Date last modification of documentation sheet: 05-10-2012

Compared to previous version documentation sheet (07-01-2012) the following issues were adapted:

- New section on relevant policy areas added to the documentation sheet

ECHIM Indicator name	**C) Determinants of health** 45. Pregnant women smoking
Relevant policy areas	- Health inequalities (including accessibility of care) - Health system performance, quality of care, efficiency of care, patient safety - Maternal & perinatal health - (Preventable) Burden of Disease (BoD) - Preventable health risks - Life style, health behaviour
Definition	Percentage of women who smoke during pregnancy.
Key issues and problems	The indicator is intended to measure smoking during pregnancy, given the adverse perinatal health effects of smoking. Indicator needs development. The keys issues are: 1) At what point of pregnancy should smoking be measured? See under remarks. 2) Which type of data is basically better. The choice (birth registers versus perinatal health surveys) can affect prevalence estimates. 3) At the moment there is no satisfactory proposal for indicator calculation 4) There is no regular/sustainable data collection for this indicator topic.
Preferred data type and data source	Preferred data type: National birth registers based on medical records. Perinatal health surveys (surveys during pregnancy, at birth and after birth). HIS usually have too few interviewed persons (i.e. pregnant women). and data collection of previous pregnancies may give biased estimates. Preferred data source: Not decided yet.
Data availability	Eurostat, WHO-HfA and OECD: No data available. Peristat: Data exists for the number of women who smoke during the i) first and ii) third trimester of pregnancy. Data only for years 2000 and 2004 are available. Next data collection is planned for 2010 data.
Rationale	Smoking during pregnancy is associated with adverse perinatal outcomes including spontaneous abortion early in pregnancy, growth restriction, preterm birth and perinatal death. The indicator can be used as an indicator of prenatal care and prevention, if data is available on percent of pregnant women quitting smoking during the 1st trimester of pregnancy. Amenable to intervention.
Remarks	- It is important to measure smoking at a similar point in time of pregnancy in all countries since many women stop smoking during pregnancy and they can stop at any point in time of pregnancy. As the aim of the indicator is to indicate the quality of prenatal care and prevention, then the key issue is how many of the pregnant women quit smoking early in pregnancy. - PERISTAT project has proposed an indicator "smoking during pregnancy for women with live and stillbirths (R4)" which is defined as "The number of women who smoke during the third trimester of pregnancy expressed as a percentage of all women delivering live or stillborn babies". When possible, data were collected for two time periods: an earlier (ideally, first trimester) and a later (ideally, third trimester) phase".
References	- PERISTAT -project: http://www.europeristat.com/ - For PERISTAT project 2000 data please see: the Special Issue of the European Journal for Obstetrics & Gynecology and Reproductive Biology, Volume 111 (2003), Supplement 1, S1–S87. - For PERISTAT project 2004 data please see chapter 4.4 of "European Perinatal Health Report", available at http://www.europeristat.com/publications/european-perinatal-health-report.shtml
Work to do	- Consult PERISTAT for considerations regarding indicator definition (preferred timing) and

	data collection. On this basis then: - Decide on the definition of the indicator. - Decide on the calculation of the indicator. - Decide on the preferred data sources.