

### **Characteristics of inner-city pregnant smoking teenagers.**

Albrecht SA; Caruthers D. *Journal of Obstetric, Gynecologic and Neonatal Nursing* 31(4): 462-469, 2002

Objective: To describe baseline characteristics of inner-city pregnant adolescent smokers and examine these variables as potential predictors of long-term tobacco abstinence. Study Design: Descriptive study design of the characteristics of pregnant adolescent smokers, with conceptual underpinnings from the Problem-Behavior Theory. Setting: Recruitment and data collection were completed in inner-city outpatient clinics and public schools. Participants: The study enrolled 142 pregnant smoking adolescents. Main Outcome Measures: Self-reported smoking behavior (abstinence vs. smoking) assessed at 12 months from study enrollment was the criterion outcome variable. Variables from Problem-Behavior Theory, tobacco use, and demographics variables were selected as predictors of interest. Results: Twelve months following study enrollment, 123 (87%) participants were smoking, with 19 (13%) reporting abstinence. Pregnant adolescents received messages of encouragement from parents and peers to quit smoking but complicated their pregnancies and smoking cessation efforts by concurrently consuming alcohol during the pregnancy. Conclusion: Findings from this study support previous research on adolescent smokers and extend our knowledge to the inner-city pregnant adolescent smoker. These pregnant teenagers present many needs and challenges for the nurses responsible for their care. Copyright 2002, Nursing Association of the American College of Obstetricians and Gynecologists.

### **Brief interventions for problem drinking and women. (review).**

Chang G. *Journal of Substance Abuse Treatment* 23(1): 1-7, 2002. (38 refs.)

Early identification and intervention among problem drinking women may avert the more severe, adverse consequences of alcohol abuse and dependence. Screening and brief interventions, while generally effective, have not been adequately examined among subgroups, such as women. The purpose of this review article is to examine the efficacy of brief interventions for the population of women in need of some alcohol treatment. Representative studies with random assignment to treatment conditions and either substantial numbers of women, or a special focus on women, were

included. Findings suggest brief interventions are not consistently helpful to women drinkers.

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### **Patient compliance and maternal/infant outcomes in pregnant drug-using women.**

Jones HE; Svikis DS; Tran G. *Substance Use & Misuse* 37(11): 1411-1422, 2002. (21 refs.)

Treatment compliance is an important variable in drug use intervention. For pregnant drug-misusing women, compliance with treatment has been particularly problematic, even in specialized and more intensive treatment programs. The present study, conducted from March 1999 to June 2000, compared maternal/infant outcomes in pregnant drug-using women who were either compliant or noncompliant with drug use interventions offered through a prenatal care clinic. Compliant women (N = 11) completed four therapy sessions (behavioral reinforcement of drug abstinence+brief motivational therapy), while noncompliant women (N=20) participated in zero to three therapy sessions. The two groups were similar on demographic and drug use severity measures. Compliant mothers, however, gave birth to infants with higher birthweights than noncompliant mothers. Over half of compliant mothers were also drug-free at delivery, compared to one-fourth of noncompliant mothers. These data support an association between treatment compliance and birth outcomes, and highlight the need to develop strategies for improving compliance with such interventions. Copyright 2002, Marcel Dekker, Inc.

### **A review of the literature relating caffeine consumption by women to their risk of reproductive hazards. (review).**

Leviton A; Cowan L. *Food and Chemical Toxicology* 40(9): 1271-1310, 2002. (134 refs.)

