Q&A: Ob-gyn is working to sway vaccine-hesitant pregnant patients

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The COVID-19 mRNA vaccines do not increase risk of miscarriage, according to a Centers for Disease Control and Prevention (CDC) analysis of data from the pregnancy registry of its v-safe after vaccination health checker surveillance system.

Data previously collected from three other vaccine-safety registries also shows that the benefits of receiving a COVID-19 vaccine “outweigh any known or potential risks” from the immunization during pregnancy, according to the CDC.

The new data prompted the agency to issue this comprehensive statement:

“COVID-19 vaccination is recommended for all people aged 12 years and older, including people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future. Pregnant and recently pregnant people are more likely to get severely ill with COVID-19 compared with non-pregnant people. Getting a COVID-19 vaccine can protect you from severe illness from COVID-19.”

Andrea Garcia, MPH, the AMA’s director of science, medicine and public health, gave a succinct explanation of what this means.

“We’ve seen CDC move from a permissive ‘pregnant people can be vaccinated,’ to pregnant people should be vaccinated,” Garcia said during a recent episode of the “AMA COVID-19 Update” discussing COVID-19 vaccine numbers and trends.
Similarly, the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM) recently issued a joint statement that both highlighted the new safety data on vaccines and pregnancy and called attention to the low vaccination rate among pregnant individuals.

In fact, ACOG is encouraging its members to “enthusiastically recommend vaccination” to their patients, emphasizing the known safety of the vaccines and the increased risk of severe complications associated with COVID-19 infection during pregnancy.

Diana M. Gillman, MD, an ob-gyn with the Olmsted Medical Center in Rochester, Minnesota, has been pushing this message for months.

Olmsted Medical Center, a member of the AMA Health System Program, has posted several YouTube videos featuring its physicians addressing different medical topics of interest to patients. Most garner around 500 views, but a video posted in February featuring Dr. Gillman addressing questions about vaccines and pregnancy has almost 27,000 views.

“We understand that in your situation, you’re concerned about your health and the health of your unborn child,” Dr. Gillman says in the video. “We realize that the vaccine has been developed very quickly—as it had to be—and that people are concerned about that.”

She then describes how the vaccines work by instructing a person’s immune system how to create the antibody that can successfully fight COVID-19, adding that “it’s pretty cool.”

“We don’t see any way that that could cause harm to your baby,” Dr. Gillman says in the video. “Look at it this way, if you’re pregnant, you have an interest, obviously, in not being sick. If someone said to you ‘I can give you a medicine that will prevent you from getting sick or going to the hospital,’ that certainly would be in your interest. … In fact, that’s what the COVID vaccine does.”

During a recent interview, Dr. Gillman described how she prepared for the video, what she tells patients about the vaccine, and her frustration in not being able to convince some patients to get vaccinated. (As of Aug. 24, 66.1% of Olmsted County residents are fully vaccinated, while 14,414—or 1 in 11 residents—have been infected since the start of the pandemic.)

**AMA:** How did you prepare for the video—and is it true that it only took you one take?

**Dr. Gillman:** Yes.

I read for a couple of days. I read all the points. I went to a couple of Facebook groups that I belong to
with COVID physicians on it. And, I had a general sense of what I wanted to cover, and I looked at patient questions. I asked my partners what they were hearing. And then I just said it like I would talk to a patient.

I find that, in my 25-year career, I have always gotten lauded for the way that I explained things. So I was really glad to put that out there because ignorance is fear. People don’t understand what the vaccine does and then they just go, “I’m not doing it. It's freaking me out.”

So maybe it's persuaded a few people just because they understood what the reason was for it.

All I did was talk to the person from our media department just the way I talk to a patient. Later she said, “Oh my God, I learned so much.” And I realized that many people don't even know what vaccines do. So just to say that they promote antibodies was, I think, huge. I wonder if part of the wide play that video has gotten is because people for the first time were like, “Oh, that's how a vaccine works.”

People say, “We don't know what's in the vaccine.” I say, “Yeah, we do.” We’ve been making vaccines like this for a long time.

**AMA:** What has changed regarding COVID-19 vaccination since that video was posted?

**Dr. Gillman:** I think that the biggest thing is that, now months have gone by, and the data has done nothing but support the fact that the COVID vaccine is safe in pregnancy. Time has allowed for continued data collection.

