Talking with Family Planning Clients about COVID-19 Vaccination
November 18, 2021

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Edgar Ednacot:

Hello. Good afternoon and welcome to today's webinar on how to have effective conversations about COVID-19 vaccines and pregnancy and fertility. My name is Edgar Ednacot, and I'm with the California Department of Public Health. And I am your host. Next slide.

Edgar Ednacot:

So just a few housekeeping reminders. The link for the slide set will also be added in the chat, but it's also available in the handout section there on your GoToWebinar control panel. But in case you wanted to follow along that way, you can click on one of the handouts. And then the slides in the recording will also be shared shortly after today's live webinar for on-demand viewing.

Edgar Ednacot:

For our panelists, please remember to mute yourself when not speaking. For our attendees, please access today's slides through following link. It's also linked here. And then please use the Q&A function to ask a question. And then if you have any technical difficulties, please contact this email here, samuel.kerr@cdph.ca.gov. Next slide.

Edgar Ednacot:

So other housekeeping tips on setting up your audio. First, please check your audio and select your desired settings to join through your computer audio or call through your phone. If your internet connection is shaky, we'd recommend that you call through your phone for the best possible sound.

Edgar Ednacot:

Great. And the next box with the white arrow, this is how you can hide or show your dashboard if you don't want to see it. Or if you accidentally clicked it, this is how you make it appear again. And then under that is the audio tab is also where you can change your audio preference at any time. And lastly, please submit all of your comments and questions through the questions box.

Edgar Ednacot:

And then today's webinar is going to take about 60 minutes, and we'll include some time at the end for presenters to answer your questions. Please send questions as you think of them throughout the webinar, and our speaker will address as many of them as possible at the end.

Edgar Ednacot:

And then this webinar is being recorded. Responses to the questions not answered today by our presenters will be sent out to the participants later on along with a recording and the slide deck. And then there is an evaluation at the end, so please fill out your feedback because it's really important to us. It helps us guide us in developing some of our future content. Next slide.

Edgar Ednacot:

So, before I introduce our presenters, I just want to acknowledge that we are really excited to be working with the University of Nevada, Reno School of Medicine to provide CMEs for this event. This webinar qualifies for one and a half CME credits and is only available to those who watch the entire webinar live today. Unfortunately, those who watch the recording afterwards will not be eligible for the CME credits. So, the link to access your CME certificate will be included in the follow-up email to those who attended today along with the recording, slides, and evaluation survey. Next slide.

Edgar Ednacot:

And for transparency we want to state that all presenters and planners or anyone in a position to control the content of this continuing medical education activity have indicated that neither they nor their spouse, legally recognized domestic partner has any financial relationships with commercial interests related to the content of this activity. Next slide. And then here's just a quick reminder on how to submit questions in the questions panel. Next slide.

Edgar Ednacot:

And our webinar objectives. Provider will provide attendees with evidence regarding safety and efficacy of COVID-19 vaccines for family planning clients, some key messages addressing common client concerns about COVID-19 vaccines and affecting pregnancy and fertility, and also communication tips and resources to use with family planning clients. Next slide.

Edgar Ednacot:

And Sam if you can set up our very first polling question. Cool. And we'll give you about 30 seconds. And the question is, "How confident are you in your ability to effectively speak with clients about COVID-19 vaccine?" And then for folks who don't see clients or patients, we have an option there for not applicable. You can click on that. Great. Thank you very much. Go to the next slide.

Edgar Ednacot:

So, we have a nice lineup for today's webinar. We have Dr. Policar is starting us off on talking about why family planning providers should discuss COVID-19 vaccination with their clients. And then we also have Dr. Hines, who's coming on next to talk about safety and efficacy of COVID-19 vaccines and tips for effective communications, followed by resources, polls, and then a Q&A at the end. Next slide.

Edgar Ednacot:

So, first off, we have a Dr. Policar, who's a professor at the Department of OB-GYN and Reproductive Sciences at the University of California, San Francisco School of Medicine. He is also the senior medical advisor of the California Prevention Training Center and the California Department of Healthcare

Services, Office of Family Planning, and then also a clinical fellow at the National Family Planning and Reproductive Health Association. So, I'll now invite Dr. Policar to kick us off. Thank you.

Michael Policar:

Great. Thank you, Edgar, for that introduction. I know many of you in the audience based on my years and years of being a senior medical consultant to the state Office of Family Planning in California, specifically around the Family PACT program. And I have to tell you that I'm really delighted that the Office of Family Planning is partnering with the California Department of Public Health with the Vaccinate All 58 program that you'll be hearing more about later. I hope you recognize that there are 58 counties in California, and that's why we want to get people in all 58 counties vaccinated. Thank you to California Prevention Training Center for our webinar this afternoon.

Michael Policar:

As healthcare providers, we know why virtually everyone should be vaccinated against COVID-19 infection. It protects our clients by preventing illness, hospitalization, and even death, as well as the inconvenience of a stay at home or a quarantine requirement if someone's been exposed or actually develops an infection of with COVID-19. Being vaccinated will protect their families, their friends, their coworkers, and it also provides the public health benefits of preventing infection among people that we contact in the community and ultimately in achieving herd immunity, which in turn protects the most vulnerable members of our community. And then also the more widespread vaccination for COVID-19 is, it will contribute to the reduction of inequities in the delivery of healthcare.

Michael Policar:

But there is one aspect, another aspect that's critical for reproductive healthcare clinicians like ourselves to consider, and that's the role of vaccination in providing protection against COVID-19 before pregnancy. Given the greater risks of complications during pregnancy, labor and delivery and the postpartum period that can be experienced by people who acquire COVID-19 vaccination ... Sorry, COVID-19 infection while they're pregnant. And this is particularly problematic because with some of the CDC statistics we'll be talking about in just a moment. Only one in three pregnant people had been fully vaccinated. Additionally, we might not have realized the fact that after a reduction in the total number of birth births in the United States of last year, almost certainly directly related to the pandemic, there's been a bounce back in the number of births because people feel safer now, either because they've been vaccinated, or they know that we're moving toward getting the pandemic under control.

