

Talking with Family Planning Clients About COVID-19 Vaccination

Webinar Q&A

November 18, 2021

Summary points

- New infections, hospitalization, and death are far more likely in unvaccinated people than in those who are fully vaccinated. At this point, the large majority of new COVID-19 infections occurring in the population, especially among younger people, is referred to as the “pandemic of the unvaccinated.”
- 20% of Californians that are 18-49 years of age and 31% of those 12-17 (the age groups of clients who are seen in family planning clinics) are unvaccinated.
- Pregnant patients who are unvaccinated are much more likely to have severe pulmonary complications that require hospitalization and ventilation compared to vaccinated pregnant women. Death rates from COVID-19 are much higher in pregnant women who are unvaccinated compared to those who have been vaccinated.
 - Yet, nationally, only 1-in-3 pregnant women has been fully vaccinated!
- In multiple surveys, unvaccinated people state that they trust their health care provider for advice about being vaccinated more than any other source of information.
 - In the federal Title X Program, about half of clients identify their *family planning clinic* as their primary care provider.
 - Among those people seen in family planning clinics, some clients choose to use less effective methods of contraception and are at risk of becoming pregnant. Other clients are open to pregnancy or actively trying to become pregnant. Consequently, in either case, it is important to discuss the importance of COVID-19 vaccination with people at risk of becoming pregnant so that they can complete their vaccination series and maximize their protection against infection.
- ACOG and other reproductive health care organizations state that reproductive health clinicians have a responsibility to discuss COVID-19 vaccination with their patients, especially pregnant patients.
- All three COVID-19 vaccine products are safe in those who are pregnant or who are considering becoming pregnant.
 - Given the greater risks of COVID-19 infection in pregnant women and the safety of the vaccine for the pregnant person and the fetus, the best advice is to start the vaccine series as soon as possible, irrespective of the trimester of pregnancy.
 - The vaccine itself does not cross the placenta. There is no evidence that vaccination during pregnancy causes congenital anomalies in the fetus. Vaccination does not increase the risk of miscarriage.

- There is no evidence that vaccination causes infertility in either females or males.
- Counseling clients about COVID-19 vaccination
 - 3-5-3 Method

3 Steps to Initiating Conversations

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.**

5 Key Messages

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. 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 health care 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.

Helpful Resources: COVID-19 Vaccination among Reproductive Aged Persons

The University of Washington “One Vax Two Lives” program has an excellent “Frequently Asked Questions” resource for consumers on vaccination before and during pregnancy.

<https://www.onevaxtwolives.com/?fbclid=IwAR0FzzgOPqArleWp-QM6tZHrQFH5mnBvbqXMLmaZCOqfU0KXCZnA5yplrbo>

The CDC resource page regarding the safety of COVID-19 vaccination in pregnancy for consumers

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html>

CDC: COVID-19 and Pregnant and Recently Pregnant People

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnant-people.html>

CDC: COVID-19 Vaccines for People Who Would Like to Have a Baby

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/planning-for-pregnancy.html>

Guidance for clinicians from the American Congress of Obstetricians and Gynecologists regarding the safety of COVID-19 vaccination in pregnancy

<https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/covid-19-vaccination-considerations-for-obstetric-gynecologic-care>

California Department of Public Health: Guidance for Vaccination During Pregnancy

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Vaccination-During-Pregnancy-Guidance.aspx>

Planned Parenthood Coronavirus information for family planning clients

<https://www.plannedparenthood.org/learn/health-and-wellness/covid-19-new-coronavirus>

Q/A from the Webinar

Dealing with misinformation

1. Is there a link or site you would direct clients to in order to learn more about those concerns? A link with the facts? Myth busters etc.?

Please direct clients to any of the resources above, as well as the Questions and Answers for Family Planning Clients on the Family Planning, Access, Care, and Treatment (Family PACT) website.

2. How do we address patient's concerns that "a lot of physicians" online say the vaccine is dangerous?

Please direct clients to the resources above.

3. How do you respond to patients saying, "there are a lot of doctors/clinicians that are against the vaccine" and "there is evidence that it may have long term effects?"

Historically, adverse effects of all vaccines usually happen within 6 weeks of receiving a vaccine dose, and there are no reported "long-term" side effects from receiving the COVID-19 vaccine to date.

4. 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 the scientific data supporting the use of the vaccine in the younger population to help educate the families? I have noticed that the hesitation is more with those parents in which their children have already test positive for COVID and recovered without complications.

Many medical studies have shown no differences in pregnancy success rates in people who are vaccinated versus people who have not received the vaccine. 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." In addition, over 170,000 pregnant women have been monitored by the CDC v-safe system with no concerns about their pregnancies.

