Equitable Prenatal Care: Preparing for Future Maternal RSV Vaccinations

SYLLABUS & COURSE GUIDE

A Free, 60-Minute Live Activity

Premiere Date: Wednesday, December 6, 2023

6:30 PM - 7:30 PM ET

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Faculty:
Tina Q. Tan, MD, FAAP, FIDSA, FPIDS (Moderator)
Kevin A. Ault, MD, FACOG, FIDSA
LaToshia Rouse, CD/PCD(DONA)

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Information for Participants

Statement of Need

Routine prenatal vaccine administration, such as that of influenza or tetanus, diphtheria, and acellular pertussis (Tdap), is a cornerstone of prenatal care and an important part of public health efforts to prevent disease. Respiratory syncytial virus (RSV) is a highly contagious virus that can result in severe respiratory complications, and infants, especially those younger than age 1, are particularly vulnerable to the dangers of RSV. While all infants can be exposed to and affected by RSV, underserved communities that experience systemic disadvantages face greater barriers to health care access. Uptake of prenatal vaccination in the United States remains low and a powerful educational initiative that provides expert analysis of the available data for maternal RSV vaccination is needed.

In this CMEO Webcast, expert faculty will discuss strategies to evaluate the latest data for RSV maternal vaccination, assess the impact of RSV disease on infants, pregnant individuals, and the health care system at large, particularly among underserved populations, and integrate actionable strategies to address real-world implementation-related challenges of maternal RSV vaccination, with a focus on guidelines and tools to overcome barriers to access.

Learning Objectives

At the conclusion of this activity, learners will be able to better:

- Evaluate the latest data for RSV maternal vaccination including protection for infants from severe RSV infections.
- Assess the impact of RSV disease on infants, pregnant individuals, and the health care system at large, particularly among underserved populations.
- Integrate actionable strategies to address real-world implementation-related challenges of maternal RSV vaccination, with a focus on guidelines and tools to overcome barriers to access.

Financial Support

This activity is supported by an educational grant from Pfizer, Inc.

Target Audience

OB/GYNs, family medicine physicians, maternal-fetal medicine specialists, nurse midwives, doulas, community health workers, nurse practitioners (NPs), nurse navigators, and physician associates (PAs)

Credit Information

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This activity was planned by and for the healthcare team, and learners will receive 1.0 Interprofessional Continuing Education (IPCE) Credit for learning and change.

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Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 1.0 medical knowledge MOC point in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

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Completion of this accredited CME activity meets the expectations of an Accredited Safety or Quality Improvement Program (IA_PSPA_28) for the Merit-based Incentive Payment Program (MIPS). Clinicians should submit their improvement activities by attestation via the CMS Quality Payment Program website.

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Dr. Tan reports the following financial relationships:
Grants: AstraZeneca and GSK
Consultant: GSL; ILiAD Biotechnologies; Merck & Co., Inc.; Moderna, Inc.; Novavax; Pfizer Inc.; and Sanofi Pasteur

Dr. Ault reports no financial relationships to disclose.

Ms. Rouse reports no financial relationships to disclose.

Disclosures were obtained from the following peer reviewer and CME Outfitters, LLC, staff, with no disclosures to report:

- Rebecca Vargas-Jackson, MD (peer reviewer)
- Shirley Michelle Franks, MSN, APRN, FNP-BC (peer reviewer)
- Evan Luberger (planning committee)
- Erin Spencer (planning committee)
- Susan H. Yarbrough, CHCP (planning committee)
- Sandra Caballero, PharmD (planning committee)
- Sharon Tordoff (planning committee)

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Faculty Bios

TINA Q. TAN, MD, FAAP, FIDSA, FPIDS (MODERATOR)

Attending, Division of Infectious Diseases
Medical Director, International Patient and Destination Services Program
Vice-President, Lurie Medical/Dental Staff
Ann & Robert H. Lurie Children's Hospital of Chicago
Professor of Pediatrics
Northwestern University Feinberg School of Medicine
Chicago, IL
President-Elect, Infectious Diseases Society of America Board of Directors

Tina Tan, MD, FAAP, FIDSA, FPIDS, is Professor of Pediatrics at the Feinberg School of Medicine, Northwestern University; and a Pediatric Infectious Diseases attending, Medical Director of the International Patient and Destination Services Program (IPS), co-Director of the Pediatric Travel Medicine Clinic; and Director of the International Adoptee Clinic at Ann & Robert H. Lurie Children's Hospital of Chicago, Chicago, Illinois. She is currently serving as the Vice President of the Lurie Children's Hospital Medical/Dental Staff. She is board certified in Pediatrics and Pediatric Infectious Diseases.

