeks postnatal (ie after giving birth).

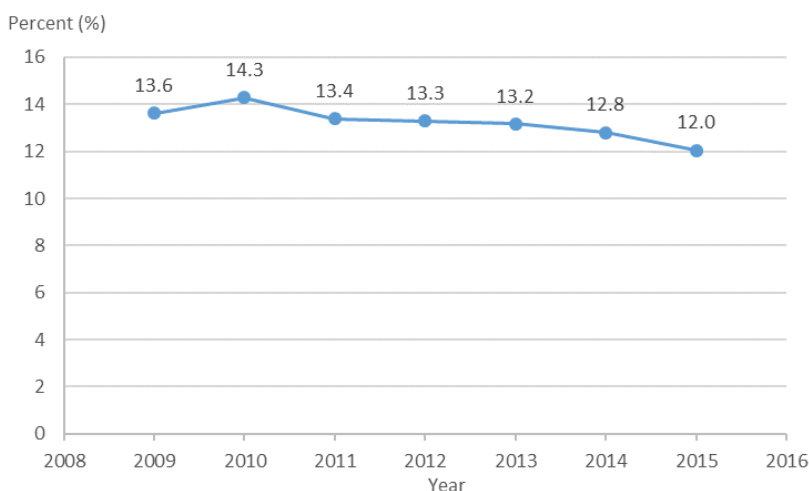
### About 12% of mothers were smoking at two weeks postnatal

In 2015, 12.0% of mothers reported that they smoked, at two weeks after giving birth. This is 6555 mothers, out of 54,415 mothers who gave birth in 2015 and reported a smoking status.

### Decrease in maternal smoking at two weeks postnatal since 2010

The percentage of mothers who smoked at two weeks postnatal has decreased from 14.3% in 2010 to 12.0% in 2015 (Figure 1).

**Figure 1** : Maternal smoking at two weeks postnatal, 2009–2015 (percent of mothers who gave birth)



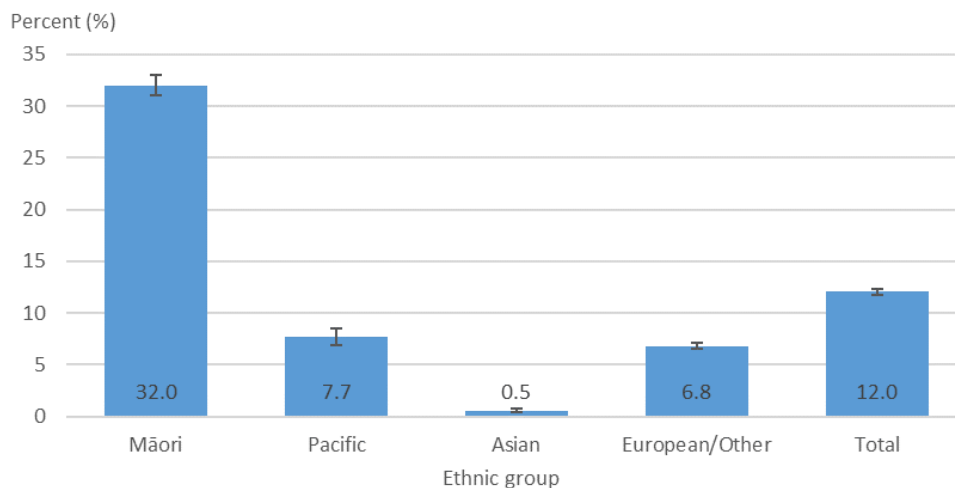
Source: Ministry of Health (2016)

## Maternal smoking at two weeks postnatal

### Māori mothers were more likely to be smoking at two weeks postnatal

By ethnic group, maternal smoking rates at two weeks postnatal were highest among Māori mothers in 2015, with 32.0% of Māori mothers smoking at two weeks postnatal (Figure 2). Pacific mothers (7.7%) and European/Other mothers (6.8%) had similar rates of maternal smoking at two weeks postnatal, while Asian mothers had a much lower rate (0.5%).

**Figure 2:** Maternal smoking at two weeks postnatal, by ethnic group, 2015 (percent of mothers who gave birth)

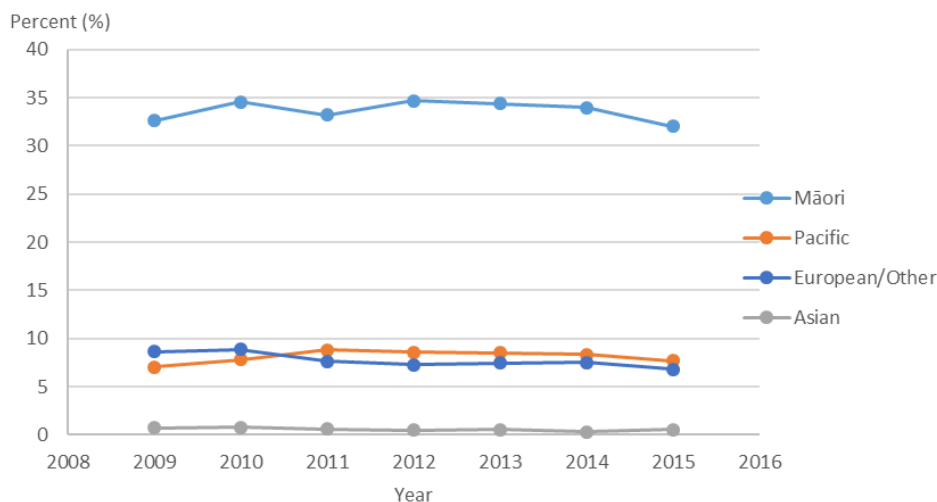


Source: Ministry of Health (2016)

