Financial incentives for smoking cessation in pregnancy. A randomised, controlled, multicenter, clinical trial (the FISCP trial).

Smoking cessation is crucial in preventing smoking-associated risks in pregnancy and negative birth outcomes. The benefit/risk ratio of pharmacotherapies for smoking cessation in pregnancy is unclear. Previous studies with various financial incentives designs showed promising results for point prevalence abstinence rate but no effect on birthweight.

This randomised, controlled, multicentre trial, implemented progressive financial incentives. Financial incentives increased continuous abstinence rate throughout the pregnancy (16.4% versus 7.4%) and more than doubled the point prevalence abstinence rate compared to no reward for abstinence. Financial incentives reduced the risk of poor neonatal outcomes, a composite measure of transfer to the neonatal unit, congenital malformation, convulsions, perinatal death, by 6.6% points. Post-hoc analyses suggested that more newborns had birthweights ≥2500 g in the financial incentives than in the control group (unadjusted OR: 1.95, 95% CI: 0.99 to 3.85, p=0.055; sex adjusted OR: 2.05, 95% CI: 1.03 to 4.10, p=0.041; sex and prematurity adjusted OR: 2.06, 95% CI: 0.90 to 4.71, p=0.086).

See you all in zoom!
For the ONCOLille Animation Committee
Chann Lagadec

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