

Digital Alcohol-Exposed Pregnancy (AEP) risk Intervention optimized for Native Communities

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INTRO

- 2 million US women are at risk for alcohol-exposed pregnancy (AEP) per month.¹
- A nationwide pilot RCT showed CARRII, the first digital AEP intervention, significantly reduced AEP risk & pregnancy risk at 3 & 6 months, and drinking risk at 3 months, among general population women.
- CARRII should be tailored with/for Native women who may have higher AEP risk.²

METHODS

- Native Partners Working Group (n=5)
- Survey (n=308) ages 18-44, Native American, assigned female at birth
- Focus group discussions (n=41)
- Think-aloud user testing (n=13)

RESULTS

- Here we are reporting on **249 Survey participants** and **5 Think-aloud sessions**.
- Additional data for Surveys, Focus groups, and Think-alouds have been collected but are not yet released.
- Survey results:**

AEP risk	18.5%
Risky drinking	39.0%
Pregnancy risk	46.6%

DISCUSSION

- Formative testing of Native-tailored CARRII digital intervention showed strong interest in Native tailoring, found 18.5% AEP risk in survey respondents, and identified desired intervention components.
- CARRII Native will be tested in a MOST with 512 Native women with AEP risk, to identify the best combination of new components paired with the CARRII digital intervention that reduce AEP risk for Native women and communities.

Main Findings from Formative Work

1) Native Partners Working Group (WG) reviewed study components to ensure that **cultural norms** are considered.

2) Survey collected data on demographics, parity, literacy levels, AEP risk, drinking levels, location, preferred digital platforms, methods of access, and interest in a digital women's health study