Dr. Tan recently served as a member of the Board of Directors of the Infectious Diseases Society of America (IDSA – 2017-2020) and in 2022 was elected as the Vice-President and President elect of the Board of Directors of IDSA. She also served as the chairperson of the IDSA Committee on Diversity, Inclusion, Access & Equity (2017-2022). She has served as Chairperson of the American Academy of Pediatrics (AAP) Section on Infectious Diseases (SOID – 2014-2018) and as a member of the AAP Committee on Infectious Diseases (COID – Redbook Committee – 2010-2018). She currently serves as chairperson of the: AAP Global Immunization Advocacy Project Advisory Committee and is a Technical Advisor for the AAP/CDC Global Immunization Advocacy Project. She is a member of the AAP Antimicrobial Resistance and Stewardship Workgroup – Education Subcommittee, AAP Expert Pertussis Cocooning Advisory Committee, and is a liaison to the CDC ACIP Pertussis Working Group and Polio Working Group and to the Illinois Chapter of the AAP OB/GYN Immunizations and Pregnancy Outreach Committee. She is a member of the American Board of Pediatrics (ABP) Global Health Task Force Dissemination and Advocacy Work Group. Dr. Tan is a member of the Board of Scientific Counselors, Office of Infectious Diseases, Centers for Disease Control and Prevention (CDC) where she serves as co-Chair of the AFM Task Force and the Vaccine Confidence Task Force. She served as a member of the Advisory Commission on Childhood Vaccines of the US Department of Health and Human Services (2016-2019) and as a member of the Vaccine and Related Biologic Products Advisory Committee (VRBPAC) of the Food and Drug Administration (FDA) (2019-2022).

Dr. Tan is the Editor-in-Chief of *Contemporary Pediatrics* and the American Academy of Pediatric's *Redbook Atlas of Pediatric Infectious Diseases* and the *Redbook*: *A Quick Diagnostic Deck*. She serves on the editorial boards of the *Journal of the Pediatric Infectious Diseases Society* (Official Journal of the Pediatric Infectious Diseases Society - PIDS), *Internal Medicine Reviews*, and *Vaccines*.

Dr. Tan is the Co-Chairperson and US Representative to the International Steering Committee of the Global Pertussis Initiative (GPI); a member and consultant to the Steering Committee of the Latin America Without Pertussis Initiative (PAHEF, SLIPE); a member of the Expert Pertussis Core Team for Latin America & the Caribbean: Pertussis Action Plan 2020; a member of the Board of Directors of the World Association of Infectious Diseases and Immunological Disorders (WAidid); and a member of the US National Pertussis Task Force (AAP and Every Child by Two).

Dr. Tan's interests include pertussis disease and vaccines, pneumococcal disease and vaccines, CA-MRSA infections, antibiotic resistance, vaccines and vaccine preventable diseases, general infectious diseases, vaccination of cancer patients with routinely recommended adult preventative vaccines, and vaccine education for healthcare providers and patients.

KEVIN A. AULT, MD, FACOG, FIDSA
Professor and Chair
Department of Obstetrics and Gynecology
Western Michigan University Homer Stryker M.D. School of Medicine
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Kevin A. Ault, MD, FACOG, FIDSA, is Professor and Chair of the Department of Obstetrics and Gynecology at the Western Michigan University Homer Stryker M.D. School of Medicine. Dr. Ault is a former member of the CDC's Advisory Committee on Immunization Practice and is an author on current guidelines concerning maternal immunization, including RSV.

LATOSHIA ROUSE, CD/PCD(DONA)
Certified Doula and Patient Engagement Consultant
Owner of Birth Sisters Doula Services
Raleigh, NC

LaToshia Rouse is a certified birth and postpartum doula/owner of Birth Sisters Doula Services, as well as a Patient and Family Engagement Consultant. She contracts with Institute of Patient and Family Centered Care (IPFCC), the University of Chapel Hill and several organizations to offer her expertise in patient engagement, doulas, and equity. Her journey began as a patient partner 10 years ago, after having triplets at 26 weeks gestation via an emergency vaginal delivery. Early on, LaToshia's work focused on bringing the parent perspective to the newborn intensive care unit (NICU) and antepartum improvement committees at WakeMed Health and Hospitals, including serving as a member of the NICU's Vermont Oxford Network (VON) team. LaToshia has served as a subject matter expert and expert team member for the National Network of Perinatal Quality Collaboratives (NNPQC), American Board of Pediatrics (ABP), American College of Obstetricians and Gynecologists (ACOG), and many other organizations.

