How to Have Effective Conversations about COVID-19 Vaccines and Pregnancy & Fertility

November 18, 2021
Housekeeping

**For Panelists:** Please remember to mute yourself when not speaking.

**For Attendees:** Please access today’s slides through the following link: [https://eziz.org/covid/30conversations](https://eziz.org/covid/30conversations)

Please use “Q&A” to ask a question.

If you have technical difficulties, please contact [samuel.kerr@cdph.ca.gov](mailto:samuel.kerr@cdph.ca.gov)
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Questions and Answers

Please use the Q&A panel to ask a question
Webinar Objectives

Provide attendees with:

• Evidence regarding safety & efficacy of COVID-19 vaccines for family planning clients

• Key messages addressing common patient concerns about COVID-19 vaccines affecting pregnancy and fertility

• Communication tips and resources to use with family planning clients
We appreciate your feedback

How confident are you in your ability to effectively speak with clients about COVID-19 vaccines?

1. Very confident
2. Confident
3. Somewhat confident
4. Not confident
5. Not applicable or I don’t see clients
# Agenda: November 18, 2021

<table>
<thead>
<tr>
<th>Topic</th>
<th>Speaker</th>
<th>Approximate Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>Leslie Amani, CDPH</td>
<td>12:30PM – 12:35PM</td>
</tr>
<tr>
<td>Safety &amp; Efficacy of COVID-19 Vaccines and Tips for Effective Conversations</td>
<td>LaTanya Hines, MD, FACOG</td>
<td>12:45PM – 1:10PM</td>
</tr>
<tr>
<td>Resources, Polls, and Q&amp;A</td>
<td>Leslie Amani, CDPH</td>
<td>1:10PM – 1:30PM</td>
</tr>
</tbody>
</table>
Why Should Family Planning Providers Discuss COVID-19 Vaccination with Clients?

Michael Policar, MD, MPH

Professor Emeritus, OB/GYN & Reproductive Sciences, UC San Francisco School of Medicine

Medical Consultant, California Department of Health Care Services, Office of Family Planning

Senior Medical Advisor, California Prevention Training Center

Clinical Fellow, National Family Planning and Reproductive Health Association (NFPRHA)
Why This Topic?

• The family planning provider response to the pandemic
  o Protection of staff and clients from viral exposure
  o Switch from in-person to telemedicine services whenever possible
  o Re-opening with the advent of vaccines and lower C-19 rates

• OFP response
  o Expansion of benefits for telemedicine visits
  o Coverage of telephonic-only telemedicine visits

• No guidance regarding COVID-19 vaccination of clients or staff
Why Now?

1+ dose by age over time

Select Metric: 1+ dose

80.1%
68.5%
9.4%

0%
20%
40%
60%
80%

1/1 2/1 3/1 4/1 5/1 6/1 7/1 8/1 9/1 10/1 11/1 12/1

Week Ending Date

Note: Unknown age represents fewer than 0.01% of records and are therefore omitted. Where the county of residence was not reported, the county where vaccinated is used. Data is not shown where there are fewer than 11 records in a group.

- 5-11
- 12-17
- 18-49
- 50-64
- 65+

As of 11/17/21, California statewide
As of 11/17/21, California statewide 18-49 years of age 20% not yet vaccinated

As of 11/17/21, California statewide 12-17 years of age 31.5% not yet vaccinated
Only 1-in-3 pregnant women have been fully vaccinated.
Nearly Eight In Ten Believe Or Are Unsure About At Least One Common Falsehood About COVID-19 Or The Vaccine

Have you heard anyone say or have you read anywhere that...? IF YES: To the best of your knowledge is that true or false, or do you not know whether it is true or false?

