



Maternal Vaccination Communication: CDC Update and Plans

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Presentation Objectives

- Present key learnings from maternal communication research
- Outline CDC communication strategy, plans, resources and tools to help prenatal care providers and partners with maternal vaccine conversations

Pregnant Patients = Today and Tomorrow's Vaccine Decision Makers & Influencers



Low Maternal Vaccination Rates

- Coverage of recommended vaccines for pregnant women remains low—leaving a number of pregnant women and their infants at risk for complications from vaccine-preventable diseases



What does the research tell us?

Summary of Findings from 2014 Mixed Methods Research

Pregnant Women

- Low disease and vaccine awareness
- Protection for their babies is very important
- Want to be assured of safety
- High information-seeking
- Want information from ob-gyn or midwife

HCPS

- Are recommending vaccines to pregnant patients
- Understand importance of maternal vaccination
- Low perceived susceptibility
- Systems barriers to stocking vaccines

Additional Research: November – December 2016

- **Online survey and message testing with pregnant women**
 - 251 pregnant women aged 18-45 years in U.S. receiving prenatal care
 - Mixed household income, age, and experience with pregnancy
 - Range of intention for flu and Tdap vaccines
- **In-depth interviews with HCPs**
 - 16 OB-GYNs and 8 certified nurse midwives
 - Across all regions of U.S.
 - Included those that provide Tdap onsite + those that refer

Key Findings: Pregnant Women

- **Vaccine Recommendations**
 - 69% received flu vaccine recommendation and 41% received Tdap vaccine recommendation
 - About 60% who received recommendations (for flu or Tdap vaccine) were told the vaccine was “extremely or very important”
- **Vaccine Acceptance**
 - More respondents had gotten or intended to get flu vaccine (59%) than Tdap (42%)
 - 28% had decided not to get each of the vaccines
- **Vaccine Decision-making**
 - Pregnant women get vaccines because their **prenatal care providers recommend them** or because they heard the **illnesses could harm their baby**.
 - They want information about safety of individual vaccines, side effects, and vaccine ingredients.

PRELIMINARY

How HCPs Talk about Maternal Vaccines

- Most use similar Tdap and flu vaccine messages with patients
- Most discuss Tdap and flu vaccination concurrently, during initial intake visit
 - Use printed materials to help educate patients about vaccines
- Key message themes to facilitate vaccine conversations:
 - Disease susceptibility and severity
 - Vaccination benefits (protection, passive immunity)
 - Vaccine safety
- CNMs were more likely than OB-GYNs to feel uncomfortable making a strong recommendation for either vaccine, as they view it as a patient decision

PRELIMINARY

Best Ways to Reach Pregnant Women

- Pregnant women get maternal vaccination formation from 3 main sources:
 - 80% HCPs (most important source for 60%)
 - 50% Internet health resources
 - 33% Family
- However, most are not actively looking for information about vaccination during pregnancy
- Some pregnant women would be prompted by messages they see online to ask their HCP about maternal vaccination

PRELIMINARY

How can we encourage pregnant women to get recommended vaccines?

We know they have questions once they realize they need vaccines...

Are these diseases really dangerous?

Is it safe for me and my baby?

Can't I just get it after my baby is born (like my last pregnancy)?

Why every pregnancy?

Why hasn't my doctor talked to me about this?

Is it enough to just make sure everyone around my baby is vaccinated (or if we stay away from sick people)?

But, they trust their ob-gyn or midwife the most.



"For me, I'm just going to see my doctor today and I'm going to say 'I'm 28 weeks today, do you think I should get my whooping cough vaccination?'" (Pregnant with 1st Child – San Diego)

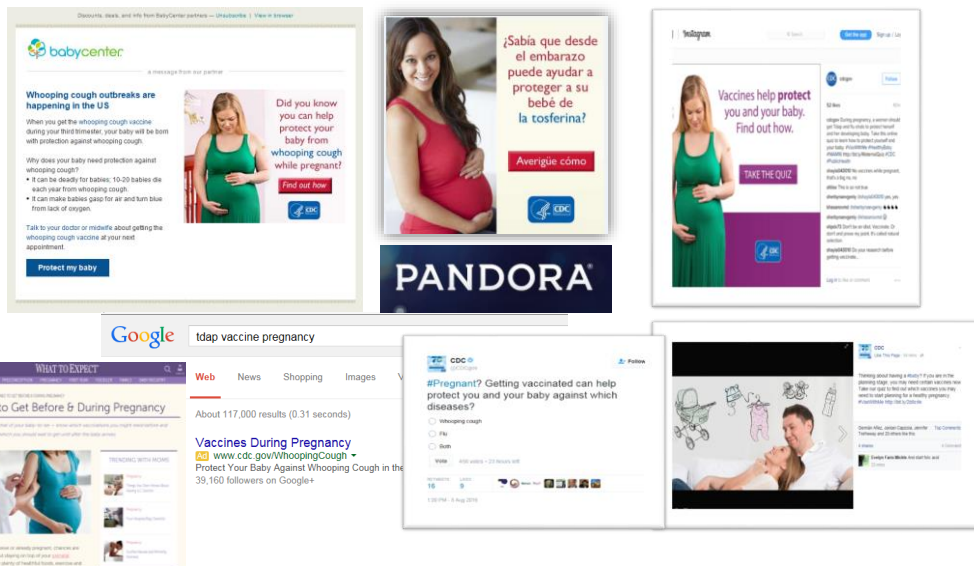
"I obviously have to ask the doctor." (Pregnant with 2nd+ Child – Atlanta)

So, we need to support pre-natal care providers in vaccine communication and recommendation.