Michael Policar:

So, with this increased number of deliveries happening at a time when the percentage of pregnant women have actually been vaccinated is still relatively low, it's problematic when you put those two things together. So, in the context of family planning, every day we help our clients prevent or delay pregnancy, but we also know that one half of pregnancies are unintended and that of those who have an unintended pregnancy, half of them were using contraception at the time that they became pregnant. So, I want to quickly address three issues before introducing Dr. Hines, who's going to discuss how to have effective conversations about COVID-19 vaccines as it relates to both pregnancy and fertility.

Michael Policar:

So, the first is what's the current COVID-19 vaccination status of reproductive aged individuals in California. Second is what are some of the reasons that unvaccinated people are hesitating. And third is why is it our job as reproductive healthcare providers to discuss this with our clients. Why don't we just rely on primary care providers and public health agencies to be able to have these conversations with our clients?

Michael Policar:

Can we go back a couple of slides? Somehow, they got advanced. One more. Nope. Now I think we're going forward. Okay. Good enough. So, this is very recent data. As you can see, it's as of yesterday, November 17th. That looks at the percentage of people in various age groups in the state of California who have had at least one dose of one of the three that vaccines. Those very high numbers up at the top are for people who are between 50 and 64, and 65 and older.

Michael Policar:

But when you look at the sort of orange line, you'll see that roughly 80% of people between 18 and 49, which is of course the age group of people that we take care of in family planning clinics, have received at least one dose of the vaccination. And then the blue line below it are for people between 12 and 17. So I was trying to get some statistics about adolescents. Obviously in the very young group, we're not talking about family planning patients, but nonetheless you can see that in that group of sorts of young teens through 17 that the rate of vaccination in California is a little over 68%. Next slide.

Michael Policar:

Okay. So, this gives us a little more detail about the age breakdowns, but the things that I wanted to point out is that for that 18- to 49-year-old age group, about 20% of people have not been vaccinated, have not received even one shot for the vaccination for COVID-19 yet, and that represents about 3.4 million people in the state of California. Next slide.

Michael Policar:

Then when you take a younger group of 12 to 17 years of age, you can see that again, almost 32% of people have not yet been vaccinated, which represents about a million people in California who have not yet been vaccinated. Some of whom, of course, are our patients in family planning clinics and in a reproductive healthcare environment in California. Next slide.

Michael Policar:

Now, this is CDC data that backs up what I mentioned a moment ago about the percentage of pregnant women who have been vaccinated. It starts all the way back in March of 2021 and goes through last week basically. And what you can see is that in the blue part of that very last bar on the right side, about 14% of women who are now pregnant were actually vaccinated before their pregnancy. Another 3% are women who had their first shot before they were pregnant and then their second shot during their pregnancy. And then that sort of blue area that's up at the top represents women who were vaccinated only during the time that they were pregnant.

Michael Policar:

So, when you add up those numbers, what you realize is that only about one in three pregnant women were fully vaccinated if you consider the timeframes either before the time that they became pregnant, straddling the period before they were pregnant, and then when they were pregnant or actually being vaccinated during pregnancy. Two thirds of pregnant women obviously have not been fully vaccinated. Next.

Michael Policar:

Okay. So, then the next question is, that being the case, why are people hesitant about being vaccinated? I'm sure you've been reading all about that in the popular media, maybe even in the medical literature about that. But the Kaiser Family Foundation, where this slide comes from, has done really a wonderful job of monitoring that question and others.

Michael Policar:

So, in the darker part of the bars, it's people who have heard something, and they actually believe it to be true. In the blue part of the bar, the lighter blue part, it's things that people have heard, but they really don't know whether or not it's true. The important things that I want you to see is that on one of the questions that they asked is that pregnant women should not get the COVID vaccine. 17% of people said they heard that, and they believe that that's true. And another 22% said, "Yeah, I heard that pregnant women shouldn't get the vaccine. I don't know what to make of that." But you can see that basically over a third of people do believe that there may be problems associated with receiving the vaccine in pregnancy.

Michael Policar:

If you go to the fourth one down, the COVID-19 vaccines have been shown to cause infertility, and here you say 8% of people clearly believe that. Another 23% of people are confused about whether or not there's any relationship between being vaccinated and having future problems with infertility, and so on down the list. But the very bottom line refers to, if you add up beliefs in any of those inaccurate statements that are included in this particular poll, but almost 80% of people believe at least one of these so-called facts that are completely inaccurate about the vaccine. So, there are lots of beliefs out there about various inaccuracies and myths about the vaccine which simply aren't true, but this tells you about the ones that are most related to reproduction. Next.

Michael Policar:

In a more recent study that was done by Kaiser Family Foundation, they asked among people who are unvaccinated, "What are some of the major reasons that you don't want to be vaccinated?" And then over on the right side is, "What's the number one main reason that you don't want to be vaccinated?" And here the most frequent answer was the vaccine's too new, that people were also worried about side effects. They just didn't think it applied to them. They just didn't want to get the vaccine. They don't trust the government, or they don't think that they actually need it. So that adds to the list of reasons why people might not want to be vaccinated. Next.

Michael Policar:

And I tell you those of course because Dr. Hines going to tell us how to deal with some of those reservations that people have about why they've delayed vaccination or made a decision that they don't want to do it. So, the last part that I want to mention before passing the microphone to Dr. Hines is why us. Why should we be doing this in the world of reproductive healthcare when there are lots of public health agencies, county health departments, primary care providers, community health centers, pharmacies that are all making vaccines available? Why do we need to think about this in family planning?

