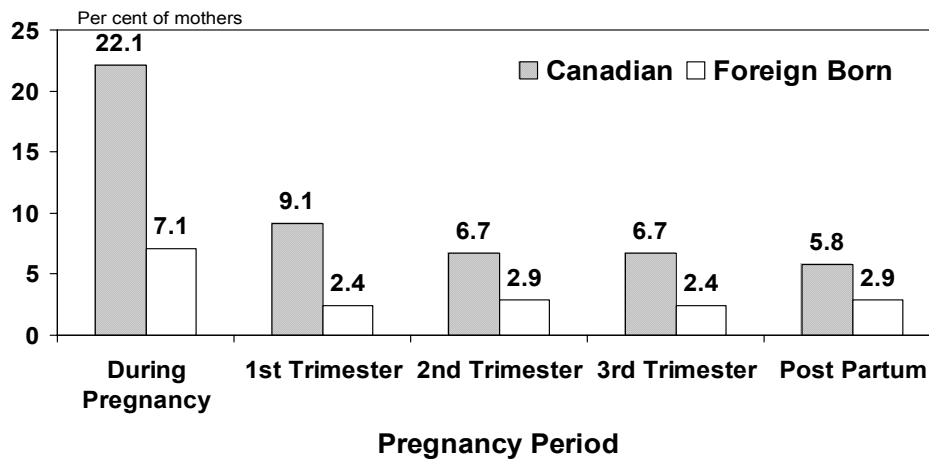


FACTORS ASSOCIATED WITH SMOKING DURING PREGNANCY

Smoking Status by Birthplace of Mother and recent Immigrant Status

Forty-six (22.1%) Canadian born mothers smoked daily or almost every day during their pregnancy in 2002 compared to 15 (7.1%) of foreign-born mothers (Figure 2). This difference was statistically significant (OR=3.69, 95% CI 1.93-7.37). Although higher during pregnancy and during the first trimester (OR=4.12, 95% CI 1.45-14.36), this difference was not statistically significant across remaining pregnancy periods.

Figure 2
Per Cent of Smokers* by Pregnancy Period and Birthplace of Mother, Region of Peel, May-June 2002

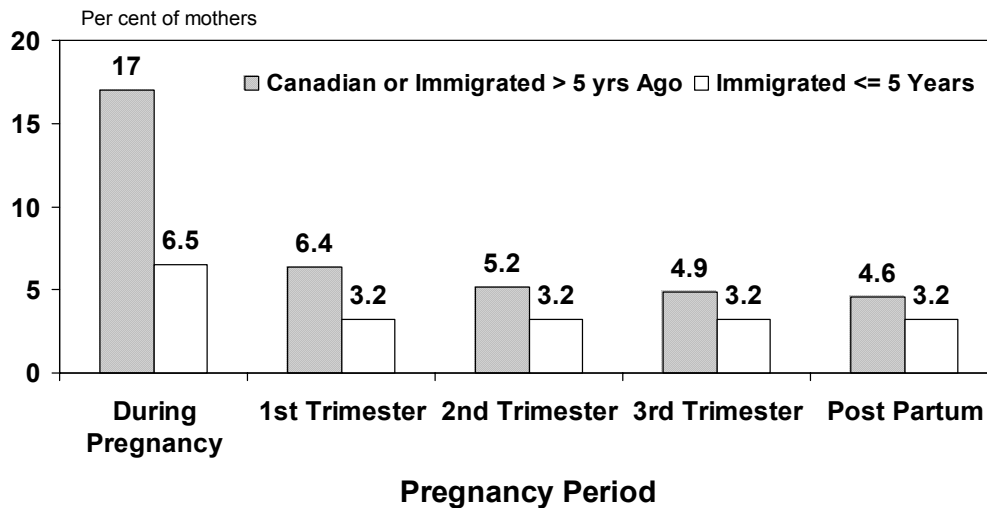


* smoker=defined as smoking daily or almost every day (excludes occasionally)

There was a slight difference in smoking patterns when comparing women who were recent immigrants to Canada (6.5%) to women who were either Canadian born or who had immigrated to Canada more than 5 years ago (17%) (Figure 3). This finding was similar across all pregnancy periods. These differences were not statistically significant.

