



Perinatal Neonatal Quality Improvement Network of Massachusetts Best Practices for Obstetric Providers

Best Practices for COVID-19 Vaccination in the Perinatal Period for Clinicians



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Introduction

COVID-19 is associated with severe disease and adverse outcomes during pregnancy. All pregnant and postpartum people should be vaccinated against COVID-19. Yet, as of January 15, 2022, only 42.6% of pregnant people have been fully vaccinated, compared to 75.7% of the total US population.

The Perinatal Neonatal Quality Improvement Network of Massachusetts (PNQIN) aims to improve rates of delivery of COVID-19 vaccinations to pregnant and postpartum people and their families. One approach is by providing institutions with a guide to best practices for obstetric COVID-19 vaccination. PNQIN has compiled and expanded upon recommendations from the Centers for Disease Control and Prevention, the American College of Obstetricians and Gynecologists (ACOG), and the Society for Maternal Fetal Medicine, to develop a guide for providers.

In this guide, we include centralized guidance and best practices surrounding health equity, and vaccine administration and counseling. This guide also includes helpful tips for providers and a list of trusted resources that provide additional information.

While much of this guidance is focused on the outpatient setting, this guidance applies to all entries and levels of care and within all contexts—communities to outpatient clinics to inpatient care. We hope you find this document helpful in navigating vaccination for pregnant and lactating populations.

Health Equity Considerations

- Communities of color are disproportionately impacted by the COVID-19 pandemic and are more likely to suffer from severe illness due to COVID-19
- As providers and community members, we must **strive for equitable vaccine access**
- When counseling, it is essential to:
 - Be aware of historical and current injustices that may foster mistrust;
 - Listen and validate fears while addressing and correcting misinformation;
 - Connect and partner with your **local community health centers** who may be offering your patients prenatal care or other healthcare; and
 - Be aware of your **local community partners** and where patients may **access vaccines in their own communities**
 - In Massachusetts, the [Massachusetts Department of Health's Vaccine Equity Initiative](#) is a great resource to connect with local vaccine clinics, community groups, and community leaders
- For more resources on vaccine counseling, posters, and flyers, visit the PNQIN Appendix

Standards for Adult Immunization Practice

The Centers for Disease Control and Prevention (CDC) recommends that providers complete four steps in considering vaccination status and administering vaccines:

1. Assess immunization status of all patients at every clinical encounter;
 2. Strongly recommend vaccines that patients need;
 3. Administer vaccines or refer your patients to a vaccination provider; and
 4. Document vaccines received by your patients.
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1. Perform a Vaccine Needs Assessment for Each Patient
 - At each clinical encounter, providers should assess for COVID-19 vaccine status
 - One way to standardize this process is for clinics to have **vaccine assessment forms at check-in**
 - The Community Preventive Services Task Force recommends **standing orders and protocols** can also be used by the care team to assess vaccine needs and administer COVID-19 vaccines.
 - If you need help with implementing standing orders at your site, please visit: immunize.org/standing-orders
 - **Vaccine prompts in the electronic medical record** can also be very helpful in ensuring that you are assessing vaccine status at each visit.
 2. Vaccine Recommendation (also see “Tips for Obstetric Vaccine Counseling”)
 - a. The CDC recommends using the SHARE approach which includes the following:
 - i. Share the reasons why the COVID-19 vaccine is right for that particular patient (e.g., age, high risk health conditions, occupation, living situation, etc.);
 - ii. Highlight positive experiences with COVID-19 vaccination (personal or in practice) as appropriate to reinforce the benefits and strengthen confidence;
 - iii. Address patient questions and concerns about the COVID-19 vaccine;
 - iv. Remind patients that the COVID-19 vaccination protects them and their loved ones (and, specifically for pregnant women, it protects their baby); and
 - v. Explain the potential costs of getting COVID-19 infection and disease
 - b. Please also see “Tips for Counseling” Section
 3. Vaccination Administration
 - **Recommend and offer** the COVID-19 vaccine **at the same visit**

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- If you don't have the COVID-19 vaccine, it is imperative to still **recommend and refer to a clinic at that visit** (see below on how to refer)
 - Train and educate your staff on vaccine administration
 - Properly [store and handle COVID-19 vaccine](#)
 - Distribute vaccination information statements to patients ([Emergency Use Authorization Fact Sheets](#)). These are available in multiple languages.
 - Ensure proper care for patients by following safety protocols (e.g., allowing patient to sit after vaccination)
 - Follow standard precautions
 - Be [aware and prepared for potential adverse reactions](#)
- [Vaccine Referral \(for sites that don't offer vaccine\)](#)⁵
 - You can find available vaccines in Massachusetts at <https://vaxfinder.mass.gov/>
 - The Massachusetts Department of Health community pages often have community calendars that list clinics in patients' communities.
 - If you refer your patient, it is important to **confirm vaccination status** at next visit!
- 4. [Vaccine Documentation](#)
 - **Record vaccination status** in electronic medical record
 - **Provide documentation** to patients for personal record
 - **Document vaccination** in [Massachusetts Immunization Information System](#), a web-based immunization registry
 - Ensure they complete entire series