Michael Policar:

Well, there hasn't been much in terms of statements from, let's say, the Society for Family Planning or other family planning organizations, but the American College of Obstetricians and Gynecologists has been very active in this. And you can see here the picture of the Vivek Murthy, who was the surgeon general of the United States, who spoke at the ACOG meeting this year. And he pointed out that more than 80% of people say that they return to their doctor, another healthcare professional who cares for them, to actually make a decision about whether or not they should get a vaccine. And the reality is that in obstetrics and gynecology we know that a substantial number of people that we see actually consider their OB-GYN to be their primary a care provider, and that's absolutely the case in family planning as well. And this is data that comes from the federal Title 10 Family Planning Program, but about half the females that are seen in Title 10 clinics actually consider their family planning clinic to be their primary care provider. So absolutely we have a role in doing that. Next slide.

Michael Policar:

So, this looks at yet another study that was done, survey done by the Kaiser Family Foundation. It said that "Who do you have a great deal or a fair amount of trust in regarding the provision of reliable information about COVID-19 vaccines?" Number one on the list is their child's pediatrician. The number two on the list was their own doctor. Number three on the list was their health insurance company, which might be Medi-Cal, might be Family PACT, might be the various payers among the patient population that we take care of. So, it's very clear that not only do people rely on us sometimes as their primary care provider, but they're more likely to trust us than other sources of information. Next slide.

Michael Policar:

Okay. Then the last thing that I want to mention is the fact that ACOG has gone on record as trying to outline exactly what the responsibility of obstetricians and gynecologists are in having conversations with our patients about vaccination in general but specifically COVID-19 vaccination. And of their various Committee Opinions, this is the most recent and I think the most helpful. When you get the slide set, if you click in the right bottom part of the slide where it says, "Article link," you'll go straight to the ACOG website and to be able to get this in full detail. Next slide.

Michael Policar:

So basically, what it says is that OB-GYNs, and I'm going to extend that to all reproductive healthcare for providers including those of us who work in family planning clinics, have an ethical obligation to promote protection from infectious disease among our patients. And of course, in society in general, we want to make that provision of care as evidence based as possible and counsel people in a way that

they're able to understand. And they come right out and say that OB-GYNs should recommend routine vaccination in accordance with CDC and ACOG guidelines. So, this is not kind of a wishy-washy statement that says we should have this discussion and then kind of leave it up to our patients to make their own decisions. What it says instead is that we should be a little more proactive, and that is that we should actually recommend vaccination, and then of course respect what the patient decides afterwards. Next slide.

Michael Policar:

Okay. So, if a patient continues to be unsure after counseling, we as clinicians should inquire about the reasons for the hesitation and help to answer their questions and the concerns that they have. If the patient still declines, then of course we have to respect their informed refusal. We should document that in the medical record, and then at subsequent visits continue to ask. That it shouldn't just be once. That at subsequent office visits for a whole variety of reasons, even well-woman visits or problem visits, to check in again about, "How are you feeling about being vaccinated, or did you actually get this done since we saw you last time?"

Michael Policar:

We should counsel pregnant and lactating patients about the safety and efficacy and recommend, again, vaccination during pregnancy and in the postpartum period, even if you're breastfeeding. And then the last point is they state that OB-GYNs have an ethical obligation to be vaccinated ourselves unless we have a recognized medical contraindication for which we would not be vaccinated. So of course, we all need to be vaccinated, not only to protect ourselves and our families and society, but also to protect the patients that we're taking care of. Next.

Michael Policar:

So, with that, I am going to hand the microphone to Dr. Hines, who is going to continue our discussion about how to have these conversations with patients.

LaTanya Hines:

Good afternoon. And thank you so much for the introduction, Dr. Policar. I'm very happy to be here this afternoon and to speak on behalf of the Kaiser Permanente School of Medicine, as well as an obstetrician gynecologist and clinical professor here in the community, as well as working at the Bernard J Tyson School of Medicine.

LaTanya Hines:

So, what I'd like to say before I say anything else is that we are trusted advisors to our patients. They do still trust us. And in pregnancy, this is an opportunity, at no other time as many of you know, that they are willing to go above and beyond any recommendation that you make. If they believe that it is for the safety of their pregnancy. People stop drinking, stop smoking, start exercising, taking on a low-fat diet. They will do whatever you say if they know that it is going to improve the quality of their pregnancy and the health of their baby. I say that because if you think that way, and I know many of you do, that is the point from where I start with regard to the counseling of our patients. Next slide.

LaTanya Hines:

So, the hierarchy of information. As those undecideds navigate this process, what I have found as an evidence-based physician born and raised here in Los Angeles attending local universities, go UCLA, UCI College of Medicine and trained at USC in general surgery and then over to King/Drew, I believe in making sure that people can understand our us in a way that they most can digest the information. So, safety, how will the vaccine affect me? What side effects can I expect? Do the vaccines work? I already had COVID-19; why do I need to get a vaccine? How were they developed so quickly? And do I need insurance? Why is this important? Because it's important to the patients. They want to know that they can trust you. I say that when we talk about messenger RNA, when we talk about virology, when we talk about how viruses take over the DNA of the cell and replicate, there are very few patients that are interested in that information.

LaTanya Hines:

What they want to know is, is it going to make me better? Is it going to make me worse? They're very simple and how they approach medicine. And when I say they, that could be your mom, your sister, your brother, your family member. When they're sitting in your office, whether they have an advanced degree or not, they are listening clearly to what you have to say. There are road, I should say landmines, along the way.

LaTanya Hines:

The first one is do the vaccines work. Enthusiastically from the ACOG recommendations, I want you to say that they are safe in all three trimesters and that they are recommended in order to reduce the risk of severe disease in pregnancy, to talk with them about the importance of immune suppression, but not [inaudible 00:25:03] compromised. Pregnancy is a state in which we're more vulnerable, and they understand that, so please allow them to know that you are doing everything you can to keep them safe and reduce the severity of illness. Please let all your patients know that access to the vaccine is free, that they can get it wherever it is offered. And even if they were a Kaiser patient, that potentially they get reimbursed if they go to an outside facility. Next slide.