<table>
<thead>
<tr>
<th>Myth</th>
<th>Agree (true)</th>
<th>Agree (false)</th>
<th>Unsure</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>The government is exaggerating the number of COVID-19 deaths</td>
<td>38%</td>
<td></td>
<td>22%</td>
<td>60%</td>
</tr>
<tr>
<td>Pregnant women should not get the COVID-19 vaccine</td>
<td>17%</td>
<td></td>
<td>22%</td>
<td>40%</td>
</tr>
<tr>
<td>Deaths due to the COVID-19 vaccine are being intentionally hidden by the government</td>
<td>18%</td>
<td></td>
<td>17%</td>
<td>35%</td>
</tr>
<tr>
<td>The COVID-19 vaccines have been shown to cause infertility</td>
<td>8%</td>
<td></td>
<td>23%</td>
<td>32%</td>
</tr>
<tr>
<td>Ivermectin is a safe and effective treatment for COVID-19</td>
<td>14%</td>
<td></td>
<td>14%</td>
<td>28%</td>
</tr>
<tr>
<td>You can get COVID-19 from the vaccine</td>
<td>14%</td>
<td></td>
<td>10%</td>
<td>25%</td>
</tr>
<tr>
<td>The COVID-19 vaccines contain a microchip</td>
<td>7%</td>
<td></td>
<td>17%</td>
<td>24%</td>
</tr>
<tr>
<td>The COVID-19 vaccines can change your DNA</td>
<td>8%</td>
<td></td>
<td>13%</td>
<td>21%</td>
</tr>
</tbody>
</table>

NET who have heard at least one of these myths, and either say it is true or are not sure if it is true: 78%

NOTE: See topline for full question wording
SOURCE: KFF COVID-19 Vaccine Monitor (October 14-24, 2021) • Download PNG
<table>
<thead>
<tr>
<th>Reason</th>
<th>Percent who say each of the following is a major reason they have not gotten the COVID-19 vaccine:</th>
<th>Percent who say each of the following is the main reason they haven’t gotten the COVID-19 vaccine:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The vaccine is too new</td>
<td>53%</td>
<td>20%</td>
</tr>
<tr>
<td>Worried about side effects</td>
<td>53%</td>
<td>11%</td>
</tr>
<tr>
<td>Just don't want to get the vaccine</td>
<td>43%</td>
<td>11%</td>
</tr>
<tr>
<td>Don't trust the government</td>
<td>38%</td>
<td>11%</td>
</tr>
<tr>
<td>Don't think they need the COVID-19 vaccine</td>
<td>38%</td>
<td>11%</td>
</tr>
</tbody>
</table>

NOTE: Based on those have not gotten the COVID-19 vaccine.
SOURCE: KFF COVID-19 Vaccine Monitor (June 8-21, 2021). • Download PNG
Obstetrician-gynecologists have the unique responsibility of counseling their patients, including people who are pregnant and lactating, through their COVID-19 vaccination decisions. OB/GYNs can:

- Communicate with patients about COVID-19 vaccination in ways that make them more likely to get vaccinated.
- Learn about becoming a COVID-19 immunization administrator or vaccinator, which follows a different process than other immunizations.
- Start thinking about COVID-19 vaccination as a potentially long-term element of clinical practice.

“More than 80% of people say they would turn to their doctor or to another health care professional who cares for them to actually make a decision about whether or not they should get a vaccine.”

- Vice Admiral Vivek H. Murthy, MD, MPH, U.S. Surgeon General, 2021 ACOG Annual Clinical and Scientific Meeting
83% say the most trusted source of COVID-19 vaccine information is their own doctor.

Percent who say they have a great deal or a fair amount of trust in each of the following to provide reliable information about the COVID-19 vaccines:

- Their child's pediatrician*: 85%
- Their own doctor: 83%
- Their health insurance company**: 73%
- Their employer***: 72%
- The CDC: 71%
- The FDA: 69%
- Their local public health department: 69%
- President Joe Biden: 58%
- Dr. Anthony Fauci: 57%
- Their state government officials: 56%

NOTE: *Among those who are parents or guardians of children under 10. **Among those who are insured. ***Among those who are employed and not self-employed. See topline for full question wording.