We give patients an after-visit summary where we remind people about upcoming tests and where to look for a result. We give information and how to approach labor and delivery. I just updated it a couple of weeks ago with the links to the American College of Obstetrics and Gynecology, the CDC and the Society for Maternal Fetal Medicine all recommending that every pregnant patient get vaccinated.

I also put a link to my video, but I think that those statements are powerful because that information is continuously updated. So people, if they choose to look there, will find the most updated statements.

But honestly, very little has changed since that video. I feel like the people who were ready and willing to get vaccinated, have been. So who we have left are the holdouts. And to say that it's frustrating to be in this business at a time when people are resistant—often for no good reason that they can state—is underplaying it. It’s exhausting.
AMA: Is there anything that you can point to in the ACOG and SMFM statement that, in your own experience, has been powerful in convincing hesitant individuals?

Dr. Gillman: I have found very little ability to sway people who haven't gotten vaccinated. Again, I think we're at the last holdouts and they're entrenched.

I just got done operating this morning, and I saw my nurse manager outside the operating room. He was at the desk struggling with a woman who refused to wear a mask, and I asked him later: “Did you win? How'd you win?”

It's not dissimilar from refusing the vaccine, right? He said that normalizing statement, “We have to, we're required by other agencies to wear a mask. And there are people here wearing masks who probably don't agree, but they do it because it's required of us.”

And I thought that was a really good way to put it.

Then I asked him: “Why do you think people resist?” And he said that people “resent the incursion.” So, I'm an obstetrician and gynecologist. I spend a certain part of my day getting people to do things they really don't want to do.

Something I will say to patients is, “I am with you. I am not against you.”

And the medical experts, the people who are making these recommendations, they don't stand against you. They stand with you. The pandemic is the incursion, not us. We're the people that are trying to fix it.

AMA: One of the misinformation myths being circulated is about vaccines and fertility. Do you get asked about it?

Dr. Gillman: Nope. I don't get asked about it a lot. I'm aware of it. Again, most of the people that I'm dealing with who haven't gotten a vaccine, simply can't tell me why. They're just not going to do it. It's not even about safety. You see some people with reasonable doubt who present an argument about safety or effectiveness, or say “We don't have enough data,” or whatever, but I find that many patients simply can't tell me why.

AMA: How does the vaccination rate of your region compare with national statistics?

Dr. Gillman: We’re a little bit over. Remember who you're talking to. I'm six blocks from the Mayo Clinic. OK? So, this is a highly, highly medical town.
Having said that, our population that we serve is not the same as the Mayo. We certainly serve people from outlying areas way more than they do. But I keep looking at the map with Delta cases, and we’ve been on the lower end to a large degree.

So, I think we’ve probably done better than most regions vaccine wise, but that’s general. As far as the vaccine and pregnant patients, that I do not know.

**AMA:** Has there been much change in attitude from what you experienced in February? **Dr. Gillman:** I have less people quoting “it’s too early,” because obviously, that’s not true. We’ve got months of data, and more people just saying, “I’m not going to do it.”

**AMA:** Is there an underlying fear that’s a common thread such as patients thinking it will harm them, their baby or future attempts to having a baby?

**Dr. Gillman:** I can easily validate that every pregnant woman—or almost every pregnant woman—is leery of anything in their body when they’re pregnant. It’s a whole different ball game—speaking as a formerly pregnant woman—when there’s somebody inside of you who you’re responsible for. I get that 150%. So, I do understand why people are leery.

I have a reputation for being very straightforward with my patients. I say, “I’m a doctor and I'm telling you the vaccine is safe, and that you getting COVID in pregnancy could hurt you or kill you. And it could hurt your baby as well. So, based on that therapeutic relationship and the trust that you've put in me, for me to be taking care of you, you should do it.”

It's no different than a thousand other things that I tell my pregnant women: Don't eat raw fish. Don’t change the litter box. Get a COVID vaccine.

To me, it's no different. It's the same sound pregnancy advice.

**AMA:** What has your workload been like during the pandemic?

**Dr. Gillman:** We’re going to be very, very busy and we’re going to have well over a thousand deliveries this year and we are going to be short-handed. I’ve never done so much surgery in my 25-year career! We’re all working to the edge.