Maternal smoking at two weeks postnatal

Highlights:

- **About 11.7% of mothers who gave birth were smoking at two weeks after birth in 2016. This is a decrease of about 2% since 2009.**
- **Maternal smoking at two weeks postnatal was higher among Māori mothers (31.8%) compared with Pacific mothers (7.0%), European/ Other mothers (6.5%) and Asian mothers (0.3%).**
- **The highest rates of maternal smoking at two weeks postnatal were in Tairāwhiti DHB (31.3%) and Northland DHB (25.2%) in 2016.**

Maternal smoking and children's 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 and Cook 1997).

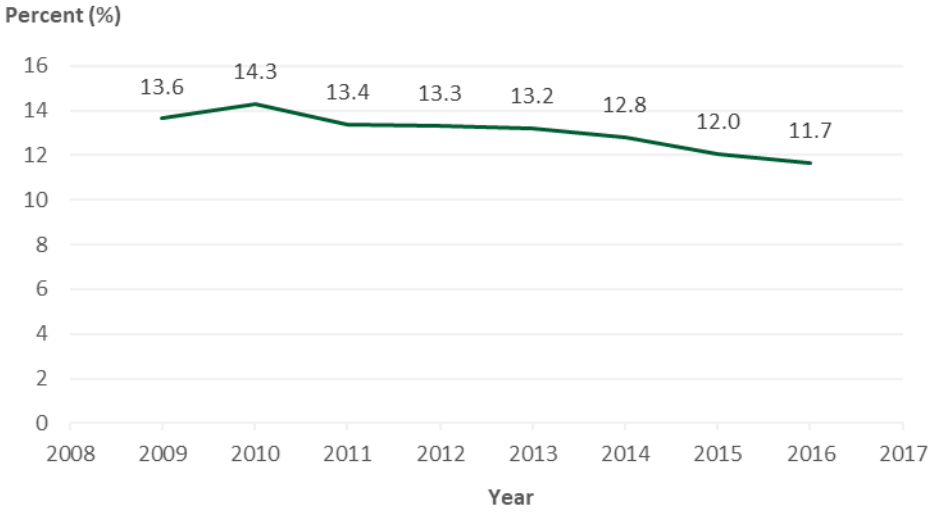
About 11.7% of mothers were smoking at two weeks postnatal in 2016

Approximately 11.7% of mothers reported that they smoked at two weeks after giving birth in 2016. This is 6,388 mothers out of 59,733 mothers who gave birth in 2016, and reported a smoking status.

Decrease since 2009

The percentage of mothers who smoked at two weeks postnatal decreased from 13.6% in 2009 to 11.7% in 2016 (Figure 1).

Figure 1: Maternal smoking at two weeks postnatal, 2009–2016 (percent of mothers who gave birth)

