

BACKGROUND

Pregnant persons and their babies can be at higher risk of getting very sick after having COVID-19. COVID-19 can also lead to preterm birth, which is one of the most serious complications a baby and mother can experience during pregnancy.

Although COVID-19 vaccines were recommended for pregnant populations in summer of 2021, effective messaging to pregnant persons was not prioritized adequately. Community conversations with women can be valuable sources of learning about attitudes, knowledge, and beliefs--- not only about COVID-19 but also about broader public health concerns.

Our objective is turn these critical insights into solutions to improve health outcomes and address vaccine hesitancy among pregnant populations in the Central Valley and beyond.

In March 2022, we conducted 3 online listening sessions/ focus group discussions with Black and Hispanic women from Kern and San Joaquin Counties. Our participants were currently pregnant or had given birth during the pandemic. We invited these women to share their experiences, beliefs, and perceptions about COVID-19 as well as their insight on effective outreach strategies.

KEY FINDINGS

- **There is lots of fear and mistrust in the community** about both COVID infections and vaccines. Common words to describe COVID - related experiences include "fear", "stressed out", "scared", "freedom (limitations on freedom)", or "confused".
- **Not being vaccinated does not always mean that women do not take the impact of COVID seriously.** Rather, oftentimes, they decide against getting vaccinated because they fear the unintended side effects of vaccines, and they are concerned about how it may impact their pregnancy and their breastmilk. Some also reject the vaccines because they are injections.
- **Quarantining, masking, and following a healthy lifestyle (vitamins, diet) are perceived as safer ways** of keeping their family and themselves safe from COVID. Women expressed a strong interest in **seeing more information and messages on preventative measures, not vaccination.** These measures also include keeping newborns safe.
- **There is a variation among women regarding the information they received about COVID-19 vaccines** while pregnant. Some unvaccinated pregnant women also feel that they are being judged and disrespected for not getting the vaccine by health care professionals. **They indicated this contributed to not getting vaccinated.**
- **Immunity through COVID infection** is another reason why some decide against vaccination.
- Some view **the focus on hospitalization and death rates as part of the public health messaging to increase vaccination rates as a negative** and counterproductive strategy. Such communication and messaging does not encourage them to get vaccinated.



KEY FINDINGS CONT.

1. **The circle of trust for Black and Hispanic women starts with their community**, and that is where they turn to for information about COVID-19-related topics. It is important for women to be involved in decisions about their own body and health. They cited this a primary reason they want to do their own research about health-related decisions, including COVID-19.
2. **Women are concerned about the vaccine production timeline and distribution** and are distrustful of the vaccine because of this. Hearsay surrounding potential vaccine mandates is also a barrier to vaccination--**women do not want to be told what to put into their bodies**.
3. **Providers are also a key source of information for COVID-related topics** However, frequent conversations about vaccinations make women feel as they are not being heard. Women who were explicit with their providers about not getting vaccinated would prefer if their providers did not bring vaccination up too frequently.

4. Women want to have a trusted and personal relationship with their provider **before** discussing COVID-19 with them, **A relationship that is respectful and personal (persistent, but not judgmental)** is more favorable than the current impersonal vaccine promotion efforts.

5. **Current COVID-19 messaging is confusing.** Women feel that it is difficult to get clear, non-conflicting recommendations surrounding social distancing, mask-wearing, variants, getting sick while being vaccinated, etc.

6. Information about COVID-19 early on (around winter 2020) was present in the communities, **but it only became real when everyday life became impacted** (i.e. school shutdowns, etc.).