Ms. Rouse's work has spanned all levels of healthcare, with work in research, policy, executive committee level, and board of directors with the American Board of Pediatrics (ABP) and the National Institute for Children's Health Quality (NICHQ). She worked on policy with the North Carolina Institute of Medicine's (NCIOM) Maternal Health Taskforce and worked on policy as Co-Chair of the NCIOM's Taskforce on the Perinatal System of Care in 2019. Her measurement work started in 2020, with the Maternal and Child Health-Measurement Research Network where she Co-Chairs the Equity Committee for the project. She is also a Co-Chair of the (National Network of Perinatal Quality Collaboratives) NNPQC's Executive Committee. LaToshia completed her Diversity and Inclusion Certification at Cornell University to further impact equity for families, moms, and babies. The opportunity to sit on National Committee for Quality Assurance (NCQA)'s HEDIS and Health Equity Expert Work Group has been one of those opportunities. In reflecting on the work she's engaged in over the last number of years, LaToshia's passion is finding ways for clinicians and patients to have a true partnership and improve outcomes.

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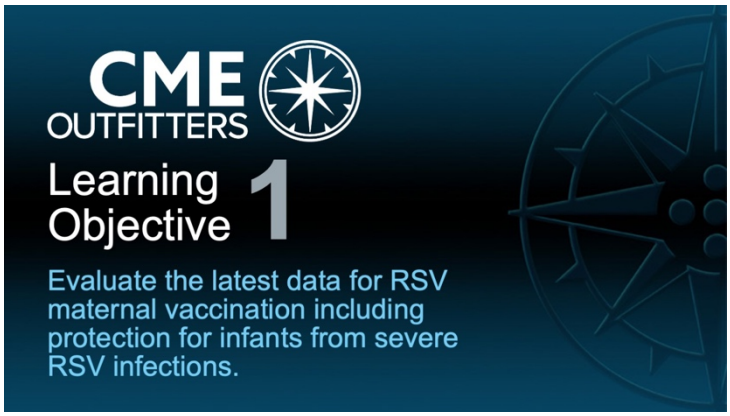
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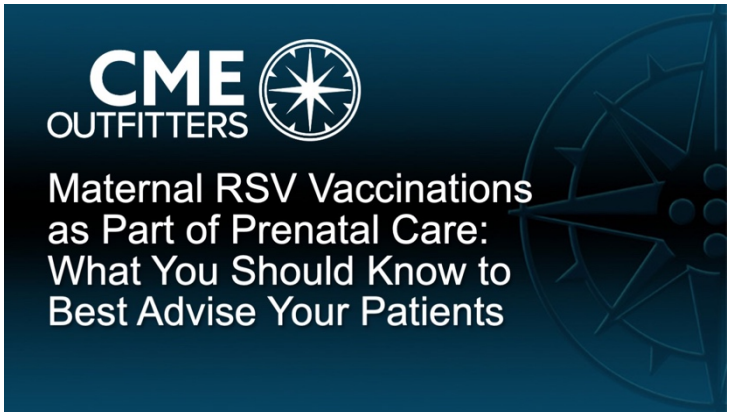
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Learning Objective 1
Evaluate the latest data for RSV maternal vaccination including protection for infants from severe RSV infections.


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Maternal RSV Vaccinations as Part of Prenatal Care: What You Should Know to Best Advise Your Patients

Audience Response

Which of the following agents is an FDA-approved RSV vaccination for pregnant people?

A. RSVPreF vaccine (Abrysvo)
B. RSVPreF3 vaccine (Arexvy)
C. Nirsevimab (Beyfortus)
D. I don't know

Generic and Brand Names for RSV Immunizations

Brand names will also be used in this activity to differentiate among the available RSV immunizations

Immunization Name	Group FDA-Approved for			
	32-36 weeks gestation	≥ 60 years	Neonates and infants	Children ≤ 24 months
RSVPreF vaccine (Abrysvo)	✓	✓		
RSVPreF3 vaccine (Arexvy)		✓		
Nirsevimab (Beyfortus)			✓	✓

Abrysvo™ (RSVPreF vaccine) [package insert]. New York, NY. Pfizer, Inc. https://www.fda.gov/media/168889/download; Arexvy™ (RESVPreF3 vaccine) [package insert]. Rixensart, Belgium. GlaxoSmithKline Biologicals. https://www.fda.gov/media/167805/download; Beyfortus™ (Nirsevimab) [package insert]. Swiftwater PA: Sanofi. 2023. https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/761328s000lbl.pdf.