From this detailed review of the literature, several conclusions can be drawn: (a) An association between caffeine consumption and a reproductive hazard is more likely to be seen in lower-quality studies than in studies that come closer to approximating the ideal. This is especially evident for "lower" birthweight and congenital anomalies. (b) The association between caffeine consumption and spontaneous abortion may well reflect the Stein-Susser epiphenomenon (women with prominent nausea tend to reduce caffeine consumption and nausea appears to be a marker of good implantation, perhaps reflecting a favorable balance of hormones produced by a healthy placenta). (c) The claim that caffeine consumption by women delays conception has not been followed by convincing support. (d) Reproductive hazards associated with cigarette smoking tend

to be associated with caffeine/coffee consumption. Sometimes this appears to be a consequence of residual confounding associated with inadequate adjustment for cigarette smoking, which is over-represented among those who drink the most coffee/caffeine. Sometimes this reflects the tendency of women to underreport socially undesirable behaviors (e.g. smoking) while accurately reporting socially neutral behaviors (e.g. coffee and caffeine consumption). Thus, it seems reasonable to conclude that no convincing evidence has been presented to show that caffeine consumption increases the risk of any reproductive adversity. Copyright 2002, Pergamon-Elsevier Science Ltd.

### **Obstetrical textbooks: Recommendations about drinking during pregnancy.**

Loop KQ; Nettleman MD. *American Journal of Preventive Medicine* 23(2): 136-138, 2002. (38 refs.)  
 Background: For the past 2 decades, public health authorities have recommended that pregnant women abstain from alcohol. We reviewed obstetrical textbooks published over the last 4 decades to identify trends in recommendations for drinking during pregnancy. The study was begun in 2000 and completed in 2001. Design: Eighty-one texts were identified from a national listing service (n = 51) and local library shelves (n = 30). Results: Only 14 (17%) of the texts contained a consistent recommendation that pregnant women should not drink alcohol. Although there was a slight upward trend toward recommendations for abstinence in more recent texts, only 24% of the 29 texts published after 1990 were in this category. Fifty-three percent of all texts and 52% of texts published after 1990 contained a sentence condoning drinking at some level. The remaining texts (30%) contained no recommendations. Conclusions: Many texts, even those published recently, have not embraced public health recommendations and, in some instances, contradict them. Copyright 2002, American College of Preventive Medicine.

### **Women's initiative for nonsmoking (WINS V): Under-use of nicotine replacement therapy.**

Mahrer-Imhof R; Froelicher ES; Li WW; Parker KM; Benowitz N. *Heart & Lung* 31(5): 368-373, 2002. (18 refs.)  
 OBJECTIVE: The purpose of this study was to assess the use of nicotine replacement therapy (NRT) in a nurse-managed smoking cessation program. DESIGN: A cohort design nested within the WINS randomized clinical trial was used with follow-up at 2, 7, 21, 28, and 90 days. SETTING: The study took place in 10 hospitals in the San Francisco Bay Area. SUBJECTS: Participants included 142 women hospitalized with cardiovascular disease (CVD). OUTCOME MEASURE: The outcome

measure was the use of NRT after having been assessed as eligible for its use. INTERVENTION: NRT was used as an adjunct in the behavioral intervention protocol. NRT was recommended during the hospital intervention and during the 90-day outpatient phase. RESULTS: Of 142 women in the intervention group, 127 met the criteria for NRT use. During the 5 follow-up assessments, the reported NRT use ranged from 9% to 22%. CONCLUSION: A low NRT use rate among women with CVD is evident. The results suggest that future research about NRT myths pertaining to women is needed. Nurses can help patients dispel these myths and prevent smoking relapse in women with CVD. Copyright 2002, CV Mosby Co.

