

**STRATEGIES AND CHALLENGES IN THE LOYALTY OF PARTICIPANTS  
OF THE PROJECT CHILDHOOD AND ENVIRONMENTAL POLLUTANTS,  
RIO DE JANEIRO, BRAZIL**

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**Introduction:** The pilot of the Project Childhood and Environmental Pollutants (PIPA - *Projeto Infância e Poluentes Ambientais*) is a cohort study that will follow up mothers attended at the Teaching Maternity Hospital (TMH) of UFRJ since prenatal through children's sixth month of life. The biomonitoring for assessment of exposure to chemical substances was performed in all moments of activities: identification, birth, follow-up in the child's first, third and sixth month of life. In cohort studies, losses of participants throughout the study are planned, thus the identification and loyalty are important steps[1]. **Objective:** To present the activities developed in the pilot study for participants' loyalty performed personally and by other means of communication, information/technology, carried out in the Teaching Maternity Hospital of the Federal University of Rio de Janeiro.

**Methodology:** in order to avoid loss of participants throughout the study, identification and loyalty strategies were prepared. The identification of mothers occurred during the meetings of the *Projeto Cegonha Carioca* (Stork Project of Rio de Janeiro), using a video to explain the project and a conversation wheel, providing more details of the study. The accession took place with the signature of the Informed Consent Form. At birth, the participating mothers received a visit by members of the project and received the date of the first follow-up appointment.

**Results:** Of 209 mothers who attended the meetings of the *Projeto Cegonha Carioca*, 142 (67.5%) agreed to participate in the study. The activities used in the project were: phone contact, creation of the portal, contact by messages application, waiting room and music therapy. The challenges in the identification were: little time, possibility of a single meeting and a single space for various project activities, and in the follow-up: the distance between the residence and the TMH, and the lack of funding for transport. The loss in the first month occurred, however, those who came and participated in the strategies have returned for the follow-up of third month.

**Conclusion:** The puerperium is often a difficult and adaptive phase for the family, which seemed to compromise the return for the first appointment. Other factors for the absences in the follow-up were the distance between the residence and the TMH and the lack of subsidy for transport. Mothers who adhere to the follow-up tend to return. New strategies of loyalty should be drawn in the future in order to facilitate the access of mothers to follow-up appointments.

[1] J.G.; K.B. Enrolment and response rates in a longitudinal birth cohort. *Paediatric and Perinatal Epidemiology* 23, 73-85 (2009)