



Reducing Smoking in Pregnancy

January 15, 2026

In Accordance with Act 27 (2025), Section E.312.4

Submitted to: House Committee on Appropriations
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House Committee on Human Services
House Committee on Health Care
Senate Committee on Health and Welfare

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Key Takeaways

- Smoking cessation efforts to date have contributed to lowering the smoking rate among pregnant individuals in Vermont, as well as reducing the prevalence of children who live with an adult who smokes cigarettes. However, there is still a need for ongoing action to continue these trends.
- The Department of Health's Tobacco Control Program implements evidence-based practices:
 - **Accessible treatment**, offering 24/7 services including counseling, free nicotine replacement therapy delivered to women's homes and treatment during pregnancy and post-partum.
 - **Treatment integration**, providing tobacco screening and cessation at mental health and substance use treatment facilities through the Tobacco Behavioral Health Initiative, providing health benefits to hundreds of adults including those who are pregnant who seek treatment at Clara Martin.
 - **Contingency management to support quitting among those who are pregnant**, creating a default referral to 802Quits among those who are pregnant and screen positive for smoking and offering financial incentives for pregnant smokers.
 - **Collaboration with the Department of Vermont Health Access to reduce smoking among people who are pregnant and low income**, including providing tobacco trainings to providers and implementing a media campaign to support quitting among Medicaid members, who smoke at a significantly higher rate (27%) than the state average (11%).
 - **Effective media that motivates people who are pregnant to quit and to prevent relapse**, such as through evidence-based [Tips from Former Smokers](#) ads that reach tens of thousands of Vermont adults.

Legislative Charge

Pursuant to Act 27 (2025) Section E.312.4, the Department of Health (Department) prepared this report with:

- Information on the outcomes achieved by previous investments, including the number of pregnant smokers who quit smoking as a result of cessation initiatives and the number of families who reported reducing tobacco usage and secondhand smoke around infants and children

- Information about the \$250,000 grant from the Department to the Vermont Parent Child Center Network (VPCCN) from the General Fund appropriation in Sec. B.1100(g)(6) of Act 27 (2025).

Outcomes Achieved from Previous Smoking Cessation Investments

Smoking Cessation Strategies to Reduce Tobacco Use Among Pregnant Vermonters

For over 20 years, the Department's Tobacco Control Program has focused on specific priority populations, including pregnant smokers and young families throughout Vermont. Specifically, the Department has worked to support tobacco prevention and treatment among our state's maternal and child health population by developing strategic partnerships that focus on reducing smoking in pregnancy and post-partum. These efforts include:

Accessible and Effective Treatment: Vermont's Free and Referral Clinics and 802Quits

- The Tobacco Control Program has been working with and granting funds for tobacco treatment at **Vermont's Free and Referral Clinics** for the past eight years. The project supports clinicians to ask, advise and refer to treatment while also providing nicotine replacement therapy.
- The state provides a comprehensive, 24/7 Quitline, [802Quits](#), to provide culturally tailored supports for pregnant and post-partum, Medicaid-insured, Indigenous, those with mental health conditions, and youth and young adults. Counseling is provided by master's level trained clinicians and gift cards are provided for completion of counseling sessions - up to \$250, which contributes toward increased engagement, a factor for successful quit outcomes.

Health System Improvements: WIC

- Conducting a five-year quality improvement project with Vermont's Special Supplemental Nutrition Program for Women, Infants and Children (WIC), home visiting programs and the Department's Local Health Division to increase screening, brief intervention, and referrals to 802Quits for WIC participants. The project yielded improvements in the WIC program's tobacco related outcomes.
- Tobacco cessation among pregnant WIC participants remains a priority for the WIC program. WIC staff across the state have received training on 802Quits services.

Community-based Initiatives: Office of Local Health and Rutland Regional

- Supporting a three-year community cessation project in the **Rutland Regional Medical Center** service area, which had a high smoking during pregnancy rate. During the cessation project, women enrolled in a counseling and incentive protocol based on UVM's highly effective approach. In partnership with WIC and local health care providers, many of the participants were able to quit or reduce their smoking.

