

Executive Summary of Findings Related to the Attitudes, Beliefs, and Behaviors of Pregnant Women During the H1N1 Flu Season

Results from this poll address key questions about the attitudes, beliefs, and behaviors of pregnant women during the H1N1 flu pandemic. This report summarizes key findings on pregnant women's experiences and behaviors related to H1N1 vaccination and non-pharmaceutical flu prevention behaviors, as well as their information sources, their exposure to messaging about the H1N1 vaccine, and the association between these factors. Results also explore the experiences of pregnant women with H1N1 and treatment, and their beliefs and behaviors related to antiviral medication. This poll was conducted in parallel with a poll of women with infants under 1 year old.

Experiences and Behaviors Related to H1N1 Vaccination

About four in ten (42%) pregnant women got the H1N1 flu vaccine as of the end of February 2010. Among currently pregnant women, 89% received the H1N1 flu vaccine during their pregnancy, while 11% got it before they were pregnant. Pregnant women who were 35 and older, white, had graduated college or more, or who were working were all more likely than their respective counterparts to have gotten the H1N1 flu vaccine for themselves.

Half (50%) of pregnant women who got the H1N1 flu vaccine got it at their obstetrician or midwife's office. Another one in five (20%) received it at a health clinic, 15% received it at their primary care doctor's office, and only 3% of these pregnant women received it at a pharmacy. Another 13% reported getting the H1N1 flu vaccine somewhere else not mentioned.

Half of pregnant women either did not intend to get the H1N1 flu vaccine (37%) or were not sure about getting the H1N1 flu vaccine by the end of March 2010 (13%). These women most often cited safety risks to either their baby (62%) or themselves (59%) as a "major reason" for their position.

Information Sources and Messaging About the H1N1 Vaccine

Sources of information that are most important to pregnant women about keeping themselves and the baby they are expecting healthy from H1N1 flu are their obstetrician or midwife (70% saying "very important" source for this information), and, to a lesser extent, their general doctor (50%), the CDC (42%), and friends or family members employed in the field of health care (39%).

Nearly two-thirds of pregnant women (62%) discussed getting the H1N1 flu vaccine while pregnant with their health care provider. Among those pregnant women who did so, 80% were told that they should get the H1N1 flu vaccine while they are pregnant.

Most pregnant women heard either "a lot" (41%) or "some" (45%) about the H1N1 flu vaccine, and most (82%) knew that the current public health recommendation is for pregnant women to get the H1N1 flu vaccine. Nonetheless, only a third (32%) of pregnant women knew that getting the H1N1 flu vaccine provides protection to their baby against H1N1. Twelve percent (12%) did not believe that this was true and a majority (55%) said that they do not know if it provides protection to their baby against H1N1. In addition, about half (52%) of pregnant women knew

that they were more likely than others to become seriously ill from H1N1. However, almost the same percentage of pregnant women either believed that they were not more likely than others to get seriously ill from H1N1 (13%) or did not know whether pregnant women were more likely than others to get seriously ill from H1N1 (35%).

Two-thirds (67%) of pregnant women believed the H1N1 flu vaccine is safe (26% very, 41% somewhat) for pregnant women to take. However, this percentage was less than the percentage of women who said that the *seasonal* flu vaccine is safe for pregnant women (81%). Further, when asked about the safety of these vaccines for additional populations, the same pattern existed. Fewer pregnant women said the H1N1 flu vaccine is safe than said the seasonal flu vaccine is safe for: 1) women who are breastfeeding (65% v. 77%); 2) children 6 months to 1 year old (61% v. 75%), and, 3) “generally, for most people to take” (79% v. 86%).

Factors Related to the H1N1 Vaccination Decision: Experiences and Attitudes

Several possible explanatory variables had a statistically significant relationship to the uptake of the H1N1 flu vaccine among pregnant women:

- Pregnant women who have received the seasonal flu vaccine since September 2009 were more likely to have gotten the H1N1 flu vaccine than those who did not (74% v. 21%).
- Pregnant women who knew that they are greater risk of becoming seriously ill from H1N1 than the general population were more likely to have gotten the H1N1 flu vaccine than those who did not know or believe this (54% v. 28%).
- Pregnant women who knew that the H1N1 flu vaccine provides protection against H1N1 for their baby were more likely to have gotten the H1N1 flu vaccine than those who did not know or believe this (54% v. 36%).
- Pregnant women who received a recommendation from their health care provider to get the H1N1 flu vaccine while they are pregnant were more likely to have gotten the H1N1 flu vaccine than those who did not receive such a recommendation (65% v. 18%).

Non-Pharmaceutical Flu Prevention Behaviors

Most pregnant women (85%) said that, since the beginning of their pregnancy, they have washed or sanitized their hands more frequently to reduce the chance that they would get H1N1. Fewer pregnant women adopted the other two behaviors asked about as a means of reducing their chance of getting H1N1. Two-thirds of pregnant women (68%) reported taking steps to avoid being near someone who has flu-like symptoms and a third (31%) avoided places where many people are gathered. A quarter (25%) of pregnant women did *all* of these flu prevention behaviors.

The vast majority of pregnant women (90%) said that the H1N1 outbreak has had no impact on their consideration of breastfeeding. Only 8% of pregnant women said the H1N1 outbreak has made them more likely to consider breastfeeding.

Experiences with H1N1 and Treatment

Seven percent (7%) of pregnant women have been sick with an illness they believe was H1N1 since the beginning of their pregnancy.

Pregnant women who have not been sick with H1N1 were given a hypothetical scenario in which they did become sick with H1N1 flu and were asked how they would respond:

- A majority (59%) would contact their health care provider right away when they first had flu-like symptoms. However, a third (33%) would contact their health care provider after a few days of having flu-like symptoms and 8% would not contact their health care provider at all.
- If they had a fever during this time, 73% say they would take acetaminophen to reduce their fever, while 21% would take no medicine.

Pregnant women who knew that they were at greater risk of becoming seriously ill from H1N1 were more likely to say:

- that they would contact their health care right away when they first had flu-like symptoms than those who did not know or believe this (67% v. 50%).
- that they would take acetaminophen, also known as Tylenol, to reduce their fever, if they became sick with H1N1 than those who did not know or believe this (82% v. 64%).

Beliefs and Behaviors Related to Antiviral Medication

Two-thirds (67%) of pregnant women viewed antiviral medication as either “very” (9%) or “somewhat safe” (58%) for pregnant women who are sick with H1N1. Also, a majority (59%) of pregnant women said that antiviral medication is safe (8% very, 51% somewhat) for women who are breastfeeding and sick with H1N1.

When pregnant women who have not been sick with H1N1 were asked about a hypothetical scenario in which they did become sick with H1N1:

- Three-quarters (77%) said they would take antiviral medication while pregnant if their health care provider recommended that they do so. However, one in five (22%) said they would not take antiviral medication while they are pregnant, even if their health care provider recommended it.
- Most (82%) pregnant women who said that they would not take antiviral medication if their health care provider recommended it said that safety risks to their baby would be a “major reason” for their decision.

Pregnant women holding two beliefs were more likely than their counterparts to say they would not take antiviral medication if they became sick with H1N1, even if their health care provider recommended that they do so:

- Pregnant women who did not know or did not believe that they are at greater risk of becoming seriously ill from H1N1 vs. those who did know (28% v. 15%).
- Pregnant women who think that antiviral medication is not safe for pregnant women vs. those who think that antiviral medication is safe for such women (52% v. 8%).