R U a smkn m0m?: Aspects of a Text Messaging Smoking Cessation/Reduction Intervention for Younger Mothers
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Background & Objectives
Women who are younger in age are more likely to smoke during pregnancy and tend to have less success with cessation. There is an unmet need for interventions targeted to pregnant young women that engage them and provide them with support to quit long-term into the postpartum period and beyond. Our study aimed to gain an in-depth understanding of pregnant and postpartum women’s experiences of text messaging (TM) as a conduit for smoking cessation/reduction and to determine the appropriate content, frequency, duration and unique features needed for a TM program for this subpopulation.

Research Questions
1. Is there a role for TM when trying to reduce/quit smoking?
2. What kind of messages would be helpful/not helpful?
3. Are there certain times of the day when you would want to receive TM?
4. How often would you like to receive TM?
5. What key things do we need to know to make the TM intervention successful?

Participant Characteristics

<table>
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<tr>
<th>Age [mean (SD), range]</th>
<th>23 (3.8), 16-30</th>
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<tbody>
<tr>
<td>Pregnant [%, (n)]</td>
<td>29 (9)</td>
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<tr>
<td>Postpartum [%, (n)]</td>
<td>68 (21)</td>
</tr>
<tr>
<td>Age of most recent child in months [mean (SD), range]</td>
<td>10 mos (7.6), 1-33</td>
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Discussion & Conclusions
Three main themes with various subthemes were identified:
1. The respondents identified topic areas that they would be interested in hearing more about in the form of a TM.
2. These topical areas needed to be tailored to their quit/reduction process (contemplation, reduction, quit, maintenance, relapse etc.) and address specific concerns related to pregnancy and postpartum.
3. Lastly, to be well-received, the tone of the text messages needed to indicate an understanding of the diversity and complexity of women’s lives.

With personalized programs that meet a woman’s unique needs and address her concerns through her participation and direction, it is highly likely that women will feel more empowered and supported in their quit/reduce attempts.

Methods

Participants:
• Ontario residents
• 16+ yr olds
• Smoked daily
• Women who were either thinking about getting pregnant, pregnant, or up to one (1) year postpartum

Data Collection:
• Recruited through Public Health Units and related services
• 6 focus groups & 6 telephone interviews

Data Analysis:
• All data transcribed verbatim & analyzed using a grounded theory approach.

For Further Information
Please contact nadia.minian@camh.ca or peter.selby@camh.ca. More information on this project at www.pregnets.org or related projects at www.nicotinedependenceclinic.com.

Findings

“I wouldn’t want to hear reasons to quit or health effects in the beginning of the quitting process. It would be too touchy. The priority would be to deal with the cravings... I need reinforcement and positive affirmation.”

“Doctors kinda like look down, especially if you’re young. For one, you’re young and you’re pregnant and two, you’re young, pregnant and smoking. They really look down on you. And it is super intimidating.”

“It’s just like we’re trying to help out our babies but in the end... We need to help ourselves.”

“For me, it’s the money thing ‘cause right now, everything’s about money. Especially at our age and with everything...just texting us and be like okay like "this is how much you guys are pretty much spending a month or a year.”

“…Some positive reinforcement- ‘it’s okay, you will work through it’, ‘you’ve done it once, you can do it again’.”