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Rapu Mātauranga Hauora mo te Taiao – Aotearoa

Related indicators

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Maternal smoking at two weeks postnatal

This factsheet presents smoking rates among mothers who have recently given birth.

Maternal smoking rates at two weeks postnatal have decreased from 13.7% in 2009 to 8.6% in 2020.

Māori mothers had higher smoking rates than other ethnic groups between 2009 and 2020. However, smoking rates among Māori mothers have declined from 32.3% in 2009 to 23.0% in 2020.

DISTRICT

Maternal smoking rates have dropped by more than 30% across most districts between 2009 and 2020, particularly in Tairāwhiti District.

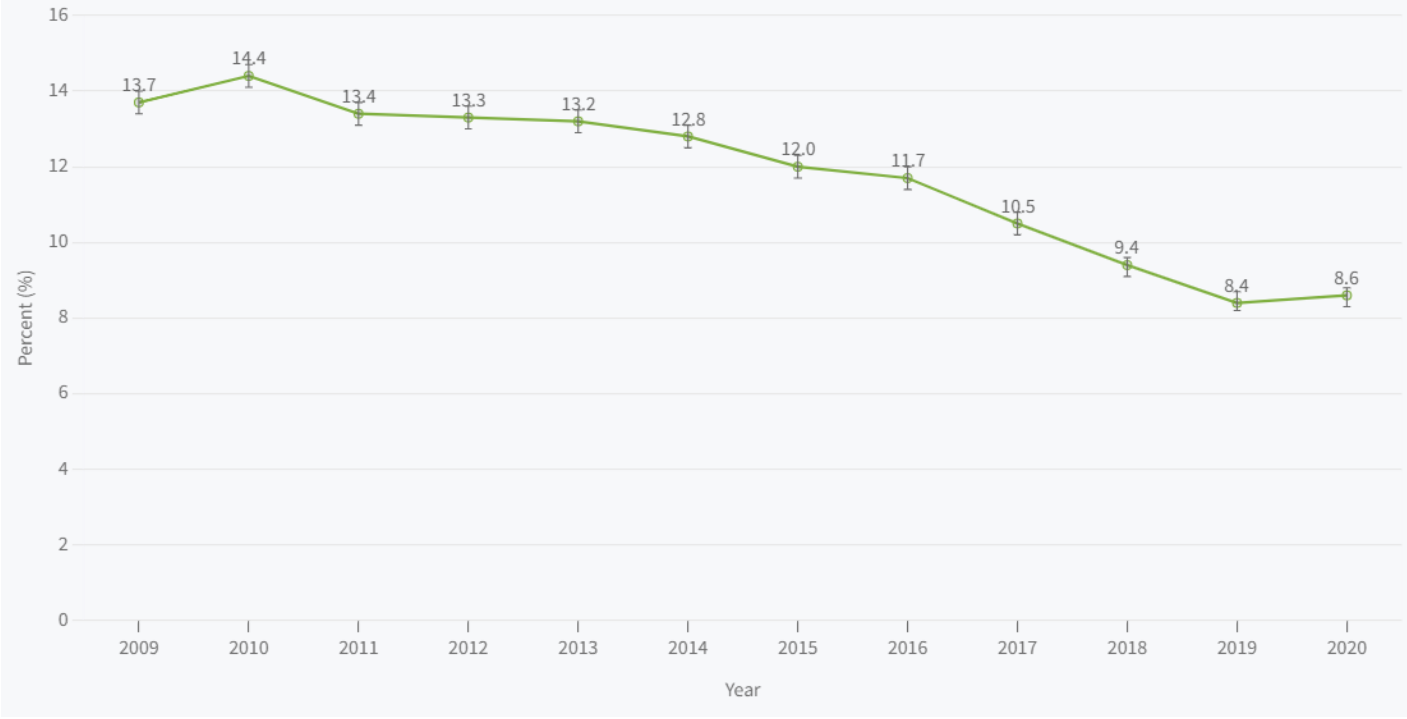
Maternal smoking affects children's health

Maternal smoking is the largest modifiable risk factor affecting fetal and infant health in developed countries (McCowan et al 2009). Young children exposed to second-hand smoke are at higher risk of sudden unexpected death in infancy (SUDI), lower respiratory tract infections, middle ear disease, and more severe asthma (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). Children are particularly vulnerable because their respiratory, immune, and nervous systems are still developing.

Fewer mothers are smoking two weeks after birth

In 2020, 8.6% of mothers smoked two weeks after giving birth, compared to 8.4% the previous year (Figure 1). This represents 4,639 out of 54,044 mothers who gave birth in 2020 and reported a smoking status. The percentage of mothers who smoked at two weeks postnatal has decreased from 13.7% in 2009 to 8.6% in 2020.

Figure 1 Maternal smoking at two weeks postnatal, 2009–20 (percent of mothers who gave birth)