### Small decreases in rates of maternal smoking for most ethnic groups

From 2012 to 2015, there was a small decrease in maternal smoking for Māori mothers, from 34.7% in 2012 to 32.0% in 2015 (Figure 3). Decreases were also seen for Pacific mothers (from 8.6% in 2012 to 7.7% in 2015), and European/Other mothers (from 7.2% in 2012 to 6.8% in 2015). Asian mothers had no change over this time period.

**Figure 3:** Maternal smoking at two weeks postnatal, by ethnic group, 2009–2015 (percent of mothers who gave birth)



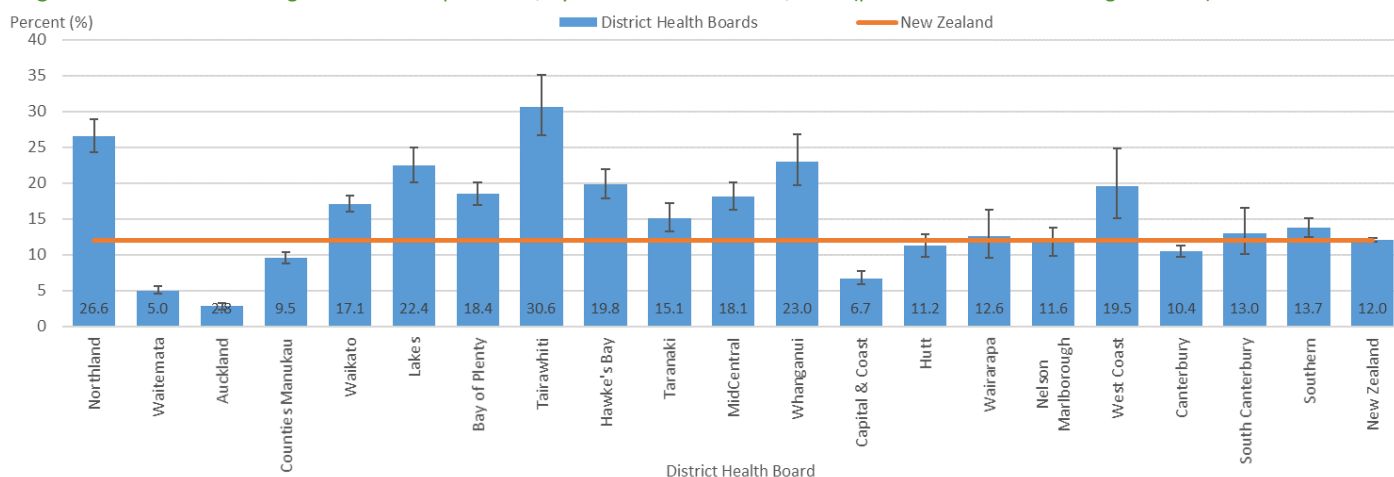
Source: Ministry of Health (2016)

## Maternal smoking at two weeks postnatal

### Tairawhiti, Northland and Whanganui DHBs had the highest rates of maternal smoking at two weeks postnatal

In 2015, the following District Health Boards (DHBs) had the highest rates of maternal smoking at two weeks postnatal: Tairawhiti (30.6%), Northland (26.6%), and Whanganui (23.0%) (Figure 4). The lowest rates were in Auckland (2.8%), Waitemata (5.0%) and Capital and Coast (6.7%) DHBs.

**Figure 4:** Maternal smoking at two weeks postnatal, by District Health Board, 2015 (percent of mothers who gave birth)



Source: Ministry of Health (2016)

#### DATA SOURCES

Data come from the National Maternity Collection, as published in *New Zealand Maternity Clinical Indicators 2015* (Ministry of Health, 2016). The rates presented in this indicator for women who gave birth in 2015 are the number of women identified as smokers at two weeks after birth, among all women with smoking status (at two weeks after birth) reported. Year refers to year of delivery, and DHB refers to the DHB of residence. For more information about this indicator, see the metadata sheet.

#### RELATED INDICATORS

Related environmental health indicators for the indoor environment, available from the EHINZ website ([www.ehinz.ac.nz](http://www.ehinz.ac.nz)), include:

- Second-hand smoke exposure
- Sudden unexpected death in infancy (SUDI)
- Asthma hospitalisations
- Asthma prevalence
- Lower respiratory tract infection hospitalisations
- Meningococcal disease
- Household crowding.

For more information,  
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#### REFERENCES

Anderson, H. R., & Cook, D. (1997). Passive smoking and sudden infant death syndrome: review of the epidemiological evidence. *Thorax*, 52, 1003-1009.

Ministry of Health. (2016). *New Zealand Maternity Clinical Indicators 2015*. Wellington: Ministry of Health.

US Department of Health and Human Services. (2007). *Children and Secondhand Smoke Exposure. Excerpts from The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.