



smokefreewomen

PREGNANCY & NEW MOTHER IN-DEPTH INTERVIEWS: FINAL REPORT



Prepared by ICF International for the
National Cancer Institute's Smokefree Team
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OVERVIEW

The ICF Smokefree Team (hereinafter known as “the ICF team”) was tasked with conducting in-depth interviews (IDIs) with women who are pregnant or recently gave birth, and who are also current or former smokers. During March and April 2014, the ICF team conducted interviews with six pregnant women and three women who gave birth in the past year. The interviews explored the women’s knowledge, attitudes, and behaviors around smoking cessation, as well as healthy behaviors during pregnancy.

The data gathered from the IDIs will inform the development of messages and materials that help pregnant women and mothers take steps toward leading a healthier, smokefree lifestyle.

METHODOLOGY

From March 14, 2014, to April 17, 2014, the ICF team facilitated a total of nine IDIs: six with pregnant women and three with women who gave birth in the past year.

The six interviews with pregnant women explored:

1. What do pregnant smokers’ lifestyles look like?
2. What do pregnant smokers know about smoking cessation and other healthy behaviors during pregnancy?
3. What are pregnant smokers’ attitudes towards text messages about smoking cessation and other healthy behaviors during pregnancy?

The three interviews with new moms explored:

1. What are the experiences of new mothers who either attempted to or did quit smoking while pregnant?
2. How has their journey to become or remain smokefree changed since having their child?
3. What are the attitudes towards text messages about smoking cessation and other healthy behaviors from new mothers who smoke, used to smoke, or are looking to quit smoking?

Recruitment

The ICF team recruited eight participants via text message from the SmokefreeTXT program and one via the Smokefree Women Twitter account.

All female SmokefreeTXT subscribers between the ages of 18 and 45 received the following text message about the study:

Pregnant? Share your thoughts in a 45min phone interview & get a \$25 thank you card. Email Smokefree@icfi.com for info

A recruitment message was also posted to the Smokefree Women Twitter account at various times every day for a week:

Pregnant? New baby? Smoker? Share your thoughts in a 45min phone interview & get a \$25 thank you card. Visit <http://svy.mk/1pghvv4> for info

The ICF team directed text message respondents to complete an online screener, whereas those who read the tweet were provided with a direct link to the screener in the message.

The ICF team screened for respondents who were pregnant or had a child within the past year and were over 18 years of age. The screener questions also asked about respondents' smoking status, race/ethnicity, gender, education, and state. If screener respondents were pregnant or new moms over 18 years of age, and thus qualified for the study, they were also asked to provide their phone number and availability for an interview. The ICF team responded to all eligible participants within one to two days to schedule a time to talk. Tables 1 and 2 provide a summary of those women who participated.

Table 1. Summary of Pregnant Women (n=6)

Race/ethnicity	2: Black or African American	2: White	1: Native Hawaiian or Pacific Islander	1: Other		
Age	23	24	25	26	27	39
Location	FL	NV	NY	2: PA	TX	
Education level	1: less than high school	1: graduated high school	3: some college	1: graduated college		
Current smoking status	1: smokefree	4: ≤5 cigarettes per day	1: ½ pack per day			
Time smoking	4y	9y	2: 10y	13y	24y	
Months pregnant	1m	2m	3m	5m	2: 6m	
Own a smartphone	All 6					

Table 2. Summary of New Moms (n=3)

Race/ethnicity	All 3 White		
Age	2: 22	32	
Location	AL	IN	WI
Education level	2: some college		1: graduated college
Current smoking status	2: smokefree		1: <½ pack
Time smoking	5–10y		
Age of newborn	4m	5m	6m
Own a smartphone	All 3		

Procedure

The ICF team developed two separate moderator's guides for the interviews with pregnant women (Appendix A) and new moms (Appendix B). All interviews were completed by telephone and lasted approximately 45 minutes. The interviewer read a verbal consent script over the phone and obtained consent before beginning the interview. Sensitive information was not collected and the interviewer informed respondents that the data collection was completely voluntary and they could choose to stop the discussion at any time.

Data analysis

The research team conducted a systematic data analysis using the notes and audio recordings from the interviews. The team analyzed data from the interviews to identify common themes and differences across participants and groups.

REPORT STRUCTURE

This report presents findings on smoking status and lifestyle from pregnant women, then from new moms. Following these sections, feedback from both groups on attitudes towards text messages will be presented.

FINDINGS FROM PREGNANT WOMEN

Lifestyle

All of the women started smoking in their teens, except one. Five of the women still smoked, but were trying to quit. Several had cut back on smoking since becoming pregnant. One of the women was on the patch and had been smokefree for two months.

All of the women considered themselves to have a healthy diet, and most said that they ate healthy prior to becoming pregnant. Two commented that they were experiencing nausea and did not have much of an appetite.

Five of the women were receiving prenatal care. One woman was not because she did not have health insurance.

Four of the women exercised somewhat regularly, and most reported walking as their main form of exercise. Two said that they did not engage in regular physical activity; however, they were not concerned that exercising during pregnancy was unsafe.

"I'm trying to walk more. They say half an hour a day is good. But, I'm not exerting myself. I'm listening to my body. It's common sense to listen to your body." –25, 6 months pregnant, ½ a pack per day

"I stopped working out. I broke my toe two or three months ago, and I've been slacking off. I read that it's okay to exercise, but you don't need to do crunches or anything. I haven't really changed my diet, I already eat healthy." –24, 2 months pregnant, <5 cigarettes per day

"The only thing I'm doing now that is bad, is smoking. I just need to put the cigarettes down. I exercise—walk, chase my kids. It depends on the weather; I do every day or every other day. I have a healthy diet, I always had a healthy diet."
–26, 1 month pregnant, 2–3 cigarettes per day

Having a healthy baby

When asked what was the most important thing they should do to have a healthy baby, the women mentioned eating right (four), exercise (three), taking it easy or learning how to handle stress (three), prenatal care (two), and vitamins (two). One woman also mentioned gaining weight.

When asked what they should avoid during pregnancy, five women said smoking, four said drugs, three said alcohol, and three said stress. Other things they mentioned as good to avoid during pregnancy included seafood, raw meat, kitty litter, and certain personal care products.

"Everybody is different. My main thing is not to smoke, exercise, eat healthy, gain weight, maintain a healthy life, not be stressed, don't do anything above my limits."

–26, 1 month pregnant, 2–3 cigarettes per day

"You should watch what products you're exposed to. Anything dangerous—kitty litter—there are millions of things to stay away from, even face washes. You have to look into everything."

