A5-4: GIFTS (Giving Infants and Families Tobacco-free Starts): A Bundling Approach to Tobacco Cessation for Pregnant Women

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Presentation Preference: Evidence based poster submission

Abstract Categories:
Research Interest Groups (RIGs): Community/Public Health
Thematic Areas: Perinatal/Neonatal/Infancy

Abstract:
Introduction: Kentucky ranks second highest in the nation in prevalence of women who smoke during pregnancy (26.3% vs. 10.7%). Adverse complications including low birth weight infants, preterm birth and SIDS is associated with smoking and secondhand smoke exposure (SHS) during and after pregnancy. Smoking prevalence is much greater in Appalachia(pregnancy-smoking rates: 31- 53%). The goal of the GIFTS pilot program is to reduce smoking during pregnancy in 9 rural counties of eastern Kentucky, ultimately leading to a reduction in low birth weight and preterm births as well as perinatal deaths in the targeted area.

Method(s): A collaboration between the University of Kentucky College of Nursing and the Kentucky Department for Public Health initiated the GIFTS pilot project. GIFTS case managers offer an innovative bundling of research-based interventions at local health departments. Supporters trained in motivational interviewing, counsel using the 5 A’s, refer to the Tobacco Quit Line, screen for social support, depression, domestic violence and SHS exposure while incorporating incentives (gifts) at three time points. Biomarker validation of smoking status is captured via Carbon Monoxide monitors and all contacts/results are recorded in a comprehensive database.

Results: In a 10-month period in 2009, 890 pregnant women were identified, 52% enrolled, and nearly half (46%) set quit dates. There were 176 (38%) fax referrals made to the Kentucky Tobacco Quit Line and 118 (25%) pregnant women who quit smoking. Nearly all (427) women reported home exposure to SHS, 15% were referred for high depressive symptoms, 8 for domestic violence, and 21 needed extensive social support services.

Discussion & Conclusions: It is clear the GIFTS program is increasing quit attempts and quit rates in Appalachia, while referral to the KY Tobacco Quit line increased significantly. Intervention bundling, individualized support and incentives may be a necessary component of smoking cessation programs in high-risk populations and regions.

Abstract History:
This abstract has not been presented or accepted for presentation in whole or in part at the SNRS or other scientific meeting.

Financial Disclosure:
No, I (or a member of my immediate family) have not received something of value* from or own stock (or stock options) in a commercial company or institution related directly or indirectly to the subject of my presentation.

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