5. I find that the distrust of the CDC, WHO and the FDA (the government) appears to be "bad buzz" words when speaking to vaccine safety. Do you have any suggestions to assist in the conversations when clients bring their own research regarding the CDC's safety?

Instead of referring to the CDC, WHO, and the FDA, refer to "public health experts," "health/medical experts," and "doctors." If clients bring their own research, refer them to links above.

Counseling questions

6. What suggestions do you have for patients of color citing our country's long history of abusive experimentation on people of color as their reason for not trusting COVID-19 vaccine?

Please refer clients to this resource: <https://getvaccineanswers.org/legacy>.

7. Regarding San Francisco allowing those 12+ to consent to the COVID-19 vaccine, does this apply to residents only, or are youth from outside San Francisco able to visit a clinic in San Francisco and consent for themselves?

For information about minor consent in San Francisco, please refer to the [Guidance for City and County of San Francisco \(CCSF\) Healthcare Providers and Contractors Administering COVID-19 Vaccines to Minor Patients](#) and [Health Officer Order No. C19-19](#).

8. Can you re-iterate the truth sandwich messaging?

This is the approach used for vaccine conversations by the San Francisco Department of Public Health, as adapted from the work of George Lakoff.

1. **Start with the truth.** The first frame gets the advantage.
2. **Address trauma** as it is being expressed.
3. **Indicate misinformation.** Avoid amplifying the specific language of the client. Misinformation is often buried mid-sentence.
4. **Return to the truth.** Always repeat truths more often than the wrong information.

9. For people who already had the COVID-19 virus, how long after can they get the COVID-19 vaccine?

The CDC recommends that people wait until they have fully recovered from COVID-19 before getting the vaccine.

10. How would you recommend that I handle these exemption requests when the OBGYN is using the employee's pregnancy as a reason for it not being "safe" for them to receive any of the COVID vaccines?

Please direct them to the above resources regarding the safety of the COVID-19 vaccine.

Pregnancy-related questions

11. Why can pregnant woman not have Motrin?

Ibuprofen is considered to be FDA Category C in pregnancy, while acetaminophen is Category B. The concern about ibuprofen and other NSAIDs is that it may cause premature closure of the ductus arteriosus in the fetus, leading to heart problems after delivery.

12. What do you say when someone says, “that pregnant women are not immunosuppressed?”

Some amount of immunosuppression happens in pregnancies. The suppression of the immune system is necessary so that a pregnant female does not reject her own fetus, given that its genetic make-up is different from her own.

13. Would antibodies from the mother pass to the child, once vaccinated?

Yes. This is well documented, and the process is known as passive immunity in the newborn. IgG antibodies are passed through the placenta, as well as through breast milk. However, the degree of protection that these antibodies provide to the newborn baby in preventing COVID-19 infection is unknown.

14. Do you have any additional recommendations for people who work with pregnant people but aren't OBGYNs? Such as home visitors or WIC counselors.

All persons providing health care and related services to pregnant people, and those who are considering pregnancy, should counsel clients in the same manner that was described for clinicians in the webinar.

15. Is the Johnson and Johnson one time vaccine as safe as the others to give to pregnant women? Will it provide enough protection compared to the Moderna and Pfizer with their two shots?

The Johnson & Johnson vaccine is safe and effective for pregnant women.

Timing of vaccination questions

16. When should a pregnant person get the vaccine? Should it be first, second or third trimester?

Given that the vaccine itself does not cross the placenta and is not associated with congenital anomalies, it can be given in any trimester.

Given the greater risks of COVID-19 infection in pregnant women and the safety of the vaccine for the pregnant person and the fetus, the best advice is to start the vaccine series as *soon as possible*, irrespective of the trimester of pregnancy.

17. Do you support physicians providing the vaccine to pregnant clients after 20 weeks to prevent risk of miscarriage?

No. There is no evidence to suggest that COVID-19 vaccination causes miscarriage. It should be given as soon as possible in the pregnancy.

18. If there is no problem in the first trimester, does this mean we do not need to have pregnant patients wait until second trimester to get vaccinated? What about high-risk pregnancies, should they wait until second trimester?

No. There is even more reason to vaccinate as early as possible in most high-risk pregnancies, given that a COVID-19 infection during pregnancy makes the risk of severe complications even higher.

19. On the CDC website, there was a study that reported women who got the COVID-19 vaccine within 12 weeks of the baby being born had the highest percentage of passing the antibodies. Should people wait to be within those 12 weeks?

No. This is not recommended by either the CDC or ACOG. The greatest risk of COVID-19 infection during pregnancy is to the pregnant person, not necessarily the fetus.