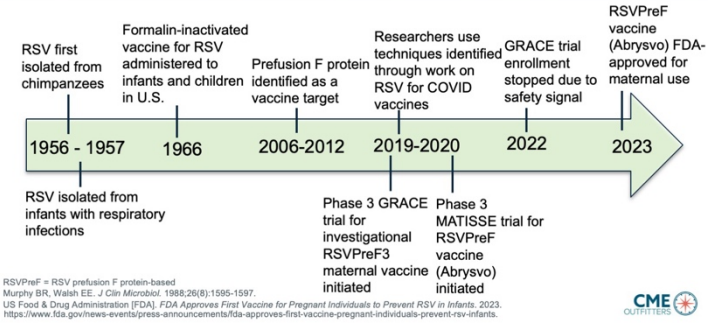
RSV in Infants and Young Children

Overall Estimates of RSV-associated Hospitalization Rates by Age	
Infants < 1 month	25.1 per 1000
Infants < 6 months	14.7 per 1000
Infants < 1 year	19.4 per 1000
Children < 5 years	2.9 per 1000

- In the U.S., RSV is the **leading cause of hospitalizations** in the first year of life
- RSV is highly contagious
- Management after infection is largely supportive, thus need for prevention – especially in high-risk populations
- RSV can result in severe and life-threatening complications

RSV = respiratory syncytial virus
Rha B, et al. *Pediatrics.* 2020;146(1):e20193611; McLaughlin JM, et al. *J Infect Dis.* 2022;225(6):1100-1111.

Vaccination for RSV? Where We Are Now



RSVPreF = RSV prefusion F protein-based
Murphy BR, Walsh EE. *J Clin Microbiol.* 1988;26(8):1595-1597.
US Food & Drug Administration [FDA]. *FDA Approves First Vaccine for Pregnant Individuals to Prevent RSV in Infants.* 2023. https://www.fda.gov/news-events/press-announcements/fda-approves-first-vaccine-pregnant-individuals-prevent-rsv-infants.

Audience Response

One of your patients is presenting to see you at the community health center where you practice. She is 35 weeks pregnant and is "not really interested in getting the vaccines during pregnancy." She is open to a discussion, however, and asks you why it would be beneficial for her to receive the RSVPreF vaccine (Abrysvo) now. Which answer is accurate and individualized for this patient?

A. "The RSVPreF (Abrysvo) vaccine is only moderately effective to reduce RSV hospitalization as compared to nirsevimab (Beyfortus) for neonates, but it is safe and well-tolerated."

B. "The RSVPreF (Abrysvo) vaccine was found to significantly reduce RSV-related hospitalization risks and allows you to provide immunity to your infant from the time of birth."

C. "The RSVPreF (Abrysvo) vaccine was found to significantly the reduce the risk of babies acquiring RSV from the time of birth within the hospital setting only."

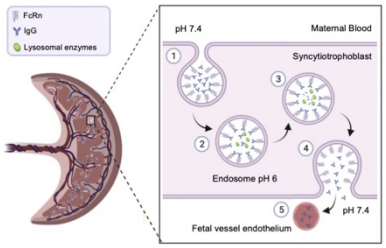
D. "The RSVPreF (Abrysvo) was found to reduce the baby's risk of hospitalization or severe RSV even further when concurrently with nirsevimab (Beyfortus) to the infant after birth."

E. I don't know

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Why Maternal Vaccination?

- Protects pregnant person from infections that they may be more susceptible to in pregnancy
- Protects fetus from congenital infection and harmful effects of maternal infection
- Protects fetus and then infant during the first months of life via placenta transfer of IgG antibodies
- IgA antibodies in mother's breast milk

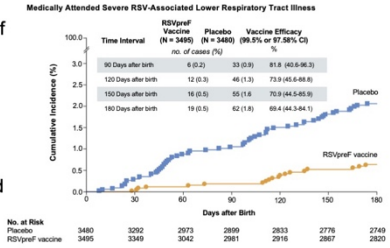


Etti M, et al. *Am J Obstet Gynecol.* 2022;226(4):459-474.

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MATISSE Phase 3 Clinical Trial: Interim Analysis of Efficacy and Safety

- RSVpreF vaccine (Abrysvo) efficacious for primary endpoint of preventing medically attended severe RSV-associated LRTI in infants within 90 and 180 days after birth
- Vaccine efficacy for secondary endpoint, medically attended RSV-associated LRTI within 360 days, was met, but not for second primary endpoint of 90 days
- Efficacy for hospitalization through 180 days after birth was met



Kampmann B, et al. *NEJM.* 2023;388(16):1451-1464.