–23, 6 months pregnant, 3 cigarettes per day

Weight gain

When asked how much weight they should gain during pregnancy, answers ranged from 20 to 35 pounds. Two of the women had gained a lot of weight during prior pregnancies.

"I was told up to 35 pounds by my doctor, but I've lost weight since getting pregnant. I'm not concerned about gaining weight, I've always been trying to gain weight. I hope the 35 pounds stays on."

–24, 2 months pregnant, <5 cigarettes per day

"I'm not worried about gaining weight; you're allowed to be fat when you're pregnant. You should gain 20 pounds. I gained way too much weight with the first kid. I went from 135 to 220."

–39, 3 months pregnant, 2 months smokefree

"I gained 70 pounds with my first son. I was okay with it, I lost it all. Breast feeding helped me lose the weight quickly."

–23, 6 months pregnant, 3 cigarettes per day

Although none of the women was concerned about gaining weight during her pregnancy, two were concerned about gaining weight if they quit smoking, although one said that this was not a major concern. One woman, however, said that before she was pregnant her biggest concern if she quit smoking was gaining weight; but now that she was pregnant, it did not bother her as much because she knew she would gain weight anyway.

Reasons for smoking

Stress was most commonly mentioned as interviewees' reason for smoking. Addiction, habit, and boredom were also mentioned by a few women. Another woman commented that smoking helped her to wake up and feel refreshed, and that it helped her digest her food.

"It's hard to quit, and smoking helps me deal with stress. I feel calmer when I smoke."

–27, 5 months pregnant, 3 cigarettes per day

"It [smoking] helps with boredom, it's something that you do—in the car, after you eat—I've been doing it for 24 years."

–39, 3 months pregnant, 2 months smokefree

"It's really an addiction. I don't want to be irritable. Smoking calms me down, helps with stress."

–25, 6 months pregnant, ½ a pack per day

When asked about the biggest sources of stress in their lives, the women most commonly mentioned family or their current or former partners, including boyfriends, their baby's father, or their ex-husband. Two women mentioned that increased hormone levels caused them to be more stressed. One woman said that she had two miscarriages and was undergoing a lot of testing, which caused her stress. School was mentioned by one woman, as was unemployment and not having insurance or prenatal care.

"I'm under a lot of stress because I had two miscarriages and fertility problems. I've been getting a lot of extra testing and ultrasounds. Everything is so scary. Smoking has been calming me down when I'm waiting for results to come back." –23, 6 months pregnant, 3 cigarettes per day

"When my baby's dad calls and makes me mad, I may smoke three or four cigarettes. It depends on how upset I get." –26, 1 month pregnant, 2–3 cigarettes per day

"Being hormonal causes me to be stressed. Anytime I get worked up I want a cigarette. Just regular everyday things cause stress." –24, 2 months pregnant, <5 cigarettes per day

Quit attempts

The women had all previously tried to quit smoking, and most had tried a few times. The women used various methods, including cold turkey (three), gum (three), weaning themselves off (three), patch (two), smoking cessation class/group (two), e-cigarettes (one), and reading smoking facts online (one). The success of these methods varied.

"I quit when I was pregnant with my first son, and I didn't start again until I was done breast feeding. I tried the patch, the gum. I like the patch. I didn't like the gum; I've never been a gum chewer. One thing that helped with my first kid was going online and seeing facts that made me feel horrible [about smoking]." –23, 6 months pregnant, 3 cigarettes per day

"I tried to quit two official times. I last about a month. I used cold turkey once and weaned myself the other time." –25, 6 months pregnant, ½ a pack per day

"I took a smoking cessation class, but that was a long time ago. I took patches and the gum a long time ago, but I didn't really find them helpful. I think I can do it [quit] because I did it with my daughter. Cutting down worked the best." –27, 5 months pregnant, 3 cigarettes per day

Distractions from smoking

The women came up with a variety of ways to try and distract themselves from smoking. Five women mentioned that they tried to eat something instead of smoking; however, two said that after eating they often wanted a cigarette. A few women mentioned arts and crafts, such as making something for their baby or writing poetry. Other methods, each used by one person, were exercise, walking her dog, painting her nails, meditating and deep breathing, and thinking of the money saved by not smoking and the money needed for diapers.

"I try to eat to avoid craving, or I paint my nails. They've been helpful distractions. Think of things you need to do while you are pregnant, make something for the baby, start a scrapbook, paint, go over your baby checklist—there are so many things to do to prepare for a little one." –23, 6 months pregnant, 3 cigarettes per day

"I do try to eat instead of smoke, but after I eat I want a cigarette." –27, 5 months pregnant, 3 cigarettes per day

Quitting while pregnant

A few of the women had heard others say that it was unsafe to quit while pregnant, although they didn't necessarily believe this. For the most part, the women did not have concerns that it was unsafe to quit smoking while pregnant, and three had quit during prior pregnancies.

"I've heard people say before that it's very stressful for the baby to quit, but every piece of research I've found disproves that." –23, 6 months pregnant, 3 cigarettes per day

"A lot of women have said their doctors told them not to quit because it will be too much stress on the body. I don't have a doctor to ask, but now that I am cutting down I am more stressed." –25, 6 months pregnant, ½ a pack per day

Support system

Only one interviewee said that she did not have anyone in her life that was supportive of her trying to quit smoking. Many of the women lived with a smoker, but for the most part this person was supportive. A few were influenced to quit by their children—either because they were supportive or made negative comments about smoking.

"My boyfriend smokes. He is somewhat supportive, but I think he forgets. He will offer me cigarettes." –27, 5 months pregnant, 3 cigarettes per day

"My baby's father smokes, my mom, my brother, my mom's boyfriend. They are very supportive. I asked them not to talk about smoking, and I don't want to smell it on them. It's been working." –23, 6 months pregnant, 3 cigarettes per day

"I live with my boyfriend. He smokes, everybody I know smokes. My boyfriend is super supportive; he brings home e-cigarettes and goes outside to smoke."
–24, 2 months pregnant, <5 cigarettes per day

"My kids say, 'it stinks.' The reactions from my kids make me want to quit." –26, 1 month pregnant, 2–3 cigarettes per day

"No one in my life is supportive. I live with someone who smokes, but we never smoke in the house. I really think it's up to me, I don't think more support would really help." –25, 6 months pregnant, ½ a pack per day

Benefits of quitting

The women all wanted to quit because they believed it would be healthier for them, their unborn baby, and their existing children. Several mentioned health problems that smoking could cause for their baby such as allergies, asthma, low birth weight, miscarriages, and fetal abnormalities. A few women also mentioned things that they disliked about smoking, such as the cost of cigarettes, the bad smell, and having to go outside to smoke in the cold.

