



## Introduction

- In Kansas, one in ten pregnant women smoke during their pregnancy.<sup>1</sup>
- 90% of women who smoked before pregnancy will relapse within one year of delivery.<sup>2</sup>
- Evidence-based smoking cessation interventions include brief counseling from a health care provider and quitline counseling.
- Although the Kansas Quitline is free and widely available, less than 1% of pregnant smokers enroll each year.
- Most new mothers use electronic media for health information and information about taking care of babies.<sup>3</sup>
- Tailoring smoking cessation efforts to needs and access characteristics of at-risk populations (like peripartum women) is imperative to reduce burden of tobacco-related disease and poor maternal/infant health outcomes.

## Objectives

- Identify postpartum women's communication preferences for maternal health information sources.
- Describe postpartum women's communication preferences for smoking cessation assistance.
- Discuss implication of postpartum women's health information preferences for maternal health interventions in Kansas.

## Methods

- Invited participants were 60 women who had been part of a cohort study from 2019-2021 (62 women in original cohort study; 2 withdrew)
- Women enrolled in the cohort study were pregnant and were current smokers or recently quit
- Survey emailed in May 2021 (7 days for completion)
- 37 women (62%) completed the survey

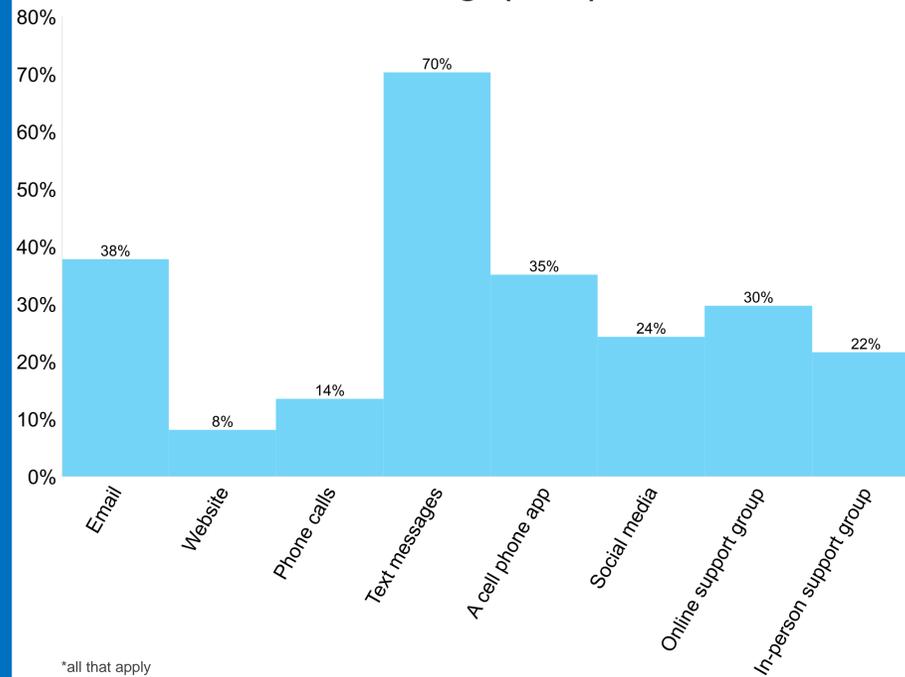
## Measures

- Categories of survey questions included:
  - general text messaging habits and preferences
  - time/frequency preferences for childcare tips texts
  - time/frequency preferences for quitting assistance texts
  - information resources preferences
  - quitting resources preferences
  - healthcare provider support in quitting

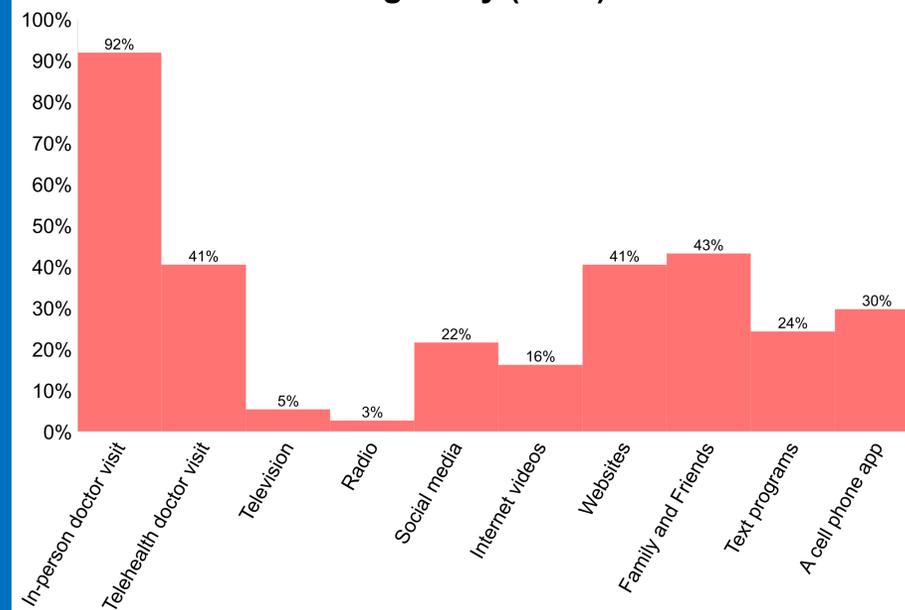
**Table 1. Selected Demographics (n=37)**