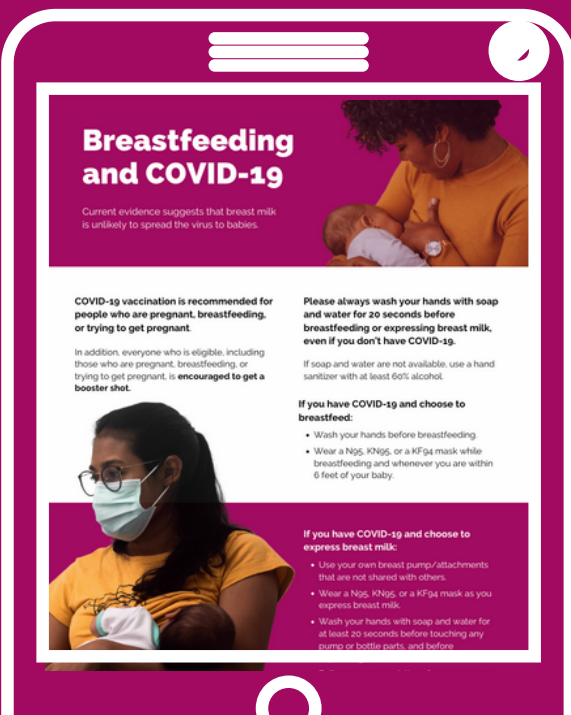
MESSAGING TECHNIQUES

LOCAL MEDIA

Local media is a dominant source of information, but participants recommended other ways of messaging that they find effective – advertising in local stores, businesses, utilizing billboards, empty boards.

CANVASSING

Some women feel uncertain about opening doors to canvassers. Some of the reasons include suspicion of false canvassers or regarding their time at home family time. Those who expressed hesitancy feel more comfortable with community events at churches, parks, etc., or over Zoom.



BREASTFEEDING GUIDE AND KEEP YOUR BABY SAFE GUIDE

Visuals such as color contrasts, and Black breastfeeding mothers help explains the topic and helps someone to relate to the topics and follow recommendations. Language that is accessible for all is preferred.

Women prefer to see preventative measures (non-vaccines- social distancing, hand washing, masks) in the center. Several women expressed that it was new information for them that it is OK to breastfeed while having COVID with using sufficient precautions.

PARTICIPANT PERSPECTIVES

- **“When I heard about COVID the first time, not many of us really took it seriously.** I was currently pregnant at the time, and then boom! March happened. I did go into a panic attack.”
- “I said, well I’m actually gonna have my baby at home, so **I feel less stressed. I’m not gonna be around people who are sick.**”
- “What really made me get the vaccine was the fact that **I had a family member who got infected.**”
- “When providers ask about getting the COVID-19 vaccine multiple times--you know, it just kind of makes you feel like, **“Are you guys not listening?”**”
- “When I go to a doctor’s office, obviously, the first question is: Have you been vaccinated for COVID? **It’s never: Have you been vaccinated for anything else?”**”
- **“What good is it [vaccine] if they get sick, and they keep getting sick after getting vaccinated and still getting bad coughs, and different things?”**
- “I wanted to take pills [pills instead of COVID-vaccination]. **I just don’t like needles.**”



“I’m okay with my children getting them [childhood vaccinations required for school] because I know I have them.

Those have been around for some time, so they’re time tested, which is the evidence I need to see to say: **“- It’s okay to be given to my children.”**

PARTICIPANT PERSPECTIVES CONT.

- “I was really **strict about people coming over**, and so that was something that a lot of people in my family and **in my boyfriend's family took kind of to heart**. But I wanted them to understand that it's a serious matter even though I appreciate the love and everything. It's just, **I couldn't risk it because she's so little** and so, what I had to do was personally put a sign out front, and, I mean it was to the point I wanted to be very blunt but also, polite.”
- “I feel like the way you **take care of your body will determine how sick you get**”
- “At the end of the day, **all individuals have their own personal validation** of saying well, I only want it because of this, and I only don't want it because of that.”
- “But when I check in at my doctor's office and they do the initial questions (Have you been in contact with anybody within 14 days of COVID? Have you been vaccinated?), and when I say “no”, **I get the dirtiest looks from the nurses.**”
- “The first words that come to mind about COVID are: **Serious, real, and global.**”



“I am trying to keep my distance because **I want to be safe, and I want to keep her healthy.**”



CONCLUSIONS

The messages we hear from these conversations are two-folded: first, mothers want what is best for their babies and for their own bodies. Second, women want to be listened to before they consider taking advice.

Prioritizing community conversations with women, especially with pregnant women, can have a multigenerational impact on the well-being and health outcomes of communities.

Stakeholders, such as health plans, CBOs, or public health partners should build these insights into their outreach and public health education strategies.

NOTICE : Please do not distribute this without BWPC's approval.

To learn more, visit: www.blackwpc.org