SOURCE: KFF COVID-19 Vaccine Monitor (June 8-21, 2021) • Download PNG
ACOG COMMITTEE OPINION

Number 829

Committee on Ethics

This Committee Opinion was developed by the American College of Obstetricians and Gynecologists’ Committee on Ethics in collaboration with committee members Jami Star, MD; and Kasita Shah Arora, MD, MBE, MS.

Ethical Issues With Vaccination in Obstetrics and Gynecology

ABSTRACT: The goals of vaccination are to preserve the health of individual patients as well as the health of the general public. Although interventions to promote individual and public health are usually aligned, ethical challenges may arise that require a balancing or compromise between these two objectives. Major challenges to increasing vaccine uptake and acceptance include widespread misinformation and disinformation on social media regarding safety; limited knowledge and awareness about recommended vaccinations; lack of trust in the medical system, especially in communities of color because of historic and ongoing injustices and systemic racism; prioritization of personal freedoms over collective health; and vaccination delay and refusal through nonmedical exemptions from state-mandated vaccination requirements. Obstetrician–gynecologists are in a unique position to
ACOG Committee Opinion #829

• OB/GYNs have an ethical obligation to promote protection from infectious diseases among their patients and society in general.
  o Knowledgeable about current clinical guidelines regarding vaccines, including indications, benefits, and risks

• Counsel patients about vaccination in an evidence-based manner that allows patients to make an informed decision.

• OB/GYNs should recommend routine vaccination in accordance with CDC and ACOG guidelines.
ACOG Committee Opinion #829

• If a patient continues to be unsure after counseling, OB/GYNs should inquire about the reasons for this hesitation and help to address questions and concerns.
  o If the patient declines, informed refusal should be respected.
  o Document discussion in medical record.
  o At subsequent visits, address ongoing questions and offer vaccination again if the patient seems amenable.

• Counsel pregnant and lactating patients about the safety and efficacy and recommend needed vaccines.

• OB/GYNs have an ethical obligation to be vaccinated unless they have a recognized medical contraindication.
Safety & Efficacy and Tips for Effective Conversations with Family Planning clients

LaTanya Hines, MD, FACOG

Assistant Clinical Professor of OB-GYN, Kaiser Permanente Bernard J. Tyson School of Medicine

Assistant PIC (Physician in Charge), Baldwin Hills, Crenshaw Medical Offices

#ThisIsOurShot Health Care Hero
Hierarchy of Information Needs

As those undecided navigate the decision-making process, safety is the most important consideration.

**Safety:** How will the vaccine affect me? What side effects can I expect?

**Efficacy:** Do the vaccines work? If I already had COVID-19, why do I need to get the vaccine?

**Development Process:** How were the vaccines developed so quickly?

**Access:** Do I need insurance?
Key Messages for COVID-19 Vaccine Efficacy & Safety During Pregnancy

COVID-19 vaccines during pregnancy is effective and safe

• Does not increase risk of miscarriages or adverse pregnancy outcomes
• Prevents hospitalizations and severe disease in pregnancy
• Has the same side effect profile as non-pregnant persons
• Protective antibodies pass through the placenta and breastmilk
• Mounts a better response than natural infection
COVID-19 Vaccines & Pregnancy

Getting COVID-19 during pregnancy increases your risk of:
- ICU admission 6-fold
- Intubation 14-fold
- Death 15-fold

A person who gets COVID-19 during pregnancy is more likely that a non-pregnant person to have:
- ICU admission 3-fold
- Intubation 2-fold
- ECMO 2.4-fold
- Death 1.7-fold

Getting COVID-19 during pregnancy makes you more likely to have pregnancy-complications:
- Preeclampsia 4-fold
- Preterm birth 4-fold
- Gestational diabetes 2-fold
- Low birth weight 2-fold
How do we know that vaccines are safe in pregnancy?

