

# Awareness and Prevention of Congenital Cytomegalovirus:

**BRIDGING GAPS IN KNOWLEDGE & COMMUNICATION**

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# Research Objective

**Understand the reception of educational materials and prevention messages about cCMV for the Arizona's population.**

# Current State of Knowledge



**What is known:**

**Biology and  
Epidemiology**



**What is missing:**

**Effective communication  
strategies**

A word cloud of various illnesses and conditions. The words are arranged in a roughly rectangular shape, with 'Diabetes' being the largest and most prominent word. Other large words include 'Breast Cancer', 'HIV/AIDS', 'Downs Syndrome', and 'Cerebral Palsy'. Smaller words include 'Zika', 'SIDS', 'Spina Bifida', and 'cCMV'. The words are in shades of blue and purple against a white background.

Cerebral Palsy  
Downs Syndrome  
Breast Cancer<sup>cCMV</sup>  
Zika SIDS HIV/AIDS  
Diabetes  
Spina Bifida

Word cloud illustrating familiarity levels with different illnesses based on frequency of recognition.

# Demographic



**Ten focus groups in English and Spanish with women in Arizona  
N = 50 focus group participants**

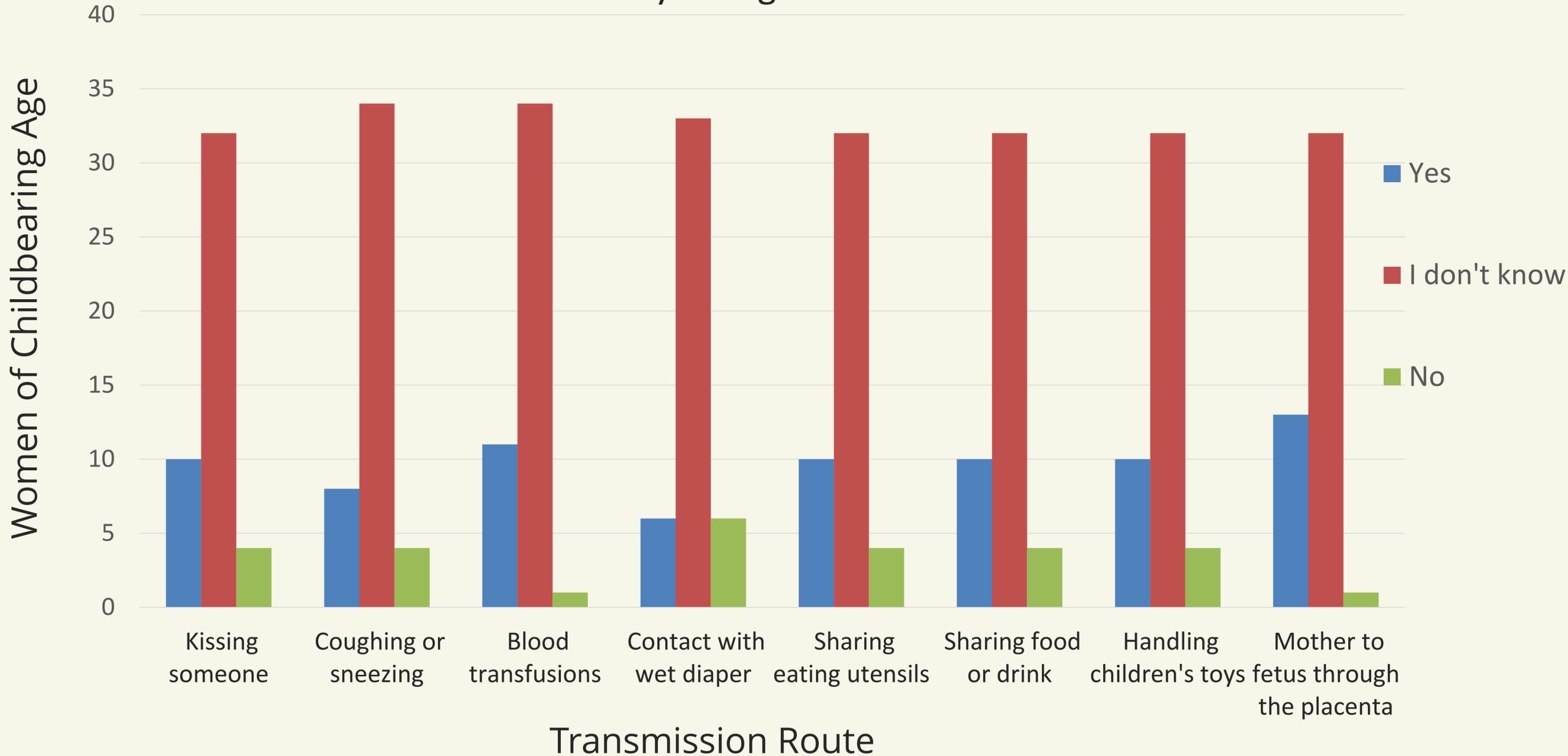
**Majority of participants had not completed high school (48%). Some had earned a bachelors' degree (30%). Most participants were between 18-35 years of age (48%), and identified as non-white Hispanic/Latina (61%)**

