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Published In/Presented At

Hesham, H., Curet, S., Nair, S., Kincaid, H., Beitler, C., Matos, L., & Lenhart, C. (2016, April 14). Recruitment Feasibility Study for Reducing Postpartum Smoking Among Low-income and Hispanic Women. Poster presented at: Women's Health 2016: The 24th Annual Congress, Washington D.C.

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Recruitment Feasibility Study for Reducing Postpartum Smoking Among Low-income and Hispanic Women

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Background

- Tobacco use is the leading preventable cause of premature morbidity and mortality, and smoking cessation is associated with immediate and long-term improvement in quality of life and health outcomes.
- Pregnant women represent a unique subgroup for whom continued smoking is associated with multiple immediate adverse outcomes, including increased risk of ectopic pregnancy, spontaneous abortion, preterm delivery, low birth weight, and perinatal mortality.
- Pregnant women who smoke exhibit a relatively high rate of spontaneous smoking cessation.

Objective

This study examines the feasibility of recruitment for, and implementation of, a smoking cessation program among low-income pregnant women in a community-based healthcare setting by:

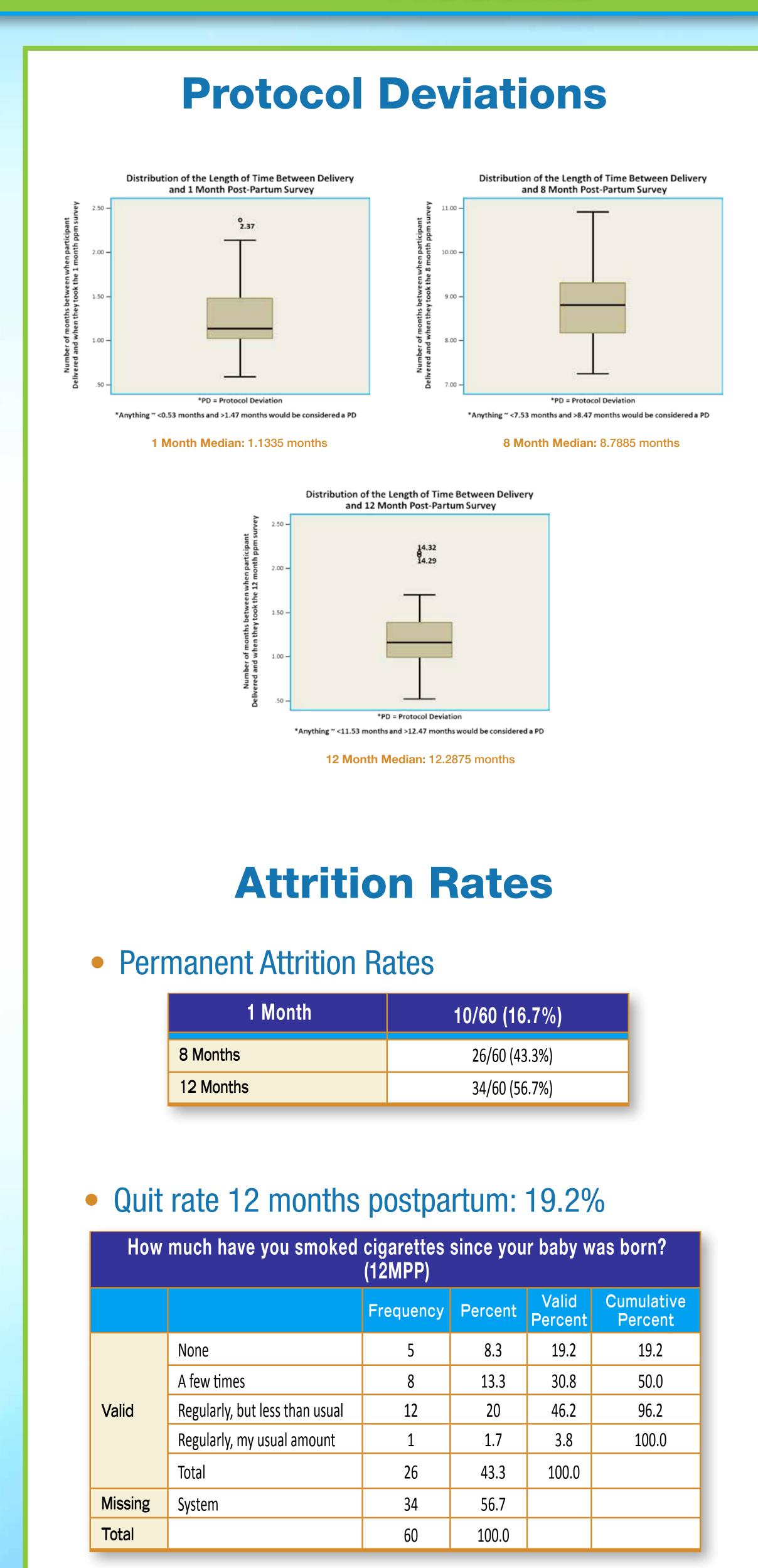
- Determining the percentage of screened women who are recruited.
- Assessing the attrition rate at each follow-up point.
- Reporting the quit rate among enrolled women at 12 months post-partum.

