STRONG CHILDREN'S RESEARCH CENTER

Summer Research Scholar

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ABSTRACT

Title: *Changes in COVID-19 Workflow Practices in Obstetric Practices: A quality improvement study*

Background: COVID-19 is a serious infection, especially in immunocompromised individuals including pregnant patients[1] The approved COVID-19 vaccine for pregnant patients increases maternal IgG, providing immunity to the infants[2] Despite its efficacy, the vaccination rate of pregnant women is 73%, as of May 2024, with 13.3% of pregnant women receiving the updated 2023-2024 COVID-19 vaccine[3]. Barriers to COVID-19 vaccination for pregnant women include patient, provider, and system wide issues.

VAXMom COVID is a cluster randomized trial study aimed at increasing maternal COVID-19 immunization rates by disseminated COVID-19 teaching modules at three medical networks, University of Rochester Medical Center (URMC), Rochester Regional Health (RRH), and University of California Los Angeles (UCLA).

Objective: To implement COVID-19 teaching modules in participating OBGYN sites and determine changes in workflow practices, focusing on vaccine communication, strategies for increasing immunization, and putting those strategies in action.

Methods: Baseline phase consisted of determining vaccination rates of pregnant women who gave live births at sites in three practice networks, New York URMC(7), New York RRH(13), and California UCLA(7). Following the conclusion of the baseline phase, the intervention phase utilized a randomized control trial (RCT) allocating practices to either control(10) or intervention(14.) The intervention consisted of modules aimed at educating the importance of COVID-19 vaccination during pregnancy, vaccine communication, and optimization of workflow. At the conclusion of the intervention, a REDCap survey was administered, examining vaccine recommendations, implementation of module teachings, and workflow practices. Open ended questions related to COVID-19 vaccine recommendations were analyzed qualitatively, using thematic analysis. Quantitative data was analyzed through difference in differences between control and intervention survey responses.

Results: The post intervention survey was sent to 199 individuals (all providers and 1 nurse in each practice) with an overall completion rate of 44%. We found that online training in COVID-19 vaccine communication and strategies for increasing COVID immunization overall, did not

in the intervention group emphasized vaccine safety in pregnancy. In addressing vaccine refusal, both groups emphasized one on one conversations and research, however the control group was more likely to reinforce vaccine safety/efficacy.

Conclusion: Changing perceptions and workflow practices about COVID vaccine is challenging for providers and nurses due to factors such as strong patient hesitancy, waning interest in COVID19 infection, and preexisting provider workload. Next steps are to compare COVID-19 immunization rates in practices pre and post intervention and determine if online training modules improved maternal COVID19 immunization rates.

References:
1. Metz TD, Clifton RG, Hughes BL, et al. Association of S1 (s)6a272 >BDC T (. A)5Td (-)Tj 0.33