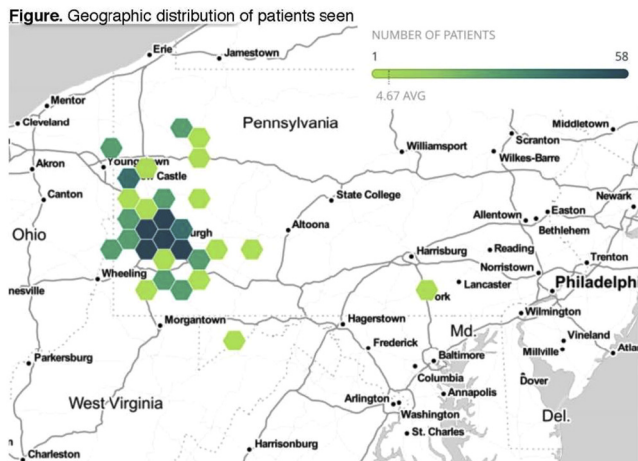




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1068 Vaccination beliefs and attitudes of lactating women during the SARS-CoV2 pandemic

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OBJECTIVE: Vaccine hesitancy has been demonstrated among pregnant and lactating people in the setting of influenza or pertussis vaccination. Exclusion of these persons from SARS-CoV2 clinical trials has led to uptake disparities. In this study we examined attitudes of lactating women on maternal SARS-CoV2 vaccination.

STUDY DESIGN: We administered a cross-sectional survey to lactating women in Southwestern Pennsylvania. Statements assessed vaccine attitudes and questions evaluated medical and social influences on decision-making. Associations between vaccine beliefs and timing (pregnancy or postpartum) were analyzed by multivariate logistic regression.

RESULTS: All 73 respondents received ≥ 1 SARS-CoV2 vaccine before survey completion, with 30% (n=22) vaccinated in pregnancy and 70% (n=51) in lactation. See Table 1 for demographics. Participants reported vaccine counseling from obstetricians (n=34; 67%) and pediatricians (n=20; 39%). Only 70% (n=51) reported provider counseling that SARS-CoV2 vaccination is safe/beneficial to mother and infant. Nearly half (n=17; 47%) were encouraged by providers to seek SARS-CoV2 vaccination, but 28% received information without clear vaccine recommendation. 94% of respondents reported confidence on maternal vaccine safety, but a significant amount reported doubts on vaccine efficacy and 11% expressed concern on SARS-CoV2 vaccine safety (Table 2). Women vaccinated postpartum were more likely to believe vaccines cause serious side effects (OR:11, p=.01) and consider pediatricians key to their vaccine decisions (OR:3, p=.03). Moreover, those vaccinated postpartum had a higher likelihood of believing SARS-CoV2 infection is dangerous for people who have recently given birth (OR:11, p=.03).
CONCLUSION: Despite prior vaccination against SARS-CoV2, a significant portion of peripartum respondents cited concern over vaccine side effects and lack of directive counseling from providers. Moreover, gaps in vaccine safety were present in those vaccinated antepartum or postpartum. Our results show gaps in vaccine literacy persist in this group and may contribute to vaccine uptake disparities.

Table 1. Respondent demographics

Characteristic	Frequency (%) N=73
Race	
White	66 (90.4)
Black or African American	1 (1.4)
Asian	4 (5.5)
Other	1 (1.4)
Unknown/prefer not to answer	1 (1.4)
Age (years)	
<25	0
25-30	7 (9.6)
30-35	32 (43.8)
35-40	32 (43.8)
>40	2 (2.7)
Marital status	
Single	1 (1.4)
Married	68 (93.2)
Domestic partner	3 (4.1)
Other/prefer not to answer	1 (1.4)
Educational attainment	
Some high school or high school graduate/GED	0
Some college credit	1 (1.4)
Bachelor's degree (BA, AB, BS)	28 (38.4)
Master's degree (MA, MS, MSW, MBA)	31 (42.5)
Doctorate (PhD, EdD) or professional degree (MD, DDS, DVM, LLB, JD)	13 (17.8)
Employment in healthcare	27 (37.0)
Vaccine completion	73 (100)
Vaccine timing	
Antepartum	22 (30.1)
Postpartum	51 (69.9)
Vaccine type (n = 72)	
Pfizer	38 (52.8)
Moderna	30 (41.7)
Johnson & Johnson (Janssen)	4 (5.6)
AstraZeneca	0
Other	0

Table 2. Select survey responses

Question	Frequency (%)
Vaccine counseling source (choose all that apply; n=51)	
PCP (primary care provider)	9 (17.6)
Obstetric provider (pregnancy doctor or practitioner)	34 (66.7)
Pediatric provider	20 (39.2)
Nurse	2 (3.9)
Other healthcare provider	8 (15.7)
Provider counseling (choose all that apply; n=51)	
Vaccination as soon as possible, regardless of breastfeeding status	26 (51)
Vaccination because of potential benefit to infant (e.g. passive immunity through breastmilk)	25 (49)
Finish breastfeeding before vaccination, or pause/stop breastfeeding after vaccination	0
No recommendation given (information only)	14 (27.5)
Vaccine efficacy statements (n=72) [Strongly agree, agree]	
Vaccines can cause the disease against which they are designed to protect	6 (8.3)
Vaccines can produce serious side effects	25 (34.7)
Vaccines can overload the immune system	5 (6.9)
Vaccine safety statements (n=72) [Strongly agree and agree]	
Vaccines are carefully tested before being offered to the public	69 (95.8)
Vaccines approved for use in pregnant and postpartum people are safe for:	
Breastfeeding/lactating people	68 (94.4)
Breastfeeding babies (n=71)	69 (95.8)
COVID-19 vaccines were rigorously tested before they were approved for use	59 (81.9)
COVID-19 vaccines given to breastfeeding/lactating people are safe for:	
Breastfeeding/lactating people	64 (88.9)
Breastfeeding babies	65 (90.3)

1069 Spontaneous obstetric anal sphincter injury among nulliparous women with non-operative vaginal delivery: Modifiable risk factors?

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