

Smoking Awareness

A campaign for pregnant women

The Problem

The number of young women who smoke is on the rise, even though many of them know that smoking causes lung cancer, emphysema, and often leads to heart disease. Perhaps more alarming is that one-third of them continue to smoke even after they become pregnant.

While a mature smoker may not develop serious health problems for many years, a fetus does quickly. When a pregnant woman smokes, her fetus is contaminated with toxic substances such as nicotine and carbon monoxide, which cut off oxygen and nutrition, retard growth, and cause mental and physical defects.

Children of smokers may be born with low birth weight (five and one-half pounds or less), a condition accounting for more than 55 percent of all infant deaths. Some studies indicate that twenty-one to 39 percent of low birth weight cases are caused by smoking.

“In other words,” says Louise Floyd of the (U.S.) Centers for Disease Control, “we could reduce low birth weight by twenty-one to 39 percent if we could eliminate smoking during pregnancy. In fact, it has been called the most preventable cause of low birth weight (in the U.S.)”

Smoking also increases the chances that a child will be born mentally retarded or with cerebral palsy or epilepsy. Smoking during pregnancy has been linked to Sudden Infant Death Syndrome (SIDS) and is known to cause Respiratory Distress Syndrome. As smokers' children grow, they may develop other respiratory diseases. They may also be shorter and smaller than other children, develop hyperactivity, score lower on math and verbal tests, and be deficient in overall ability.

Many pregnant women do not grasp the detrimental effects smoking has upon their unborn children. Some,

for one reason or other, simply have never been informed. Still others are gripped so tightly by their smoking habits that they cannot break them and do not know where to seek help. They need to learn about the dangers and where they can seek assistance, for their own good and for the good of their children.

Overview of the Awareness Campaign

Because many pregnant women do not understand the effects their smoking habits can have on their children, a possible project would be to launch an awareness campaign to sharpen vague understanding and educate the unknowing. The campaign could be done in three phases:

1. Organize support— Gather relevant data from local experts and gain support from the health and business communities.

2. Develop a public awareness campaign—

Publicize smoking awareness for pregnant women, using enclosed materials, materials from professional health organizations, or club-generated material.

3. Provide assistance to smokers—Sponsor smoking-cessation seminars conducted by health care professionals in which those willing to help themselves and their children can receive detailed information and guidance. Organize and oversee support groups for pregnant women and for fathers who are trying to quit smoking.

Organizing Support

After an awareness campaign committee is formed, preparations and assessments will be necessary. These may include:

Statistics—The club should have an ample supply of ammunition for publicity. Statistics—local statistics in particular—will provide this. The club also will want to learn as much as possible in order to execute the campaign with conviction. Possible sources include:

- Local hospitals and health facilities (pediatrics and obstetrics).
- Local medical or health associations.
- Obstetricians, gynecologists,

pediatricians, and other health care professionals in private practice.

- Local reproductive health service agencies.
- Local or county health departments.
- American Lung Association local office.
- March of Dimes local chapter.
- Community or university library.

Find the number of instances in which pregnancies were complicated by smoking, including deaths, stillbirths, miscarriages, and adverse developments occurring in a child's first years. Obtain both percentages and actual numbers, perhaps focusing on one or two primary results, such as low birth weight or perinatal deaths. Get information for each of the past five to ten years.

Target Audience—As health information is gathered, attempt to obtain demographic information from the same sources to estimate the age range and number of people to which the campaign will apply. This will help determine the times public service announcements should be aired (if that option is available) and what publications should be targeted for print advertisements. Though publicity should be directed primarily toward pregnant women, it also would be wise

to include smoking fathers because second-hand, or “passive,” smoke is dangerous as well. Further, it is more difficult for a mother to stop smoking if the father smokes.

Coalitions—Strive to form a coalition or partnership with other local organizations, particularly those specializing in health or child care, including:

- American Lung Association (local affiliate).
- March of Dimes (local chapter).
- American Academy of Pediatrics (state chapter).
- Local obstetric and gynecology associations.
- Government health care agencies.
- Social service agencies.
- Groups specializing in smoking cessation.

Invite representatives from each to join your planning committee. Ask them to help develop the campaign, provide technical information, and lend hands-on support. If your area has a local medical association it may want to get involved. The participation of other groups will generate many more solid ideas, and the campaign will reach a greater number of people.

