

The following should be of use to anyone who is trying to reduce and/or eliminate the harm done to children when adults smoke around them. This was cut from the University of Nebraska's "Center on Children, Families and the Law" website: <http://ccfl.unl.edu/publications/rap/rap5-1.html> on June 1, 2005.

## **6. MOTHERS WHO CAN'T QUIT SHOULD AT LEAST PRACTICE "GOOD SMOKING HYGIENE"**

In the best case scenario, all infants would grow up in a smoke-free environment. Unfortunately, given that smoking is a difficult habit (or addiction) to break, some parents will continue to smoke even in the face of current medical evidence. However, there are still important steps that can be taken to improve the health outcomes of infants whose parents smoke. Researchers in Australia collected data over the first 12 months of life for 4,486 infants. Data were collected from mothers on their post-natal smoking and on a variety of demographic and child health outcome measures. Forty-eight percent of the mothers reported smoking during the 12-month postnatal period. Of those who smoked, 71.8% reported smoking in the same room with the baby, 27.0% reported smoking while holding the baby, and 17.5% reported smoking while feeding the baby. In addition, hospital data on admissions for respiratory infections were collected on the same infants. Not surprisingly, infants of mothers who smoked were 50% more likely to have had a hospital visit for a respiratory infection. The promising finding from the study regarded where the mother did her smoking. Smoking mothers who refrained from smoking in the same room as the infant had infants who were 56% less likely to require a hospital visit for respiratory infections, than mothers who smoked in the same room as the infant. Smoking while holding or feeding the baby further increased the risk of respiratory infection hospitalizations. Results were similar when analyses compared mothers' smoking to their report of infant respiratory illnesses not requiring hospitalization. The authors suggest that if mothers find it difficult to quit smoking, they can at least significantly improve the child's health, and reduce the necessity of caring for a sick infant either at home or in the hospital, by practicing "good smoking hygiene" (not smoking while in the same room or while in physical contact with the infant).

Blizzard, L., Ponsonby, A., Dwyer, T., Venn, A., & Cochrane, J. A. (2003). Parental smoking and infant respiratory infection: How important is not smoking in the same room with the baby? *American Journal of Public Health*, 93, 482-488.

=====

Sent by:

Mark E. Welsch, President

GASP of NE, Inc.

Group to Alleviate Smoking Pollution

5611 Howard Street

Omaha, NE 68106-1257

402-558-0463

[GASPnebr@cox.net](mailto:GASPnebr@cox.net)

[www.SmokeFreeNebraska.org](http://www.SmokeFreeNebraska.org)

Nothing will ever be attempted, if all possible objections must be first overcome.

-- Samuel Johnson