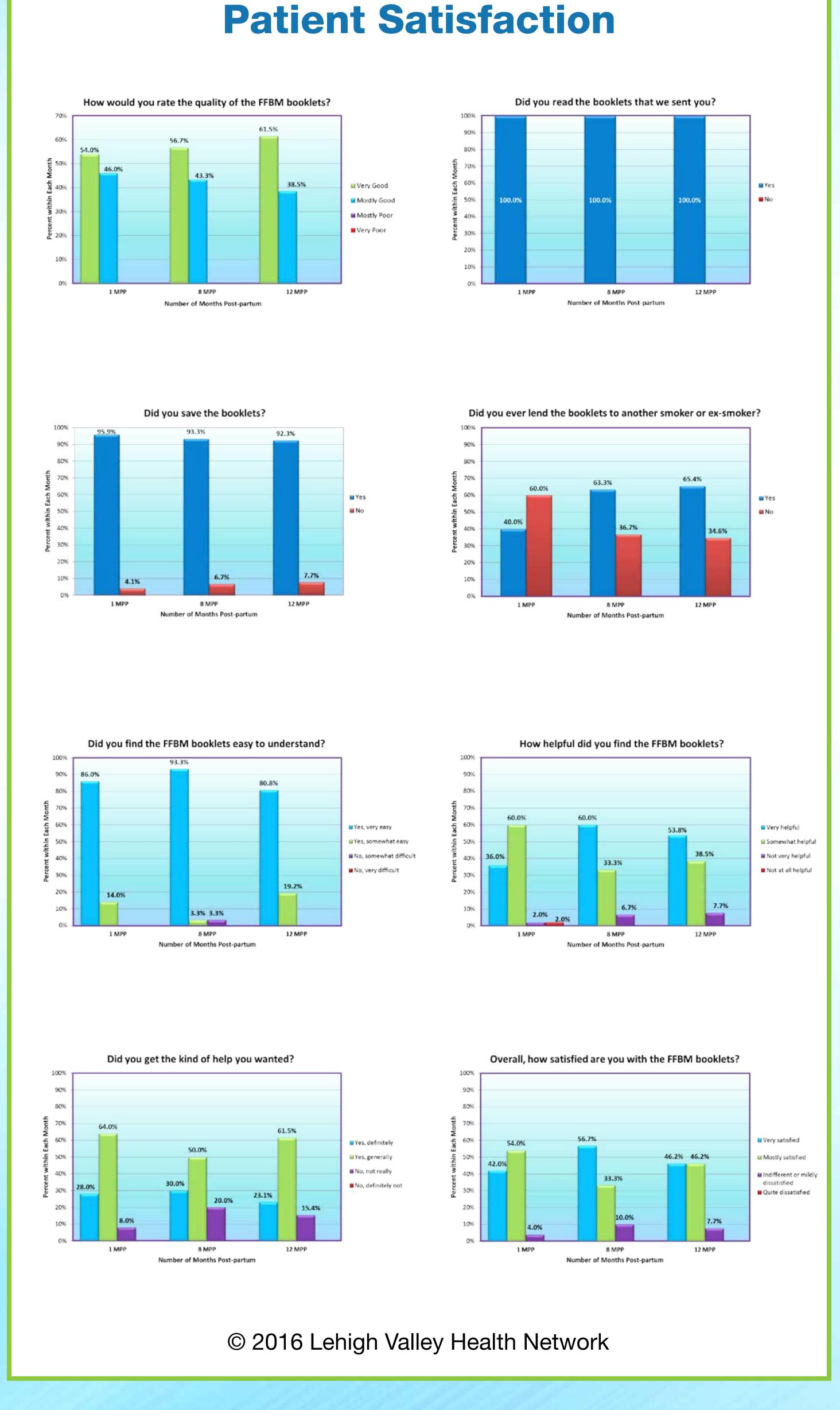
Methods

- We recruited 60 low-income pregnant smokers from the Center for Women's Medicine (CWM) who received either the Forever Free for Baby and Me or Libres Para Siempre... Por Mi Bebé y Por Mí, booklets
- They completed baseline, 1 month (+/- 2 week), 8 month (+/- 2 weeks) and 12 month (+/- 2 weeks) postpartum assessments regarding smoking cessation and their attitudes regarding the booklets.
- Pregnant women who smoke exhibit a relatively high rate of spontaneous smoking cessation.

Results

Enrollment Total Enrollment: We enrolled 60 subjects between 2/11/13 and 7/29/13. The total number of eligible patients to participate were 107 and 60 were finally • 56.1% enrollment rate. • Declined to participate (n=25) Did not meet inclusion criteria #6 (n=7) No opportunity to enroll due to sample size being previously met (n=9) Delivered prior to enrollment (n=2) Spontaneous abortion prior to enrollment No show for appointments. To enroll (n=1) Incarcerated prior to enrollment (n=1) • Lost to follow-up (n=7) Withdrew consent (n=3) 1 MPP Follow-up Lost to follow-up (n=18) Withdrew consent (n=2) 8 MPP Follow-up Lost to follow-up (n=6) Previously lost to followup, but returned to study (n=4) Withdrew consent (n=2) 12 MPP Complete





Discussion

- Enrollment: 60 subjects between 2/11/13 and 7/29/13. The total number of eligible patients to participate were 107 and 60 were finally recruited with total of 56.1% enrollment rate.
- Permanent attrition rates: 1 Month 16.7%, 8 month 43.3%, 12 month 56.7%.
- Quit rate at 12 months postpartum: 19.2%.
- Nearly 50% of our study population were either abstinent or smoked "a few cigarettes." Nearly 96% reported decreased smoking rates overall.

Conclusions

- Self-help booklets appeared to be efficacious and offered a low-cost modality for providing relapse-prevention assistance to low-income pregnant and postpartum women that were well received by our low income population at CWM.
- Recruitment of greater than half of eligible patients proves the feasibility of implementing this project in a low income clinic population.
- Distribution of booklets should be centered around clinical visits to ensure better patient follow up.

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