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Helai Hesham MD Lehigh Valley Health Network, helai.hesham@lvhn.org

Sandra L. Curet MD Lehigh Valley Health Network, Sandra_L.Curet@lvhn.org

Suresh G. Nair MD Lehigh Valley Health Network, suresh.nair@lvhn.org

Hope Kincaid MPH, CPH Lehigh Valley Health Network, Hope.Kincaid@lvhn.org

Cynthia Beitler Lehigh Valley Health Network, Cynthia.Beitler@lvhn.org

See next page for additional authors

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Authors Helai Hesham MD; Sandra L. Curet MD; Suresh G. Nair MD; Hope Kincaid MPH, CPH; Cynthia Beitle Lourdes T. Matos; and Clare Lenhart PhD, MPH	ır;

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

Helai Hesham MD, Sandra Curet MD, Suresh Nair MD, Hope Kincaid MPH CPH, Cynthia Beitler, Lourdes Matos, Clare Lenhart PhD MPH

Lehigh Valley Health Network, Allentown, PA

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:

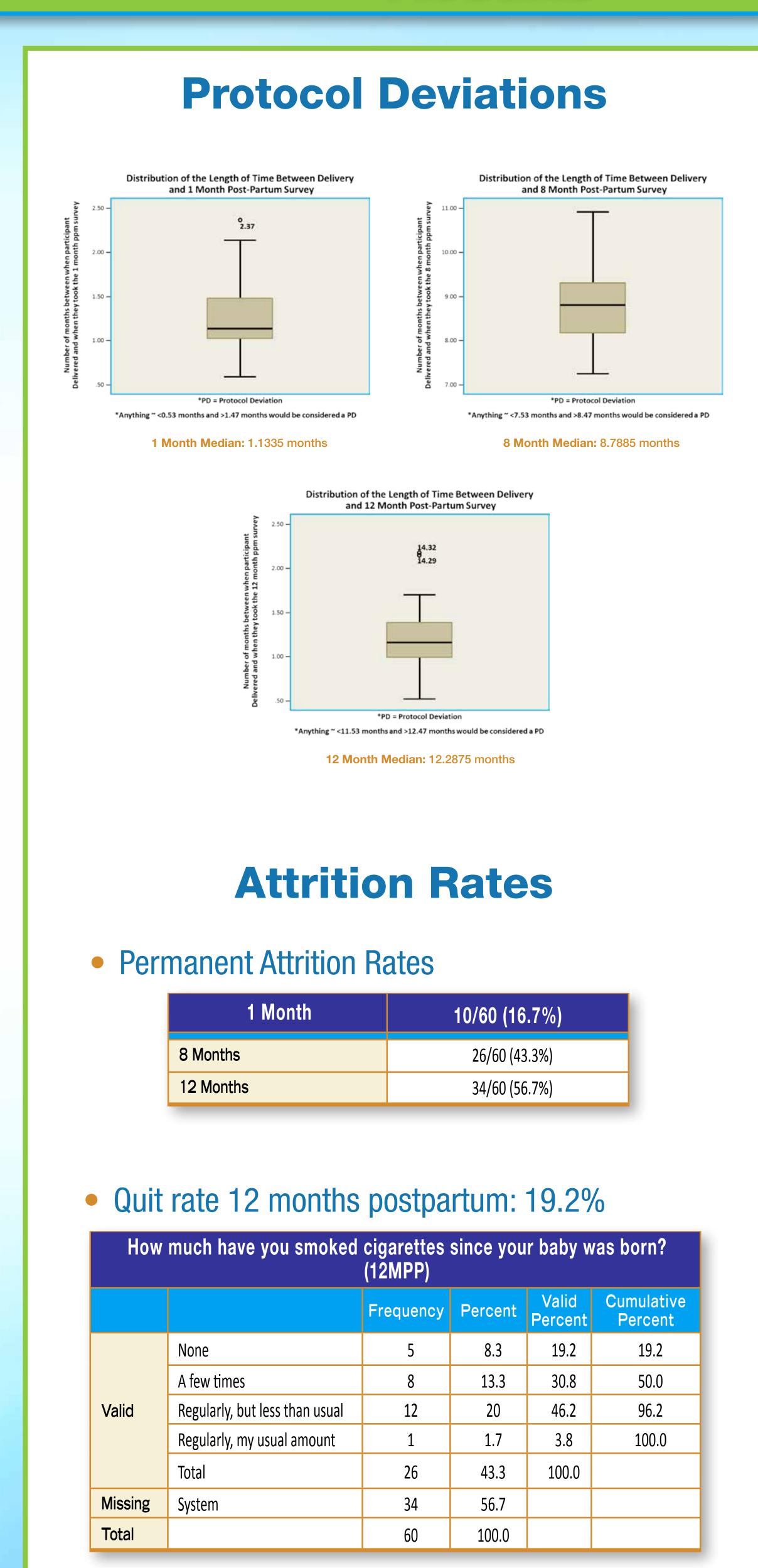
- Determining the percentage of screened women who are recruited.
- Assessing the attrition rate at each follow-up point.
- Reporting the quit rate among enrolled women at 12 months post-partum.