3) Focus group discussions met to tailor intervention

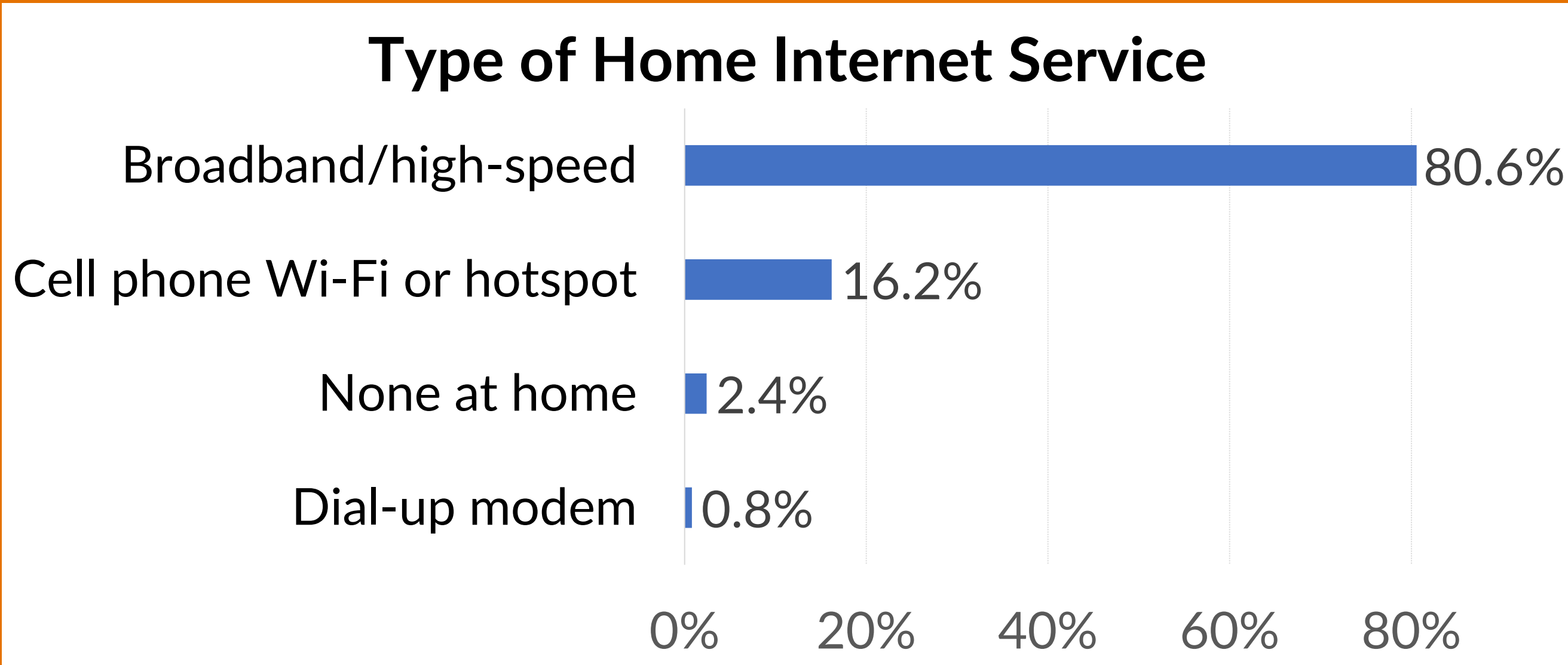
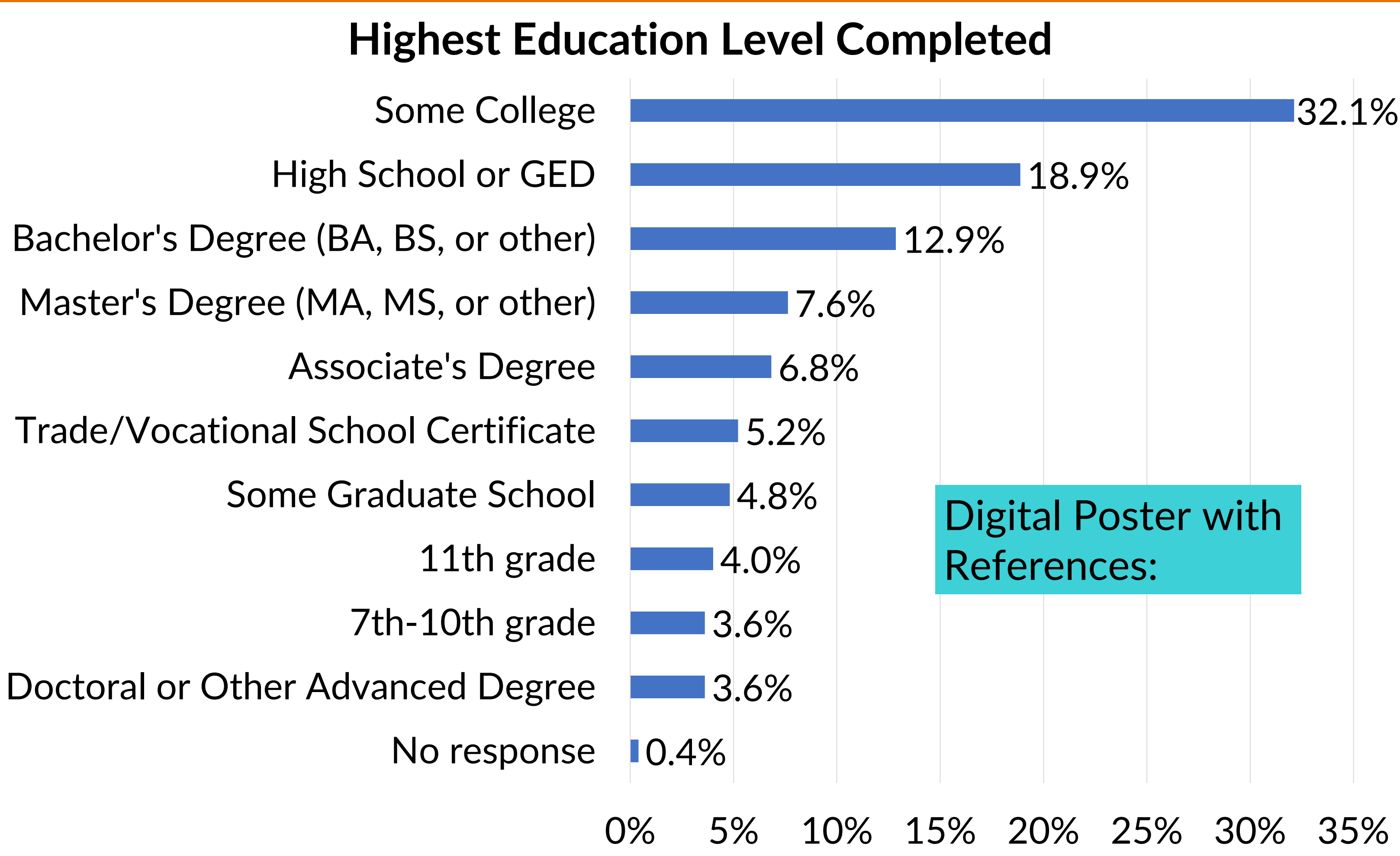