Multiple tracking mechanisms in place, and decades of vaccine safety data

• Adverse Event Reporting System (VAERS): A long-standing mechanism to track all vaccine adverse events

• V-Safe: COVID-specific tracking mechanism
  o 160,000 pregnant persons who received COVID-19 vaccine in pregnancy
  o 5,000 enrolled in pregnancy registry

• Vaccine Safety Datalink (VSD): Network of health systems who share vaccine data
“COVID-19 vaccines are not safe for pregnant women.”

- **Available data** shows vaccination during pregnancy has been safe and effective among the women who have received a COVID-19 vaccine in the U.S.

- To date, there has been no connection to any increased risk of complications after getting a COVID-19 vaccine during pregnancy.

- Getting infected with SARS-CoV-2 during pregnancy is much higher than any risk associated with COVID-19 vaccination.

Common Concerns Among Family Planning Clients

“COVID-19 vaccines cross the placenta.”

• When a vaccine is administered, it works in the muscle where the vaccine is given—it does not cross to the baby directly. The body then recognizes the vaccine and generates a response in the form of antibodies, which cross the placenta via the bloodstream to the baby or enter the breast and are passed on to baby through breastmilk.

• This process is not unique to COVID-19 vaccines. Influenza and pertussis (whooping cough) are recommended vaccines during pregnancy. Vaccination during pregnancy has been found to be very effective for protecting newborns from these diseases.
Common Concerns Among Family Planning Clients

“Breastfeeding women should wait to get a COVID-19 vaccine.”

• Breastfeeding women can get a COVID-19 vaccine and still breastfeed if they have already been vaccinated. According to research about vaccination during pregnancy, protective antibodies stimulated by the vaccine can be passed through breastmilk and help protect a baby from harmful viruses.
"The vaccine causes infertility"

• Many medical studies have shown no differences in pregnancy success rates in people who are vaccinated versus people who have not received the vaccine.

• Over 170,000 pregnant women have been monitored by the CDC v-safe system with no concerns about their pregnancies.

• A major study of over 35,000 pregnant women showed that the COVID-19 vaccine "did not show obvious safety signals among pregnant persons who received mRNA COVID-19 vaccines."
Common Concerns Among Family Planning Clients

“COVID-19 vaccines can make pregnant women sick.”

- Pregnant women have not reported different side effects from non-pregnant individuals after getting a COVID-19 vaccine.

- During pregnancy, women are more vulnerable to infections and viruses due to changes to their immune system. They tend to get sicker than people who are not pregnant. This is the case for influenza and also COVID-19.
Common Concerns Among Family Planning Clients

“I’m worried about long-term effects of the vaccine”

• Historically, adverse effects of all vaccines almost always happen within 6 weeks of receiving a vaccine dose.

• Billions of people have received COVID-19 vaccines with no “long term” side effects noted (after almost a year and more than a year for trial participants).

• “Long haul COVID” has been described extensively in adults and children but studies of prevalence in children are ongoing.

• If families are worried about long term effects, the vaccine is far safer than the effects of COVID disease.
3-5-3 Methodology

3 Steps to Initiating Conversations ➔ 5 Key Messages ➔ 3 Steps Post-Conversations
3 Steps to Initiating Conversations with the Vaccine Curious

1. Ask and listen to the answer
   - “What do you think about the vaccine?”
   - “Why do you feel that way?”
   - “What concerns do you have about the vaccine?”

2. Create an alignment of safety
   - “I would be scared too. Let’s do what’s safe here.”
   - “We both want what’s safest for you.”

3. Find common goals
   - “We all want our kids back in schools.”
   - “We all want to be able to safely be with our loved ones again.”
   - “What reasons would motivate you to get vaccinated”
   - Find their personally motivating reason.
1. The vaccine will keep you safer.

The vaccine will protect you from getting very sick. Over 176 million Americans have been safely vaccinated and are now protected.
2. Side effects are common.