# Methodology

- 1. Zoom focus group meetings were recorded and transcribed**
- 2. Transcripts were coded in Nvivo by two researchers**
- 3. Discrepancies were resolved through consensus with all authors**



# Which of the following ways can people contract or spread Congenital Cytomegalovirus



# What We Learned from the Focus Groups



**MAKING  
PREVENTION  
STICK**



**MEETING  
PARENTS WHERE  
THEY ARE**



**BUILDING  
CONTINUITY IN  
EDUCATION**



**BRIDGING THE  
COMMUNICATION  
GAP**

# THEME 1: MAKING PREVENTION STICK



1. Active vs. Passive Learning
2. Cognitive Dissonance
3. Cultural Sensitivity and Emotional Barriers
4. Information Overload and Timing Issues.

1

# ACTIVE VS. PASSIVE LEARNING

**“More people tend to be visual learners. If they can have something in front of them to take back and look at, that helps.”**

**“I had an eye doctor who always had videos playing in the office. If OBGYNs had videos in the lobby, that would help.”**

**“A doctor once had me post something on the fridge about what I could and couldn't eat... that was helpful.”**



## 2

# COGNITIVE DISSONANCE

**“Parents think, ‘This is my kid, their germs are my germs, I’ll kiss them if I want’ —so it’s hard to see it as risky.”**

**“You know you shouldn’t share food or pacifiers, but it feels inevitable —kids shove things in your mouth, and it doesn’t seem dangerous.”**

**“It’s just not the social norm to be super proactive about these things.”**

**“What stuck with me was you can’t even kiss your own kid while pregnant with another. It made me step back, germs in your own household can be risky too.”**



3

## CULTURAL SENSITIVITY AND EMOTIONAL BARRIERS

**“How do you deliver this information in a culturally competent way? For many, kissing babies or family on the mouth is part of their culture.”**

**“Considering socioeconomic status, some people might not even have access. Where are they going to get this information?”**



# 4

# INFORMATION OVERLOAD

**“For a new mother, it may feel overwhelming, but if you see the statistics and prevention tips, you’d think, ‘Okay, I’ll do it.’ We already use tech like heartbeat monitors or health socks, if it’s for my child’s health, it needs to be done.”**



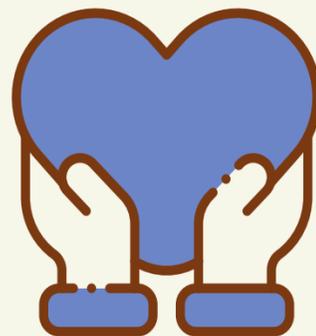
# Key Takeaway

Making Prevention Stick



## BARRIER TO CARE

Overload, irrelevance, passivity, normalization.



## FACILITATOR TO CARE

Visual, repeated, interactive learning retains



## COMMUNICATION STRATEGIES

Address culture, adapt, clarify priorities.

# THEME 2: MEETING PARENTS WHERE THEY ARE



**1. Situational Engagement**

**2. Supportive Resources and Access to Personal Connections**

1

# SITUATIONAL ENGAGEMENT

**"I've heard, information about various congenital conditions, but since I'm not planning to have children, I don't really pay attention to it"**

**"I would read this if I was, pregnant or, you know, I had a friend who was pregnant. I might pass something like this on"**



2

## SUPPORTIVE RESOURCES AND ACCESS TO PERSONAL CONNECTIONS

- "They're also someone to go to... maybe they had a child with a congenital condition or something like... they would be somebody good to just... talk to."
- "I feel very guilty if I would have something like that I, if that were the cause... that's very daunting... so I personally don't like it."



# Key Takeaways

Meeting Parents Where They Are



## **BARRIER TO CARE**

Current situation and fear reduce engagement.



## **FACILITATOR TO CARE**

Tailored messages and stories engage.



## **COMMUNICATION STRATEGIES**

Share timely, empathetic, experience -based information.