### **Women's reports of smoking cessation advice during reproductive health visits and subsequent smoking cessation.**

Pollak KI; McBride CM; Scholes D; Grothaus LC; Civic D; Curry SJ. *American Journal of Managed Care* 8(10): 837-844, 2002. (46 refs.)  
 Objective: To examine associations of women's characteristics with reports of provider advice to quit smoking and smoking cessation 1 year after a reproductive health visit. Study Design: Prospective survey. Methods: As part of a randomized smoking cessation trial, 432 women smokers completed telephone surveys 1 month and 1 year after their reproductive health visit. Most women were white (85%) with a mean age of 36 years. Results: Women more likely to report their provider advised them to, quit smoking were white rather than another race (adjusted risk ratio, [RR] = 1.4, confidence interval [CI] = 1.14-1.64), employed versus unemployed (RR = 1.3, CI = 1.04-1.49), engaged in safer versus riskier sexual practices (RR = 1.3, CI = 1.04-1.54), were more rather than less ready to quit (RR = 1.3, CI = 1.08-1.44), and saw family physicians versus gynecologists (RR = 1.3, CI = 1.12-1.41). Reported provider advice to quit smoking was not associated with subsequent cessation. Women were more likely to have quit smoking by the 1-year follow-up if at baseline they reported an annual Papanicolaou test in the prior 3 years (RR = 1.6, CI = 1.02-2.26), were more rather than less ready to quit smoking (RR = 2.0, CI = 1.36-2.62), and were less rather than more dependent on nicotine (RR = 0.7, CI = 0.59-0.84). Conclusions: Provider advice to quit is being directed to women who are most likely to quit and contributes little in explaining subsequent cessation. Providers may not be giving enough cessation advice to minority women, those not considering cessation, and those not prevention oriented. Interventions and system improvements are needed to increase providers' counseling of smokers who are unmotivated and from racial/ethnic minorities. Copyright 2002, American Medical Publishing, LLC.

### **Characteristics of female smokers attending a lung cancer screening program: A pilot study with implications for program development.**

Schnoll RA; Miller SM; Unger M; McAleer C; Halbherr T; Bradley P. *Lung Cancer* 37(3): 257-265, 2002. (47 refs.)

Anticipating the development of lung cancer early detection programs, we examined the: (1) feasibility of a lung cancer early detection program; (2) characteristics of enrollees (e.g. motivation to quit smoking); (3) correlates of enrollee motivation to quit smoking; and (4) rates of smoking cessation following screening. Brief surveys were completed before and after screening, which involved sputum cytology, chest X-ray, bronchoscopy, spiral CT, and a meeting with an oncologist to discuss smoking cessation. Of the 168 eligible women who were heavy smokers recruited via newspaper and cancer center advertisements, 55 agreed to undergo screening. Enrollees showed low- to moderate levels of quit motivation and high levels of nicotine addiction; enrollees were interested in a range of smoking cessation treatments; 20% of enrollees exhibited clinical-levels of emotional distress; 64% of enrollees reported low levels of self-efficacy (i.e. self-confidence) to quit; 24% of enrollees reported low levels of quitting pros and 25% reported high levels of quitting cons; 31% of enrollees showed high levels of fatalistic beliefs about cancer; and all enrollees recognized their elevated lung cancer risk. Greater motivation to quit smoking was related to: greater age, lower nicotine addiction, fewer health symptoms, and higher quitting self-efficacy and quitting pros. Finally, 16% of enrollees quit smoking after screening. Overall, many women eligible for screening refused to undergo comprehensive screening that included bronchoscopy and spiral CT. Screening may represent an opportunity for quitting smoking, although more intensive smoking cessation interventions that target nicotine addiction and self-efficacy may be needed to maximize the health benefits of an early detection program.

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### **Substance use in female adolescents with eating disorders.**

Stock SL; Goldberg E; Corbett S; Katzman DK. *Journal of Adolescent Health* 31(2): 176-182, 2002. (26 refs.)

Purpose: To determine the prevalence of substance use in adolescents with eating disorders, compare the results with a data set of Ontario high school students, and explore why adolescents with eating disorders do, or do not, use various substances. Methods: From January 1999 to March 2000, 101 female adolescents who met the DSM-IV criteria for an eating disorder were

