

Introduction

- Smoking tobacco is the leading cause of preventable death in the United States, and 5.6% of mothers in the U.S.A. reported smoking during pregnancy.¹
- Smoking cigarettes during pregnancy can lead to fetal health consequences like low birth weight (LBW), preterm birth, and adverse child development.²

Methods

- Incentives2Quit-Peri has partnered with Molina Healthcare of Michigan to disseminate the program.
- Prior to the launch of Incentives2Quit-Peri, semi-structured interviews were completed with perinatal Medicaid beneficiaries to refine and adapt the existing program to fit the population.

Program Elements

- Onboarding Surveys (eligibility, locator, baseline)
- Welcome Packet (with timeline, instructions, resource guides, and program brochure)
- iCO Smokerlyzer Device (portable CO breathalyzer)
- Welcome Call
- 36-week Intervention Period

A Conceptual Model of I2Q

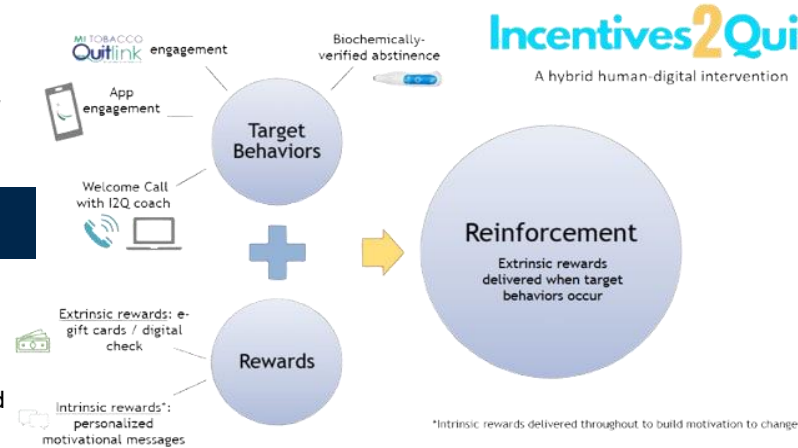


Figure 1. I2Q conceptual model. The combination of target behaviors and rewards reinforces successful cigarette smoking cessation.

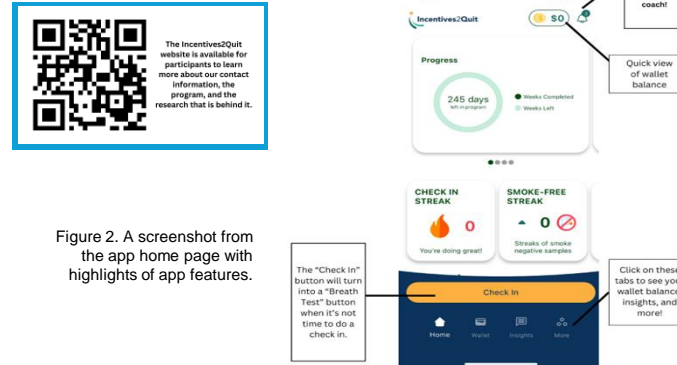


Figure 2. A screenshot from the app home page with highlights of app features.

Planned Analysis

- The program aims to demonstrate:
- technical feasibility
 - acceptability and appeal among perinatal patients
 - enhanced rates of smoking cessation compared to perinatal patients who are not enrolled in the program
 - reduced prevalence of LBW babies compared to patients not in the program

Conclusion

Incentives2Quit-Peri is a hybrid human-digital platform to promote cigarette smoking cessation. The program incorporates community partnerships, motivational interviewing techniques, and comprehensive engagement methods to provide resources and guidance to perinatal Medicaid beneficiaries.

References

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- Tatsuta N, Asato K, Anai A, Suzuki T, Sakurai K, Ota C, Arima T, Sugawara J, Yaegashi N, Nakai K; Japan Environment and Children's Study Group. Timing of Maternal Smoking Cessation and Newborn Weight, Height, and Head Circumference. *Obstet Gynecol.* 2023 Jan 1;141(1):119-125.

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