"I think I would be healthier if I quit. I would feel healthy." –
27, 5 months pregnant,
3 cigarettes per day

"I know how stupid it is. I really need to quit. It would be nice to quit for both of my children." –23, 6 months pregnant, 3 cigarettes per day

"It is essential for the health of the baby. The side effects I read online—they're horrifying. It's not just me anymore." –25, 6 months pregnant, ½ a pack per day

Miss most about smoking

The thing most commonly mentioned that the women would miss about smoking was the relaxed, calm feeling they got, followed by the routine of doing it.

"I'll miss the act of doing it in the short term. It's familiar, a past time, but I don't think I'll miss anything in the long run." –24, 2 months pregnant, <5 cigarettes per day

"I worry about how stressed out I would be if I quit." –27, 5 months pregnant, 3 cigarettes per day

"I would miss it after my shower, before bed, after I eat, when I wake up, in the car. It's like getting an arm chopped off. It's just strange." –25, 6 months pregnant, ½ a pack per day

FINDINGS FROM NEW MOMS

Family life

The three women interviewed had newborns ages four to six months. One woman had three other children (all under the age of five), one woman had one other young child, and one woman did not have any other children. All three women were married.

Smoking habits

Two women smoked throughout the majority of their current pregnancies, but had recently quit smoking. The woman who was still smoking had quit while pregnant, but recently started again due to stress.

Two of the women started smoking in their teens and one started smoking in college. They all said that they began smoking because of friends and family, and they also continued to be influenced by friends and family. Two of the women had husbands who smoked, and one had a husband who chewed tobacco. One woman reported that she secretly signed her husband up for the SmokefreeTXT program.

"My parents smoked. It's what I grew up around so I didn't look at it as a bad thing." –22, 4 month old, 6 months smokefree

"I kind of hope that if I quit, my husband will quit." –22, 4 month old, 6 months smokefree

Two of the women commented that they did not smoke in public while they were pregnant because of the stigma around it. One stated:

"I didn't smoke outside of my house. I only smoked with my husband or with my in-laws. I knew the stigma people get when you see a pregnant lady smoking so I kind of kept it to myself." –22, 4 month old, 6 months smokefree

When asked about electronic cigarettes, one woman said that she had not tried them because she did not like the idea of "getting straight nicotine." Another reported trying an electronic cigarette during her recent pregnancy, but said that she didn't like the taste and went back to smoking traditional cigarettes.

Quit attempts

Of the two women with other children, one smoked while pregnant with all four of her children, and one did not smoke with her other child.

"I would smoke while I was pregnant and then I would quit when [my children] were born because I was always trying to breastfeed. But, when it [breastfeeding] didn't work out I would go back to it [smoking]." –22, 4 month old, 6 months smokefree

Methods for trying to quit smoking varied. One woman tried to quit three times in between her two pregnancies. She tried Chantix, nicotine gum, and the patch, but they did not work. Another woman quit smoking cold turkey before she got pregnant and during her pregnancy. She was able to stay smokefree for two and a half weeks before her pregnancy and then again while pregnant.

Support system

None of the women reported being pressured to quit by their husbands, but they did not seem to get a lot of support from them either. Two women reported getting support from friends and their church community.

"My husband didn't encourage me or deter me [from quitting smoking], he was indifferent." –32, 6 month old, <½ a pack per week

"My husband was supportive most of the time, although sometimes he would say, 'You are just gonna go back to smoking'." –22, 5 month old, 4 months smokefree

One woman felt somewhat pressured to quit by her daughter and father.

Doctor's influence

All of the women said that their doctor talked to them about quitting smoking, and two said their doctor encouraged them to quit while pregnant; one said she signed up for SmokefreeTXT again specifically because her doctor kept encouraging her to quit. On the other hand, one woman who struggled with stress and worry while pregnant said her doctor recommended she quit smoking after she had the baby so quitting did not cause her any unnecessary stress.

"As I was smoking cigarettes I was always worried something would happen to the baby. That was a big fear. I always worried about the heartbeat, him being a small baby. The doctor said, 'I would rather you quit after you have the baby, because at least now there is a filter, and when he comes out there is no filter'." –22, 5 month old, 4 months smokefree

Effects of smoking

All of the women said that smoking could negatively impact their children. All three worried about smoking while breastfeeding, and two worried about transferring chemicals that were on their skin from smoking to their child. Two commented that smoking may cause asthma.

"My second youngest child has asthma. I kind of feel guilty, it makes me sad. I don't know if I played a part in it, but it didn't help that I was smoking either. I know breastfeeding while smoking is bad." –22, 4 month old, 6 months smokefree

One woman worried that something would happen to her baby if she smoked while pregnant, but stress kept her smoking. She quit smoking the day she left the hospital, and now described

herself as “psycho” about keeping her children away from smoke because chemicals from smoking that are on skin can get transferred to children.

One woman who currently smoked said that she knew smoking around her child could lead to her child developing asthma. This mother said that she is careful and doesn’t smoke around her baby. The woman also washed her hands and removed her shirt after smoking and before touching her baby to avoid transferring chemicals.

Motivation for quitting

All of the women said they wanted to quit so that they could improve their health. Two of the women who had quit already noticed a difference. They said that food tasted better and they could breathe easier.

“Everything tastes so much better. I can breathe better. I don’t feel as gross.”
–22, 5 month old, 4 months smokefree

All of the women wanted to set a good example for their children.

“You want your children to make better choices than you, but it’s kind of hard when you are doing something that you tell them is wrong.” –22, 4 month old, 6 months smokefree

“I want to pass on good habits to my daughter. If she goes off to college and decides to start smoking that is one thing, but I do not want to pass that on to her.” –32, 6 month old, <½ a pack per week

“My kids are the main driving force. I realized how many times my daughter got sick. I don’t want to be the reason something happens to my kids. I want to see my kids’ kids’ kids. I don’t want to pass away early because of a stupid habit.” –22, 5 month old, 4 months smokefree

One woman’s main driving force to quit was that she was breastfeeding.

“Even though your baby eats what you eat when you are pregnant, it doesn’t sink in as much. The idea of breastfeeding was different. It seemed scarier to be breastfeeding [and smoking]. Being pregnant didn’t have the same shock value.”
–22, 4 month old, 6 months smokefree

She also commented how happy she was to have quit smoking while breastfeeding because it gave her the opportunity to see what it was like to be smokefree.