VDH Survey and Treatment Enhancements: PRAMS, 802Quits, and VCHIP

- Expanding questions asked on the [Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#) survey to capture e-cigarette use among those who are pregnant and post-partum. The Tobacco Control Program added e-cigarette treatment to its 24/7 Quitline and worked with the **Vermont Children's Health Improvement Program** to address all forms of tobacco use in clinical and public-school practice.

Best-practice Media Campaigns: One More Conversation and 802Quits

- Creating health promotion campaigns for providers to have **One More Conversation** to help women seek out supports like our 24/7 Quitline. The Tobacco Control Program also funded 802Quits digital ads to reach those who are pregnant and post-partum to motivate and support their tobacco cessation.
- Since 2023, over 100 pregnant Vermonters have been connected to 802Quits services. Based on a total of 668 births to Vermont residents who smoked during pregnancy from 2023-2024 (Vermont Vital Statistics) and the 89 pregnant Vermonters connected to 802Quits during that time, 802Quits reached an estimated 13% of pregnant Vermonters who smoked.

Evidence-based Trainings: Home Health, WIC and Providers

- Training home health visitors, WIC staff, perinatal partners and others on current guidelines for tobacco use disorder and nicotine dependence. Prior to the pandemic, the Department provided an evidence-based training and curriculum called [SCRIPT: Smoking Cessation and Reduction in Pregnancy Treatment - Society for Public Health Education - SOPHE](#) that provided curriculum and other tools for obstetric staff to increase cessation.
- From July 1 to September 30, 2025, twenty providers from parent-child centers across the state have taken the free, accredited 802Quits tobacco cessation trainings offered through the Quitline.
- Home visiting programs including **Strong Families Vermont** identify tobacco treatment needs among families and refer to 802Quits.

Tobacco Prevention Coalitions: Smoke Free Public Places, Housing and Workplaces

- Working with local prevention coalitions to implement smoke free policies in public places and multi-unit housing. Coalition staff meet with landlords and property managers to help with transition to smoke free housing status, educate on benefits, assist with signage and communications to residents. The Tobacco Control Program provides free, durable smoke and tobacco free signage for workplaces and housing properties statewide.

Advancing Financial Incentives that Work: UVM Center on Behavior and Health

- Meeting regularly with contingency management experts at the **UVM Center on Behavior and Health** to explore how to increase use of financial incentives throughout the obstetric care system and how to integrate electronic referral system into Epic to make it easier to provide tobacco treatment. The Tobacco Control Program has the most comprehensive set of financial incentives for its Quitline registrants in the nation. In 2025, the Quitline served over 3,000 Vermont adults age 18 and above.

Effective and Ongoing Collaboration to Increase Treatment: DVHA and the Tobacco Control Program

- Meeting regularly with DVHA to discuss the Medicaid tobacco cessation benefit. The Department and DVHA work together to remove obstacles to accessing the cessation benefit for providers and members and promote the cessation benefit including in pharmacy settings. In 2013, the smoking rate among Medicaid insured Vermonters was 37%. The smoking rate among this population decreased to 27% in 2023. For a comprehensive overview of this effort, which has been nationally recognized see [Tobacco Treatment Progress for Medicaid Members](#).