This finding is different from the 2001 study, which found a noticeable difference in smoking patterns between women who had immigrated more than 5 years ago (or were Canadian born) (20.6%) compared to those women that were recent immigrants (7.1%). In the 2001 study this difference was statistically significant.

Figure 3
Per Cent of Smokers* by Pregnancy Period and Immigrant Status, Region of Peel, May-June 2002

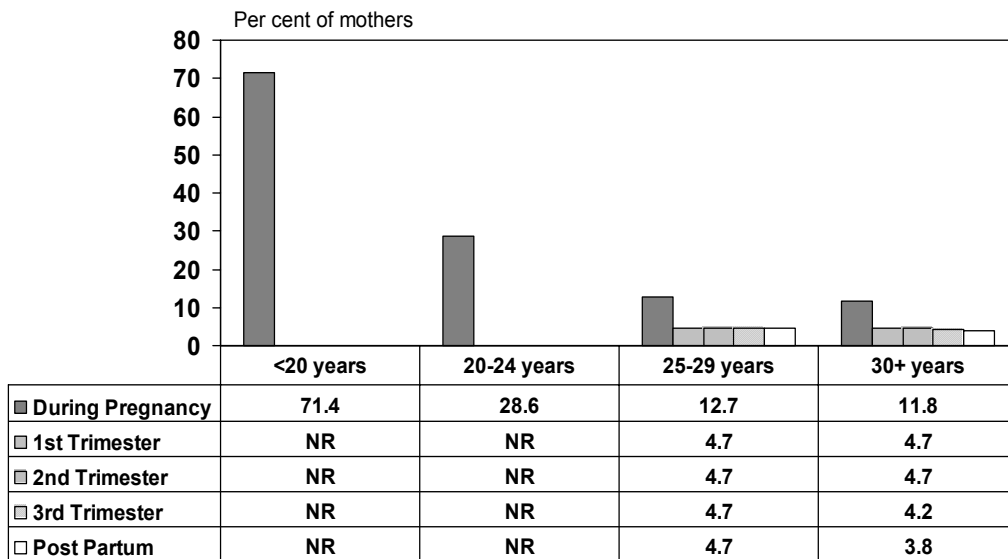


* smoker=defined as smoking daily or almost every day (excludes occasionally)

Smoking Status during Pregnancy by Maternal Age

Rates of smoking during pregnancy were highest among women aged 19 years or younger (71.4%) compared to other age groups (Figure 4). This pattern was also evident in the 2001 study. See Appendix D for the full data table for May-June 2002.

Figure 4
Per Cent of Smokers* by Pregnancy Period and Maternal Age Group, Region of Peel, May-June 2002