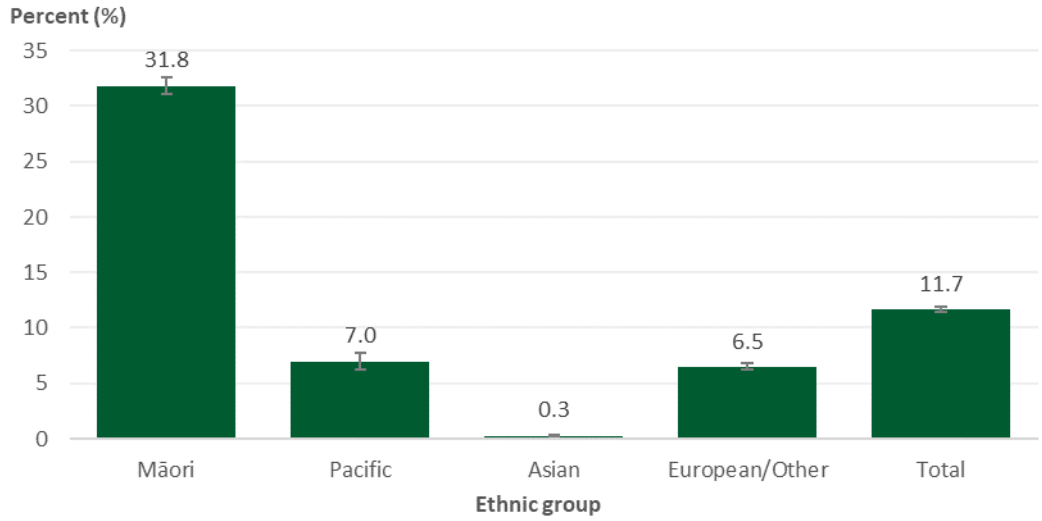


Source: Ministry of Health 2018

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 2016, with 31.8% of Māori mothers smoking at two weeks postnatal (Figure 2). Pacific mothers (7.0%) and European/Other mothers (6.5%) had similar rates of maternal smoking at two weeks postnatal, while Asian mothers had a much lower rate (0.3%).

Figure 2: Maternal smoking at two weeks postnatal, by ethnic group, 2016 (percent of mothers who gave birth)

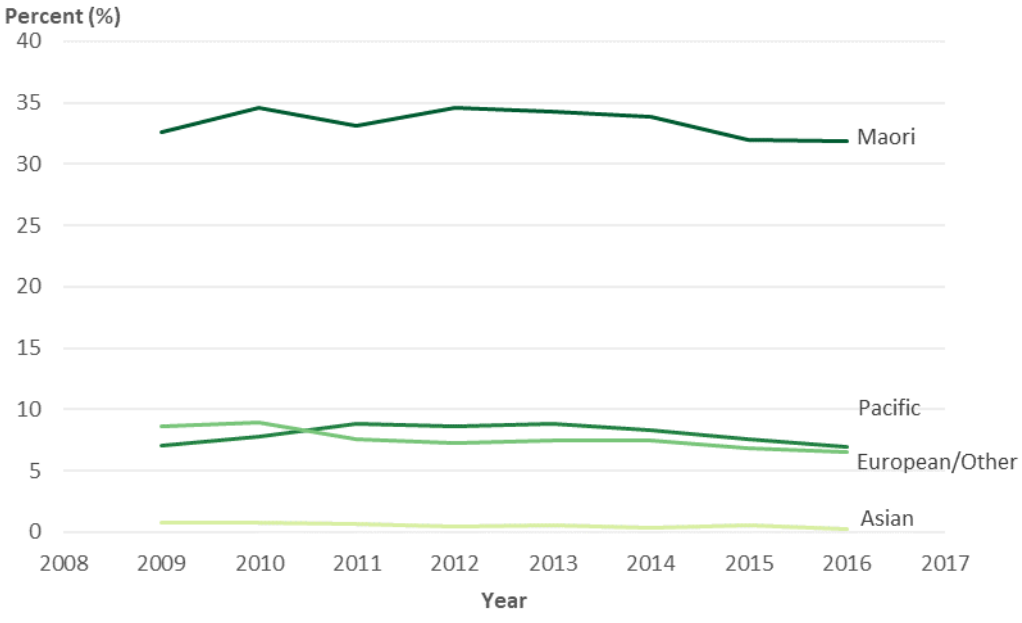


Source: Ministry of Health 2018

Small decreases in rates of maternal smoking postnatal for all ethnic groups

From 2009 to 2016 there was no overall change in postnatal maternal smoking for Māori or Pacific mothers (Figure 3). A decrease was seen for European/Other mothers (from 8.6% in 2009 to 6.5% in 2016) and Asian mothers (0.7% in 2009 to 0.3% in 2016). However, there were consistent recent decreases in postnatal maternal smoking for Māori mothers from 2012 to 2016 (34.6% to 31.9%), and Pacific mothers from 2013 to 2016 (8.8% to 7.0%).