Planning and duration—The club should give itself at least one month to organize support. Depending upon the

degree of cooperation, this phase may be longer or shorter.

Judging from community response and organizational support, the campaign can be extended at the club's discretion. Keep in mind that the longer the campaign's duration, the more people it will reach. It may be more effective to plan for a six-to nine-month campaign or even an ongoing program.

The Awareness Campaign

Smokers tend to delay quitting because the ill effects aren't an immediate danger. What the club needs to emphasize is that the poisons a pregnant woman ingests go directly to the fetus, with immediate and dangerous effects. Assuming that pregnant smokers have not been informed about the dangers of smoking during pregnancy, or for their own reasons have chosen to disregard warnings, the club's first step is to publicize the concerns.

Funding—Monetary contributions from businesses, health associations, private medical professionals, hospital foundations, and other service organizations are options that can help the club fund publicity. When requesting funding, explain the campaign and its goals,

the expected expense, the monetary contributions from the club and other organizations, and how much funding the club is asking of them.

Methods of publicizing—Publicity of the risks involved with smoking during pregnancy is crucial for heightening public awareness, and it can take many forms:

Print ads—Place public service announcements in the newspapers, utilizing as large an area as the newspapers or campaign funds will allow. Use print ads available from the International Office, solicit materials from participating agencies, or develop your own. Newspapers not willing to donate an adequate amount of space may negotiate on price or donate a certain amount of space if the club pays the remainder. Offer this idea to them if they hedge at a donation proposal. Area businesses may wish to pay for page space in return for having their names printed on the PSA. Rotate the PSAs so that a different one is printed every day or every week. To obtain print advertisement slicks, phone or write to the Program Development Department at the Kiwanis International Office.

Letters—Send letters to the editor for further exposure, citing local and national statistics and making good use of anecdotes. Persuade mothers who quit smoking

when they became pregnant, those who didn't and whose children suffered, and physicians to write letters to the editor as well.

Radio—Radio is an excellent means to publicize this concern. Using the materials provided, ask radio stations to broadcast public service announcements as often as possible for as long as possible. Through professional health service contacts, attempt to locate a mother whose child has suffered or died as a result of smoking. She may wish to warn others. Such a compelling statement could profoundly affect pregnant smokers. Another radio message from a mother who quit smoking might provide positive reinforcement.

Television—Television PSAs may be broadcast on network or cable television stations, often on donated time or for reduced rates. A videotape of PSAs may be obtained from the International Office, the American Lung Association, or the March of Dimes. Contact local affiliates for more information.

Billboards, posters, flyers, brochures—Using materials available from the International Office, or club-generated materials, print posters to be hung in windows of businesses, child care centers, health centers, hospitals, social service centers, and physicians' offices —particularly those of obstetricians, pediatricians,

and gynecologists.

Brochures may be left in health care offices or given to obstetricians to hand out to their patients. Contact physicians' offices, as well as businesses, and ask them to lay out the brochures for their customers. This also will help the club determine how many to print.

Counter-top flyers are expedient for publicity and are inexpensive. Simple photo-copies can be distributed in area businesses.

Billboards also are an excellent source of mass communication. Approach outdoor advertising agencies about billboard space donations. Company names usually are printed at the bottom of bill boards, or may be listed in the phone book yellow pages. There may be some difficulties securing space, however, because billboards are a main advertising medium for tobacco companies.

Ask printers, billboard companies, and photocopy outlets to donate materials for posters and handbills. Because printing is expensive, it may not be possible to receive donations, but ask if printing can be done at cost.

News Stories—Wise use of news media is particularly important. Make all newspapers and broadcast stations aware of the campaign and persuade them

to do news or feature stories. Make sure to give them plenty of notice. Meetings with newspaper editors and radio and television talk show hosts can help achieve this goal.

Publicity resources—Publicity resources the club should plan to contact include:

- Printers and photocopy outlets—Ask them to print the brochure (master enclosed) for free or at a reduced rate.
- Billboard companies—Urge billboard companies to erect one or more signs.
- Radio and television stations—Take the Kiwanis PSA radio script (enclosed) or videotape to the stations and ask that it be copied and used.
- Newspapers and local magazines—Meet with the editor or publisher and request that space be allotted for the campaign's PSAs (available from the International Office). Encourage them to develop articles on the effects of smoking during pregnancy and offer the contacts the club has developed.