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MATISSE Phase 3 Clinical Trial: Interim Analysis of Efficacy and Safety

- Local reactions were more common in recipients of the vaccine than placebo
- Percentages of systemic events observed, including adverse events of the mother, aside from muscle pain and headache, and infant after birth, were similar between vaccine and placebo groups
- No serious adverse events in infants were considered by investigators to be related to the vaccine

Adverse event	RSVPreF (Abrysvo) group	Placebo group
Injection-site pain	41%	10%
Muscle pain	27%	17%
Headache	31%	28%
Events (any) within 1 month after injection	13.8%	13.1%
Preeclampsia	1.8%	1.4%
Premature delivery	0.8%	0.6%
Infant events (any) within 1 month after birth	37.1%	34.5%

Kampmann B, et al. *NEJM.* 2023;388(16):1451-1464.

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RSV Vaccination for Pregnant People

FDA	ACOG	CDC
The US FDA approved the RSVpreF vaccine (Abrysvo) for active immunization of pregnant individuals at 32 through 36 weeks gestational age, for prevention of RSV-associated LRTD/severe LRTD in infants from birth through 6 months	ACOG recommends a single dose of RSVpreF vaccine (Abrysvo) for pregnant individuals between 32 0/7 and 36 6/7 weeks of gestation in the RSV season; RSV can be administered at the same time as other vaccines that are routinely administered during pregnancy	CDC recommends RSVPreF vaccine (Abrysvo) for people who are 32-36 weeks pregnant in the RSV season

Of note, RSVPreF3 (Arexvy) vaccine is *not* FDA-approved or recommended for maternal use to prevent LRTD from RSV in infants

ACOG = The American College of Obstetricians and Gynecologists; CDC = Centers for Disease Control and Prevention
Centers for Disease Control and Prevention (CDC). Respiratory Syncytial Virus Infection (RSV). 2023. https://www.cdc.gov/rsv/clinical/index.html#:~:text=CDC%20recommends%20RSV%20vaccines%20to,to%20the%20baby%20after%20birth.

Audience Response

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Learning Objective 2

Assess the impact of RSV disease on infants, pregnant individuals, and the health care system at large, particularly among underserved populations.

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The Realities of RSV: Addressing Disparities in Prenatal Care for Infants, Pregnant Individuals, and Underserved Communities

RSV Epidemiology

- RSV is one of the most common causes of acute respiratory tract infection in people of all ages.
- RSV typically circulates in Fall, Winter, and Spring – usually October to end of March in US.
- Each year in the United States, RSV leads to approximately:
  - 2.1 million outpatient (non-hospitalization) visits among children younger than 5 years of age – vast majority of cases occur in full-term, healthy infants under 6 months of age
  - 900,000-1.4 million outpatient visits among adults 65 years and older
  - 58,000-80,000 hospitalizations among children younger than 5 years of age
  - 60,000-160,000 hospitalizations among adults 65 years and older
  - 6,000-10,000 deaths among adults 65 years and older
  - 100-300 deaths in children younger than 5 years of age

Hall CB, et al. *NEJM*. 2009;360(6):588-598; Rha B, et al. *Pediatrics*. 2020;146(1):e20193611; McLaughlin JM, et al. *JID*. 2022;225(6):1100-1111; McLaughlin MJM, et al. *Open Forum Infect Dis*. 2022;9(7):ofac300; Hansen CL, et al. *JAMA Network Open*. 2022;5(2):e220527.

Risk Factors for Severe RSV Illness

- Premature birth
- Very young infants, especially those ≤ 6 months of age – most cases occur in healthy, term infants in the first 2-3 months of life
- American Indian and Alaskan Native infants and children
- Crowded living conditions
- Persons with chronic lung disease or chronic heart disease
- Persons of any age with a weakened immune system
- Neuromuscular disorders, including those who have difficulty swallowing or clearing mucus secretions
- Older adults ≥ 65 years of age
- Adults living in nursing home or long-term care facility

