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Original Research Article

Smoking during pregnancy in association with maternal emotional well-being

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ABSTRACT

Objective: The aim of the study was to investigate psychosocial predictors of smoking during pregnancy.

Materials and methods: It was a cross-sectional analysis of a prospective birth-cohort study. The participants were 514 mothers of full-term infants. Women completed questionnaires during hospital stay after delivery. Questionnaire included items on sociodemographic characteristics, planning and emotional acceptance of pregnancy, reproductive history, health-related behavior, emotional well-being, and relationships with a partner.

Results: Smoking during pregnancy was reported by 14.8% of the participants. Prenatal smoking was associated with secondary or lower education, maternal age less than 20 years, childbirth outside of marriage, history of elective abortion, unplanned pregnancy, lack of positive emotional acceptance of pregnancy by mother and father, emotional distress and alcohol consumption during pregnancy. Smoking during pregnancy remained significantly associated with prenatal alcohol consumption, previous elective abortion, and lack of positive emotional acceptance of pregnancy by mother even after adjustment for maternal age, education, and family structure.

Conclusions: Results support an idea of complexity of the relationships among smoking, alcohol use, and emotional well-being. Lack of positive emotional acceptance of pregnancy by mother and history of elective abortions can be considered as possible associates of

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smoking during pregnancy and suggest that strengthening of positive attitudes toward motherhood could add to lower smoking rates among pregnant women.

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1. Introduction

Smoking during pregnancy is one of the most important and modifiable risk factors associated with adverse perinatal outcomes. Exposure to cigarette smoking leads to an increased risk of miscarriage, reduced fetal growth, low birth-weight, perinatal death, premature birth, preeclampsia, placental complication, impaired infant's lung function, respiratory illness, cancer, impaired growth, and development of behavioral problems [1]. It is estimated that smoking is responsible for about 15% of all preterm births, 20%–30% of all infants' low birth weight, and a 150% increase in overall perinatal mortality [2].

Despite well-established risks and the fact that pregnancy might be considered as an effective motivator for smoking cessation, tobacco smoking during pregnancy is relatively common and is increasing among young females [3,4]. Its demographic, social, and psychological determinants have been widely studied and various risk factors have been established. Evidence shows that women of younger age, of low social status, with a large number of children, having deficient prenatal care, and living without a partner or with a smoking partner, are more likely to smoke during pregnancy than other women [5].

Additionally, exposure to physical or sexual violence [6], delinquency in the past [7], personal stress, living in complicated personal situation [8], and low social support [9] can also be associated with persistence of smoking during pregnancy. Prenatal smoking was found to be linked with following psychiatric diagnoses: generalized anxiety disorder, bipolar disorder, oppositional disorder, drug abuse or dependence, and attention deficit-hyperactivity disorder [10]. A prospective cohort study of 7000 women in the United Kingdom showed that smoking cessation was associated with reduced depression symptoms, and this supports a complexity of relationship between depression and smoking with evidence for both possible directions of causation [11]. However, some studies report inconsistent findings: one recent study showed strong prenatal smoking association with low social support, but not with maternal depressive symptoms or stressful events [12]. Some studies indicate that prenatal smoking is associated with unintended pregnancy [13], early or single motherhood [14], and lack of antenatal care and non-attendance of antenatal classes [15]. However, there is still a lack of studies on associations of women's reproductive characteristics and prenatal smoking.

More comprehensive investigation of prenatal smoking in the context of reproductive history, current pregnancy planning and acceptance, as well as emotional well-being is important for better understanding of predictors of smoking

during pregnancy. For better understanding of smoking-related factors and outcomes during and after pregnancy there is a necessity to focus on smoking women not only with high risk, but also with relatively low health risk, such as mothers with full-term infants. Possibly, in case of full-term delivery, consequences of smoking might be less expressed or evident, and though less obvious but still essential. Our study aimed to investigate psychosocial predictors of smoking during pregnancy.

2. Materials and methods

2.1. Subjects

This study is a part of an ongoing prospective birth-cohort study, started in 2009. The analysis is cross-sectional, including only baseline data on mothers. The study participants were uniparous mothers who gave birth to full-term newborns (≥ 37 weeks of gestation) in the Hospital of the Lithuanian University of Health Sciences Kaunas Clinics. The psychosocial data about prenatal period were collected on the 2nd–3rd day following delivery. The questionnaires were given to women during their stay at hospital with the request to answer them on their own convenience. Data from 548 mothers were obtained, 34 questionnaires were dismissed due to lack of essential information, and therefore in total 514 women were included in current analysis.

2.2. Measurements

The participants completed the prenatal environment questionnaire, which was developed by authors. The questionnaire covered several groups of questions like demographics, reproductive history, planning of and emotional reactions toward current pregnancy, emotional experiences and relationship with the husband or partner, and substance use. In total, 16 items were included in current analysis.

Outcome of interest. Antenatal tobacco use was evaluated using the question: “Did you smoke cigarettes during pregnancy?” The possible answers were “not at all,” “several times during the whole pregnancy,” “once or several times a month,” “once or several times a week,” and “every day.” For logistic regression analysis the outcome was dichotomized: women who reported no smoking during pregnancy were categorized as nonsmokers, all other were defined as smokers.

Exposure variables (possible predictors). The demographic factors were assessed using questions about mother's age, mother's and father's education, and family structure.

Planning and acceptance of pregnancy. For evaluation of pregnancy planning, the participants were asked whether

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