

Qualitative Research: The Tdap Vaccine

New York City Department of Health & Mental Hygiene

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Objectives & Methodology



Research Objectives



Understand pregnant women's and providers' perceptions of and attitudes toward vaccines

Assess pregnant women's knowledge and understanding of the Tdap vaccine

Gauge reactions to the new Tdap recommendation; understand motivations and concerns about the vaccine

Test facts, statistics, and language about Tdap in order to aid in the development of a communications strategy to both pregnant women and their providers

Methodology

- Whitman Insight Strategies (WINS) conducted five focus groups among pregnant women and two focus groups among medical providers in New York City. Groups were held April 23, 27, and 28, 2015.
- Groups lasted approximately 90 minutes each, and were stratified as follows:
 - Pregnant women groups (8 participants per group)
 - White women
 - Asian women
 - Spanish-speaking Latina women
 - African American women
 - Caribbean women
 - Provider groups (6 participants per group)
 - OBGYNs and family providers who practice obstetrics*
 - Obstetrics nurses, physician assistants, and midwives (non-physicians)
- Groups of pregnant women contained a mix of age, education, income, marital status, parental status, and NYC boroughs.
 - The Spanish-speaking and Caribbean group contained a mix of foreign-born status and country of origin.
- Provider groups included a mix of gender, NYC boroughs, age, education, and race/ethnicity.

*We use the term “doctor” throughout this report to refer to OBGYNs and family providers

Context



Pregnant women simultaneously feel excited and worried about having a baby.

- Many talked about how they are looking forward to shaping their child's life and ensuring they are healthy, educated, and cared for.
- Many women cite health concerns and worry about having a miscarriage or that the baby will develop abnormally.
- The strong desire to protect one's baby spans across races and ethnicities.



"My baby is mine to **protect** and **take care of**. I want to make sure they are **healthy** and **educated**. It's really **powerful** to raise a person in this world." -Latina

"I'm **excited**. I have the **privilege** of having a girl." – African American woman

"**Sickness**, health issue. Not being able to fully **protect** my baby." –Asian woman

Information



Among pregnant women, awareness of pertussis and Tdap is low.

- Many pregnant women have heard the term “whooping cough,” but do not know much about it.
 - Some women mentioned they thought whooping cough was something that happened in the past but was no longer a threat.
 - Very few women recognized pertussis as whooping cough; the latter is a much more familiar term.
 - Those who were familiar with whooping cough tended to have received Tdap at the recommendation of their doctor.



“I thought it was one of those **old world illnesses** that was ended by vaccination.”
– Asian woman

“Where does whooping cough even happen? Is it something **new**?” –Latina

“I think I saw a **commercial** about it...it’s concerning.” –
White woman

Information sources

- **By far, the top information source among pregnant women is their doctor.**
 - Pregnant women put a lot of trust in their providers and tend to follow their recommendations.
 - However, many women also said they prefer to verify information they receive from their doctors by conducting their own research or asking people in their social networks.
- **To the chagrin of providers, pregnant women also report heavy reliance on internet sources, such as websites and mobile applications about pregnancy.**
 - Providers commented that they often have to correct information their patients find online. Many advise their patients to “stop googling.”
 - However, increasing reliance on smartphones and mobile apps may be an effective way to reach pregnant women.
- **Turning to personal sources of information, such as older women, family, and friends is more common among Asian, black, and Latina women.**
 - This can be problematic when personal sources give incorrect information.



“If my **doctor recommendeds** it I would trust it, but I want other information to **back it up.**” –Latina

“I refer them to the **CDC**. I tell them not to Google anything.” – MD

“In Jamaica there is an **old wives tale** to cure [whooping cough]...rat’s soup.”
– Caribbean woman

“I asked my **grandmother** a lot of questions too, including about vaccines. She said **a lot of diseases fade away.** People have been pregnant since the beginning of time and **didn’t always get vaccines.**” –African American woman

Attitudes toward vaccinations



Most women are comfortable with vaccines if their doctor recommends them.

- Endorsement by their trusted medical professionals is a key motivation for pregnant women considering vaccinations.
- Of the women who had previously received vaccinations while pregnant, almost all said their doctor recommended it to them.
- Women are generally not proactively seeking vaccines, but when recommended by their doctor, they are mostly comfortable.



"Tdap, yeah I got that. Whatever [my doctor] told me to get, I got it." – Asian woman

"I've had the same doctor for years and she never said anything about getting shots." –Latina

"The doctor basically says what shots you need, and I do it." –White woman

"I got a flu shot because my doctor told me it would protect my baby." – Caribbean woman

While few women are totally anti-vaccinations, some express wariness about putting anything “unnecessary” into their bodies.

- Most women cannot cite clear reasons for feeling uneasy against vaccinations. Part of this may be related to a dearth of information and unfamiliarity with the side effects of vaccinations.
- Some women comment that their infants (and fetuses) are so vulnerable that they worry vaccines might deliver too much medication that their babies cannot tolerate.
- Only a few women mentioned concerns about autism.