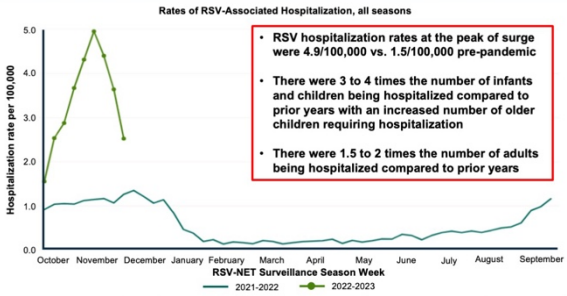
Centers for Disease Control and Prevention [CDC]. RSV in Infants and Young Children. 2023. https://www.cdc.gov/rsv/high-risk/infants-young-children.html; Centers for Disease Control and Prevention [CDC]. RSV in Older Adults and Adults with Chronic Medical Conditions. 2023. https://www.cdc.gov/rsv/high-risk/ older-adults.html#:~:text=Adults%20at%20highest%20risk%20for,Adults%20with%20weakened%20immune%20systems; Atwell JE, et al. *Pediatrics*. 2023;152 (2): e2022060435.

Economic Impact of RSV

- While RSV hospitalization of premature infants can cost up to 5.6 times that of a full-term infant, full-term infants do account for 82% of RSV hospitalizations and 70% of RSV hospitalization costs
- Infants insured through Medicaid were found to be 91% more likely than commercially insured infants to be hospitalized for RSV in their first year of life
- RSV (medically attended care) in infants costs $709.6 million annually
  - Accounts for $187 per overall birth and $227 per publicly funded birth

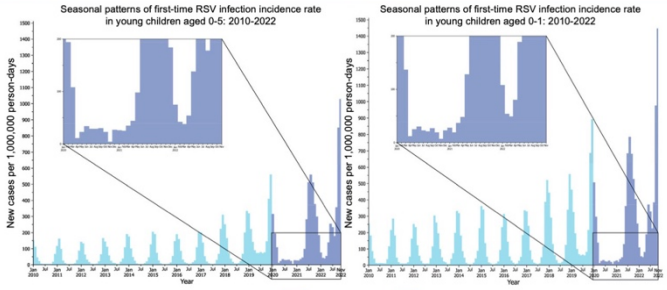
Temple NJ, et al. *Health Equity*. 2017;1(1):96-102.

RSV Hospitalizations

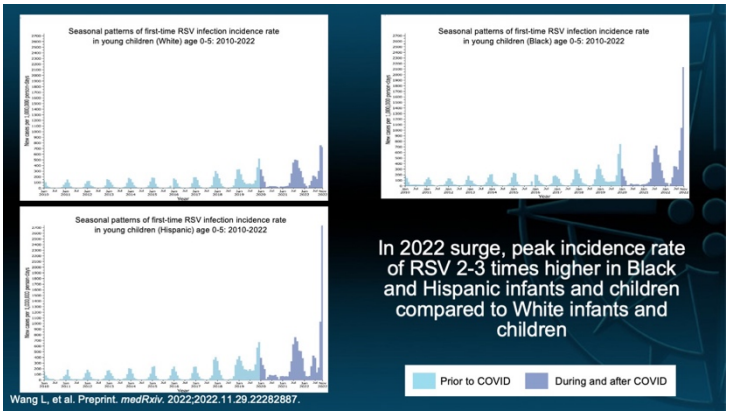


Stein PJ. This Year's RSV Surge: Bigger, Earlier, and Affecting Older Patients Than Previous Seasonal Outbreaks. Clinical Advisor. 2022. https://www.clinicaladvisor.com/home/topics/infectious-diseases-information-center/rsv-surge-tripledemic/.

RSV Cases in Children < 5 Years Old in the US from 2010-2023

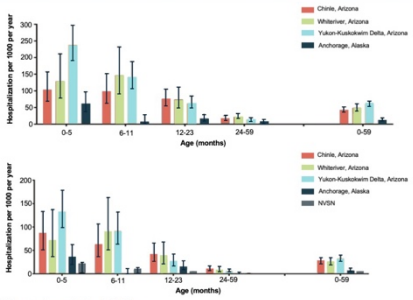


Wang L, et al. Preprint. *medRxiv*. 2022;2022.11.29.22282887.



Wang L, et al. Preprint. *medRxiv*. 2022;2022.11.29.22282887.

RSV Among American Indian (AI) and Alaska Native (AN) Children, Nov 2019 – May 2020



- Active, facility-based surveillance for ARI among hospitalized AI/AN children < 5 years of age living on various reservations in Arizona, Anchorage, and the Yukon-Kuskokwim Delta region of Alaska
- AI/AN Children had hospitalization rates 1.7 to 7.1 times higher than infants of other ethnicities
- Majority of the infants lived in crowded living conditions and 35.3% of the homes had no running water

ARI = acute respiratory infection

Atwell JE, et al. *Pediatrics*;152(2):e2022060435.