followed up in a tertiary care pediatric treatment center. They were asked to participate in a cross-sectional study using a self-administered questionnaire assessing substance use and investigating reasons for use and nonuse; 95 agreed to participate and 77 completed the questionnaire (mean age, 15.2 years). The patients were divided into two groups: 63 with restrictive symptoms only, 17 with purging symptoms. The rates of drug use between subjects and their comparison groups were compared by z-scores, with the level of significance set at .05. Results: During the preceding year, restrictors used significantly less tobacco, alcohol, and cannabis than grade- and sex-matched comparison populations, and purgers used these substances at rates similar to those of comparison subjects. Other drugs seen frequently in the purgers included hallucinogens, tranquilizers, stimulants, LSD, PCP, cocaine, and "ecstasy." Both groups used caffeine and laxatives, but few used diet pills. Restrictors said they did not use substances because they were bad for their health, tasted unpleasant, were contrary to their beliefs, and were too expensive. Purgers generally used substances to relax, relieve anger, avoid eating, and "get away" from problems. Conclusions: Female adolescents with eating disorders who have restrictive symptoms use substances less frequently than the general adolescent population but do not abstain from their use. Those with purging symptoms use substances with a similar frequency to that found in the general adolescent population. Because the sample size for the purging group was small, firm conclusions cannot be drawn from our analysis. Health care providers who treat adolescents with eating disorders are in a good position to identify those who use substances and may be at risk for substance abuse.

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### **Maternal use of cannabis and pregnancy outcome.**

Fergusson DM; Horwood LJ; Northstone K. *British Journal of Obstetrics and Gynaecology* 109(1): 21-27, 2002. (19 refs.)

Objective: To document the prevalence of cannabis use in a large sample of British women studied during pregnancy, to determine the association between cannabis use and social and lifestyle factors and assess any independent effects on pregnancy outcome. Design Self-completed questionnaire on use of cannabis before and during pregnancy. Sample Over 12,060 women expecting singletons at 18 to 20 weeks of gestation who were enrolled in the Avon Longitudinal Study of Pregnancy and Childhood. Methods: Any association with the use of cannabis before and during pregnancy with pregnancy outcome was examined, taking into account potentially confounding factors including maternal social background and other substance use during pregnancy. Main outcome measures Late fetal and perinatal death, special care admission of the newborn infant, birthweight, birth length

and head circumference. Results Five percent of mothers reported smoking cannabis before and/or during pregnancy; they were younger, of lower parity, better educated and more likely to use alcohol, cigarettes, coffee, tea and hard drugs. Cannabis use during pregnancy was unrelated to risk of perinatal death or need for special care, but, the babies of women who used cannabis at least once per week before and throughout pregnancy were 216g lighter than those of non-users, had significantly shorter birth lengths and smaller head circumferences. After adjustment for confounding factors, the association between cannabis use and birthweight failed to be statistically significant ( $P = 0.056$ ) and was clearly non-linear: the adjusted mean birthweights for babies of women using cannabis at least once per week before and throughout pregnancy were 90g lighter than the offspring of other women. No significant adjusted effects were seen for birth length and head circumference. Conclusions: The results of this study suggest that the use of cannabis during pregnancy was not associated with increased risk of perinatal mortality or morbidity in this sample. However, frequent and regular use of cannabis throughout pregnancy may be associated with small but statistically detectable decrements in birthweight. Copyright 2002, Royal College of Obstetricians and Gynaecologists.

**The working-class context of pregnancy smoking.**

Pickett KE; Wakschlag LS; Rathouz PJ; Leventhal BL; Abrams B. *Health & Place* 8(3): 167-175, 2002. (47 refs.) The risk of smoking during pregnancy in the US is strongly associated with women's individual socioeconomic status (SES) but little is known about the influence of local area context. The aim of this study was to examine whether local-area characteristics increase the risk of smoking during pregnancy above and beyond individual SES. In a hospital-based cohort of 878 pregnant women in California, who delivered between 1980 and 1990, we compared risk of smoking during pregnancy based on individual and local-area factors. Adjusting for individual SES, neighborhood social class was related to smoking in early pregnancy. Living in a predominantly working-class area significantly increased the risk of pregnancy smoking for both working-class and non-working-class women. However, local-area economic and demographic indicators were not related to smoking early in pregnancy. Individual and family characteristics alone may be insufficient to explain smoking during pregnancy; the social class context of the places in which pregnant women live may also influence this behavior. Copyright 2002, Pergamon-Elsevier Science Ltd.

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