LaTanya Hines:

Key. Vaccines during pregnancy, are they effective and, say, do they put us at increased risk of miscarriage? As you know, most of our patients are between those ages of 18 and 45. We've certainly taken care of patients' younger who have been pregnant and those who are older. So, what is the main issue? Age is a huge risk factor for fertility. Your patient does not want to hear that. They want to hear that they are the normal happy-go-lucky 22-year-old patient who's pregnant and their outcome will be the same as the internet. Those TikTok videos are speaking to them, even if she is 46 with chronic hypertension, diabetes, and being overweight. They believe that that's who they are, and we as physicians must understand that and start to add on the layers of information that help them to understand that the COVID vaccine is safe, that it is going to reduce the risk of complication in pregnancy from the infection, and that the vaccination is far safer with what it can do as opposed to what the infection can do in pregnancy.

LaTanya Hines:

It prevents hospitalizations and the severe disease. It has the same effect profile in the nonpregnant patient. Therefore, in those who are planning a pregnancy, they should consciously think about making sure that they're vaccinated prior to achieving that pregnancy. Those antibodies from what we call vertical transmission are given to the baby from the mom, and we want that to occur, especially in a baby who will be born either in this particular time period, during flu and COVID season, or more importantly within the first few years of life when their immune systems are just developing. And it allows you to also mount a better response than the natural infection. Next slide.

LaTanya Hines:

So, these are the questions. Getting COVID 19 during pregnancy increases your risk of ICU admission, for many of us, we were unfortunately on the end making those orders. Intubation, 14-fold. Death, 15-fold. When you use numbers like that, 6-fold, 14-fold, 15-fold, in comparison to what? In comparison to the non-pregnant patient, in comparison to if you were unvaccinated. So, the key for this is that getting that vaccination is going to significantly reduce your risk, keyword reduce, mitigate, improve, not eliminate. And I find that when we talk to patients, especially those who are most resistant, they want absolutes. We know there are no absolutes in medicine, very few. So, what we have to say is your quality of life, your severity of disease, and your ability to be with your baby and to be the type of mom or family member that you want to be is improved significantly with the vaccine.

LaTanya Hines:

I find that always turning it around to being positive and a choice that you can make to improve and enhance the quality of your life, your family's life seems to work better than pointing out that they're making a decision that they didn't want to make. You can't convince people to do things they don't want to do.

LaTanya Hines:

A person who gets the COVID-19 during pregnancy is more likely than a non-pregnant patient to have a threefold ICU admission, ECMO, intubation, death. If you use the word death, it's in my experience, you have lost a lot of patients. They don't want to hear that they could possibly die, despite the fact that many of them know someone who has. They don't want to hear that they've had severe, or they could get severe illness, despite the fact they're sitting in front of you without being vaccinated. They want to hear that you're telling them that in making this decision, they're doing one of the best things that they can do in order to improve their health and those around them.

LaTanya Hines:

Getting the COVID-19, the infection during pregnancy makes you more likely to have pregnancy complications. Those of us who take care of pregnant patients understand the significant severity of preeclampsia in the patient who has COVID, the preterm birth rates, the gestational diabetes, and the low birth rates. What we also know is depending upon the population that we take care of, all four of those particular outcomes are severe-er, if that's a real word, because of what happens in the high viral load in many of our communities that we practice in. So, we want to reduce the severity if we have to deal with preeclampsia. We want to hope that preterm birth can be delayed as much as possible. We want to hope that the gestational diabetes is better controlled because they're not infected. And we

want to hope that we can do something about low birth weight in the patient who's well taken care of by being vaccinated during the pregnancy. Next slide.

LaTanya Hines:

So how do we know that they're safe? This is, I'm going to be honest, a rabbit hole. Go down it with evidence. Talk about that the documentation of those people who have received the vaccination has been shown ... not been shown with any evidence-based medicine to affect the growth and development of the fetus. That what we do know is the infection itself has been shown to have far more severe issues than any vaccination that was given to a pregnant patient, and only one third of pregnant patients are vaccinated. Knowing how vulnerable they are, I want you to hit that point home, that you are most vulnerable doing this time, and you need to be alive and well taking care of a beautiful baby that you are carrying. How can we do that better? By being vaccinated.

LaTanya Hines:

These links are helpful if you would like to discuss some of the details with regard to 160,000 pregnant patients who've received the vaccination in pregnancy. But I think about it from the standpoint, there are over 300 million people in this country. And we know that there's a lot of pregnant people out there. And if only one third of that nebulous number is vaccinated, it's only two thirds that are not. We want them not to be in that number. I find that when we talk about numbers that people can truly digest, they seem to understand better. The statistics, you can hit it with them all the time, but it's those smaller numbers that mean personal issue to them that makes them change their mind. Next slide.

LaTanya Hines:

So, the concerns they're not safe for pregnant women, I want you to hit this emphatically. Yes, they are. Vaccines are absolutely safe, specifically the COVID vaccine is safe, all three of them. So, if they want to talk about Johnson & Johnson, they want to talk about Moderna, they want to talk about Pfizer, I want you to say that they're absolutely safe. Next.