RSV Immunization Recommendations by ACIP and CDC Relevant to Pregnant People and Infants

- Advisory Committee on Immunization Practices (ACIP) and CDC recommend that **either maternal RSVpreF (Abrysvo)** vaccine be received during pregnancy, or **nirsevimab (Beyfortus)** be given to the infant after birth, to prevent RSV-associated LRTI – both are not needed for most infants
- RSV Immunizations
  - RSVpreF (Abrysvo) – unadjuvanted bivalent recombinant prefusion F protein (preF) vaccine
    - Given as single dose
    - For use in both **older adults and pregnant people**
  - Nirsevimab (Beyfortus) – monoclonal antibody
    - Indicated for neonates and infants born during or entering first RSV season, or children who remain vulnerable through second season

*Nirsevimab is an immunization for infants/neonates/young children, and is not indicated for maternal RSV vaccination

Food and Drug Administration [FDA]. Respiratory Syncytial Virus (RSV). https://www.fda.gov/consumers/covid-19-flu-and-rsv/respiratory-syncytial-virus-rsv#:~:text=There%20are%20two%20FDA%2Dapproved,vaccine%20is%20right%20for%20you;
Fleming-Dutra KE, et al. *MMWR Morb Mortal Wkly Rep*. 2023; 72:1115–1122.

Audience Response

One of your patients is presenting to see you at the community health center where you practice. She is 35 weeks pregnant and is "not really interested in getting the vaccines during pregnancy." She is open to a discussion, however, and asks you why it would be beneficial for her to receive the RSVPreF vaccine (Abrysvo) now. Which answer is accurate and individualized for this patient?

A. "The RSVPreF (Abrysvo) vaccine is only moderately effective to reduce RSV hospitalization as compared to nirsevimab (Beyfortus) for neonates, but it is safe and well-tolerated."

B. "The RSVPreF (Abrysvo) vaccine was found to significantly reduce RSV-related hospitalization risks and allows you to provide immunity to your infant from the time of birth."

C. "The RSVPreF (Abrysvo) vaccine was found to significantly the reduce the risk of babies acquiring RSV from the time of birth within the hospital setting only."

D. "The RSVPreF (Abrysvo) was found to reduce the baby's risk of hospitalization or severe RSV even further when concurrently with nirsevimab (Beyfortus) to the infant after birth."

CME OUTFITTERS

Audience Response

Which of the following is the most appropriate way to overcome barriers to maternal RSV vaccination in practice?

A. Ensure the patient that there is nothing to fear regarding vaccination

B. Explain, based on health literacy of the patient, what the vaccines are, and why they are important to receive

C. Give the same standardized information about vaccines to all patients

D. Require vaccination discussions for future appointments

E. I don't know

CME OUTFITTERS

Navigating Language Discordance

- ~67.3 million US residents do speak a language other than English at home
- Patients with limited English proficiency experience higher rates of medical error, and immigrants use fewer health care services
- Partner with local community-based organizations
- Share culturally appropriate, credible information in patient's primary language
- Discuss cultural barriers with patients using messaging transcreation techniques
- Assess patient understanding (e.g., teach-back method)

A downloadable resource on RSV/RSV prevention is available as part of this activity (available in English and Spanish)

Milken Institute School of Public Health. Limited English Proficiency and Health Care: How to Support Non-English Speakers. 2021. https://onlinepublichealth.gwu.edu/resources/limited-english-proficiency-health-care-how-to-support/; Agency for Healthcare Research and Quality. Health Literacy Universal Precautions Toolkit, 2nd Edition. 2015. https://www.ahrq.gov/health-literacy/improve/precautions/tool5.html#:~:text=The%20teach%2Dback%20method%20is,a%20manner%20your%20patients%20understand.

CME OUTFITTERS

Faculty Huddle: Guidance on Overcoming Barriers to Maternal Vaccination Uptake

1. Introduce self to patient, explain what patient can expect from consultation
2. Explain, based on health literacy of the patient, what the vaccines are, and why they are important to receive
3. Involve patient in shared decision-making role to the extent that the patient desires
4. Explore any expectations and fears about vaccination
5. Give additional information, in an individualized way, for reassurance based on patient concerns
6. Discuss potential options for moving forward (thinking about decision, coming back to discuss if needed, further information, not pressuring to vaccinate)
7. Check patient's understanding of information presented and expectations of available options

Wilson R, et al. *BMC Public Health.* 2019;19:342.

