Smoking Before, During and After Pregnancy in Vermont

November 2026

Tobacco use before, during or after pregnancy is harmful to both the parent and child's health, increasing risks of pregnancy complications and negative outcomes for the baby.[1] Quitting can be difficult due to nicotine's addictiveness and other factors. Prevention, routine screening and treatment for tobacco use for all Vermonters, including those who are pregnant and postpartum, is key to improving wellbeing.

This data brief describes tobacco use related to before, during and after pregnancy, also known as the perinatal period. It also examines disparities in smoking among those who gave birth in Vermont using Pregnancy Risk Management Monitoring System (PRAMS) survey data. Participants take the survey three to six months after giving birth.

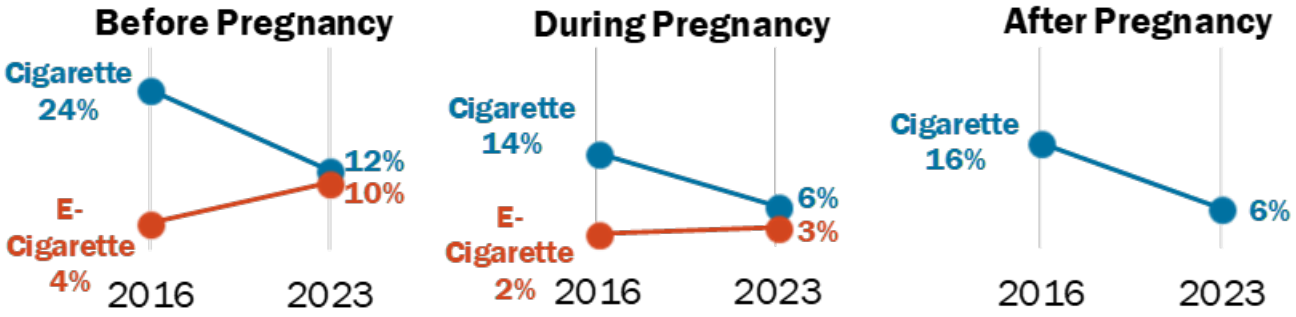
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Key Points

- **The rate of smoking before, during and after pregnancy significantly decreased by at least 50% since 2016, yet disparities persist.**
- **Less than half (43%) quit smoking during pregnancy, and about one in four who quit resume smoking afterward.**
- **Those who smoke after pregnancy are less likely to have a postpartum checkup compared to those who do not smoke.**

Perinatal Tobacco Use Over Time

- Cigarette smoking decreased significantly before, during and after pregnancy from 2016 to 2023 in Vermont. E-cigarette use before pregnancy significantly increased from 2016 to 2023, while e-cigarette use during pregnancy did not significantly change. E-cigarette use postpartum, or after pregnancy, was not measured.†

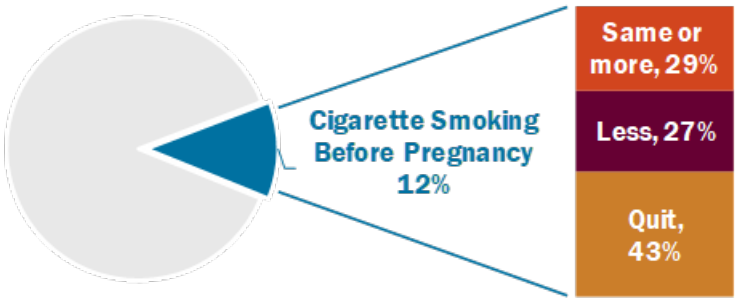


- Exclusive cigarette or e-cigarette use before (15%) or during (8%) pregnancy is more common than dual use of both before (3%) or during (1%) pregnancy (VT PRAMS 2023, data not shown).

Trends in Perinatal Smoking and Quitting

- Of the 12% who smoked before pregnancy, almost three in 10 (29%) smoke the same amount or more during pregnancy, while 27% smoke fewer cigarettes and 43% completely quit during pregnancy.
- The quit rate is significantly higher among those who smoke less than 11 cigarettes per day before pregnancy (62%) compared to those who smoke 11 or more per day (24%).
- The quit rate is significantly higher among those who do not use marijuana before pregnancy (63%) compared to those who do (27%).