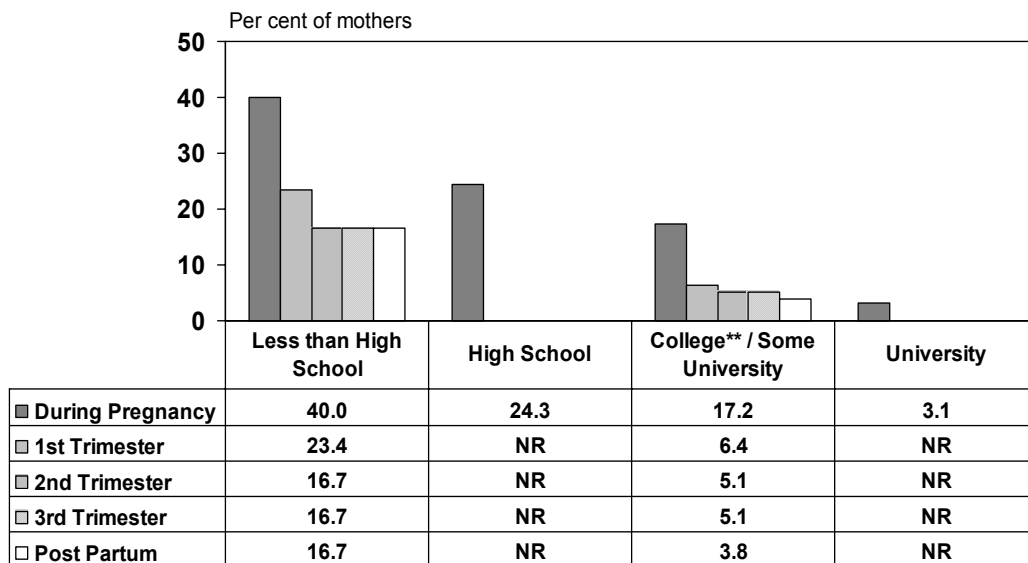
* Smoker=defined as smoking daily or almost every day (excludes occasionally)
 NR=Not releasable (less than five respondents)

Smoking Status by Education Level

Rates of smoking during pregnancy were highest among women with less than high school education (40%) (Figure 5). The rates of smoking declined as education level increased.

The proportion of women smoking postpartum was also highest among women with less than high school education (16.7%). This pattern is similar to that reported in the 2001 study. See Appendix E for the full data table for May-June 2002.

Figure 5
Per Cent of Smokers* by Pregnancy Period and Education Level, Region of Peel, May-June 2002



* Smoker=defined as smoking daily or almost every day (excludes occasionally)

** Includes women who completed some or all of their college education

NR=Not releasable (less than five respondents)

Association Between Parkyn Form Variables and Smoking During Pregnancy

Other variables from the Parkyn form were analyzed to determine whether there were any associations between these variables and smoking during pregnancy. To ensure a large enough sample size, the 2001 and 2002 data for these variables were combined.

The Parkyn variables included:

- Social situation – Categories were defined as a one parent family with adequate support, a one parent family with no support, a two parent family with no support and/or severe isolation or none of the above;
- Financial difficulties – Categories were defined as “yes” or “no”;
- No prenatal care before the sixth month - Categories were defined as “yes” or “no”;
- Complications of pregnancy (infections that can be transmitted in utero and may damage the fetus) - Categories were defined as “yes” or “no”;
- Complications of pregnancy (alcohol or drug abuse diagnosed in mother) – Categories were defined as “yes” or “no”;
- Low birth weight.

Although the proportion of women who reported smoking and who were in a more disadvantaged social situation was higher (25.9%) than women who were not in a disadvantaged social situation (15.5%), this difference was not statistically significant (OR=1.89 95% CI 0.95-3.59).

A significantly higher proportion of women who had financial difficulty reported smoking during pregnancy (36.0%) compared to 15.6% of women without financial difficulties (OR=3.03 95% CI 1.16-7.44).

Almost 27% of women who reported that they received no prenatal care prior to the sixth month of pregnancy smoked during their pregnancy compared to 15.9% of women who did receive care. However, this difference was not statistically significant (OR=1.95 95% CI 0.68-4.95).

The proportion of women who reported smoking during pregnancy was slightly higher among women who had infections during pregnancy (26.7%) compared to women who did not have infections (16.0%). This difference was not statistically significant (OR=1.91 95% CI 0.44-6.54).

Women who had alcohol or drug abuse diagnosed through the Parkyn tool/form were significantly more likely to be smokers (77.8%) compared to women who were not diagnosed with these complications through the Parkyn (15.6%) ((OR=18.94 95% CI 3.54-187.7).

A similar proportion of women who smoked any time during their pregnancy had a low birth weight baby (2.6%) compared to women who did not smoke (2.9%).