LaTanya Hines:

"Well, I'm not sure. Maybe I should get it when I'm postpartum." No. I want you to get the vaccine when you have the biggest ability to make the biggest impact on the baby. Yes, you can create your pod around the baby postpartum, but you still have a baby who's unvaccinated with family and likely friends who are unvaccinated as well. And at this time in 2021 if you are talking with someone who is unvaccinated, you are likely in front of someone who is a bit resistant to the standard protocols. They've been around long enough, lived through it, and they feel like potentially, "Why should I go forward and do it now? What are you going to tell me differently?" Hit it hard. You're not going to say anything different. You're going to say that it is safe. You're going to say that you're vaccinated. And you're going to say why. And you're also going to say that you're boosted if you are at that point. Because the American College of Obstetrics and Gynecology, which certifies you as the physician that they're coming to see for their care states that this should be done, and you believe in it. Next slide

LaTanya Hines:

Vaccines cross the placenta. Well, specifically the antibodies cross the placenta, which is what we're trying to do in order to prepare the baby, whose immune system is immature, in order to be able to

fight and/or resist the infection that surely will be in the environment when they're born. I want you to really think that through in the sense of people will hit you hard with a lot of this information. And tell them about the fact that they too have been vaccinated in their lives or that they've been in school. They've been vaccinated. They've seen the benefits of what Tdap, of whooping cough, of tetanus, of measles, mumps, rubella, smallpox, the only virus that we actually have been able to eliminate. Vaccines do work. So, next slide. I don't want to go over.

LaTanya Hines:

And yes, breastfeeding women should not wait. Yes, they should be vaccinated because we still have the benefit of passing on the antibodies through breast milk. It is not the same as being able to get the full complement of antibodies during utero, inside of the uterus prior to delivery, but it is still helpful, so I don't want to discourage anyone from thinking that at every stage, pre-pregnancy with pre-conceptual counseling, during pregnancy, during the time when you're so focused on the baby, and postpartum, I want to hit it hard that all those times are absolutely safe and that we encourage them to do so. Yes. Next slide.

LaTanya Hines:

This is a tough one. Why? Because people seem to be very entrenched about what they believe to be their fertility. People don't even like to hear the word infertility, so I use fertility and reduced fertility as a way of approaching this subject. Main issue, there is no evidence-based information to show that the ability to achieve a pregnancy is impacted by the vaccination. What we do know is that if you are infected, your ability to function period is compromised, and that is important. If you end up with long COVID and the inability to be able to breathe well, to function well, with neurological or renal issues, all of that has an impact on your overall physical wellbeing and that affects your ability to procreate. Now, that's a long way of thinking about it, but ultimately the healthiest person is able to, we believe, produce a most healthy infant.

LaTanya Hines:

So, you are not in your best condition because you're unvaccinated and unfortunately vulnerable to being infected, how is that going to be a recipe for the best way to be preconception, pre-planning for a pregnancy? How about that we do everything we can to make sure that we're in our best condition and protected with the vaccine before we begin making a new person. So, I look at it that way. It's not exactly the same way that the slide does, but ultimately there is no evidence to show that infertility and the inability to create is affected by the vaccine, but no question that the infection and the severity of COVID can certainly affect your ability to function. Next slide.

LaTanya Hines:

"And the vaccines can make women sick." No. The side effects are the same in pregnant women as they would be if they were not pregnant. So, the redness at the site where the injection is placed, perhaps the swelling of the lymph node, as it is doing what it's supposed to do to galvanize the immune system to start the antibody production, the malaise and perhaps a low-grade temperature within 24 hours, you start to have some of those symptoms. And usually within a few days, it's all gone. None of that is severe as the actual infection. And what I try to let patients know is that process, although a bit uncomfortable, yes, taking your Tylenol regularly, is your immune system working. Think about it that way, that you are

doing what you're supposed to do, passing on those good antibodies both to the baby as well as even pre-pregnancy in order to make sure you're in your best condition. Once again, turning everything around to showing the positivity of the decision that was difficult for them to make as opposed to looking at it from the negative side. Next slide.

LaTanya Hines:

"I'm worried about long term effects." Well, so am I, but not about the vaccine? I'm worried about what long COVID can do and the growing number of people in this country who are having long-term chronic conditions from, unfortunately, a disease that was, we believe, preventable. So historically vaccines have not always been ... have not been associated with any chronic issue, although there are some. And we know Guillain-Barre's syndrome and people with egg allergies and anaphylactic reactions. I get it. I've been a physician now for 21 years. But what I do know is that we have, I believe at this point, over 700,000 people who have died in this country, and we have had millions all over the world who have died, and we have a vaccine that's been around for at least a year. We can do something about it. And so, I'm very concerned that if we are going to not be vaccinated and somehow that's going to give us the ability to live longer and healthier, I'm not in belief of that.

LaTanya Hines:

So, when we say, "What about long-term effects?" I say, "What about the long-term effects of the infection?" I want the vaccine to prevent that from happening or mitigating and decreasing the severity of illness. That's important. And if families are worried about long-term effects, the vaccine is far safer, like I said, then the effects of the COVID disease. Next slide.

LaTanya Hines:

So, we call this the three-five-three, my favorite from This Is Our Shot. So, three steps initiating the conversation, five key messages, and three steps post-conversation. I want to say this is an opportunity to listen and to get the feel for where you can interject and to help as opposed to hoping that it's a hit, it's a home run every time that you talk to someone because that's not what happens. Next slide.

LaTanya Hines:

So, you want to ask and listen to the answer and don't laugh. Don't smirk if they tell you that they think that there is a microchip, if they tell you that they believe that they will be infertile. Create a situation, what we call a circle of safety. You might say that "I felt that way too when I first got the vaccine." Perhaps maybe tell a little bit of your story about how you felt. I remember the dates. I got my first vaccine on December 18th, a week before Christmas because it was going to be a Christmas gift to me. I got the second shot on January the 8th, right after the first of the year, looking forward to having the rest of the year to live the kind of life I thought I would live without my mask. And then I just recently got my booster on September the 29th because things so far have not worked out that way.

LaTanya Hines:

But ultimately why am I such a strong advocate? Because I believe in science, and I believe in the veracity of what we know as physicians and clinicians taking care of patients, that a healthy life is a wealthy life. And without health, we can't have anything. So, when you come, I think from that

standpoint, from humility, from knowing how the patient may feel, you can find a common goal and be able to understand. Find the reason why they seem to be so hesitant and listen. Next slide.