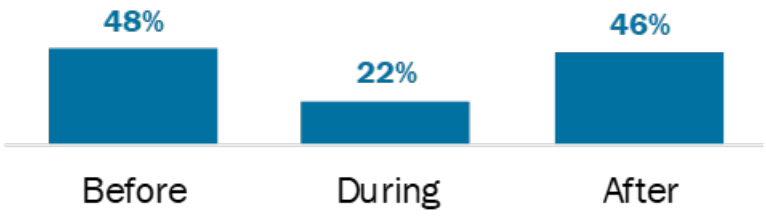
Among those who smoked before pregnancy, fewer than half (43%) quit during pregnancy.



Source: VT PRAMS 2023

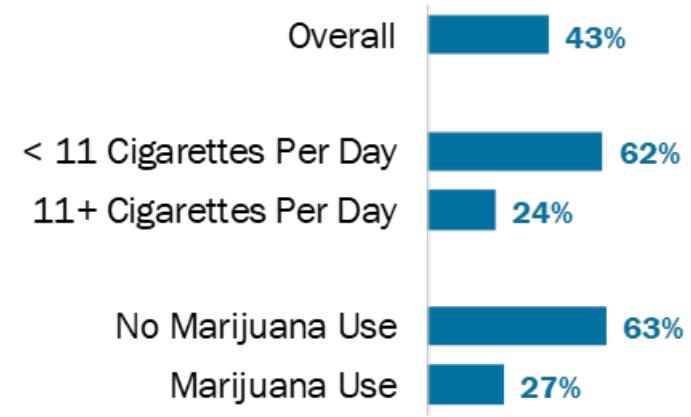
A smaller proportion of those who smoke during pregnancy smoke half a pack or more of cigarettes (22%) compared to before (48%) and after (46%).

Percent Smoking Half a Pack or More (11+ cigarettes) Per Day Among those who Smoke



Source: VT PRAMS 2023

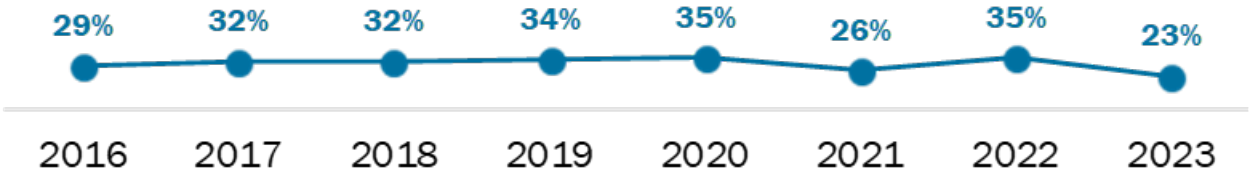
Rate of Quitting Smoking During Pregnancy



Source: VT PRAMS 2023

- Cigarette smoking quit rates do not differ significantly by use of e-cigarettes before or during pregnancy, pregnancy intention, insurance type, or depression before pregnancy (data not shown).
- The overall rate of quitting during pregnancy is statistically similar to 2016 (42% in 2016 vs. 43% in 2023).

Among those who quit smoking during pregnancy, almost 1 in 4 (23%) resume smoking after birthing in 2023. This pattern remains steady since 2016.