"I'm hoping the longer I breastfeed the more I don't want to start smoking. I'm kind of glad [breastfeeding] worked out because I wouldn't have had the chance to see what it was like to stay quit."
–22, 4 month old, 6 months smokefree

One woman, who quit when she gave birth, also commented that she was scared that she may lose her child to protective services if she reported smoking on the hospital paperwork.

Concerns about quitting

The women did not express concern over quitting for the most part. One woman heard there were safety concerns with quitting smoking while pregnant, but she didn't necessarily believe them.

"I heard that nicotine withdrawal could cause withdrawal for the baby. I also heard that it is okay to smoke until 13 weeks pregnant, but that doesn't make sense because that is when the baby is growing the most." –22, 4 month old, 6 months smokefree

Two women who quit smoking were worried that they weren't losing weight fast enough now.

"I am having a harder time losing weight. I feel like my body is holding on to more weight now. When I was smoking I didn't have a problem losing weight. I miss that it [smoking] helps with my weight."
–22, 4 month old, 6 months smokefree

Challenges of quitting

Challenges of quitting for one woman included having urges, especially while driving, being around friends that smoke, and drinking alcohol.

"When drinking, it [smoking] is all around you. But, it is hard not to go out with everyone else. I am so terrified that if I have one cigarette I will start again." –22, 5 month old, 4 months smokefree

One woman who smoked for six years found it easy to quit while pregnant but had a difficult time staying smokefree since giving birth.

"It was easy to quit when I was pregnant because there was this bigger reason. When I had her, the excuse kind of went away" –32, 6 month old, <½ a pack per week

FINDINGS ON THE SMOKEFREE TXT PROGRAM

Signing up for SmokefreeTXT

All but two of the interviewees, one pregnant and one new mom, were currently or previously signed up for the SmokefreeTXT program.

Most interviewees did not recall where they heard about SmokefreeTXT. Others reported hearing about the program online, and two women received information about the program from their doctors.

The amount of time that the women were signed up for the program varied. Two women had signed up recently, two had been using the program for two months, and two used the program for over a year.

Interviewees found the text message format appealing. They liked the consistency of the messages, the support, and the ability to reach out when having a craving.

"I signed up for the program looking for resources. I'm open to finding anything that will help. Quittext was helping but then that stopped so I found this one." –26, 1 month pregnant, 2–3 cigarettes per day

"Obviously it is not a real person, but it does keep you motivated. I don't know how else to explain it. It is something to keep you going if you don't have that support." –22, 5 month old, 4 months smokefree

Optimism about the program and quitting

Confidence about the program and quitting varied among the women. Two women were unsure how a texting program could help them quit smoking. One woman was positive that the program would help her quit, while another was hopeful she would quit smoking, but was unsure whether the program would help.

"I wouldn't say I was very optimistic that the program would help me. I didn't know how a texting program would keep me from a bad habit." –22, 4 month old, 6 months smokefree

"I'm optimistic I'll be successful, but I wouldn't say it [the text program] is helping." –24, 2 months pregnant, <5 cigarettes per day

Message tone

Participants described the tone of the messages as positive, kind, open, and nonjudgmental.

When asked whether they preferred positive messages to negative messages, slightly over half of respondents said that they would like to receive some negative messages.

"If I started the program over, I would have rather had some of the negative message. Like, 'you're killing your body'." –22, 4 month old, 6 months smokefree

"I would like more aggressive, persistent, drill instructor text messages. Like, 'this is what is happening to your baby right now'." –24, 2 months pregnant, <5 cigarettes per day

"For me personally, negative messages would also work. It scares me to death when I see the commercials on TV." –22, 5 month old, 4 months smokefree

Slightly less than half of the women said that they responded better to positive messages.

"I don't want messages that are too harsh. Maybe a negative fact that we are moving away from [by quitting]. Negativeness will not help in the beginning. I prefer helpful, focused messages that are motivational and remind us why we are on this path." –23, 6 months pregnant, 3 cigarettes per day

"I don't want a drill sergeant. I like that the program isn't too strict, it is just checking on you. It is trying to help in a good way." –26, 1 month pregnant, 2–3 cigarettes per day

Message content

Interviewees most liked that the messages were helpful, simple, and supportive.

"It [the program] lets me know if I'm doing good. It's like a friend I've never seen." –26, 1 month pregnant, 2–3 cigarettes per day

"I love that it gives you little kudos and tells you that you are doing a good job. It makes you want to try a little harder." –39, 3 months pregnant, 2 months smokefree

One woman did not find the messages helpful in addressing her needs or challenges and wanted more information in the messages about smoking.

Two women stated the messages were annoying in the beginning, but one specifically said that they were a "great annoyance."

"They are cool to read, but sometimes I wish there was a little more information." –27, 5 months pregnant, 3 cigarettes per day

Message frequency and timing

Interviewees reported receiving one or two messages per week to five messages per day depending on their length of time in the program. For the majority, the number of messages that they received was appropriate, but a few women would have preferred to receive more messages. One woman who had been part of the program for a while and reported receiving messages less frequently would have liked to get at least one per day. Another woman who got one or two messages a day would have preferred to get one message per hour.

"I still get messages occasionally; they diminish as time goes on. When I actually quit I was getting 1 or 2 messages a week. There were a lot of messages at the beginning. It might be easier [to quit smoking] in the beginning, but it gets harder with triggers. Now that I'm smokefree I want a couple messages a week about staying on track so I can stay motivated." –22, 5 month old, 4 months smokefree

Interviewees reported receiving messages throughout the day. Two women specifically commented that they would benefit most from messages in mornings when they had cravings.

One woman commented that she liked the random timing of the texts.

"I prefer the messages to be random. Multiples times I would be about to go outside to smoke, and I would receive this message, think of baby Jackson and put the idea away. It was like perfect timing." –23, 6 months pregnant, 3 cigarettes per day

On-demand feature

Four women had used the on-demand feature, and two commented that they found the feature very helpful.

"I liked that I could tell it what my emotion was and it would say, 'take a break outside, take a drink of water, go outside for fresh air.' It is kind of like talking to an imaginary person." –22, 4 month old, 6 months smokefree

The other two women who used the feature found it less helpful. One woman said that the messages were repetitive, and she wanted to be able to text "pregnant" to get more information and messages. Another woman wanted more of a conversation from the feature with additional probes depending on how she responded.