[Special Considerations for Obstetric Populations](#)

- COVID-19 vaccination (Pfizer-BioNTech COVID-19 Vaccine and Moderna COVID-19 Vaccine) is **highly recommended** for pregnant and lactating individuals
 - The mRNA vaccines are preferred over the J&J/Janssen COVID-19 Vaccine
 - However, if the patient has a contraindication to administration of one of the mRNA vaccines, or has made an informed choice to receive the J&J/Janssen COVID-19 Vaccine, the J&J/Janssen COVID-19 Vaccine can be administered
- If after counseling patients, they still do not want the vaccine, providers should **document this conversation in the electronic medical record**
- Providers can administer the COVID-19 vaccine at the same time as other routinely administered prenatal vaccines
- ACOG recommends that pregnant people and postpartum patients **also receive booster vaccines** after they've completed their initial vaccination series
- Pregnant patients can receive vaccinations in the [same settings](#) as their non-pregnant peers, including community-based clinics

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- [ACOG also recommends](#) that patients do not need to have a pregnancy test prior to vaccination
- If pregnant patients develop a fever within 48 hours of vaccination, they should take acetaminophen. Fevers that present more than 48-72 hours after vaccination are usually not vaccine-related and could even represent COVID infection.
- For more information on COVID-19 vaccine information, efficacy of available COVID-19 vaccines, safety and side effects, please [see here](#)

[Tips for Obstetric Vaccine Counseling](#)

- Strive for equity (See the “Health Equity Considerations” section)
- As a provider, you can learn about motivational interviewing. In collaboration with the UMass Chan Medical School, PNQIN has developed a motivation interviewing training with a recording that be found here: [train in motivational interviewing to address vaccine hesitancy with PNQIN and UMass Chan Medical School](#). As a Massachusetts provider, you can earn FREE CME credits when you complete the training.
- Key messages for patients:
 - ACOG **strongly recommends** that **pregnant and lactating individuals are vaccinated against COVID-19**
 - Pregnant and lactating people are at higher risk for severe illness and death due to COVID-19 disease compared to the general population
 - Infection is associated with increased risk of maternal severe illness, admission to the intensive care unit, mechanical ventilation, and death
 - Vaccination can occur during any trimester and should ideally happen **as soon as possible**
 - Pregnant patients who receive the COVID-19 vaccine should be educated about and encouraged to **participate in CDC’s V-SAFE program**
- If a patient does not receive the vaccine, this should be **documented clearly in the electronic medical record** and the conversation can be revisited at later visits
- If patients choose to remain unvaccinated, providers should **still encourage the use of hand washing, physical distancing, and wearing a mask**
- For more resources on vaccine counseling, posters, and flyers, visit the PNQIN Appendix

[How can I become a vaccinator in Massachusetts?](#)

- Register with the Massachusetts Immunization Information System (MIIS). Contact miishelpdesk@mass.gov for more information
- Sign and submit the [Massachusetts COVID-19 Program Agreement Form \(MCVP\)](#)

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- Find frequently asked questions [here](#)
- Remember, your strong recommendation of the COVID-19 vaccine is essential for vaccine uptake
- Build your skills and participate in COVID-19 vaccine training modules offered by the CDC
 - Find COVID-19 vaccine training modules [here](#)
 - Other modules that review routine vaccine administration, storage, and handling can be found [here](#)
- [You can find the Emergency Use Authorization COVID-19 Vaccine Fact Sheets here](#)
- You must also report:
 - Daily vaccine supply to vaccines.gov
 - Vaccine related adverse events through the [Vaccine Adverse Event Reporting System \(VAERS\) portal](#)
 - COVID-19 vaccine administration errors even if it doesn't lead to an adverse event
- More information about obtaining vaccine doses, vaccine storage and handling, vaccine reporting, and billing for vaccine administration can be found [here](#)

How can I make sure my institution continues to improve?

- Standardize administration, referral, and documentation of COVID-19 vaccination for your obstetric patients
- Track COVID-19 vaccination rates at your institution over time
- Make sure that your report allows you to stratify by race/ethnicity, and language so you can assess disparities in your population
- Share this report with other providers at your institution
- Engage patients, families, and communities in local QI efforts

Appendix of Useful Resources

Please visit the [PNQIN Resources for Providers, Sites, and Institutions](#) to learn more!