Contemporary Clinical Trials

A tailored video intervention to reduce smoking and environmental tobacco exposure during and after pregnancy: Rationale, design and methods of Baby’s Breath

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1. Introduction

Environmental Tobacco Smoke (ETS) is associated with increased risk of several deleterious health outcomes, especially for pregnant women and infants [1]. ETS, can be emitted from the end of a cigarette, pipe, or cigar, or exhaled by a smoker [2]. Infants are especially vulnerable as the particle size of ETS is much smaller than mainstream smoke, which can more easily penetrate an infant’s airway [3]. Additionally, fetuses can be exposed to the harmful chemicals found in ETS in utero [3].

ETS exposure of pregnant women or infants is related to the development of several deleterious pregnancy outcomes including reduced fertility [4], ectopic pregnancy [4], stillbirth [4,5], low birth weight [4,6], sudden infant death syndrome [1,4,7], as well as infant/child asthma and allergies [1,3,7], poor lung function [1,7], and lower respiratory tract infection [1,3,7]. Also, children whose parents smoke are more likely to smoke themselves later in life [5,9,10].

These health outcomes are particularly concerning given that an estimated 10% of women in the United States smoked in the last 3 months of pregnancy, and of those who quit smoking during pregnancy 40%...
attitudes, motivators and barriers from pregnant women and their partners. We interviewed pregnant smokers regarding their struggles with quitting; pregnant women who had quit regarding their struggles and successes; and non-smoking pregnant women regarding ETS exposure. Audio tapes of the focus groups were transcribed, then coded for important themes and summarized separately by more than one project team member. Findings were discussed to find consensus on important points. The agreed-upon themes identified many of the thoughts, attitudes, motivators, barriers, and even the vernacular used by women to describe these issues. In particular, ways that partners, roommates, and other significant people who are living with or close to the pregnant woman have considerable influence on her ability to quit smoking, stay quit smoking, or avoid ETS. We next conducted interviews with partners to better understand their thoughts, attitudes, motivators and barriers.

It became clear throughout this process that the participant’s partner and other household family members were often key to her choice and motivation to succeed in smoking cessation or ETS avoidance. So, we added a video to the intervention specifically directed to the partner or others in the household to help them to support a woman’s smoking cessation, cessation maintenance or ETS avoidance. We also focused some of the smoke associated video messages and newsletter segments on social negotiation techniques to improve the likelihood of success. Concerns about the strong influence of partners and others in the household also helped the research team to identify the resistance or receptivity of others in the household as a tailoring variable.

2.2. Intervention materials

The newly developed intervention included a series of five DVD’s for the pregnant/postpartum participant, a single DVD for her partner or household member, and a total of eight newsletters created to provide information regarding the risk of smoke exposure to both the participant and the unborn fetus, as well as to identify strategies for smoking cessation and reducing or eliminating ETS exposure. Within the video, tailored messages were subtly delivered to the participant along with other prenatal topics. The non-smoking prenatal topics of interest to the population were identified through a prior pilot study, and were based upon past focus group information. We presented the materials as Baby's Breath (Fig. 1); a prenatal and postpartum series for a healthier pregnancy and a healthier baby, rather than accentuating the smoke exposure subject matter, in an effort to increase interest and higher viewership/readership.

2. Methods

Baby’s Breath is the tailored video intervention developed and tested in a randomized controlled trial designed to decrease ETS among pregnant women who smoke or are exposed to the smoke of others, and later, their infants.

A series of five tailored videos and newsletters addressing issues of tobacco smoke avoidance, including smoking cessation, were compared with written materials containing no tobacco related content. The study aimed to assess smoke exposure at 32 weeks gestation (replacing the initial 34 weeks to avoid missing women who delivered early) for the pregnant woman and 6 months postpartum for the infant.

2.1. Formative research

Formative research was conducted during the first year of the project to inform the production staff on many aspects of the smoking cessation or tobacco smoke avoidance process for pregnant women. Focus groups (11) and individual interviews (11) were conducted with many members of the potential target group and their immediate partners including pregnant smokers, ETS exposed non-smokers, women who had quit smoking during pregnancy and partners of pregnant women.

Focus group and interview guides were designed to elicit thoughts, attitudes, motivators and barriers from pregnant women and their partners.
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