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| **Title of Research Presentation** (Sentence case)  Feasibility and acceptability of ICAN QUIT in Pregnancy multicomponent implementation intervention and research design for Australian Indigenous pregnant women: a pilot cluster randomised step-wedge trial |
| **Background/Objectives**  Health providers (HPs) lack knowledge, confidence, optimism and skills in addressing smoking with pregnant women. Smoking in pregnancy is a key challenge for Indigenous health. Aim was to explore the feasibility and acceptability of a co-designed multi-component intervention at Aboriginal Medical Services (AMSs) in culturally-targeted pregnancy-specific smoking cessation care (SCC).  **Methods**  Randomised step-wedge cluster design. The Indigenous Counselling And Nicotine (ICAN) QUIT in Pregnancy Trial was implemented in six AMSs in three Australian states. HPs were given an educational resource package, including: live interactive webinars, treatment manual, patient resources, carbon monoxide (CO) meter, and oral Nicotine Replacement Therapy (NRT). Feasibility was assessed via recruitment and retention rates of pregnant women and HPs. Qualitative interviews with staff post-trial explored acceptability of intervention and study design related to Capability, Opportunity and Motivation from the Behaviour Change Wheel.  **Results**  Pregnant women (n=22; 47% eligible) and HPs (n=50; 54% eligible) were recruited with 12-week retention rates of 77% and 40% respectively. Self-reported 12-week 7 day point-prevalence abstinence was 13.6% (n=3) for all women in the study (pre and post), validated with CO readings ≤ 6ppm. Staff interviews highlighted the importance of the resources, which increased capability and opportunity, restructured the environment, and provided social comparison and modelling. Staff were motivated by greater engagement with pregnant women, and women’s reductions in CO readings. The implementation at the AMSs improved organisational capacity to engage with smoking cessation. Staff reported changes to their routine practice that were potentially sustainable. Recommendations for improvement to the implementation of the intervention and research included reducing training length and study requirements, and amending the step-wedge design.  **Discussion**  ICAN QUIT in Pregnancy was a pilot study with the ability to engage Indigenous women in SCC. The intervention was feasible to implement and acceptable to most staff of AMSs in three states, with modifications to study design recommended.  **Keywords**  Indigenous populations, smoking cessation, pregnancy |