Protective Policies: An Important Role in Tobacco and Nicotine Use Prevention

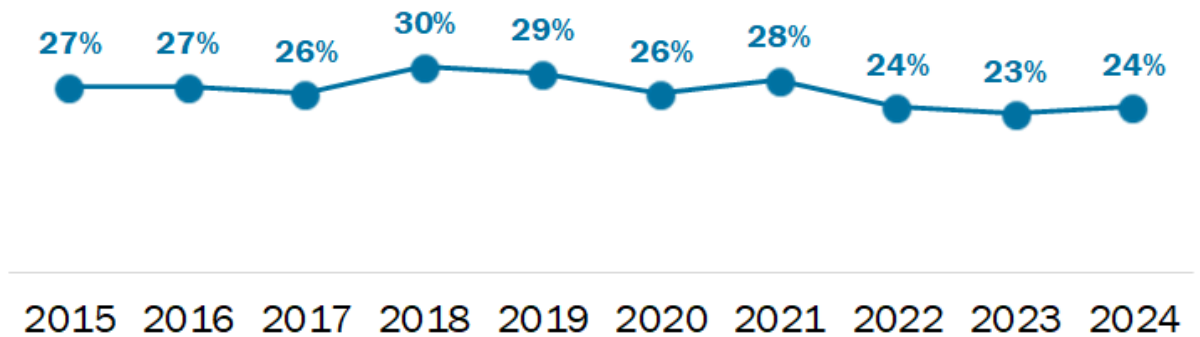
- In 2019, the legislature passed three policies that likely contributed to lower vaping rates and lower smoking rates:
 - Restricting online sales and delivery of tobacco products including e-cigarettes.
 - Taxing vaping products at 82% wholesale tax.
 - Increasing the legal age to purchase tobacco products to 21.

Outcomes

These and other measures have contributed to lowering the smoking rate among pregnant individuals in Vermont. Nationally, the rate of cigarette smoking during pregnancy was 2% in 2024, down from 7% in 2016 (National Vital Statistics System). During the same time, the rate of smoking among those who gave birth in Vermont decreased from 16% in 2016 to 6% in 2024 (Vermont Vital Statistics System).

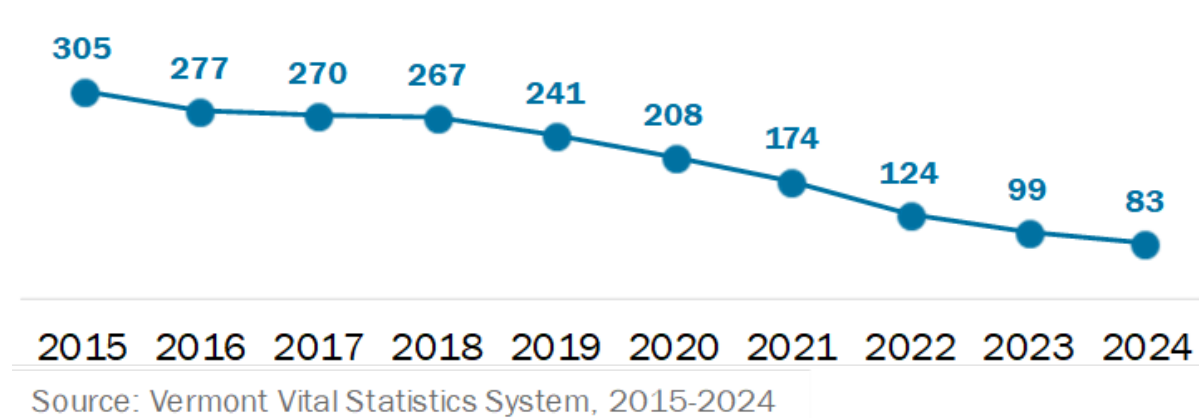
Much progress has been made in reducing the overall rate of smoking during pregnancy in Vermont, yet it remains challenging to increase the quit rate. The national rate of quitting smoking before pregnancy was 22% in 2023, higher than Vermont's rate of 14% that year ([National Vital Statistics Reports, Births: Final Data for 2023](#); Vermont Vital Statistics System). In 2024, among those in Vermont who smoked cigarettes in the three months prior to pregnancy or during the first trimester, 24% quit during pregnancy before the second trimester, similar to the rate of 27% in 2015 (**Figure 1**, Vermont Vital Statistics System). A total of 2,048 births from 2015 to 2024 were to Vermont residents who quit smoking during pregnancy (**Figure 2**, Vermont Vital Statistics System).