LaTanya Hines:

The vaccine will keep you safe. Next slide. The two most common ... or side effects are common. The sore arm we talked about. Feeling tired and fatigued. Certainly, sometimes a headache, muscle pain, joint pain. If you're not pregnant, you can take Tylenol. And if you are pregnant, take Tylenol, Motrin for the non-pregnant. And just know that this is all fleeting. It's going to go away. It's transient, as opposed to the potential. That if you got an infection with COVID-19, that it's long-term and might not go away. Next slide.

LaTanya Hines:

They're very effective. And nothing is perfect. I think sometimes when we're talking to patients that they believe in absolutes. "It's supposed to make it perfect. I'm not supposed to ever get infected. Life is going to be great. And I'm throwing the mask out the window," not so much. But with all things that we know about in science, there's always going to be exceptions, but ultimately the vaccines have been shown to be very, very efficacious, and they do work. And unfortunately, we still have the pandemic of the unvaccinated. If that's not enough to convince people, I don't know what will, but we must not give up and keep insisting that science is real, and it works. Next slide.

LaTanya Hines:

The vaccine is built on 20 years of research and science. This is for me when I talk to patients probably one of my weaker arguments. The truth is there but trying to talk with someone about messenger RNA when the entire country's probably science appetite is kind of low. So, to talk about the DNA in a cell and how the nucleus makes things work and to talk about messenger RNA and how it gets transcribed, if I can remember, to the protein ... Oh no.

LaTanya Hines:

But to talk about that we've known about this science for quite some time and why was it mobilized is to start to talk about the importance of the lives that are affected by this infection all over the world and how many people were galvanized in order to make sure that this happened. This has been a very long time that we did something like this throughout the entire world, and these are our biggest and brightest scientists. I come at it from that standpoint. And what we learned in a shorter period of time with a huge amount of revenue and resources that we can do this as scientists to create a treatment, a plan, a vaccine to keep us all safer. Next slide.

LaTanya Hines:

And the last one. I'm glad that you want to know more. I say this all the time, and even sometimes I don't believe it, but I really say it. The choice is yours. I believe that the choice is absolutely yours because I don't want you to be forced to do anything that you do not want to do, but I also believe altruistically, and maybe I'm one of the few that still believes that I live my life not by myself but for others. And I went into medicine for that reason as well. And in order to do so, I have to make some sacrifices on my end, hoping that someone is making those same sacrifices on their end. And so, getting this vaccine not only helps you, helps the physician, helps the patient, helps their families, and in this

circumstance for pregnant patients helps an unborn child with all of the thoughts and the future that they want that baby to have. This engenders at least that they have a fighting chance at the time of delivery to be the best little person that they can be because their mom made the choice to be vaccinated. Next slide.

LaTanya Hines:

I think this is just kind of a repeat of what I was saying before, acknowledging that they have the ability to make these decisions, that we want to keep those lines of communication open, that even we take the next step if we have the opportunity to help them to know that they could go to nurse's clinic, they could go to CVS. I think that in your own communities if you know some place that's very quick to get the vaccine, I would encourage you guys to make sure you know that information so that if you get someone who's very interested, give them that information so they can get the vaccine quickly. Last slide, I believe.

LaTanya Hines:

Things to say and not. Using the words, "Vaccination, safe and effective, authorized by FDA," versus, "There are things that we don't know. Vaccine was developed quickly. Death." These are all words people don't really want to hear. But on the same hand, you gauge the conversation. You get the impression of what the patient is willing to listen to, and you allow that to take you to that next step. Next slide. I see Dr. Policar.

LaTanya Hines:

And if you have questions ... I thank you so much for giving me the opportunity to be here this afternoon. I'm open and ready to answer as best I can those questions about our pregnant patients, pre-pregnancy as well as breastfeeding. Take it away, Dr. Policar.

Edgar Ednacot:

This is. I'll step in really quick, Dr. Policar. And again, I just want to say thank you, Dr. Hines, for sharing all the really uber practical strategies and messages to use to support conversations with clients. And now I think we have some time to jump right into Q&A for the webinar. As a reminder, you can type in your questions in the GoToWebinar control panel. I'll jump into our first question. And I think this was addressed by Dr. Hines on a slide, but it's maybe worth reiterating. The question is, "Would antibodies from the mother pass to the child once vaccinated?"

LaTanya Hines:

Yes. Absolutely. That's the main goal is to galvanize the immune system of mom to produce antibodies that will pass what we call vertically, called vertical transmission, to the baby who will then have the ability to mount some defense. Remember, their immune system is still immature at the time of birth, so they can't ... They're not a us. But everything that mom can give, especially in this circumstance, is great. So, the answer is yes to that question.

Michael Policar:

And let me just add on just a tiny bit to that. And that is another question you may get that's kind of in the same vein is, "Does any of the vaccine components actually cross the placenta and get to the baby?" And the answer to that seems to be no.

LaTanya Hines:

Right.

Michael Policar:

Dr. Stephanie Gaw who's at UCSF has been researching this over the last, I don't know, six to nine months. She was just talking about this at a UCSF CME course a couple of weeks ago. But based on her research, they were actually looking in cord blood as well as other sorts of outcomes to find out, is there any component of the mRNA vaccine that actually makes it into the fetal circulation? And the answer to that is no. So, the good stuff, which are the maternal antibodies, do cross the placenta, do make it to the, to the developing fetus while ... And I'm certainly not implying that there's any problem with vaccine components, but if people are worried about components making it to the developing fetus, the answer to that seems to be no.

LaTanya Hines:

Thank you.

Edgar Ednacot:

Thank you. Next question. "I have heard from many parents concerns of long-term effects on reproductivity for kids going through puberty". There we go. Sorry. I'll repeat the question here. "I have heard from many parents concerns of long-term effects on reproductivity for kids going through puberty in their decision making of giving the vaccine to children. What is scientific data supporting the use of the vaccine in the younger population in order to help educate the families?"

LaTanya Hines:

Dr. Policar, do you want to take that one?