“I just avoid anything **unnatural**.” – Asian woman

“I’m in the middle when it comes to vaccines. I’ve **researched** on my own time and in the past there was little **autism**.” –Latina

“I would only get vaccinated if I **had to** while pregnant.” – African American woman

“I want to know if vaccines are age appropriate...a small baby might **not be ready** and **built up** for it to get the same vaccine I’m getting.”– Caribbean woman

Providers, however, sometimes do not actively recommend vaccines to their patients.

- Many medical professionals see their roles as information providers: they provide women with information about available vaccines, but some stop short of actively recommending them.
 - OBs/MDs do not prioritize vaccinations for pregnant women and often have other concerns that seem more important
 - Few MDs said they administered the Tdap vaccine. Some mentioned they suffer a financial loss on vaccinations.
- Midwives are more reluctant to actively recommend vaccines, mostly because their clients tend to be skeptical of vaccines in general.
- When providers were informed of how influential their recommendations are to pregnant women, many said they would be more likely to actively recommend Tdap.

“I guess I didn’t understand before **how essential our recommendations** are to patients—that really stood out to me.”—MD

“I give them the **information**: here’s why you need the vaccine, here are the side effects, the pros and cons. But ultimately it’s **up to them** to decide.”—Physician’s Assistant

“We **lose money** on vaccinations.”—MD

“My job is to **educate** them and respect their opinion.”—Midwife

Communicating about Tdap



Materials tested: CDC Facts/Statistics

- Tested among pregnant women
- The goals were to understand which facts are most persuasive to women and influential on their decision to get the Tdap vaccine
- We were also interested in facts that might be confusing or unclear to pregnant women in order to refine messaging and communication moving forward



Text

- A. Since 2010, there have been between 10,000 and 50,000 cases of whooping cough each year in the United States. In 2012, there were more than 48,000 cases; this is the highest number seen in 60 years.
- B. Since 2010, about 10 to 20 babies die from whooping cough each year in the U.S.
- C. The vaccine helps your body create antibodies that will be passed on to your baby before birth. These antibodies will help protect your newborn right after birth and until your baby gets his/her own whooping cough vaccine at 2 months of age.
- D. The first few months of life is when your baby is the most vulnerable to serious complications from whooping cough.
- E. It is safe to breastfeed after getting the whooping cough vaccine.
- F. The most common side effects are mild, like redness, swelling, or pain where the shot is given in the arm. You cannot get whooping cough from the vaccine, as the vaccine does not contain any live bacteria.
- G. Doctors recommend that women consider getting other vaccines during pregnancy, like the flu shot, to pass on protection to their baby.
- H. According to the Center for Disease Control, ensuring that the people who will be in contact with your baby have the whooping cough vaccine (also sometimes called “cocooning”) is important, but not enough to completely protect babies from whooping cough.

Several different facts about Tdap are convincing to pregnant women, though the explanation of how antibodies are created that will help protect newborns stands out as the most persuasive.

Fact	Percent (%) most convincing
The vaccine helps your body create antibodies that will be passed on to your baby before birth. These antibodies will help protect your newborn right after birth and until your baby gets his/her own whooping cough vaccine at 2 months of age.	29
The most common side effects are mild, like redness, swelling, or pain where the shot is given in the arm. You cannot get whooping cough from the vaccine, as the vaccine does not contain any live bacteria.	17
Since 2010, there have been between 10,000 and 50,000 cases of whooping cough each year in the United States. In 2012, there were more than 48,000 cases; this is the highest number seen in 60 years.	15
The first few months of life is when your baby is the most vulnerable to serious complications from whooping cough.	15
Since 2010, about 10 to 20 babies die from whooping cough each year in the U.S.	14
It is safe to breastfeed after getting the whooping cough vaccine.	7
Doctors recommend that women consider getting other vaccines during pregnancy, like the flu shot, to pass on protection to their baby.	3
According to the Center for Disease Control, ensuring that the people who will be in contact with your baby have the whooping cough vaccine (also sometimes called “cocooning”) is important, but not enough to completely protect babies from whooping cough.	0

Top fact: The antibodies Tdap creates protect newborns

The vaccine helps your body create antibodies that will be passed on to your baby before birth. These antibodies will help protect your newborn right after birth and until your baby gets his/her own whooping cough vaccine at 2 months of age.