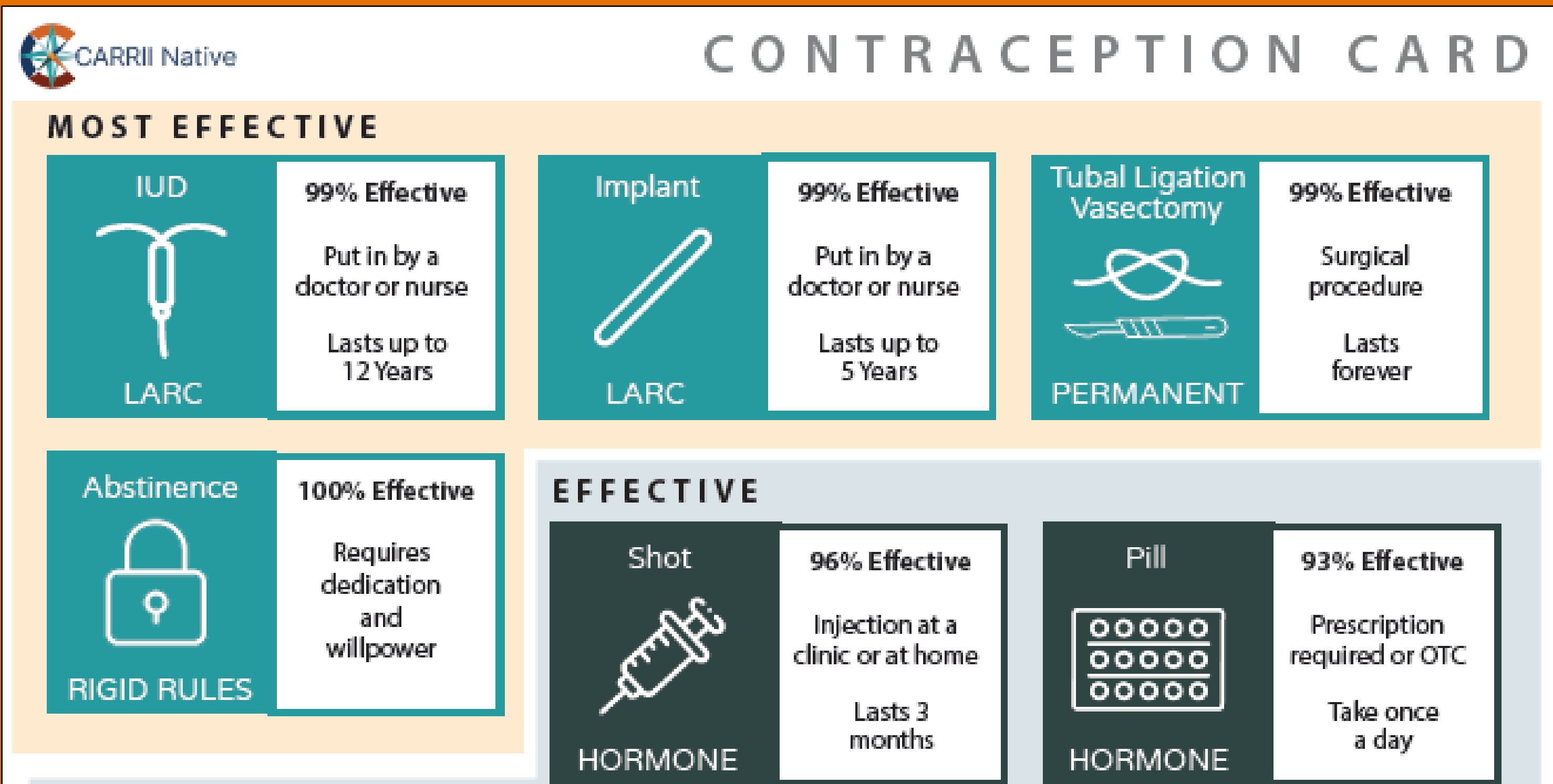
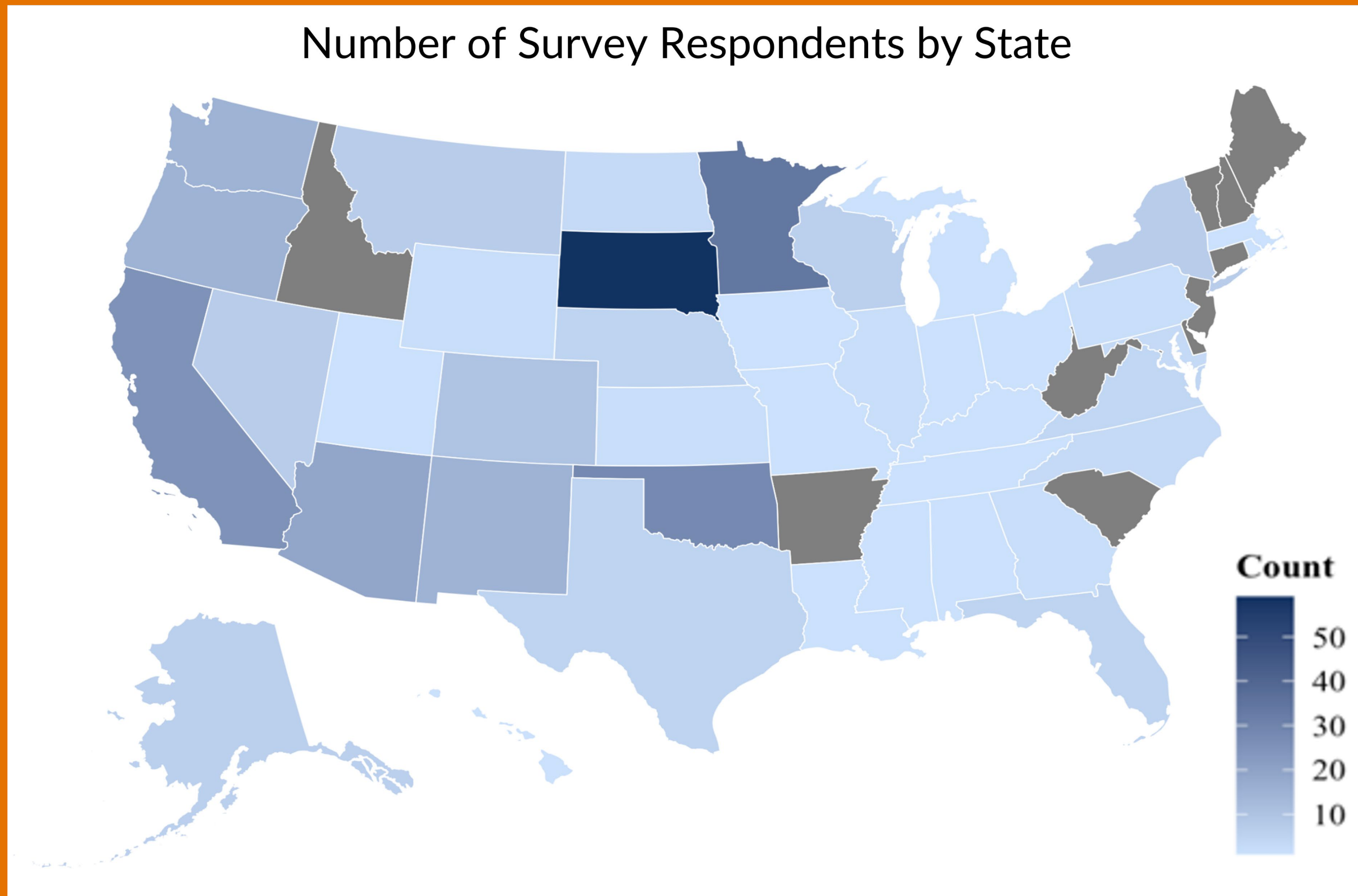
- Participants discussed prior knowledge of fetal alcohol syndrome, where they gained this information, how best to communicate pregnancy prevention and drinking limits with women.
- Participants then gave feedback on five proposed components to be tested.