Figure 1. Percentage of Births to Vermonters Who Quit Smoking Cigarettes During Pregnancy



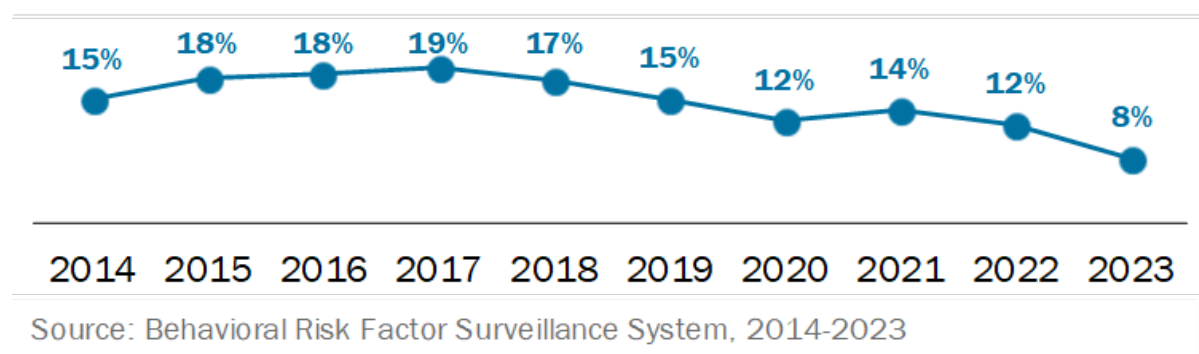
Source: Vermont Vital Statistics System, 2015-2024

Figure 2. Number of Births to Vermonters Who Quit Smoking Cigarettes During Pregnancy



An estimated 8,700 children, or approximately 8% of Vermont children, currently live in a household with an adult who smokes cigarettes, likely impacting their exposure to secondhand smoke. The prevalence of children who live with an adult who smokes cigarettes declined significantly from 15% in 2014 to 8% in 2023. This resulted in an estimated 9,430 fewer Vermont children living in a household with an adult who smokes cigarettes compared to 2014 (Figure 3, Behavioral Risk Factor Surveillance System).

Figure 3. Percent of Children in Vermont Who Live with an Adult Who Smokes Cigarettes



Potential contributing factors for our higher rate of smoking during pregnancy in Vermont include rurality, socioeconomic status, the retail environment, and other substance use.

- Vermont is one of the most rural states in the nation, and rural status correlates with higher smoking rates.^{1,2,3} Even within Vermont, adults who live in a rural area smoke cigarettes at a higher rate (13%) than those who live in an urban area (8%) (Behavioral Risk Factor Surveillance System, 2023).
- Smoking rates are significantly higher among Vermont adults with lower educational attainment, lower income, and those who are insured by Medicaid, while fewer than half of those who smoke have tried to quit in the last year ([Adult Tobacco Use in Vermont](#)). In 2024, 30% of births in Vermont were to people with a high school education or less and 37% were to those insured by Medicaid. The prevalence of smoking during pregnancy among those insured by Medicaid was almost seven times higher than those not insured by Medicaid (13% vs. 2%). Vermont residents who participate in the WIC program during pregnancy are also significantly more likely to smoke during pregnancy than those who do not (12% vs 3%) (2024 Vermont Vital Statistics System).
- Vermont has a high number of tobacco retailers for a small state. Retail density is an influential factor for initiation and continued use, making it harder to successfully quit. The [2024 Vermont Tobacco Retail Report](#) also shows higher density of tobacco retailers in low-income neighborhoods. Unlike for alcohol, Vermont doesn't have a minimum price floor for tobacco products which makes it more likely for steep discounting to occur. Price is another influential factor for both starting and staying with tobacco use.
- There are high rates of other substance use during pregnancy in Vermont. In 2022, the rates of e-cigarette use and heavy drinking during the last three months of pregnancy (each 4%) were both higher in Vermont compared to the national rates (2% and 3%, respectively) ([CDC PRAMS Selected 2016-2022 Maternal and Child Health Indicators](#), [Vermont PRAMS Phase 8 Report](#)). Recently, it was reported that 12% of those pregnant in Vermont used marijuana during pregnancy ([Vermont 2023 PRAMS Highlights](#)). While not directly comparable due to survey differences, the National Survey on Drug Use and Health (NSDUH) estimates a national rate of 5% for