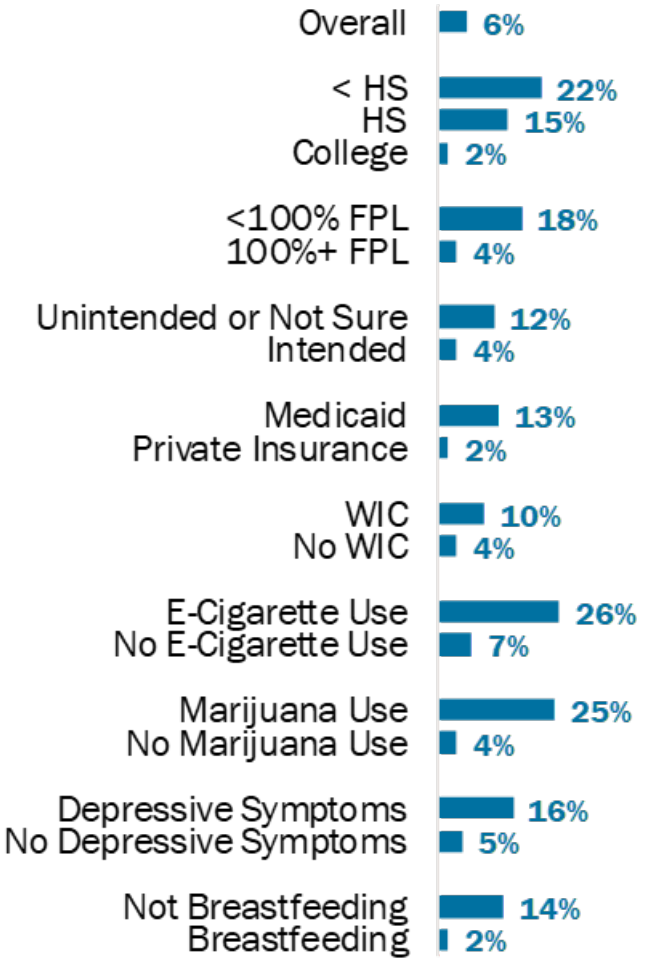


- Those who smoke cigarettes and use e-cigarettes (i.e. use both) before pregnancy resume smoking after pregnancy at a similar rate to those who exclusively smoke cigarettes before pregnancy (29% vs. 27%, VT PRAMS 2021-2023; data not shown).

Smoking After Pregnancy

- The rate of smoking after pregnancy is significantly higher among those:
  - with less than a college education
  - living below the Federal Poverty Line (FPL) the year before their baby was born
  - with an unintended pregnancy
  - insured by Medicaid during pregnancy
  - enrolled in WIC during pregnancy
  - using e-cigarettes during pregnancy
  - using marijuana during pregnancy
  - with symptoms indicating a risk for postpartum depression
  - not breastfeeding at survey completion
- Note, some of these groups are strongly related to each other. For example, WIC's eligibility criteria includes participation in Medicaid or meeting income limits based on federal poverty guidelines, so an underlying concern of poverty and other everyday factors that shape health connects across these groups.

Rate of Smoking After Pregnancy



Source: VT PRAMS 2023;
E-cigarette use combines 2022-2023

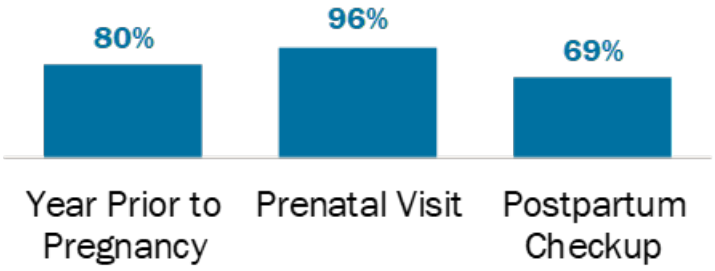
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Available Support and Screening for Tobacco Use

Screening & Quit Advising

- Prior to pregnancy, 80% of all who give birth are asked by a healthcare provider if they smoke, vape or use other tobacco products. The screening rate increases among those with a prenatal visit and decreases among those with a postpartum, or after pregnancy, checkup.

Screening for tobacco use at a postpartum checkup is less common than at a prenatal visit or healthcare visit prior to pregnancy.



Source: VT PRAMS 2023

- Screening rates at each appointment type do not differ significantly by insurance type.

About 1 in 5 who smoke during pregnancy and are screened for tobacco use at a prenatal visit report not receiving advice on quitting from their healthcare provider.