Plan for at least two weeks of publicity before the first smoking cessation seminar, making clear that additional information on smoking during pregnancy and how to

stop smoking will be available at seminars and that support groups will be formed. Make arrangements with broadcasting stations to increase the frequency of times PSAs will be aired in the two days preceding the campaign's seminars. Publicity should be planned to run intensely for as long as funds or donations allow, then dwindle as necessary. However, publicity should run the duration of the campaign. Assess the amount of air time and page space available and plan its distribution so that all of it will not be used at the beginning of the campaign.

During the publicity phase, the club may want to advertise a phone number where interested persons can call for information about the seminars. Phone calls serve a dual purpose: they give people information and give the club an idea of how many people will attend the seminars. The club also could ask callers to register for the seminars, and then make follow-up calls on the day of the seminar to ensure that the persons will attend.

Providing Assistance to Smokers

Seminars should be the peak of the campaign, when the community has been made aware, through publicity, that a problem exists. Answers

now must be given and solutions offered. The seminars can give pregnant smokers a chance to start anew.

Seminars

The seminars' objective is to educate pregnant women on:

- Smoking during pregnancy (general statistics).
- How smoking affects the fetus.
- The health risks involving the fetus.
- How to quit smoking.

Ask health care professionals to speak at the seminars. Speakers should include obstetricians, pediatricians, public health officials, college medical professors, and representatives from the March of Dimes, the American Lung Association, and other health organizations.

Contact all speakers ahead of time to learn what materials, provisions, or other accommodations should be provided to make their duties go smoothly.

Give the speakers the seminars' objective. Then, let them determine how they will discuss the topics and what aspects of smoking during pregnancy merit the most attention. They may add categories that they feel are important. Work with them to develop a schedule of specific, related topics that will be discussed.

If more than one guest is scheduled to speak at one seminar, coordinate the specific topics each will address. Give them adequate time to prepare their lectures. These arrangements can be made in the committee meetings when representatives are present.

Panel discussions and question-and-answer periods also are possible seminar activities, especially if several speakers and experts are scheduled at the same seminar.

Personal testimony is perhaps the most effective way to capture attention. Try to find women who smoked during pregnancy and whose children suffered or died as a result. Ask them to speak at the seminars to persuade other women to avoid making the same mistake. Also, find women who gave up smoking when they became pregnant, and have them tell how they went about it. Physicians and health agencies can provide help locating these women.

Videos about smoking—and other substance use—during pregnancy should be shown at the seminars.

Informational materials such as brochures or smoking cessation kits, as well as buttons, t-shirts, bumper stickers, window stickers, or auto air fresheners should be given to those attending the seminars. Videos and reproducible logos and slogans for buttons, t-shirts,

and stickers are available from organizations listed in this bulletin.

Unless the club sets up a registration process for the seminars, the likely attendance can only be estimated. A generous estimate would be 5 percent of the pregnant women in the community. Take into account data from phone calls inquiring about the seminars. However, prepare accommodations for more people than are actually expected. Hold the seminars at club meeting places, at community facilities, or at schools or universities. The seminars should last between one and two hours.

After expectant mothers and fathers attend a seminar, they may recommend others to attend. Seminars should be held regularly - perhaps once or twice per month - to ensure that "word-of-mouth" response is accommodated. Also, some may want to attend additional sessions for reinforcement. Ask representatives to continue speaking at seminars throughout the campaign's duration, or as often as possible. Having several organizations involved increases the likelihood that at least one representative will be available to speak at each seminar. The campaign committee should find out which representatives will continue to participate throughout the campaign.

Support Groups

For most smokers, giving up cigarettes can be a brutal test of willpower. Groups of pregnant smokers who are trying to quit may provide the extra support needed to overcome the habit.

Find someone trained in smoking cessation to conduct the support group's meetings. Volunteers might be found at the American Lung Association, March of Dimes, a local medical association or reproductive health organization, or university or community programs specifically designed for this purpose. Inform obstetricians and other physicians that a support group has been formed and ask them to encourage their smoking patients to attend.

Begin support group therapy the same week as the seminars to give an immediate backup. Hold a support group meeting once or twice per week, or more often, depending on the group's wishes.