4) Think-aloud user testing to finalize the intervention:

- Feedback was received in 5 main themes: general suggestions for change, positive comments, literacy information, unintentional or harmful messages, and comments specific to American Indian women.
- The feedback received allowed the target audience to take an active role in the development of intervention.

Think aloud feedback:

"Can be very hard to get medical care in some Native communities"
"I like the simplicity again of all of it."
"If I was thinking I might be at risk, this might be overwhelming, all this information all at once."
"Sterilization is triggering term" – resulting in removal, and use of **"Permanent,"** in intervention Cores and on Contraception Card visual (see image below)



Types of Devices Used to Access Internet:

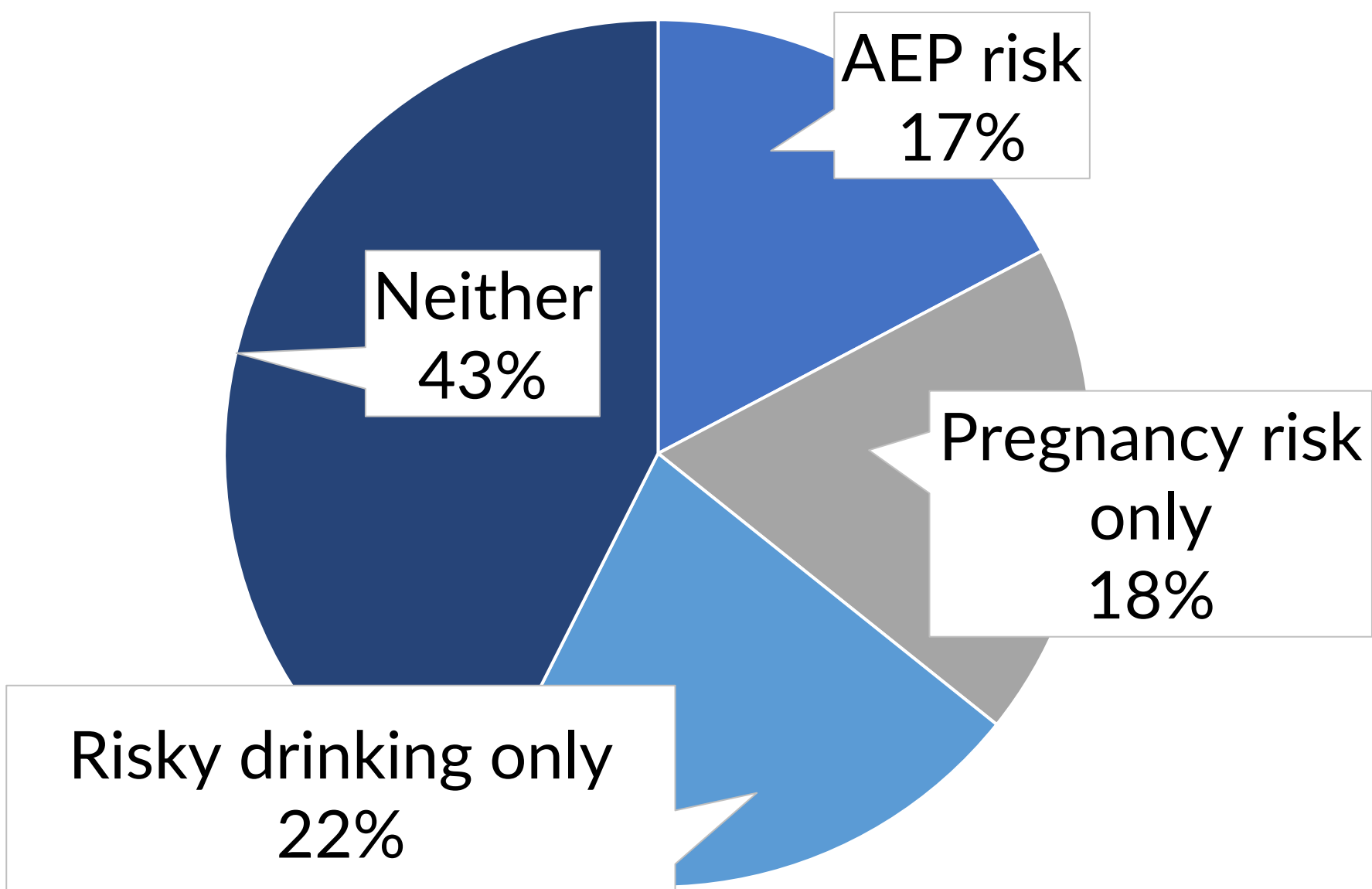
- 98.4% use mobile phones
- 46.4% use computers
- 19.7% use tablets



CARRII@uvahealth.org

Survey data results

Survey Participant Risk Group Distribution n=249



Rate of Contraception Use with Sex, Past 90 Days

		n
Never	47.2%	67
Sometimes	14.8%	21
Every time	38.0%	54

Contraceptive Method(s) Used if Every Time, Past 90 Days

		n
IUD	32.7%	17
Condoms	26.9%	14
Oral Contraceptive Pill	17.3%	9
Nexplanon implant	15.4%	8
Depo-Provera Shot	3.8%	2

Health Literacy

Problems learning about medical condition due to difficulty with written materials

Never	53.0%
Occasionally	20.9%
Sometimes	18.1%
Often	6.0%
Always	1.6%
No response	0.4%

Problems Streaming, Downloading, or Viewing Media Due to Bandwidth

Most of the time	3.6%
Sometimes	33.9%
Never	62.1%

Insights and feedback from formative work are informing the development of the final intervention—a **fully functional, robust Internet-based platform**.

References: ¹ Cannon, M. J., Guo, J., Denny, C. H., Green, P. P., & Miranda, M. C. (2015). Prevalence and characteristics of women at risk for an alcohol-exposed pregnancy (AEP) in the United States: Estimates from the National Survey of Family Growth. *Maternal and Child Health Journal*, 19(4), 776-782. <https://doi.org/10.1007/s10995-014-1563-3>
²Ingersoll, K., Frederick, C., MacDonald, K., Ritterband, L., Lord, H., Jones, B., & Truitt, L. (2018). A Pilot RCT of an Internet Intervention to Reduce the Risk of Alcohol-Exposed Pregnancy. *Alcoholism, clinical and experimental research*, 42(6), 1132-1144. <https://doi.org/10.1111/acer.13635>