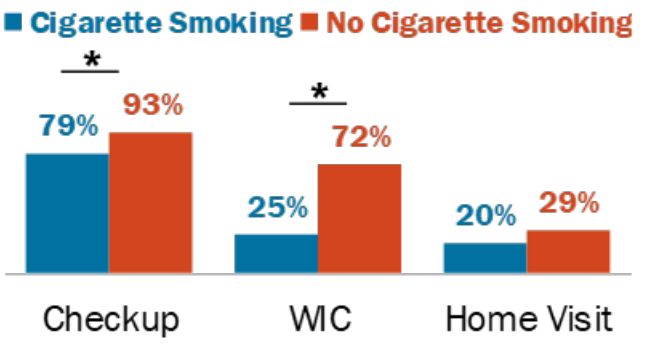
Source: VT PRAMS 2023

- Vermont's quitline, 802Quits, helps people reduce their tobacco use, quit and remain tobacco-free, and offers free, tailored support to pregnant and postpartum people.[2] However, only 40% who smoke and receive quit advice during a prenatal visit are referred to a quitline by a healthcare provider. Only 10% of those who smoke call a quitline to try to quit during pregnancy (VT PRAMS 2023, data not shown).

Postpartum Services

- Those who smoke after pregnancy are significantly less likely to have a postpartum checkup or use WIC services. There is no significant difference for having a postpartum home visit by smoking status, though home visits are low across both groups. Less contact with health and service providers results in fewer opportunities to connect with support and quitting treatments.

Fewer people who smoke after pregnancy have a postpartum checkup.



*Statistical difference between groups.

Source: VT PRAMS 2023

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Summary

Rates of smoking before, during and after pregnancy in Vermont have been cut in half since 2016. Still, more work is needed to prevent smoking, help people quit and support people in staying tobacco-free. Almost half of those who smoke before pregnancy quit during pregnancy, but the rest continue smoking. About one in 16 smoke after pregnancy, including some who quit during pregnancy but resume afterward. This could expose the baby to secondhand smoke. Some groups of people smoke at much higher, or disparate, rates. Nicotine is addictive, which can make it hard to quit, even when the person wants to. Many people need to try more than once before quitting for good.[3,4] Quitting can also be harder for some, including those with mental health conditions or who use other substances.[5,6]

This brief suggests quitting during pregnancy might be easier for people who smoke fewer cigarettes per day and do not use marijuana. Addressing mental health and other everyday factors that shape health may also help reduce smoking after pregnancy. Additional factors not explored in this brief may be important, too. Quitting before 15 weeks of pregnancy has the greatest benefit, but quitting at any point in the perinatal period is helpful to the parent and baby.[1] Health care providers should ask about any type of tobacco or nicotine use throughout the perinatal period, provide guidance and connect people to 802Quits. Respectful, supportive care is important for helping people quit and stay tobacco-free.[7]

References and Data Notes

1. Tobacco and Nicotine Cessation During Pregnancy https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/05/tobacco-and-nicotine-cessation-during-pregnancy
2. 802Quits: Tobacco and Nicotine Treatment - Report on Enrollment, Usage, and Outcomes for Vermont's Quitline https://www.healthvermont.gov/sites/default/files/document/hpdp-tcp-802quits-nicotine-and-tobacco-treatment.pdf
3. Smoking Cessation: Fast Facts https://www.cdc.gov/tobacco/php/data-statistics/smoking-cessation/index.html
4. Estimating the number of quit attempts it takes to quit smoking successfully in a longitudinal cohort of smokers https://pubmed.ncbi.nlm.nih.gov/27288378/
5. Depressive symptoms predict smoking status among pregnant women https://pmc.ncbi.nlm.nih.gov/articles/PMC2708672/
6. Reducing tobacco use among women of childbearing age: Contributions of tobacco regulatory science and tobacco control https://pubmed.ncbi.nlm.nih.gov/31855002/
7. Optimizing Postpartum Care https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care/

†"Before" pregnancy is defined as in the three months before getting pregnant. "During" pregnancy is defined as in the last three months of pregnancy. "After" pregnancy is defined as at the time of the PRAMS survey (3 to 6 months after baby's birth). Cigarette use is defined as smoking one or more cigarettes on an average day. E-cigarette use is defined as using e-cigarettes ("vapes" or other electronic nicotine products) every day or some days.

The Vermont Department of Health recognizes many social, economic and environmental inequities made worse by structural oppression, marginalization and racism influence the data we collect and report. To find out more, please check our Data Encyclopedia.