"I thought I would get more information back. Maybe if the messages were more personal. It could ask, 'Why are you craving?', you answer back, and it would say, 'Here are some things to do instead,'—so it was more like a conversation." –27, 5 months pregnant, 3 cigarettes per day

Question feature

Four women said they replied to text messages that were phrased as questions. Two women found the questions useful, although one woman only replied to them when she first signed up for the program.

"At the beginning I responded. But eventually, it reminded me that I wasn't having cravings. I stopped replying because I didn't want to be reminded." –22, 4 month old, 6 months smokefree

Similar to the on-demand feature, two of the women wanted more options on their level of craving.

"It would ask, 'Are your cravings high or low?' What if you weren't having a craving? They don't have the option for no craving so the messages didn't always match my situation." –39, 3 months pregnant, 2 months smokefree

Those who did not use the question feature thought that it would be helpful.

Other topics and resources

Two of the women were interested in receiving text messages on health topics other than smoking. The topics that the women expressed the most interest in were diet and nutrition, including kid-friendly recipes, weight gain, stress, exercise, and health in general.

"Exercise tips would be great. The biggest problem for women quitting smoking is getting fat. We would prefer to die than get fat." –39, 3 months pregnant, 2 months smokefree

Two interviewees said that other content could possibly distract from messages about smoking.

"If I was still smoking, I think physical activity and healthy eating messages would take away from the smoking messages. It is too hard to focus on so many things." –22, 5 month old, 4 months smoke free

"You might be less likely to focus on the smoking text messages, which is why you are actually signed up for the text message program." –23, 6 months pregnant, 3 cigarettes per day

When asked, all of the women expressed interest in receiving text messages about the growth and development of their baby or children.

"Reading about baby development makes it real and makes me not want to smoke. I'm not showing, not feeling the baby, so it is easy to forget that you have so much going on inside" –24, 2 months pregnant, <5 cigarettes per day

"I'm always interested in learning about the different stages that your babies and children are going through. I would love more information on breastfeeding, growth spurts, crying. You get so caught up you forget what a baby or toddler goes through." –22, 4 month old, 6 months smokefree

Other tools used

The interviewees used a variety of additional tools for health information. Four women reported using or had used baby apps on their smart phones.

"I have every app, Olivia, Baby Censor, WebMD, What to Expect, BabyBump, Sprout; although none of them have anything to do with smoking." –24, 2 months pregnant, <5 cigarettes per day

One woman had used the iQuit app for smoking and found it helpful.

"I'm always using the iQuit app. I love it. It tells how much money I'm saving. I love the fact that I save money—\$12 a pack. It has a lot of information though, maybe too much information for a text" –39, 3 months pregnant, 2 months smokefree

One woman reported following Smokefree on Twitter, but none of the other women used Smokefree resources besides the text program.

Thoughts about the program and suggestions for improvements

Overall, the women found the SmokefreeTXT program helpful.

Two women requested more suggestions or alternative things to do instead of smoking and more reminders about the benefits of quitting.

"I liked the program. It keeps you going, it keeps you accountable. It helps." –22, 5 month old, 4 months

Two women suggested that the texts could be more personalized. Both suggested including users' names in the messages, and one suggested tailoring the messages based on individuals' goals.

"Maybe when someone signs up ask for their goals and what they hope to accomplish. Then, remind them of their goals." –22, 4 month old, 6 months smokefree

OPPORTUNITIES AND RECOMMENDATIONS

1. **Allow users to select the number of text messages that they receive and the timing (including random).** Although interviewees found the number and timing of messages to be appropriate for the most part, allowing users to customize message delivery could better meet their needs in terms of cravings and schedules. Additionally, a few women who had been using the program for a while and received messages less frequently wanted to receive more messages even though they had quit smoking.
2. **Offer users the option of receiving information on other topics, such as diet, physical activity, or stress.** Stress was very common among interviewees, and several women expressed a fear of not being able to lose their pregnancy weight. Additionally, most interviewees were receptive to messages on these topics. Giving users the option of receiving information on other topics may also help keep those who quit engaged. It would be helpful to use messages that have already been tested or to conduct message testing with the target audience.
3. **Offer users the option of receiving messages that discuss more of the negative facts and statistics of smoking, both for the woman and her baby or children.** Messages could also discuss negative aspects of cigarettes that aren't necessarily health-related, such as the high cost. It would be helpful to use messages that have already been tested or to conduct message testing with the target audience.
4. **Add a greater variety of suggestions on what users can do instead of smoking, particularly suggestions related to their baby or children.** Several women mentioned distracting themselves from smoking by doing positive things for their baby, such as creating a scrapbook or going out to play with their children.
5. **Ask users if they are pregnant or a mother when they sign up, and then send relevant messages.** Messages could include topics such as stress related to being pregnant or having children, physical and emotional changes, baby or child development, effects of smoking on her baby or children, and the benefits of quitting for her baby or children.
6. **Make the messages more personal by including the user's name.** Several women suggested making the program more personal simply by including their name in text messages.
7. **Make the program more interactive by adding additional probes to the on-demand and question features for users to respond to.** The program should periodically remind users of the on-demand feature. Also, for the question feature, instead of asking, "Are your cravings high, medium, or low," for example, give respondents the option to text that they are not having any cravings. Giving users the option to tell the program that they are not having any cravings may encourage them to use the question feature more often.
8. **Add new questions and keywords related to pregnancy that users can text to receive an on-demand message.** Messages could address topics such as stress related to pregnancy or the struggle to quit smoking during pregnancy. Simply adding "pregnancy" to existing messages could make them feel more tailored to program users.

