

# Saving money by spending more

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Cigarette smoking among pregnant women remains a significant public health problem in Wisconsin. Pregnant women and their newborns face substantial medical risks as a result of this addiction. Infants with prenatal exposure to cigarette smoke are nearly twice as likely to be preterm and nearly 3 times as likely to be small for gestational age—all outcomes with potentially significant related co-morbidities.

Despite recent declines in smoking among pregnant women, approximately 1 out of 8 pregnant women in Wisconsin continues to smoke. More concerning is the higher rates among those with less education—pregnant women with only a high school diploma smoke at more than 8 times the rate of mothers with a college degree. Given these disparities and the health and social costs of smoking during pregnancy, it is incumbent upon us to redouble our prevention programs and policies.

This issue of the *Wisconsin Medical Journal* includes an article on the cost savings of treating tobacco addiction in pregnant women participating in the First Breath program (p 67). The authors conclude that for every dollar invested in this program, approximately \$9 of health care costs will be saved. This may overestimate the return on investment for several reasons, most im-

portantly the bias related to using as the control group women in the program who did not quit. A controlled experiment would permit more accurate assessment of the health care expenses of women who did not receive the intervention.

Nevertheless, the evidence for cost savings from providing smoking cessation services to pregnant women is rock solid:

- Earlier studies suggest that every \$1 spent on smoking cessation for pregnant women could save about \$3 in reduced neonatal intensive care costs.<sup>1,2</sup>
- A single percentage point decline in smoking prevalence among pregnant women would prevent 1300 cases of low birth weight annually and save \$21 million in direct medical costs, in 1995 US dollars.<sup>3</sup>
- If 25% of pregnant smokers on Medicaid receive counseling that achieves an 18% quit rate, almost \$10 million in excess Medicaid neonatal health care costs could be averted in the United States.<sup>4</sup>
- If participants receive 1 counseling session that costs \$30 and this results in an 18% quit rate, Medicaid could save almost \$3.50 in averted neonatal medical expenditures for every \$1 spent on counseling pregnant smokers to quit.<sup>4</sup>

The US Public Health Service's *Clinical Practice Guideline on Treating Tobacco Use and Dependence*<sup>5</sup> found that “because of the serious risks of smoking to the pregnant smoker and the fetus, whenever possible pregnant smokers should be of-

fered extended or augmented psychosocial interventions that exceed minimal advice to quit.” Findings in the Guidelines also note that these treatments are “highly cost-effective” relative to other reimbursed treatments, e.g. treatment of hyperlipidemia and mammography.

As Wisconsin's legislature continues its debate on ways to cut health care costs, they should remember that one of the best ways to save health care dollars is to spend more—not less—on smoking cessation among pregnant women in the state.

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# Wisconsin Medical Journal

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