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Newly-defined factors may prevent

postpartum smoking relapse

A study by researchers at the University of North Carolina at Chapel Hill could lead to programs designed to help women who quit smoking during pregnancy stay quit after giving birth.

Newly-defined factors may prevent postpartum smoking relapse

Wednesday, August 27, 2008

Although many women quit smoking during pregnancy to protect their unborn children from the effects of cigarettes, half of them resume the habit within a few months of giving birth.

By shedding light on the factors that enable the other half to put down that cigarette for good, a study by researchers at the University of North Carolina at Chapel Hill could lead to programs designed to help women quit and stay quit.

According to the study, women with a live-in partner who shared some of the burden of child-rearing were more likely to remain smoke free, while women who were single mothers or who lacked the social and financial resources to deal with being a new parent were more likely to relapse.

“In the future we can look at these and other factors in women who quit smoking during pregnancy to assess who is at low or high risk of relapse,” said Carol E. Ripley-Moffitt, MDiv, research associate in UNC’s department of family medicine and the study’s lead author. “We can then offer more

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intensive interventions for those at higher risk to address the physical, behavioral and social issues related to relapse.”

Smoking during pregnancy increases the risks of pregnancy complications, decreased birth weight and SIDS (Sudden Infant Death Syndrome), Ripley-Moffitt said. She noted that the past 15 years have seen a steady decrease in the number of women who smoke while pregnant, in part because of an overall decline in smoking rates among all women of childbearing age and in part because of interventions targeting women during the prenatal period.

“But more needs to be done because over 50 percent of women who quit the habit during pregnancy are smoking again at six months postpartum,” Ripley-Moffitt said.

The UNC study, which appears in the August issue of the journal *Nicotine and Tobacco Research*, is the first to examine not only the factors leading to relapse but also those leading to a smoke-free life after pregnancy. Ripley-Moffitt and colleagues interviewed pregnant women attending prenatal clinics in central North Carolina who had quit smoking before 30 weeks gestation. Of the 94 women enrolled in the study, 43 had remained smoke-free and 51 had relapsed when interviewed at 4 months postpartum.

Researchers asked all women about their decision to quit during pregnancy, how they quit, and what they would do in the future.

Women who had remained smoke-free were asked about the benefits they had experienced, how they would handle temptations to smoke, how they had rewarded themselves for not smoking, and

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what support they might need to remain smoke-free.

Women who had relapsed were asked to describe specific situations that caused them to return to smoking, their feelings about smoking again, perceptions about the dangers of secondhand smoke, and what would need to be different in their lives in order to stop smoking again.

Several factors emerged to differentiate the two groups of women. Those who remained smoke-free postpartum were bolstered by strong social support, strong internal belief systems, strong beliefs in postpartum health benefits of not smoking, negative experiences with a return to smoking and concrete strategies for dealing with temptations.

Women who relapsed postpartum were undermined by easy access to cigarettes, reliance on cigarettes to deal with stress, lack of financial resources, lack of resources for childrearing and low self-esteem.

The findings may enable researchers and clinicians to distinguish between pregnant women who will ultimately relapse from those that remain smoke free postpartum, Ripley-Moffitt said. The findings also suggest that any new programs aimed at improving quit rates must be comprehensive in nature – they must give women the tools to acquire new skills, deal with addiction and improve life circumstances, socially and financially.

“Many of the women who relapsed were already trying to quit again when we interviewed them,” Ripley-Moffitt said. “While there is no simple solution, we recommend directly addressing the social

and financial stresses that lead to relapse. We hope that our study will encourage creative interventions to help mothers sustain a smoke-free lifestyle after pregnancy, improving overall health for women and their families.”

This research was supported by a grant from the Smoke-Free Families Program of The Robert Wood Johnson Foundation. UNC Study co-authors include Dr. Adam O. Goldstein, professor of family medicine and Dr. Jacob A. Lohr, professor of pediatrics. Lohr is also affiliated with the Governor’s Institute on Alcohol and Substance Abuse, which collaborated on the study.

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