9. **Periodically share the Smokefree website address with users.** Interviewees were not visiting the website, and this can help direct them to a trustworthy source for more information on smoking and pregnancy. This can also serve as a reminder of where they can go to find out more about rejoining the text program if they opt out. The website can also be a place to go for information that will not fit in a text message. Text messages could ask users, "Would you like additional resources or information on X topic? Text 'Resources' for more information," and then users could be directed to the appropriate page on the Smokefree website.
10. **Develop messages to encourage interactivity and further brand development.** For example, messages could encourage users to go on Facebook or Instagram and share their ideas for things to do instead of smoking: "What would take your mind off smoking now? Take a picture and post it to Instagram." This could increase engagement, reduce feelings of isolation, help others in the Smokefree community, and distract smokers from lighting up. Messages can also direct users to the Smokefree social media pages and Smokefree Women Challenge videos for ideas.
11. **Ask users if close family and friends smoke, and then send relevant messages.** Research has shown that women are more likely to return to smoking if their partner smokes. Therefore, it could be helpful to include tips for talking with family and friends about quitting together, not smoking nearby, and other ways they can be supportive, or suggestions of what to do if someone near you lights up a cigarette. Although this was not specifically requested by interviewees, many of them mentioned having friends or family members who smoke, which sometimes posed a challenge to quitting.
12. **Create a parallel program for individuals who want to help someone quit smoking.** Individuals who feel supported are more likely to quit smoking for good. Family or friends could sign up for their own program to learn how they can provide support to a loved one trying to quit smoking. Messages could include suggestions for starting the quit smoking conversation, tips for how to listen, offering distractions, and celebrating milestones.
13. **Allow users to invite family and friends to participate in SmokefreeTXT.** Users could do this by either having a "forward to a friend" link on the webpage or allowing them to send a text message with information.
14. **Include messages that tell users how much money they have saved by not smoking.** These messages should be based on the amount they smoked previously and the number of days they are smokefree. Messages could also include suggestions on what this money could be used for related to pregnancy or motherhood, such as something nice for the baby or getting a pedicure to de-stress. For example, "You saved \$50 this week! Treat yourself to a relaxing pedicure."
15. **Create messages that address myths or allay fears, especially those related to quitting smoking while pregnant.** Only a few interviewees brought up smoking myths, but many exist. Messages should stress that quitting is ultimately better for your baby's health than not, since this was the most frequently raised myth.
16. **Include resources for physicians.** Several of the women said that they heard about SmokefreeTXT from their doctor. It may be helpful to develop resources that physicians can hand out to their patients with information on quitting smoking during pregnancy and the text program.

Table 3. Recommendations

	Recommendation	Priority	Ease of Implementation	Time Investment
1.	Allow users to select the number of text messages they receive and the timing (including random).	Medium	Medium	Medium–High
2.	Offer users the option of receiving information on other topics, such as diet, physical activity, or stress.	Medium	Medium	Medium–High
3.	Send a followup message to users who text “Stop” to allow them to reset their quit date or pause the program instead of opting out.	High	Easy	Minimal
4.	Add a greater variety of suggestions on what users can do instead of smoking, particularly suggestions related to their baby or children.	Medium	Easy	Medium
5.	Ask users if they are pregnant or a mother when they sign up, and then send relevant messages.	High	Easy	Medium
6.	Make the messages more personal by including the user’s name.	High	Medium	Medium
7.	Make the program more interactive by adding additional probes to on-demand and questions features for users to respond to.	Medium	Medium	Medium–High
8.	Continue to minimize mentions of “cigarettes” and “smoking.”	Medium	Difficult	Medium–High
9.	Periodically share the Smokefree website address with users.	Medium	Easy	Low
10.	Develop messages to encourage interactivity and further brand development.	Medium	Medium	Medium–High
11.	Ask users if close family and friends smoke, and then send relevant messages.	Low	Easy	Medium
12.	Create a parallel program for individuals who want to help someone quit smoking.	Low	Medium	Medium-High
13.	Allow users to invite family and friends to participate in SmokefreeTXT.	Low	Easy	Low
14.	Include messages that tell users how much money they have saved by not smoking.	Low	Easy	Medium
15.	Create messages that address myths or allay fears, especially those related to quitting smoking while pregnant.	Low	Easy	Low
16.	Include resources for physicians.	Low	Medium	Medium-High

APPENDICES

Appendix A: Moderator Guide for Pregnant Smokers

NCI Smokefree Evaluation In-depth Interview Guide–Pregnant Smokers

Interview Guide

Notes for Reviewers:

- This interview guide is not intended to be read as a script, but as a plan for how the interviews will be conducted. The facilitator will address all of the topics in this guide, but not necessarily ask the specific questions noted in this guide.
- Sample probing questions (i.e., follow-up questions that help gather in-depth responses) are included in this guide, but not all possible follow-up questions are included. For example, almost every question could be probed with “what makes you say that?”

The questions below aim to answer the following research questions:

1. What do pregnant smokers know about smoking cessation and other healthy behaviors during pregnancy?
 - a. What myths exist? (e.g., healthy weight gain, safety of quitting smoking or exercising during pregnancy, e-cigs)?
2. What are pregnant smokers’ attitudes towards text messages about smoking cessation and other healthy behaviors during pregnancy?
 - a. Is there a preferred time and dose of messages?
3. What do pregnant smokers’ lifestyles look like?
 - a. Do they engage in physical activity? Are there barriers to physical activity?
 - b. What stressors do they experience?
 - c. Do others in their household smoke?
 - d. Are they willing to modify their health behaviors?

I. Discussion of Purpose/Introduction of Topic

(3 minutes)

Hello, my name is [insert name]. I work for ICF International, a research and consulting firm, contracted by the National Cancer Institute, to support the Smokefree program. This research is to better understand pregnant smokers’ experiences, what is going on in their lives, and their thoughts or concerns about their pregnancy.

Thank you for agreeing to talk with me today. I greatly appreciate your time and participation. This interview should take about 45 minutes. Is this still a good time to talk?

[Read and obtain verbal consent.] [See verbal consent form.]

II. Background/Warm-up Questions

(5 minutes)

1. When is your due date?

2. Now I'm going to ask you a few questions on your tobacco use. How long have you been smoking or using tobacco products?
 - 2.1. How many cigarettes do you smoke per day?
3. Have you ever tried to quit smoking?
 - 3.1. [Yes] How many times have you tried to quit smoking?
 - 3.2. What are your thoughts about quitting smoking now?
4. What methods or resources have you used to try to quit smoking (e.g., quit smoking programs, medications, therapies, websites)?
 - 4.1. Are you currently using any of these methods or resources?
 - 4.1.1. What have you liked or disliked about the methods or resources you have used?
5. How has your tobacco use changed since becoming pregnant?