Side effects are a sign your body is activating to protect you. For a few days after vaccination, many people temporarily feel:

- Sore arm (at administration site)
- Tired or fatigue
- Headache
- Muscle pain
- Joint pain
3. Vaccines are very effective.

Each vaccine is extremely effective at preventing hospitalization and death from COVID-19 and its variants. It will allow us to do the things we love and miss most. Vaccinated individuals can get a mild COVID-19 infection.
4. The vaccine is built on 20 years of research and science.

It is good to be careful when new things come along. Health experts took all the necessary steps to produce a safe vaccine, and it was built on 20 years of research and science.
5 Key Messages

5. Have questions? Please ask.

I’m glad that you want to know more. Ultimately, the choice is yours. If you have questions, talk with your doctor or healthcare provider soon. Go to myturn.ca.gov or text your zip code to GETVAX or VACUNA to get your free vaccine today.
3 Steps Post-Conversation

1. **Acknowledge their agency and personal choice**
   - “I want you to get vaccinated today, but ultimately it’s your choice.”
   - “I’m here as a resource to help you.”

2. **Keep lines of communication open**
   Trust is a journey. Give folks a way to reach you that you are comfortable with as they consider their decision.

3. **Offer to find a vaccine**
   Offer myturn.ca.gov or have them text their zip code to GETVAX or VACUNA to find a free vaccine location in their neighborhood.
## Language to Use with Clients

| Do Say                                    | Don’t Say                                                      |
|-------------------------------------------|                                                               |
| Vaccination                               | Injection or shot                                             |
| A safe and effective vaccine              | A vaccine developed quickly                                   |
| Authorized by FDA based on clinical testing| Approved by FDA; Operation Warp Speed; Emergency Use Authorization* |
| Get the latest information                | There are things we still don’t know                          |
| Keep your family safe; keep those most vulnerable safe | Keep your country safe                                       |
| Public Health                             | Government                                                    |
| Health/medical experts and doctors        | Scientists                                                    |
| People who have questions                 | People who are hesitant, skeptical, resistant, or “anti-vaxxers”|

*The perceived speed of vaccine development is a current barrier among many audiences. These recommendations are based partly on research conducted by the de Beaumont Foundation.*
Questions and Answers

Please use the Q&A panel to ask a question

Submit Comments & Questions
Resources & Poll
Leslie Amani, CDPH
We appreciate your feedback

How confident are you in your ability to effectively speak with clients about COVID-19 vaccines?

1. Very confident
2. Confident
3. Somewhat confident
4. Not confident
5. Not applicable or I don’t see clients
Patient Referrals

Unvaccinated Californians can go to myturn.ca.gov, call 833.422.4255, or text their zip code to GETVAX or VACUNA to schedule their appointment.
Toolkits, Fliers, Conversation Guides, and Videos

#ThisIsOurShot Toolkit
30 Conversations Campaign
Additional Resources

- ACOG and SFMF Recommend COVID-19 Vaccination for Pregnant Individuals
- COVID-19 Vaccines While Pregnancy or Breastfeeding
- COVID-19 Vaccines and Pregnancy Factsheet
- Do COVID Vaccines Cause Infertility?
We appreciate your feedback

I will commit to talking to 30 conversations in 30 days about COVID-19 vaccines.*

1. Yes
2. No

* By choosing yes, you will opt in to weekly #ThisIsOurShot “Hero Alerts” with the latest information on COVID-19 vaccine misinformation trends and conversation resources.
Special Thanks to

Today’s Presenters:
Michael Policar, MD, MPH
LaTanya Hines, MD

Webinar Planning & Support:
Nicole Nguyen, Laura Ellerbe, Nicole Novero,
Leslie Amani, Michael Conrique, Edgar Ednacot,
Rachel Jacobs, Samuel Kerr
Thank you for your commitment to protect the health and well-being of all Californians

And for joining today's webinar!