Second Hand Smoke Exposure During Pregnancy: The Role of Intimate Partner Violence

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Background: Secondhand smoke exposure (SHS) has significant health effects, and exposure during pregnancy is linked to adverse birth outcomes and health and developmental consequences for children exposed in utero. Many pregnant women are unable to prevent SHS exposure, especially from partners, and relationship issues may play a role. Objective: The aim was to examine the role of intimate partner violence (IPV) in SHS exposure during pregnancy. Women who experienced IPV were hypothesized to be less likely to eliminate SHS from their partners during pregnancy, and to be exposed to greater amounts of partner SHS, than those who did not. Methods: Participants were 220 pregnant women living with smoking partners. Women were recruited at entry to prenatal care and completed various research tools, including the HITS and the WAST to screen for IPV. SHS exposure status and average number of cigarettes exposed to per day was assessed at time of conception (asked retrospectively at first prenatal visit), at entry to prenatal care (typically near the end of the first trimester), at the beginning of the third trimester, and at delivery. Results: Of the 220 women, 28% had never let their partner smoke around them or eliminated exposure by entry into prenatal care. Another 42% had initial exposure from their partner but eliminated this by the time of delivery, while 30% still had exposure at delivery. Compared with those who never had/eliminated exposure, those with continued SHS exposure from their partner were significantly more likely to report IPV. Aspects of IPV that differed among the groups included elements of both emotional and physical abuse. In addition, those who reported either emotional or physical abuse were exposed to significantly more cigarettes/day than those who did not report abuse. Significant associations remained after control for potentially confounding background factors. Conclusions: IPV is a significant risk factor for continued SHS exposure during pregnancy. Prenatal care providers should screen patients with SHS exposure for IPV and relationship issues, and should address this potential barrier when working with women to eliminate exposure.

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