III. Lifestyle

(15 minutes)

6. Even happy events can be stressful. What currently causes you stress in your daily life?
7. How does stress influence your desire to smoke?
 - 7.1. What particular stressors make you want to smoke more than others?
 - 7.2. Besides smoking, how else do you deal with stress?
 - 7.2.1. How hard would it be to do that/those things instead of smoking when you are particularly stressed?
8. What do you think are the most important things a pregnant woman can do to prepare to have a healthy baby?
 - 8.1. What do you think are the things that can cause the greatest harm to your baby before he/she is born?
9. Do you currently exercise or engage in physical activity?
 - 9.1. If so, how often? What do you do?
 - 9.2. If not, what keeps you from exercising?
 - 9.3. How safe do you think it is to exercise while you are pregnant?
10. How much do you think is a healthy amount of weight to gain during pregnancy?
 - 10.1. How much weight do you think you will gain during pregnancy?
 - 10.2. How concerned are you about gaining weight during pregnancy?
11. How has your diet changed since you became pregnant?
12. Do others in your household smoke? What about the people you spend the most time with such as other family members, friends, or coworkers?
 - 12.1. How supportive would your family and friends be if you tried to quit smoking?
13. How do you think smoking while pregnant may affect your baby?
14. What are your thoughts about quitting smoking while pregnant?
 - 14.1. How safe is it to keep smoking while pregnant?
15. Have you felt more pressure to quit smoking since you became pregnant?
 - 15.1. If so, from whom?
16. What are the biggest things in your life that keep you from quitting smoking?
17. Many pregnant women have reasons for smoking, what does smoking do for you?
 - 17.1. What does smoking help you do?
 - 17.2. What are some things you would miss about smoking if you were to quit?

IV. Text Message Programs

(5 minutes)

Researchers at the National Cancer Institute are considering creating a mobile text messaging service designed specifically for pregnant women and moms across the United States who smoke. We'd like to know what moms like you think about a program like this.

18. Do you own a smartphone or a phone with email or web access?
19. What made you decide to sign up for SmokefreeTXT?
 - 19.1. What about a text program was appealing compared to other quit smoking methods?
 - 19.2. On a scale of 1 to 5 with 5 being “Very optimistic” and 1 being “Not at all optimistic,” how optimistic were you that the program would help you quit smoking?
20. How well are the messages from SmokefreeTXT addressing your needs or challenges?
 - 20.1. How helpful are the messages?
 - 20.2. How could the messages better address your needs or challenges?
21. What are your thoughts about receiving text messages about healthy behaviors, such as exercise and healthy eating, during pregnancy?
 - 21.1. Would you be interested in receiving text messages about healthy behaviors? Why or why not?
 - 21.2. Would you be interested in receiving text messages about how your baby is growing? Why or why not?
 - 21.3. What other topics would you be interested in receiving text messages about?

V. Closing

(2 minutes)

That is the all of the questions I have. I would like to let you know again that we greatly appreciate your spending your time to help us with this research project. Your input into the Smokefree Mom program is very useful and will help us to make sure that we’re creating useful materials and providing necessary support.

As a thank you for your participation, you will be receiving an Amazon e-gift card in the next few days at the email address we have on file for you. [Note email address on file.] Is this the best email address to send the e-gift card?

Before we end this interview, is there anything else that you would like to share that we didn’t cover?

Thanks again. If you have more feedback at a later time, please feel free to follow up with me via e-mail.

****Language for particular situations****

***Participant requests smoking cessation information.**

If you would like more information or support to quit smoking, we recommend that you ask your doctor about ways to help you quit and also visit <http://women.smokefree.gov/>.

***Participant mentions drug or alcohol use.**

If you need help to quit, talk to your doctor so that he or she can help you get treatment. Or you can contact:

- *National Council on Alcoholism and Drug Dependence 1-800-622-2255*
- *Substance Abuse Treatment Facility Locator 1-800-662-4357*

***Participants mentions suicide.**

If you are experiencing thoughts of self-destruction or suicide, please seek immediate help. Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) to reach a 24-hour crisis center or dial 911.

***Participant refers to being abused and she asks for information.**

If you are in an abusive relationship, ask for help. This may be hard, but know that you are not alone. Your family, friends, fellow church members, employer, doctor, or local YMCA, YWCA, police department, hospital, or clinic can help you. These national hotlines can help you find resources in your area. Call the National Domestic Violence Hotline at 1-800-799-SAFE (7233) or visit the website at www.ndv.org.

**Participant refers to an extreme diet or exercise.*

It is recommended that you talk to your doctor before starting any new diet or exercise program. Check with your doctor to find out how much weight gain during pregnancy is healthy for you and what kinds of exercises are safe for you to do. You can check out womenshealth.gov for more information.

Appendix B: Moderator Guide for New Moms

NCI Smokefree Evaluation In-depth Interview Guide—Post-partum Smokers

Interview Guide

Notes for Reviewers:

- This interview guide is not intended to be read as a script, but as a plan for how the interviews will be conducted. The facilitator will address all of the topics in this guide, but not necessarily ask the specific questions noted in this guide.
- Sample probing questions (i.e., follow-up questions that help gather in-depth responses) are included in this guide, but not all possible follow-up questions are included. For example, almost every question could be probed with “what makes you say that?”

The questions below aim to answer the following research questions:

1. To what extent did the SmokefreeTXT program support women who were pregnant in their quit attempt? What differences in the program do they believe would have better supported their quit attempt? How does the SmokefreeTXT program support them now that they are new mothers?
 2. What are the experiences of new mothers who either attempted to or did quit smoking while pregnant?
 3. How has a woman’s journey to become or remain smokefree changed since having her child?
 4. What are the attitudes towards text messages about smoking cessation and other healthy behaviors from new mothers who smoke, used to smoke, or are looking to quit smoking?
 5. What quit smoking support options would new mothers who smoke find beneficial?
-

I. Discussion of Purpose/Introduction of Topic (3 minutes)

- Hello, my name is [insert name]. I work for ICF International, a research and consulting firm, contracted by the National Cancer Institute, to support the Smokefree program. This research is to better understand the experiences of new moms who have used the SmokefreeTXT program, what is going on in their lives, and their thoughts or concerns about their newborn.
- Thank you for agreeing to talk with me today. I greatly appreciate your time and participation. This interview should take about 45 minutes. Is this still a good time to talk?
- [Read and obtain verbal consent.] [See verbal consent form.]

II. Background/Warm-up Questions (5 minutes)

1. Congratulations on being a new mom! When was your child born? Boy or girl? Do you have any other children?
2. Now I’m going to ask you a few questions about your smoking habits or tobacco use. Are you currently smoking or using tobacco products?

[YES-CURRENT]

- 2.1. How long have you been smoking or using tobacco products?