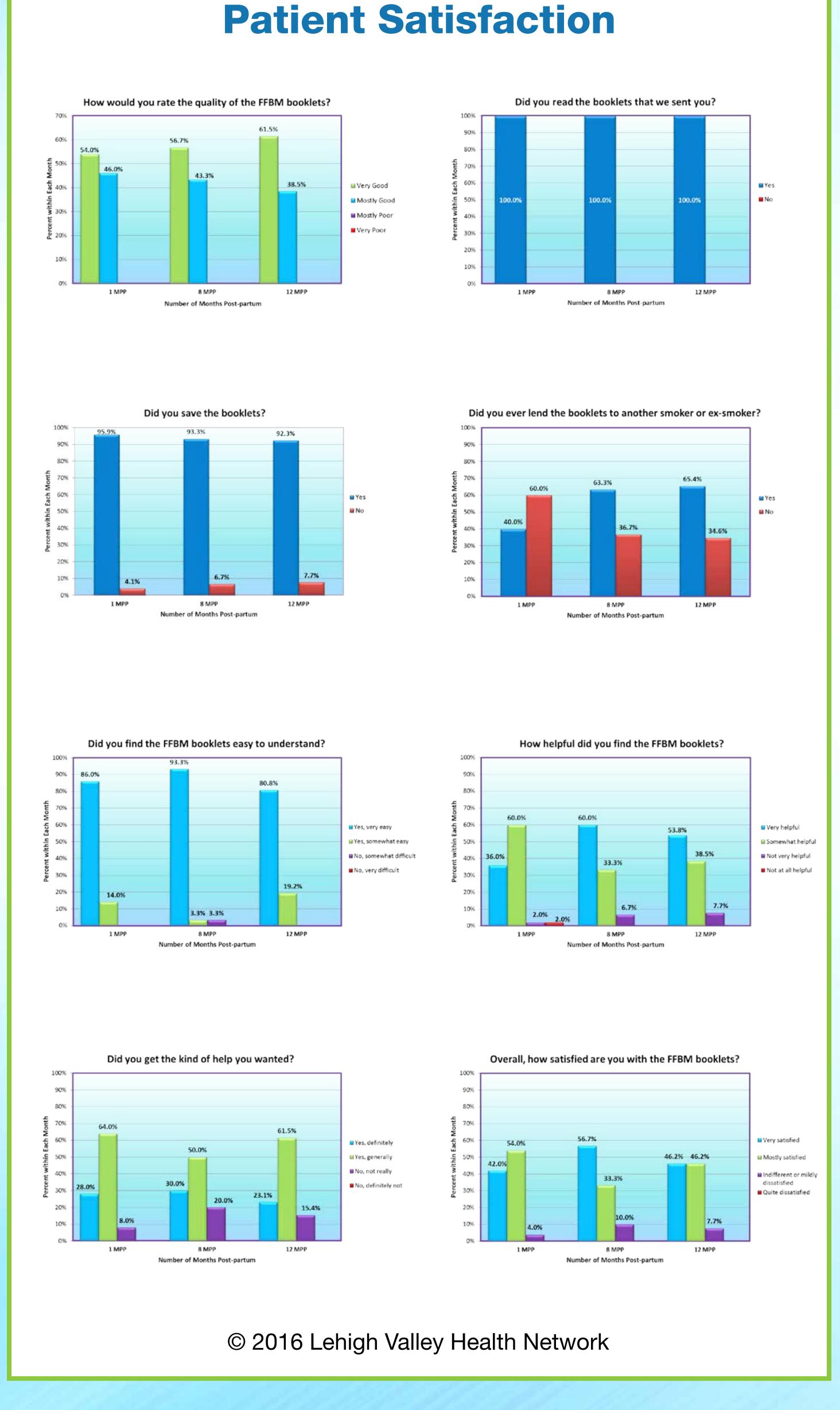
Methods

- 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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