Figure 3: Maternal smoking at two weeks postnatal, by ethnic group, 2009–2016 (percent of mothers who gave birth)



Source: Ministry of Health 2018

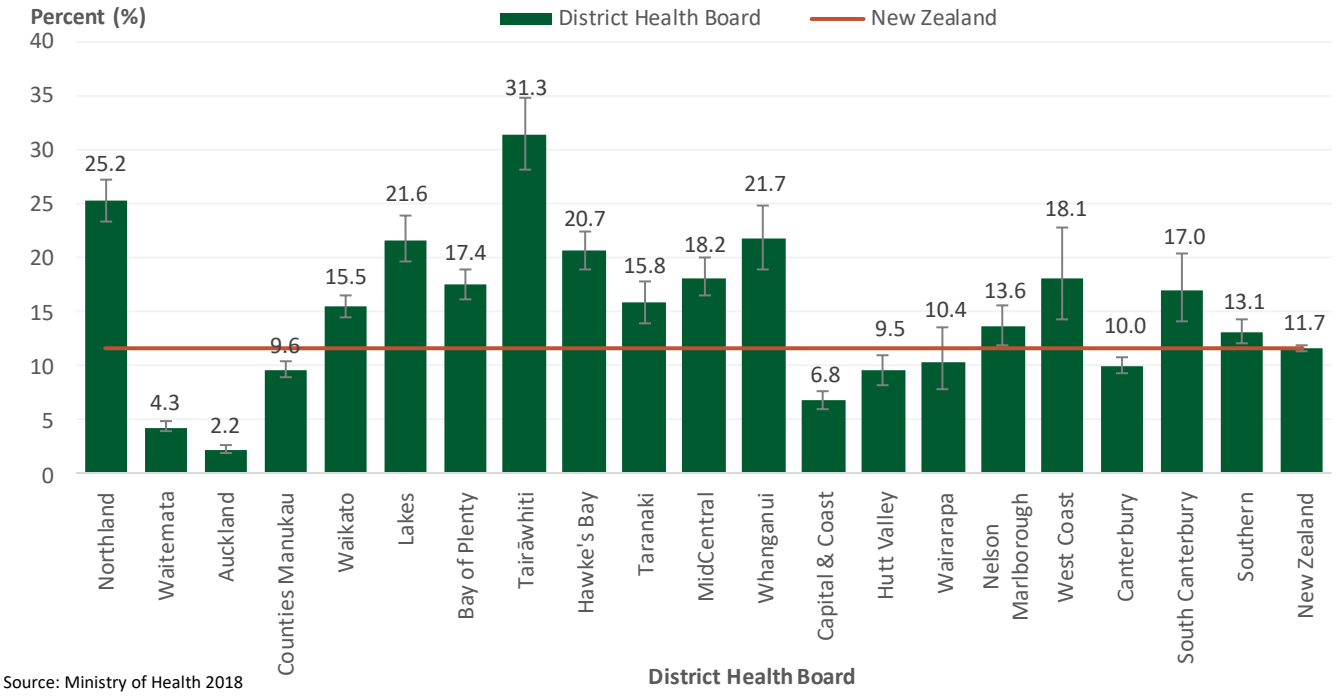
Maternal smoking at two weeks postnatal

Tairāwhiti and Northland DHBs had the highest rates of postnatal maternal smoking

The district health boards (DHBs) with the highest rates of maternal smoking at two weeks postnatal in 2016 were Tairāwhiti (31.3%) and Northland (25.2%) DHBs (Figure 4).

The lowest rates were in Auckland (2.2%), Waitemata (4.3%), and Capital & Coast (6.8%) DHBs.

Figure 4: Maternal smoking at two weeks postnatal, by DHB, 2016 (percent of mothers who gave birth)



Source: Ministry of Health 2018

FURTHER INFORMATION

Related environmental health indicators for Indoor Environment are available on the **EHINZ website**.

DATA FOR THIS INDICATOR

Data comes from the National Maternity Collection, as published in *New Zealand Maternity Clinical Indicators 2016* (Ministry of Health 2018). The rates presented in this indicator for women who gave birth in 2016 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. It is assumed that the Ministry of Health has gathered this data based on prioritised ethnicity. For more information about this indicator data, please see the **Metadata sheet**.

REFERENCES

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

Ministry of Health. 2018. *New Zealand Maternity Clinical Indicators 2016.* 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.

AUTHOR

The author of this factsheet is Gina Armstrong. For more information, please contact Gina at ehinz@massey.ac.nz.

CITATION

Environmental Health Indicators. 2019. Maternal Smoking at Two Weeks Postnatal. [Factsheet]. Wellington: Environmental Health Indicators Programme, Massey University.