- Present vaccination as a standard part of obstetric care
- Provide a strong recommendation
- SHARE additional information (as needed)
 - SHARE tailored reasons why the recommended vaccine is right for the patient.
 - HIGHLIGHT positive experiences with vaccines (personal or in your practice) to reinforce the benefits and strengthen confidence in vaccination.
 - ADDRESS patient questions and any concerns about the vaccines.
 - REMIND your patients about the protection vaccines can help provide.
 - EXPLAIN the potential costs of getting the disease.

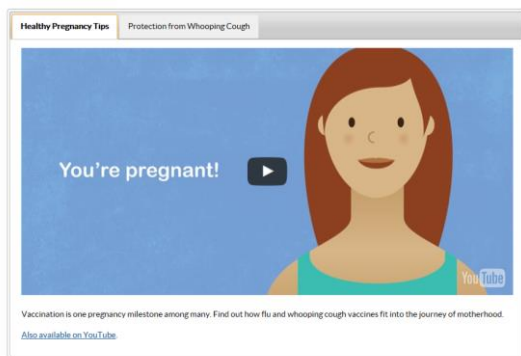
CDC Communication Plans and Tools

Communication Tactics & Channels for Pregnant Women

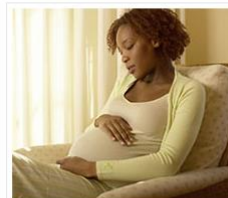


Digital Resources

- Website
- Quiz
- Motion graphic
- Listicle (coming soon)



Vaccines & Pregnancy Quiz



[Take the quiz](#) to test your knowledge.

[En español](#)

www.cdc.gov/vaccines/pregnancy

How to Support Health Care Provider Communication

- Patient Education
 - Posters and videos for waiting room
 - Low-literacy materials
 - Materials for diverse audiences and language needs
 - Answers to commonly asked patient questions
- Tips on providing a strong recommendation
 - Especially when making referrals

PRELIMINARY

Print Resources

Making a strong vaccine referral to pregnant women

Strategies for healthcare professionals



Making the Referral

Begin each referral with a vaccine recommendation that includes information on why the vaccine is beneficial and safe for mother and baby.

Maternal Vaccination

Resources for healthcare professionals

Vaccines help keep your pregnant patients and their growing families healthy.

Last Updated September 2016

Vaccine	Before pregnancy	During pregnancy	After pregnancy	Type of vaccine
Influenza	No	Yes, during flu season	No	Inactivated
Tdap	May be recommended as a booster to pregnant women during pregnancy when possible	Yes, during each pregnancy	No, already pregnant. If they have received Tdap once in a lifetime or received Tdap previously	Threat treatment
MM	May be recommended	May be recommended, but not required	May be recommended	Inactivated
Quadrant A	May be recommended	May be recommended, but not required	May be recommended	Inactivated
Quadrant B	May be recommended	May be recommended, but not required	May be recommended	Inactivated
Measles/Mumps/Rubella	May be recommended	No, discuss on risk vs. benefit and encourage other specific recommendations	May be recommended	Inactivated
MMoR	May be recommended through 28 years of age	No	May be recommended through 28 years of age	Inactivated
MM	May be recommended, but not required, avoid contraindications for adults	No	May be recommended	Live
Varicella	May be recommended, but not required, avoid contraindications for adults	No	May be recommended	Live

For more information, visit: www.cdc.gov/vaccines/pregnancy
Get an answer to your specific question by e-mailing cdc@cdc.gov or calling 800-CDC-INFO (232-4636)



www.cdc.gov/vaccines/pregnancy

What Can You Do?

- ❑ GET VACCINATED
- ❑ TALK to pregnant women about vaccines
 - ❑ Tell them it's important for them and their babies
 - ❑ Make that conversation and recommendation memorable and compelling
- ❑ USE our resources and encourage others to do the same
 - ❑ Include our maternal vaccine resources in prenatal information packets
 - ❑ Have resources in prominent locations in your office
- ❑ EDUCATE your staff about maternal vaccines
 - ❑ Find a Vaccine Champion that can help!
- ❑ ENCOURAGE pregnant women to ask questions
- ❑ PROMOTE CDC's maternal vaccine website and materials
- ❑ Tell us what else you need to help you.

www.cdc.gov/vaccines/pregnancy

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Questions?

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For more information, contact CDC
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TTY: 1-888-232-6348 www.cdc.gov

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