CME OUTFITTERS

Audience Response

Which of the following is the most appropriate way to overcome barriers to maternal RSV vaccination in practice?

A. Ensure the patient that there is nothing to fear regarding vaccination
B. Explain, based on health literacy of the patient, what the vaccines are, and why they are important to receive
C. Give the same standardized information about vaccines to all patients
D. Require vaccination discussions for future appointments

Key Take Away Points

- RSV can cause serious illness in infants, children, and adults, with those under 2 years of age and ≥ 65 years of age and older being at the highest risk
- Vaccination is the best preventative method of protecting individuals from developing severe RSV lower respiratory tract disease, complications, hospitalizations, and death
- An RSV vaccination and a monoclonal antibody (limited supply of antibody currently) are available and are best methods of providing protection to infants, children, and adults against RSV disease

CME OUTFITTERS

Learning Objective 3

Integrate actionable strategies to address real-world implementation-related challenges of maternal RSV vaccination, with a focus on guidelines and tools to overcome barriers to access.

CME OUTFITTERS

Navigating Implementation-Related Challenges: Overcoming Barriers with Novel Maternal RSV Vaccines

Definition of a Birth Doula



A trained professional who provides continuous physical, emotional, and informational support to a mother before, during and shortly after childbirth to help her achieve the healthiest, most satisfying experience possible.

DONA International. https://www.dona.org/what-is-a-doula/.

CME OUTFITTERS

Tools to Support Understanding



- Shared decision making
- BRAIN Tool
- Culturally appropriate motivational interviewing

CME OUTFITTERS

Early Conversations



- Have you been taking a childbirth education class?
- What are some of the key areas of interest?
- Have you started thinking about vaccinations?
- Please remember, I am here to help get you the information you need.

CME OUTFITTERS

BRAIN Tool



When interventions are introduced, use your B.R.A.I.N.

B- Benefits
R- Risk
A- Alternatives
I- Intuition
N- No/ Not at all/ No right now

Centre for Collaboration, Motivation, and Innovation [CCMI]. 2016. https://centrecmi.ca/2017/08/15/using-the-brain-worksheet-for-informed-decision-making/.

CME OUTFITTERS

Motivational Interviewing

R	**RESIST** telling what to do: Avoid telling, directing, convicing about the right path to good health
U	**UNDERSTAND** their motivation: Seek to understand – their values, needs, motivations, abilities, potential barriers to behavior change
L	**LISTEN** with empathy: Seek to understand – their values, needs, motivations, abilities, potential barriers to behavior change
E	**EMPOWER** them: Work to set achievable goals and identify techniques to overcome barriers

Hall K, et al. *Aust Fam Physician*. 2021;41(9):660-667.

SMART Goals

Specific, **M**easurable, **A**ttainable, **R**elevant, **T**imely

- Evaluate available phase 3 clinical trial data for RSV vaccines, particularly from the MATISSE trial behind the FDA-approval of the only maternal RSV vaccine (Abrysvo)
- Make a strong recommendation for eligible pregnant patients, who are at 32 – 36 weeks' pregnant during RSV season (often considered September – January) to receive the maternal RSV vaccine
- Use techniques such as motivational interviewing to encourage pregnant patients to receive recommended vaccines, such as the maternal RSV vaccine, that have been shown to improve health outcomes

CME OUTFITTERS

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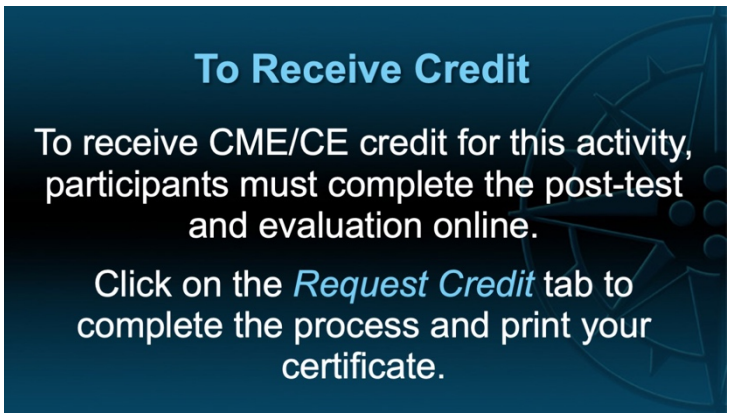
Please include the faculty member's name if the question is specifically for them.

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AFTER THE SHOW

Questions & Answers


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