Race and Ethnicity (all that apply)	n (%)
White	20 (54.1%)
Black or African American	21 (56.8%)
American Indian or Alaskan Native	3 (8.1%)
Korean	1 (2.7%)
Other Asian	1 (2.7%)
Hispanic/Latina	3 (8.1%)
Age Range (mean)	19-40 (29)

**Figure 1. Preferences for Support with Quitting Smoking\* (n=37)**



**Figure 2. Top Three Preferences for Receiving Information about Health and Self-Care During Pregnancy (n=37)**



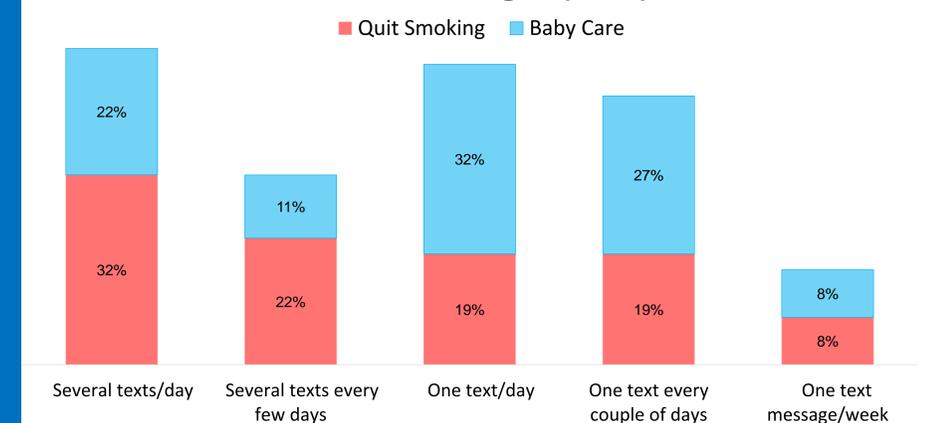
## Current Text and Social Media Use

- Almost all participants (97.3%) said that they send and receive at least one text message every day
- Participants use a wide variety of social media
  - Facebook (86.5%)
  - Snapchat (43.2%)
  - YouTube (43.2%)
  - Instagram (37.8%)
  - TikTok (27.0%)

**Table 2. Perceptions of Health Care Provider Smoking Cessation Assistance (n=37)**

Received advice or support to quit (all that apply)	n (%)
Primary health care provider	25 (67.6%)
OB doctor, nurse practitioner, or mid-wife	16 (43.2%)
Child's doctor or nurse	15 (40.5%)
None	7 (18.9%)
Ratings of helpfulness of advice received	
Very helpful	16 (53.3%)
Somewhat helpful	12 (40.0%)
Not helpful	2 (6.7%)

**Figure 3. Preferences for Frequency of Text Messages (n=37)**



## Conclusions

- For quitting smoking assistance, women prefer text messaging (a widely used and easily available modality).
- For maternal health care information, women prefer in-person visits and prioritize their social network.
- For a text message program for quitting smoking, women prefer frequent texts (multiple texts a day or several texts every few days)
- For a text messaging program for baby care, women prefer intermittent texts (no more than one text a day or one every few days)
- Women are receptive to quitting support from their healthcare providers.
- Women show interest in mHealth interventions.

## References

1. Kansas Department of Health and Environment (2020). Maternal Smoking in Kansas. Kansas PRAMS. Retrieved from [https://www.kdheks.gov/tobacco/download/Maternal\\_Smoking\\_in\\_KS.pdf](https://www.kdheks.gov/tobacco/download/Maternal_Smoking_in_KS.pdf)
2. Tong V, Dietz P, Morrow B, D'Angelo D, Farr S, Rockhill K, England L. Trends in Smoking Before, During, and After Pregnancy — Pregnancy Risk Assessment Monitoring System, United States, 40 Sites, 2000–2010. *Morbidity and Mortality Weekly Report*. 2013;62(SS06):1-19.
3. Walker, L. O., Mackert, M. S., Ahn, J., Vaughan, M. W., Sterling, B. S., Guy, S., & Hendrickson, S. (2017). e-Health and new moms: Contextual factors associated with sources of health information. *Public Health Nursing*, 34(6), 561-568. doi 10.1111/phn.12347

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