- 2.2. How many cigarettes do you smoke per day now? How many did you smoke while you were pregnant?
 - 2.2.1. [If not first child] Did you smoke during your other pregnancy(ies)?
- 2.3. How many times have you tried to quit smoking?
 - 2.3.1. How many times did you quit for an extended period of time?
 - 2.3.2. What have been your main reasons for trying to quit?
 - 2.3.3. What have been your main reasons for starting smoking again?
- 2.4. How did getting pregnant change your smoking habits?
 - 2.4.1. Did you try and quit smoking during your pregnancy?
 - 2.4.2. [YES] What made you decide to try and quit?
 - 2.4.3. [NO] What made you decide not to try and quit?
- 2.5. What are your thoughts about quitting smoking now?
 - 2.5.1. How have your thoughts about smoking changed since having your child?
 - 2.5.2. What methods or resources have you used to try to quit smoking (e.g., quit smoking programs, medications, therapies, websites)?
 - 2.5.2.1. Are you currently using any of these methods or resources? Which ones?
 - 2.5.2.2. What have you liked or disliked about the methods or resources you have used?

[NO-FORMER]

- 2.6. How long did you smoke?
- 2.7. How long have you been Smokefree?
 - 2.7.1. [If not first child] Did you smoke during your other pregnancy(ies)?
- 2.8. What made you decide to quit smoking?
 - 2.8.1. How did getting pregnant change your smoking habits?
 - 2.8.2. At what point in your pregnancy did you decide to quit smoking?
- 2.9. Before you quit, did you make any changes in your smoking behavior, like cutting down or changing brands or types of cigarettes?
- 2.10. What methods or resources have you used to try to quit smoking (e.g., quit smoking programs, medications, therapies, websites)?
 - 2.10.1.1. Are you currently using any of these methods or resources?
 - 2.10.1.2. What have you liked or disliked about the methods or resources you have used?

III. Smoking Knowledge

(2 minutes)

[ALL]

3. How do you think smoking while pregnant affects babies?
4. How do you think being exposed to smoke after they are born affects babies?

IV. Lifestyle

(15 minutes)

[ALL]

5. What pressures did you experience to quit smoking when you became pregnant?

[CURRENT]

6. Now that you are no longer pregnant, how have the challenges of quitting changed?
7. What are the biggest things in your life that keep you from quitting smoking?

[FORMER]

8. What made quitting difficult?
9. Now that you are no longer pregnant, how have the challenges of staying smokefree changed?

10. What are the biggest things in your life that keep you from smoking again?

[ALL]

11. How do your family, friends, and the people you spend the most time with like coworkers influence your smoking?

11.1. Do others you live with smoke now? Did they while you were pregnant? Do they ever smoke around your baby?

11.2. What about the people you spend the most time with such as other family members, friends, or coworkers? Did they while you were pregnant?

[CURRENT]

12. From whom or where would you go to seek support if you tried to quit smoking?

12.1. How supportive would your family and friends be if you tried to quit smoking?

12.2. What kinds of support or resources could the Smokefree program provide to make you feel supported?

13. Many women have reasons for smoking, what does smoking do for you?

13.1. Are there other things you can think of that would give you those things aside from smoking?

13.2. What are some things you would miss about smoking if you were to quit?

14. Are there certain places you try not to smoke, such as maybe in your house or car?

[FORMER]

15. From whom or where did you get the most support when you were trying to quit smoking?

15.1. How supportive were your family and friends when you quit smoking?

15.2. What other kinds of support or resources would you have liked to receive?

15.2.1. What specifically could the Smokefree program provide?

16. Many women have reasons for smoking, what did smoking do for you?

16.1. What are some things you miss most about smoking? Miss least?

V. Text Message Programs

(5 minutes)

17. Do you own a smartphone or a phone with email or web access?

18. What made you decide to sign up for SmokefreeTXT?

18.1. What about a text program was appealing compared to other quit smoking methods?

18.2. On a scale of 1 to 5 with 5 being "Very optimistic" and 1 being "Not at all optimistic", how optimistic were you that the program would help you quit smoking?

19. How well did the messages from SmokefreeTXT address your needs or challenges to quit smoking or reduce smoking during your pregnancy?

19.1. How could the messages better address your needs or challenges?

19.2. What do you think about the time of day you received the messages?

19.3. What do you think about the number of messages?

20. How well do the messages from SmokefreeTXT address your needs or challenges to quit smoking now?

20.1. How could the messages better address your needs or challenges?

20.2. What do you think about the time of day you receive the messages?

20.3. What do you think about the number of messages?

Researchers at the National Cancer Institute are considering creating a mobile text messaging service designed specifically for pregnant women and new moms across the United States who smoke. We'd like to know what moms like you think about a program like this.

21. What are your thoughts about receiving text messages specifically for new moms?
 - 21.1. What kinds of information would you like to see in those messages (e.g., caring for a newborn, facts on smoking and babies)?
22. What are your thoughts about receiving text messages about other healthy behaviors, such as exercise and healthy eating?
 - 22.1. Would you be interested in receiving text messages about healthy behaviors? Why or why not?
23. What other tools or resources could the Smokefree program offer that would help you feel better equipped to try and quit smoking? Address the challenges you face?

VI. Closing

(2 minutes)

That is the all of the questions I have. I would like to let you know again that we greatly appreciate you spending your time to help us with this research project. Your input into the Smokefree program is very useful and will help us to make sure that we're creating materials and providing necessary support.

As a thank you for your participation, you will receive an Amazon e-gift card in the next few days at the email address we have on file for you [Note email address on file]. Is this the best email address to send the e-gift card?

Before we end this interview, is there anything else that you would like to share that we didn't cover?

Thanks again. If you have more feedback at a later time, please feel free to follow up with me via e-mail.

Language for particular situations

*Participant requests smoking cessation information.

If you would like more information or support to quit smoking, we recommend that you ask your doctor about ways to help you quit and also visit <http://women.smokefree.gov/>.

*Participant mentions drug or alcohol use.

If you need help to quit, talk to your doctor so they can help you get treatment. Or you can contact:

- *National Council on Alcoholism and Drug Dependence 1-800-622-2255*
- *Substance Abuse Treatment Facility Locator 1-800-662-4357*

*Participants mentions suicide.

If you are experiencing thoughts of self-destruction or suicide, please seek immediate help. Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) to reach a 24-hour crisis center or dial 911.

*Participant refers to being abused and she asks for information.

If you are in an abusive relationship, ask for help. This may be hard, but know that you are not alone. Your family, friends, fellow church members, employer, doctor, or local YMCA, YWCA, police department, hospital, or clinic can help you. These national hotlines can help you find resources in your area. Call the National Domestic Violence Hotline at 1-800-799-SAFE (7233) or visit the website at www.ndv.org.

*Participant refers to an extreme diet or exercise.

It is recommended that you talk to your doctor before starting any new diet or exercise program. Check with your doctor to find out how much weight gain during pregnancy is healthy for you and what kinds of exercises are safe for you to do. You can check out womenshealth.gov for more information.

smokefreewomen