The group can discuss the difficulties of quitting smoking; reiterate the reasons why they are quitting, to help solidify their convictions; discuss the best ways to use smoking cessation techniques; and provide a sense of camaraderie, which will help offset the effect of nicotine withdrawal.

The club, as well as the

support group, should plan to follow each pregnancy until the baby is born. Send flowers, cards, and balloons to the mother while she is in the hospital. After she comes home, hold a celebration dinner in honor of her, the father, and the baby, and award her a plaque signifying her outstanding accomplishment: protecting the health of her baby.

Other Events

The club also may want to set up a booth at the local mall, where it can give away buttons, bumper stickers, or window stickers. The club may also set up a "Peg-a-Pack" game in which persons could throw balls or bean bags at cigarette packs. Another game, in which the objective is to throw or knock packs of cigarettes into a trash can, also is a possibility. Winners could receive T-shirts, stickers, or other anti-smoking prizes.

Anti-smoking festivals, community "Baby Day" festivals, or anti-smoking "demonstrations" also are possibilities.

Additional Information

The organizations listed below may have promotional materials, educational kits, information on smoking cessation methods, or general statistical information. All

agencies listed are in the U.S.

***March of Dimes
Birth Defects Foundation***
1275 Mamaroneck Avenue
White Plains, NY 10605
Telephone (914) 428-9366
www.modimes.org

***National Heart, Lung, and
Blood Institute
Education Programs
Information Center***
Attn: Web Site
PO Box 30105
Bethesda, MD 20824-0105

***Centers for Disease Control
and Prevention***
Office on Smoking & Health
Mail Stop K-50
Publications
4770 Buford Highway, NE
Atlanta, GA 30341-3717
www.cdc.gov

American Lung Association
61 Broadway
New York, NY 10006
Telephone (212) 315-8700
www.lungusa.org

***Appalachia Public Health
District I
SC Depart. of Health &
Environmental Control***
2600 Bull Street
Columbia, SC 29201
Telephone: (803) 898-3432
www.sahec.gov

***Women and Smoking
Center for Disease Control
Office on Smoking and
Health***
Publications
Mail Stop K-50
4770 Buford Highway NE
Atlanta, GA 30341-3717
www.cdc.gov/tobacco

Cancer Information Services
1-800-4-Cancer
1-877-44U-QUIT
www.cancer.gov

**National Center for
Education in Maternal and
Child Health**
2115 Wisconsin Ave NW
Suite 601
Washington, DC 20007-2292
Telephone: (202) 784-9770
Fax: (202) 784-9777
mchlibrary@ncemch.org
www.necmch.org

**American Academy of
Pediatrics**
141 Northwest Point Blvd.
Elk Grove Village, IL 60007
Telephone: (847) 434-4000
Fax: (847) 434-8000
www.aap.org

Radio PSAs for Smoking Campaign for Pregnant Women

Low birth weight is the leading cause of death among infants. If you are pregnant and smoke, you are doubling the chances that your child will be born with a low birth weight. If you smoke heavily, you increase the risk by 300 percent. Your child deserves a better chance at life. Throw away your cigarettes, not your child's health.

This message brought to you by this station and the Kiwanis Club of _____

Time: 15 seconds

You probably know that nicotine is in cigarettes. But did you know that it is also a deadly poison used in pesticides? If you smoke during pregnancy, you are exposing your baby to the same chemicals that are used to kill insects. Your child deserves a better chance at life. Throw away your cigarettes, not your child's health.

This message brought to you by this station and the Kiwanis Club of _____

Time: 15 seconds

Carbon monoxide is a deadly gas from auto exhausts that can kill you. It is also contained in cigarette smoke. If you smoke during pregnancy, your baby is taking in this toxic gas. Your child deserves a better chance at life. Throw away your cigarettes, not your child's health.

This message brought to you by this station and the Kiwanis Club of _____

Time: 20 seconds

Cigarette smoke contains more than 4,000 dangerous chemicals. If you're pregnant and you smoke, all those chemicals go straight to your baby. Your baby deserves a better chance at life. Throw away your cigarettes, not your child's health.

