

**Communication Guidance and Talking Points for OB/GYN Providers:
Encouraging Patients to Receive Flu and Tdap Shots during Pregnancy**

Communication Strategies: How to Have a Successful Dialogue

(From: <http://mail.ny.acog.org/website/immunizationresourceguide.pdf>)

A successful discussion about vaccines involves a two-way conversation, with both parties sharing information and asking questions. These communication principles can help you connect with your patients by encouraging open, honest and productive dialogue.

Take Time to Listen

Despite a full schedule, resist the urge to multi-task, and give patients your full attention. Restate your patient's concerns to be sure you understand her viewpoint. Your willingness to listen will play a large role in helping her with her decision to get vaccinated.

Don't be Offended

Some patients may come to you with a list of questions or information from a variety of sources. Do not interpret this as a lack of respect for you or a lack of intelligence on the part of your patient. If you appear offended by her questions, dialogue may shut down and trust may be eroded.

Science vs. Anecdote

Too much science may frustrate some patients, while too little may frustrate others. For some patients, a story from your experience about an unprotected patient who became ill may be on target. Which approach to use will depend on your knowledge of your patients, so be prepared to use a mix of science and personal stories that will be most effective in addressing patients' questions.

Acknowledge Benefits & Risks

It is important to emphasize the benefits of vaccination and also explain that vaccines may vary in their efficacy. It is honest and important to say that not vaccinating is a risk. Never state that vaccines are risk-free. Always discuss the known side effects caused by vaccines. It is important to utilize the Vaccine Information Statements (VISs) to support your discussion.

Refusal

The choice for immunization rests with your patient (or her guardian). Visit www.immunizationforwomen.org for more information on providing patient education for those patients who refuse immunizations.

After the Office Visit

If a patient expresses extreme concern during her office visit, contact her a few days later. A caring call or e-mail will provide her with comfort and reassurance. Educating your patients by providing them with the information to make informed decisions is essential to encourage them to receive recommended vaccinations.

Nurses and other office staff can play a significant role in establishing and maintaining a practice-wide commitment to communicating about vaccines and maintaining high vaccination rates. This can be achieved by: providing patients with educational material; being available to answer questions and making sure that those patients who schedule extra visits for vaccines, make and keep vaccine appointments.

Doctor-to-Patient Talking Points: INFLUENZA VACCINATION DURING PREGNANCY

All women should receive the influenza vaccine during pregnancy. The influenza vaccination is an essential element of prenatal care as pregnant women are at an increased risk of serious illness and mortality due to influenza.

Primary influenza vaccine doctor-to-patient talking points:

1. Getting your flu shot while pregnant is the **best way to protect your newborn**. The protective antibodies your immune system creates to the shot pass to your fetus through your placenta and umbilical cord. These antibodies are what help protect your vulnerable baby before they can get a flu shot at 6 months old.
2. Research has shown that **getting the flu shot during pregnancy can reduce your baby's risk of being premature or being born too small**, especially if you are pregnant during flu season.
3. **I strongly recommend that all my pregnant patients get the flu shot.** It is safe to receive during pregnancy, has been given to pregnant women for decades, and is the best way to protect both of you from the flu.

More safety-related talking points:

- The risks of getting sick from the flu are far greater for a pregnant woman and her baby than the possibility of having a complication or bad reaction from the shot itself.
- Only the inactivated influenza vaccine (i.e. the flu shot) is recommended during pregnancy. The nasal spray flu vaccine, which contains weakened, live influenza virus, is not recommended for pregnant women.
- It is safe for pregnant women to receive a vaccine with thimerosal. All single dose vials of influenza vaccine are thimerosal free, so if your practice only stocks single-dose vials, thimerosal is not a concern. Thimerosal, a mercury-containing preservative used in multidose vials, has not been shown to cause any adverse effects except for occasional local skin reactions.
- There is no scientific evidence that thimerosal-containing vaccines cause adverse effects in children born to women who received vaccines with thimerosal.

Remember: the most effective way to increase your patient's vaccination acceptance rate is for you to directly recommend and provide the vaccine.

Talk to your patients about the flu shot today.

References:

ACOG influenza vaccine script for providers:

<http://www.immunizationforwomen.org/site/assets/docs/Laminated%20Card%20Imm%202012.pdf>

Omer SB, Goodman D, Steinhoff MC, et al. Maternal influenza immunization and reduced likelihood of prematurity and small for gestational age births: a retrospective cohort study. PLoS Med 2011;8:e1000441.