Edgar Ednacot:

Dr. Policar, I don't know if your audio is off-

Rachel Jacobs:

You're muted.

Edgar Ednacot:

You're muted.

Rachel Jacobs:

Dr. Policar, you are muted.

Edgar Ednacot:

Maybe while we're trying to troubleshoot Dr. Policar's audio because I'm still not hearing it, let me jump into the next question here. And this is for Dr. Hines. "How would you approach an anti-vax client? One who's strongly opposed to vaccination in general."

Michael Policar:

Go ahead.

LaTanya Hines:

You want to go with that one?

LaTanya Hines:

First of all, I think you need to know your audience. I mean, there are some people that you are going to be able to have a reasonable dialogue with, and there's an exchange of ideas, and there is a mutual respect. It has been my experience that people who are absolutely against vaccination, despite the apparent survival of the person talking to you ... There's no science with that. So, you listen and try to hear where they're coming from. If this subject came up because they were honestly interested in the possibility of going forward with vaccination, it doesn't take long I think to hear that. But if they are there many times to, they think, to educate you about why they have made the choice not to be vaccinated in any way, I think you have to give them the professional courtesy of listening and then know that this is not the subject to continue.

LaTanya Hines:

So, I think that's important because there's ... It does not matter how much science you have and how many papers you can quote. No. They have made their decision, and you respect that. You're open to the possibility that if they would like to have this conversation again, that you are willing to hear them. I think that's important. It's not just vaccinations. We as physicians hear lots of things that patients tell us that they're absolutely against, and over time as a trusted messenger, as someone that they believe they do trust, they may approach the subject and be willing to hear a different view. So, I look at it like that.

Michael Policar:

Yeah. And I completely agree with that. We know from tons of data ... I mean, the one that I'm most familiar with is with the HPV vaccine, which all of us in reproductive healthcare have hopefully had some experience within terms of having conversations with patients, or oftentimes our patient asking the question about whether or not their child should receive the HPV vaccine. And I'm with Dr. Hines. That if a person just is absolutely declarative of, "I'm not going to do it, and here's all the reasons I'm not," then just leave it.

Michael Policar:

However, next time the patient's back, then discuss that again because we just know from decades of data that people hear a message. They may reject it. Over time, they start thinking about change. They become pre-contemplative. Then they become contemplative. Ultimately, they may change their behavior. So, this may be the first time they've had a chance to talk about it. The next time they

encounter the healthcare system, they may have another conversation, and another. And then we see them back. And by that time, they see things differently. So, we just have to remember it's going to take time for a lot of people.

LaTanya Hines:

Exactly. You don't give up though as the clinician. You don't give up because I think that's easy for many of my colleagues to say, "Forget it." Yeah.

Edgar Ednacot:

Mm-hmm (affirmative). Yep. Very helpful. Thank you. And then Dr. Policar, just before we lost you here. I'll just repeat the question again. "What is the scientific data supporting the use of the vaccine in the younger population in order to help educate families?"

Michael Policar:

Well, all we have so far are the results of the studies that were done fairly recently about the younger age groups, the kids and it does seem to be as safe in that group as it is in older groups. And of course, that's what led to the FDA emergency use authorization for using at least the Pfizer vaccine in that younger age group. So, personally I would use the same message that I would use for the patient I'm seeing in terms of explaining about how that's going to affect their child that's five or older.

LaTanya Hines:

Exactly. I would add that just yesterday we were, I certainly believe, very blessed to have Dr. Fauci on a call with our group, This Is Our Shot. And one of the things that he brought up is that when you think about children, even though they have a reduced dosage that they're giving them, once again the argument is that you are going to substantially reduce the incidence of severe illness and also slowly but surely get the kids back into the lives that they once knew. And by allowing more children to be able to congregate and to feel as ... to be in an environment in which there's less viral load, you are reduced the incidence of infection there.

LaTanya Hines:

And so, it's the same way that we talk about vaccines and measles, mumps, rubella, and all the things that is taken to go to school. We are going to add this as just one more routine vaccine in order to make sure that our children are safe. So, the words safe, the word children should be in the sentence as awesome, great education and the environment in order to do that safely. So that was yesterday's pearl. And I was like, "Yes, yes, yes." Although my kids are huge, but yes, I agree.

Michael Policar:

I agree. It is a pearl. Let me just add one more thing a little bit about children more so about adolescents. Because one of the questions I've been hearing is, "Can an adolescent in California give their own consent to being vaccinated?" And this is true basically not only for the COVID-19 vaccine but for other vaccines as well. So, the answer is that if you are an emancipated minor, and there are a number of definitions of being an emancipated minor, you're out on your own, you have your income, you're moving away from your family, you're married, all that's in statute in California, you can consent on your own if you're under 18. On the other hand, if you don't meet any of those criteria of being an

emancipated minor in California, that you do have to have your parents' consent in order to be vaccinated.

Michael Policar:

Now, I know that in the world of HPV vaccination, we talked about HPV infection leading to cervical preinvasive lesions and cervical cancer is a sexually transmitted infection, so doesn't that fit into the same category as gonorrhea and chlamydia? Most people say yes on that, that a minor can give permission themselves without their parent for an HPV vaccine, but that does not apply to the COVID-19 vaccine. You have to be an emancipated minor or get your parents' consent. One exception to that is in the city of San Francisco where San Francisco allows minors that are 12 years old or older to self-consent for the COVID-19 vaccination. Exactly.

Edgar Ednacot:

I think we have time for one more question. I think this is an important one. And this kind of intertwines with the idea that providers, healthcare providers as trusted messengers. And the question is, "How do we address patients concerns that," and this is in quotes, "a lot of physicians, doctors online say that the vaccine is dangerous?"

LaTanya Hines:

Dr. Policar.