¹ Cornelius, M. E., Loretan, C. G., Wang, T. W., Jamal, A., & Homa, D. M. (2022). Tobacco Product Use Among Adults - United States, 2020. *MMWR. Morbidity and mortality weekly report*, 71(11), 397–405. <https://doi.org/10.15585/mmwr.mm7111a1>

² Roberts, M. E., Doogan, N. J., Kurti, A. N., Redner, R., Gaalema, D. E., Stanton, C. A., White, T. J., & Higgins, S. T. (2016). Rural tobacco use across the United States: How rural and urban areas differ, broken down by census regions and divisions. *Health & place*, 39, 153–159. <https://doi.org/10.1016/j.healthplace.2016.04.001>

³ Roberts, M. E., Doogan, N. J., Stanton, C. A., Quisenberry, A. J., Villanti, A. C., Gaalema, D. E., Keith, D. R., Kurti, A. N., Lopez, A. A., Redner, R., Cepeda-Benito, A., & Higgins, S. T. (2017). Rural Versus Urban Use of Traditional and Emerging Tobacco Products in the United States, 2013-2014. *American journal of public health*, 107(10), 1554–1559. <https://doi.org/10.2105/AJPH.2017.303967>

past-month marijuana use among those who are pregnant, suggesting Vermont's rate of marijuana use during pregnancy may also be disproportionately high (NSDUH Public-Use Data, 2023). Co-use of other substances can hinder smoking quit attempts.⁴

Grant to the Vermont Parent Child Center Network

The \$250,000 General Fund appropriation in Sec. B.1100(g)(6) of Act 27 (2025) to the Department to grant and collaborate with the VPCCN will increase our collective capacity to work towards lowering the smoking rate among pregnant individuals in Vermont as well as reducing the prevalence of children who live with an adult who smokes cigarettes.

The VPCCN disperses these funds to the 15 Parent Child Centers (PCC) to build local community partnerships, educate and inform pregnant and parenting Vermonters on the health risks, reduce secondhand smoke and vape exposure in homes where young children live, and make referrals and support parents to quit, reduce, and prevent smoking.

To date, the Department, in collaboration with the VPCCN, has:

- Established a grant agreement with the VPCCN in July 2025.
- Identified three goals for the grant:
 1. Increase the number of pregnant women who smoke who reported quitting.
 2. Increase the number of families who reported reducing tobacco usage and secondhand smoke around infants and children.
 3. Increase the number of monthly referrals for pregnant Vermonters to the Quitline from one to 10 by July 2026.
- Established requirements for quarterly reporting on performance measures and received one quarter of outcomes data from grantees as of October 2025. The performance measures grantees are required to report on to track progress towards the three identified goals and the first quarter of outcomes data received from grantees is summarized below. Since the grant started in July 2025, the Department only has one quarter of data and work to report on at this time.

⁴ Kurti A. N. (2020). Reducing tobacco use among women of childbearing age: Contributions of tobacco regulatory science and tobacco control. *Experimental and clinical psychopharmacology*, 28(5), 501–516. <https://doi.org/10.1037/pha0000342>

Goal 1: Increasing the number of pregnant women who smoke and reported quitting as a result of cessation initiatives

- Increase awareness and use of 802Quits, among pregnant and parenting Vermonters
- Enhance engagement with families using proven tobacco treatment methods and tools to assist them in reducing or quitting tobacco and nicotine use
- Offer on-site tobacco screening, counseling and referrals
- Increase and enhance Parent Child Center (PCC) staff knowledge of and comfort with screening for tobacco and nicotine use and in utilizing the referral tools available on 802Quits