This message brought to you by this station and the Kiwanis Club of _____

Time: 15 seconds

Children whose mothers smoked during pregnancy have a greater risk of developing respiratory diseases as they grow up. As young children, they often may be ill; they may be less proficient in verbal and math skills; and they may be shorter and smaller than other children. Your baby deserves a better chance at life. If you're a pregnant smoker, throw away your cigarettes, not your child's health. Remember, you're breathing for two. This message brought to you by this station and the Kiwanis Club of _____

Time: 25 seconds

On Page 11 Are Sample
Letters-to-the-Editor for the Smoking
Campaign for Pregnant Women
To be published in editorial
sections of newspapers

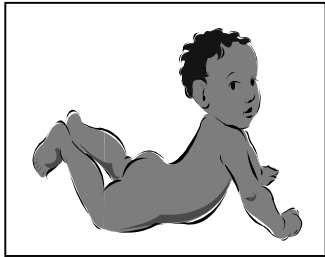
Intellectual development—Increases the risk of neurological abnormalities such as cerebral palsy, mental retardation, epilepsy, and hyperactivity.

Respiratory Diseases—Smoking during pregnancy increases the risk by three times.

Miscarriages—One pack per day increases the risk two-fold.

Low Birth Rate—Low birth weight is responsible for 55 percent of all infant deaths. Smoking doubles the risk of LBW, while heavy smoking increases the risk by 300 percent.

Displaced or Prematurely Separated Placenta—One-third to one-half of all deaths occurring at birth are due to displaced or separated placenta. Smoking increases placenta displacement by 53 percent.



Information for this brochure was drawn from publications by the American Lung Association, the March of Dimes, and the U.S. Centers for Disease Control.



Kiwanis International
3636 Woodview Trace
Indianapolis, IN 46268
U.S.A.

(317) 875-8755 (Worldwide)
(317) 879-0204 (Fax)
(800) 879-4769 (North America)

Caring
for your
baby before
it's born



**When you breathe
for two, your baby's
health depends
on you**

Being pregnant is a special time in every woman's life. It's a time when two lives function as one; when the mother-to-be's hopes and dreams for her baby's future first begin to take hold. Never in a woman's life will any living thing be as entirely dependent upon her as her baby.

Because a woman's health habits directly affect her unborn child, the baby's well-being depends on its mother. If her habits are healthy, it's likely her baby will be healthy.

And what a woman breathes is as important as what she eats, because a pregnant woman doesn't just eat for two, she breathes for two as well.

If you've never had a good enough reason to quit smoking, YOU HAVE ONE NOW

Your baby. Your baby depends on you for survival, but if you smoke during pregnancy, your baby may be a candidate for an array of defects and diseases. Worse, smoking could deprive your unborn baby of an opportunity at life.

The risks you take

Many birth defects have been directly linked to smoking during pregnancy, including:

Low Birth Weight—Children born with low birth weight (five-and-a-half pounds or less) are not prepared to live outside the womb. Low birth weight is responsible for more than half of all infant deaths. Heavy smoking increases this possibility for your baby by 300 percent.

Mental and Physical Defects—The chances for respiratory defects are increased, and some studies have linked smoking to mental retardation and physical handicaps.

Stillbirths—Smoking during pregnancy increases risk of stillbirth by 55 percent.

Miscarriages—Heavy smokers are 170 percent more likely than nonsmokers to have miscarriages. One pack per day doubles the risk

“But I smoked through my first two pregnancies, and nothing bad happened”

A problem-free pregnancy in which the mother smoked does not guarantee that the next pregnancy will go as smoothly.

Defects that occur during pregnancy sometimes do not surface until later. Children of smokers may be shorter and smaller than other children, or less capable in verbal and math skills. Heart and lung problems are more likely to develop.

The gains you'll make

There's nothing to lose by quitting smoking, and everything to gain—particularly your health and the health of your baby. If you quit smoking early in your pregnancy, your baby's chances for normal birth weight and general health can be similar to that of a nonsmoker. The less you smoke, the better off your baby will be. Millions of people have quit smoking. You can, too.

Remember, there's no better reason to quit. Take the first step for building a healthy, normal life for you and your baby. If you don't stop smoking now, you may never forgive yourself. Allow your baby a better chance to grow up and give back the love you have given it.

How to quit smoking

The first step is to make the decision to quit smoking. The first week usually is the most difficult, but after that the craving diminishes. Deep breathing exercises will help you relax during stressful periods.