Michael Policar:

Well, we have to respond in the ways that Dr. Hines just explained to that misinformation basically. And there are a whole bunch of different ways. I love the way that Dr. Hines explained it, particularly the part about trying to be as personal as you can when you're giving your responses. ACOG says that, the ASRM, the American Society of Reproductive Medicine. Actually, I'm looking at the ASRM of recommendations now about having conversations with people about COVID-19 vaccination because they really strongly endorse being vaccinated before you start an infertility workup or any kind of assisted reproductive technology. But they say you want to personalize the discussion by using phrases like, "If it were me, if it's my relative, let me speak personally. It was important for me to get the vaccine because ... "

Michael Policar:

I'll tell you about my own experience. I went to myturn.ca.gov in order to get my booster. Even though I'm a Kaiser member, I wanted to try to get in very quickly in order to get my booster and went through that website. It was just incredibly easy; told me all the places I could get my booster. I could make my appointment online. And then I went in and got it. I mean, we just have these amazing resources in California to be able to do that.

Michael Policar:

One last thing very quickly. I know we're running out of time. But an approach that they really like in the San Francisco health department is what's called a truth sandwich. And I would probably use a truth sandwich to respond to the person who said, "Well, I saw a doctor on Fox News who said that the vaccine is dangerous." It's to start with a statement that says what's true. Then in the middle of the sandwich, you address the misinformation, only briefly. You don't dwell on it too long. And then you

finish the conversation by reiterating what the truth was. So, we know the vaccine is safe. In the middle of the sandwich, "Here's why, what you heard on Fox News was wrong." And then the end of this sandwich is, "I want to reiterate to you about how safe it is." So.

LaTanya Hines:

I think the disinformation is so helpful ... Excuse me, so hurtful is because they ... Those networks and outlets that have been able to be so effective take a little bit of what is true, and they surround it by the vulnerability of what most people would feel, and it grows tremendously.

LaTanya Hines:

So, a perfect example is that, you know, if you get the vaccine, you're going to have an impact on your mammogram, and it increases the risk for breast cancer. There we go. So, yes, there is a reactive in not everybody but in some women that the lymph node that's closest to where you got the vaccine, in the axillary region swells a bit because it's local, right? It's a local reaction to start to produce the antibodies and get the immune system ready.

LaTanya Hines:

Now, we learned that if you get a mammogram within a relatively short period of getting the vaccine, that it may look suspicious. Because you got a vaccine, it has a swelling. So instead of saying that is something that is a known potential side effect, and these are the recommendations for when you should delay your mammogram in order to make sure that you don't have these suspicious findings, they say, "No, it's associated with breast cancer." And people are so deathly afraid of the big C-word that as soon as someone heard that who might be a little bit hesitant, now they're like, "Oh no, I'm definitely not going to do it." Now they didn't get the mammogram, first of all, and they're not going to get the vaccine. So, you compound the potential for really affecting the public health of the people here in the United States. It's dangerous.

LaTanya Hines:

So, I say ... I love what you said, Dr. Policar, because I think that I kind of do that in the sense of addressing what it is that they really believe in and really surround it as best I can with the truth, but also end it with, "I know it's still your option to make that choice. I just want to give you as much information to make as informed a choice as possible." So, you're flooding them with truth to the point where all they have is hopefully this little kernel of, "I don't know, but I sure heard all of this from someone I do trust."

Michael Policar:

Exactly.

LaTanya Hines:

And I do bring that up. "You're coming to see me for some reason. It's not because of my hair. You've got to come in here for some reason. You believe me, and why?" Right? So sometimes just talking about who you are and what you've done to get to that point makes people say, "Well maybe if she did it, it must be something." Sometimes they do it just because you said it.

Michael Policar:

Right. Agreed.

Edgar Ednacot:

Great. Well, thank you for the insightful responses. And we had lots and lots more questions that we didn't get to, so maybe we'll explore looking at these questions and then thinking of a way to answer some of them and then respond with a follow-up email to all of our participants. So, thank you all for all the questions as well.

Edgar Ednacot:

I want to jump over to our survey at the end. Perfect. So, we'll just take just a few seconds here. You'll recognize this question. It's the same one that we asked earlier. We want to see if there was a difference in your confidence now that you've heard both of our wonderful speakers share some tips and insights.

Michael Policar:

And Edgar, I'm going to say just a quick word. And I hope I'm not repeating what you were going to do while people are responding to the poll. And that's about the handouts. So, you'll be able to download those. One is a fact sheet for an ACOG. That's just one page. Second is a handout, actually a poster from the California Department of Health Services, really well done and easy to understand. Third is we put together a Q&A document for clients, not for providers but for clients, based on the questions that are most likely to come up in a family planning clinic. And then the last is a PDF of the slides from today.

Edgar Ednacot:

Great. That's perfect. And so maybe we'll just pass through the ... get through the resources slide. And then we'll, again, in a follow-up email, we'll share all of these different resources, keep going. We'll share these. Those are the ones that Dr. Policar just mentioned.

Edgar Ednacot:

And then a final poll. And we really appreciate your feedback here. And this is to align with our 30 in 30 campaign, 30 conversation in 30 days, just encouraging any provider to have 30 conversations in 30 days about COVID vaccine with their clients. If you're willing to do that and commit to do that ... Of course, we're not following up with this, but it's just something that we'd love to promote and encourage. Just a few more seconds for that, and then we'll close out.

Edgar Ednacot:

And again, I want to thank you everybody for your time. And the last slide. So perfect. So again, thank you so much. That concludes today's webinar. We want to give a special thanks to our presenters, Dr. Policar, Dr. Hines, and also our webinar planning and support team, Nicole, Laura, Nicole, Leslie, Michael, Rachel, and Sam. Thank you so much for joining us. We hope today's webinar will really help and support the important work that you all do and really gave some tools on how to address these many challenging questions. So, thank you again, and have a wonderful afternoon.

LaTanya Hines:

Thank you for having us

Michael Policar:
Thanks.

Edgar Ednacot:
Thank you.