Performance Measures:

- Number of trainings provided to PCC staff on 802Quits services this quarter
- Number of PCC staff who attended an approved cessation training this quarter
- Number of PCC staff trained in Brief Interventions for tobacco cessation this quarter
- Number of PCC staff trained as Tobacco Treatment Specialists this quarter
- Number of parents served by PCC who screen positive for tobacco/nicotine use this quarter and the total number of all parents who were screened for tobacco/nicotine use
- Number of families served by PCC reporting decreased tobacco/nicotine use this quarter
- Number of pregnant Vermonters served by PCC who made a quit attempt this quarter
- Number of pregnant Vermonters served by PCC who successfully quit all tobacco and nicotine use this quarter
- Number of referrals to 802Quits made by PCC staff this quarter

Reported Outcomes:

- Eight centers had a total of 57 staff members trained on 802Quits services.
- Six centers had a total of 59 staff who were trained in Brief Interventions for tobacco cessation.
- Two centers screened 121 pregnant and parenting Vermonters for tobacco/nicotine use. Out of those, five screened positive.

- All PCCs have developed plans to train key staff, including arranging local prevention coalition members to come on site to provide in-person training.

Goal 2: Increasing the number of families who reported reducing tobacco usage and secondhand smoke around infants and children

- Increase pregnant and parenting Vermonters' awareness of the harms associated with exposure to secondhand smoke and vape emissions
- Provide [strategies](#) to help families reduce secondhand and thirdhand exposure risks and keep homes and vehicles smoke/vape-free
- Parent Child Centers will use social media of their choice, as well as traditional media (print, digital) and in-house communications (flyers, front porch forum, newsletters, etc.) to enhance their work in educating pregnant and parenting Vermonters on the health risks associated with the harms related to secondhand and thirdhand smoke and vape emissions exposure and cessation resources available to those ready to reduce or cease their tobacco and nicotine usage

Performance Measures:

- Number of staff educated on secondhand, thirdhand smoke and vape emission exposure this quarter
- Number of pregnant and parenting Vermonters served by PCC reporting increased awareness of harms associated with exposure to secondhand smoke and vape emissions this quarter
- Number of pregnant and parenting Vermonters educated about the 802Quits [smoke-free pledge](#)
- Number of pregnant and parenting Vermonters who took the smoke-free pledge this quarter

Reported Outcomes:

- Four centers educated 40 staff members on secondhand, thirdhand and vape emissions exposure.
- One center reported that one pregnant and parent Vermonter was educated about the 802Quits smoke-free pledge.
- Six centers engaged with 24 community partners including local Vermont Department of Health offices (Chronic Disease and WIC), Tobacco Prevention Coalitions, law enforcement, chamber of commerce, and public libraries.

- Two centers shared a total of 19 social media posts (with 2,871 views) with information about cessation, secondhand smoke and vape emissions exposure.
- One center shared an article in their newsletter communications with information about cessation, secondhand smoke and vape emissions exposure. This reached 107 subscribers.
- Two centers used other methods of communication and outreach (such as placing information in Welcome Baby Bags) to educate and inform pregnant and parenting Vermonters. A total of 123 Vermonters were reached.

Goal 3: Increasing the number of monthly referrals for pregnant Vermonters to the Quitline from one to 10 by July 2026

- Increase and enhance Parent Child Center staff knowledge of and comfort with utilizing the [referral tools](#) available on 802Quits
- Increase the number of monthly referrals for pregnant Vermonters by Parent Child Center Staff to 802Quits

Performance Measures:

- Number of PCC staff trained in the 802Quits referral process
- Number of monthly referrals for pregnant Vermonters made by Parent Child Center staff to 802Quits

Reported Outcomes:

- Eight Parent Child Centers had 57 staff members trained on 802Quits and the referral process.
- Two Parent Child Centers made one referral each to 802Quits.