Key Takeaways

- Most convincing fact among all groups
- Pregnant women need an explanation for why the Tdap vaccine is necessary, and this fact provides that
- Taps into pregnant women's strong desire to protect their babies and ensure their health
- Fits in with pregnant women's perception that infants are physically vulnerable and need every available protection the first few months of their lives

"I believe that the first few months of life are very important for the child to **develop properly.**"

– Caribbean woman

"What sold me on it was the **passive immunity**. I know it's short lived, but if I take it and can pass it on to my child it's like I'm **taking a bullet for my kid.**"

–African American woman

"Now I **understand** why we need it—this **makes sense.**"—
White woman

Second tier fact: Side effects of Tdap are minimal

The most common side effects are mild, like redness, swelling, or pain where the shot is given in the arm. You cannot get whooping cough from the vaccine, as the vaccine does not contain any live bacteria.

Key Takeaways

- Because Tdap is a new concept to many pregnant women, one of their most pressing questions was about side effects. This fact assured women that Tdap was safe
- Some women erroneously believe that vaccines containing live bacteria will cause illness. Stating that the vaccination does not cause whooping cough helps ease concerns
- Because many women emphasize that they are more concerned about their baby's health than their own, future communications might directly emphasize that the baby would not experience any harmful side effects.

"Since the **side effects are minimal**, I would be a little more likely to get the vaccine." –African American woman



"You cannot get whooping cough from the vaccine. That was important. **No live virus**, which is always a plus too." – Asian woman

Second tier facts: Statistics help convey urgency

Since 2010, there have been between 10,000 and 50,000 cases of whooping cough each year in the United States. In 2012, there were more than 48,000 cases; this is the highest number seen in 60 years.

Since 2010, about 10 to 20 babies die from whooping cough each year in the U.S.

Key Takeaways

- Some women are unfamiliar with whooping cough and do not know about the disease's resurgence. These facts help drive the point that whooping cough is a serious threat.
- Including the statistic about infant deaths is especially helpful in conveying urgency and motivating women to get the vaccine or ask their doctor about it.
- Some women had questions about the statistics, including why we have seen such a resurgence in recent years.

"Babies dying...when you say X babies are **dying**, that makes you think, it's pretty convincing." –Latina

"I put a question next to A. What happened that **made it grow** like that?"
– Asian woman

"When you see **dying** and baby in the same sentence you get scared." –White woman

Moving Forward



Recommendations: Pregnant women

Inform women about whooping cough

- Many pregnant women are unfamiliar with whooping cough and how vulnerable their babies are to the disease.
- Pregnant women reported wanting more information on whooping cough, including what causes it, the symptoms, and transmission. When making decisions about vaccinations, pregnant women want to feel informed and educated.

Explain the rationale behind Tdap

- Pregnant women were much more willing to get Tdap when they learned how Tdap worked: the idea that antibodies are passed to their baby for protection against whooping cough is a simple, compelling explanation that resonates for pregnant women.

Do not assume moms already know about Tdap

- In some cases, first-time mothers were actually *more* informed about necessary vaccinations compared to pregnant women who already had children.
- Because some mothers have not received Tdap in the past, they are resistant to the idea of getting it now. Providers should be prepared to explain why they need to get Tdap during this pregnancy even if they didn't get the vaccine before.

Tap into the value of responsibility

- Women feel a strong sense of responsibility to protect their babies—before they are born and after. The idea that Tdap is necessary to protect the infant from a very serious disease is very motivating to women. Future communications materials should tap into these values.

Emphasize the vaccine's safety

- Knowing that the vaccine poses little to no risk to their baby reassures pregnant women and quells fears about the vaccine's safety. While women are also concerned about side effects to themselves, their greatest concern is the health and well-being of their child.

Message triangle

There is a safe vaccine available called Tdap that you can get while pregnant. Tdap helps your body create antibodies that will be passed on to your baby before birth.

Talk to your provider about the Tdap vaccine

Whooping cough is a disease that has recently become a serious threat to infants. Since 2010, about 10-20 babies die from whooping cough each year in the U.S.

These antibodies will help protect your newborn right after birth, when she/he is most vulnerable, and until your baby gets her/his own whooping cough vaccine at 2 months of age.

Recommendations: Providers



Encourage providers to **ACTIVELY** recommend Tdap

- Many providers will give pregnant women information about vaccinations, but will stop short of actively recommending it. However, when they are told how influential their recommendation is, they feel a responsibility to be more proactive about their recommendations to their patients.

Provide talking points and emphasize education

- Help providers communicate the most critical information about the Tdap vaccine to pregnant women and remind them that most women are unfamiliar with whooping cough and have not heard of the Tdap vaccine. Starting with basic education about whooping cough and the risk to infants is important in persuading women of the vaccine's necessity.

Target non-physician providers for education

- It is also important to ensure non-physician providers (e.g. nurses, PAs, midwives) also receive education. OBGYNs are often over-scheduled; hence, non-physician providers typically shoulder the responsibility of providing information and having discussions with patients.

Bridge the information gap

- While women put the most trust in their providers as information sources, many of them want to verify their doctor's recommendation and seek more information on vaccines. Providers should be prepared to offer additional information, such as from the CDC, also a trusted source among pregnant women.



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