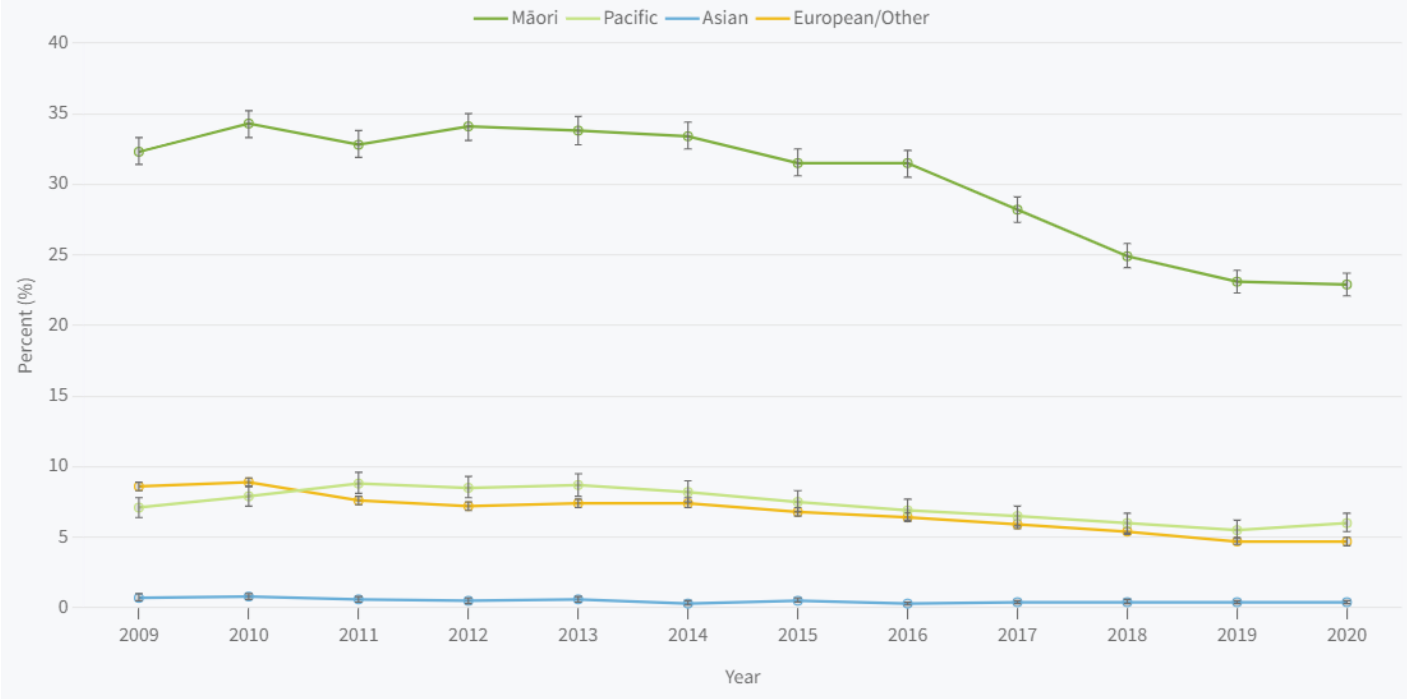
Note: 95% confidence intervals have been presented as error bars.

Source: Ministry of Health, 2022

Māori mothers are more likely to smoke after giving birth than mothers of other ethnic groups

While maternal smoking rates have declined overall, large disparities persist by ethnicity in New Zealand. Maternal smoking rates at two weeks postnatal were highest among Māori mothers (23.0%) in 2020 (Figure 2). However, smoking rates among Māori mothers have declined from 32.3% in 2009 to 22.9% in 2020. Pacific and European/Other mothers had similar smoking rates in 2020, at 6.0% and 4.7%, respectively. Asian mothers had the lowest smoking rates at only 0.4%.

Figure 2 Maternal smoking at two weeks postnatal, by ethnic group, 2009–20 (percent of mothers who gave birth)

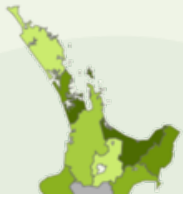


Note: 95% confidence intervals have been presented as error bars.

Source: Ministry of Health, 2022

Continue to read this factsheet at the district level

Interactive regional dashboard



Data for this indicator

These data include the most recent published data from the New Zealand Maternity Clinical Indicators 2020. These indicators are based on the National Maternity Collection, and were published by the Ministry of Health in October 2022.

The rates presented for this indicator for women who gave birth in 2020, are the number of women identified as smokers (tobacco use) at two weeks after birth, among all women with smoking status (at two weeks after birth) reported. Year refers to year of delivery. It is assumed that the Ministry of Health has output the ethnicity data based on prioritised ethnic groups.

For ethnicity, the Ministry of Health publication distinguishes between mothers of Indian ethnicity and mothers belonging to all other Asian ethnicities. This is because Indian mothers tend to have different pregnancy profiles than the rest of the Asian prioritised ethnic group. However, as smoking rates are the focus of this indicator and do not differ significantly between the two groups, we have recalculated the rates to represent all mothers belonging to the 'Asian' prioritised ethnicity as a single group.

This indicator uses self-reported smoking status. Consequently, some women do not have a reported smoking status at two weeks postnatal and have therefore been excluded from the analysis. The proportion of women without a reported smoking status at the national level is generally between 88-93%. This appears to be consistent over time. However, the reported smoking status by district varies over time and may influence the results.

For additional information, see the metadata link below.

References

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

McCowan LME, Dekker GA, Chan E, et al. 2009. Spontaneous preterm birth and small gestational age infants in women who stop smoking early in pregnancy: prospective cohort study. *BMJ*, 338:b1081 doi:10.1136/bmj.b1081

Ministry of Health. 2022. *New Zealand Maternity Clinical Indicators 2019 and 2020*. Wellington: Ministry of Health. Available online: https://www.health.govt.nz/publication/new-zealand-maternity-clinical-indicators-2019-and-2020 (accessed 10/010/2022).

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*: US 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.

Other related topics include:

Sudden unexpected death in infancy
Health burden due to second-hand smoke exposure
Asthma
Second-hand smoke exposure
Lower respiratory tract infections
Household crowding
Home heating
Meningococcal disease

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Further information

For descriptive information about the data Metadata Sheet

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