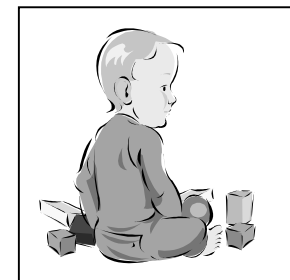
You don't have to do it alone; help is available. Consult your obstetrician or family doctor. He or she may recommend one of the many smoking cessation programs that are available.

If you've never tried quitting before, you may find it surprisingly easy. Many persons quit and find they don't miss smoking. If you've tried quitting before, keep in mind that it sometimes takes several attempts. Just because you didn't quit before doesn't mean you won't make it this time. And now you have two good reasons to quit instead of just one.

For more information on smoking cessation, call the U.S. Department of Health Cancer Information Services hotline: 1-800-421-6237 or write to:

Women and Smoking
Center for Disease Control
Mail Stop K-50
4770 Buford Highway NE
Atlanta, GA 30341-3717

The facts about smoking during pregnancy



Smoking during Pregnancy may result

In one or more of the following:

- **Sudden Infant Death Syndrome (SIDS)**— Also know as “crib death.” Thirteen percent of SIDS deaths have been attributed to smoking either during pregnancy or after birth.

To the Editor:

I have some questions for mothers-to-be in our community: When your baby is born, will you put pesticides in its formula? Will you pump carbon monoxide from your auto exhaust into its bedroom? Of course you wouldn't intentionally do this, but if you smoke during pregnancy, the basic effect could be the same.

When a pregnant woman smokes, she exposes her child to a number of deadly poisons, including nicotine and carbon monoxide. Nicotine is a deadly poison used in pesticides to kill insects. Carbon monoxide is a gas contained in cigarette smoke that literally cuts off oxygen supplies.

You might respond, "I've smoked for years and it hasn't killed me yet. So how much damage could it do to my baby in nine months?"

First of all, it is killing you - slowly. Secondly, a baby is very delicate, especially before it's born. What may not hurt you immediately can destroy your baby's health.

If you wouldn't intentionally hurt your child, take steps not to hurt it unintentionally. The Kiwanis Club of _____ will be sponsoring smoking awareness and cessation seminars for pregnant women and their husbands on _____ at _____ in the

_____ No cost is involved for those attending, and it could make all the difference in the world to you and your baby.

Chairman
Smoking Awareness Campaign Committee
Kiwanis Club of _____

To the Editor:

Four women in a small town had babies during the past two years.

One of the babies was born weighing only three pounds and spent his first few weeks of life in the hospital, hooked by a mass of tubes to several large, brooding machines. Many thousands of dollars later, the parents were allowed to take the child home. "You were lucky," the doctors said. Indeed, the child lived, but the doctors now suspect he is mentally retarded.

The second baby weighed in at a whopping eight pounds, and all seemed to be well. Two weeks later, the child's panic-stricken parents rushed him to the hospital in the middle of the night. The child was not breathing properly and was on the verge of asphyxiation. He, too, spent several weeks in the hospital. The infant, the doctors said, had developed severe asthma and a variety of other respiratory problems. A year later, the child has learned to walk, but can only make it half-way across a room. He has to stop to catch his breath.

The third infant, like the first, was born weighing three pounds. She too spent weeks with her tiny body shrouded in tubes. But unlike the first baby, she never went home.

All these children had one thing in common: Their mothers smoked during pregnancy. The physicians believed the afflictions from which these children suffered were caused by toxins their mothers ingested from smoking cigarettes. Smoking during pregnancy is one of the primary causes of infant mortality and physical defects in children. Babies weighing five-and-one-half pounds or less are not prepared to live outside the womb, smoking doubles this risk.

If you're pregnant and you smoke, please attend the upcoming smoking awareness and cessation seminar sponsored by the Kiwanis Club of _____ on _____ at _____ in the _____. It costs nothing to attend, and it's one of the best things you can do for your baby.

By the way, the fourth child ... he's probably playing in his sandbox right now, or running through the yard. His mother didn't smoke.

Chairman
Smoking Awareness Campaign Committee
Kiwanis Club of _____



Serving the
Children
of the World



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3636 Woodview Trace
Indianapolis, IN 46268
U.S.A.
(317) 875-8755, ext 212 Worldwide
1-800-549-2647 United States and Canada
(317) 849-0204 Fax
Service@kiwanis.org
www.kiwanis.org