

Article summary

[Linguistics](#), [English](#)



Article Summary This was a population-based retrospective research carried out in British Columbia, Canada. The research included all singleton births that happened in British Columbia between 2001 and 2006. The data was retrieved from the Perinatal Services British Columbia. Factors studied included reproductive history, health status of the mother and the child, residential postal codes, and socio-demographics. Tests performed to calculate the influence of the covariates upon the birth outcomes were 95% confidence intervals and bivariate odds ratio. Link between the various levels of maternal smoking and the covariate risk factors was drawn using the partial proportional odds model. Results suggested that smoking during pregnancy has adverse impact on the fetal growth and is also linked with low socioeconomic indicators and other risk behaviors. The research drew a comparison between the birth outcomes of heavy smokers and non-heavy smokers and found that the former were exposed to substantially more health risks than the latter. Every variable other than the older maternal age was found to be a risk factor for smoking during pregnancy. Self-reports of smoking at least 10 cigarettes a day during the early stage of pregnancy can lead to numerous unfavorable birth outcomes. However, there is subjectivity about the extent to which the adverse birth outcomes can be attributed to heavy smoking alone as other factors like socioeconomic status and psychological stress also contribute to them. The research supports the strategies for quitting smoking, yet a broader focus is required to study the underlying factors that cause adverse birth outcomes.

References:

Erickson, A. C., and Arbour, L. T. (2012, Feb. 6). Heavy smoking during

pregnancy as a
marker for other risk factors of adverse birth outcomes: a population-based
study in British Columbia, Canada. BMC Public Health.