# THEME 3: BUILDING CONTINUITY IN EDUCATION



1. Early Education

2. Preconception education

3. During pregnancy

1

# EARLY EDUCATION

**“As soon as you become sexually active is a good time to introduce this.”**

**“Middle school is good for a baseline understanding of sex, diseases, and prevention.”**

**“Health classes could cover what comes with pregnancy.”**

**“Start in middle or high school, then continue into college to prepare before family planning.”**



## 2

# PRECONCEPTION EDUCATION

**“No one asks if you want to start a family; they focus on sexual habits.”**

**“I want to see a gynecologist and get actual material to watch out for.” —a list of things**

**“Primary care asks if I’m pregnant, but provides little information; women’s wellness tests give some, but mostly not.”**



3

# DURING PREGNANCY

**“Education should continue throughout pregnancy for awareness and peace of mind.”**

**“Waiting until pregnancy may be too late; preparation is needed beforehand.”**



# Key Takeaways

Building Continuity in Education



## BARRIER TO CARE

Late education misses key prevention.



## FACILITATOR TO CARE

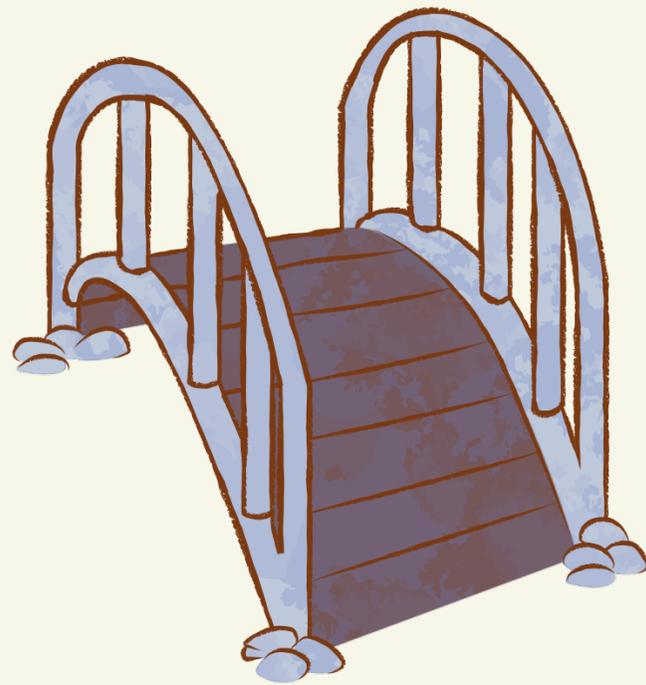
Early, continuous education ensures readiness



## COMMUNICATION STRATEGIES

Integrate age -appropriate education continuously.

# THEME 4: BRIDGING THE GAP



1. Healthcare Providers as Gatekeepers of Information
2. Credibility and the Role of Trusted Sources in Information Reception
3. Need for Improved Public Health Communication

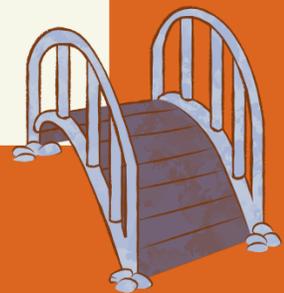
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# HEALTHCARE PROVIDERS AS GATEKEEPERS OF INFORMATION

**“If a trusted physician gave this while I was pregnant, I would read it.”**

**“I would defer to my doctor; I trust them more than figuring it out myself.”**

**“Ideally, the OB provides information because I trust their knowledge, though they aren’t always available.”**

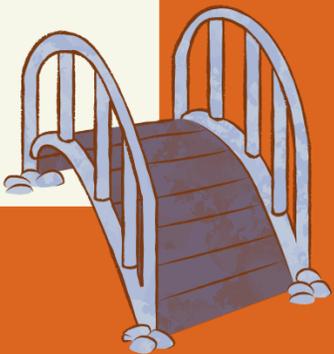


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## CREDIBILITY AND THE ROLE OF TRUSTED SOURCES IN INFORMATION RECEPTION

**“Many people don’t ask providers questions, creating a barrier; they must remember to bring up CMV themselves.”**

**“Only 44% of OBGYNs counsel on CMV; I can’t fully rely on them, which is concerning.”**



3

## NEED FOR IMPROVED PUBLIC HEALTH COMMUNICATION

**“Words like common, serious, and preventable sticking out draws so much attention that if I were to see this, I'm like, oh my goodness, something is common and serious, but there's a way to prevent it.”**



# Key Takeaways

Bridging the Gap



## BARRIER TO CARE

Provider inaction misses early prevention.



## FACILITATOR TO CARE

Trust doctors, prioritize direct communication

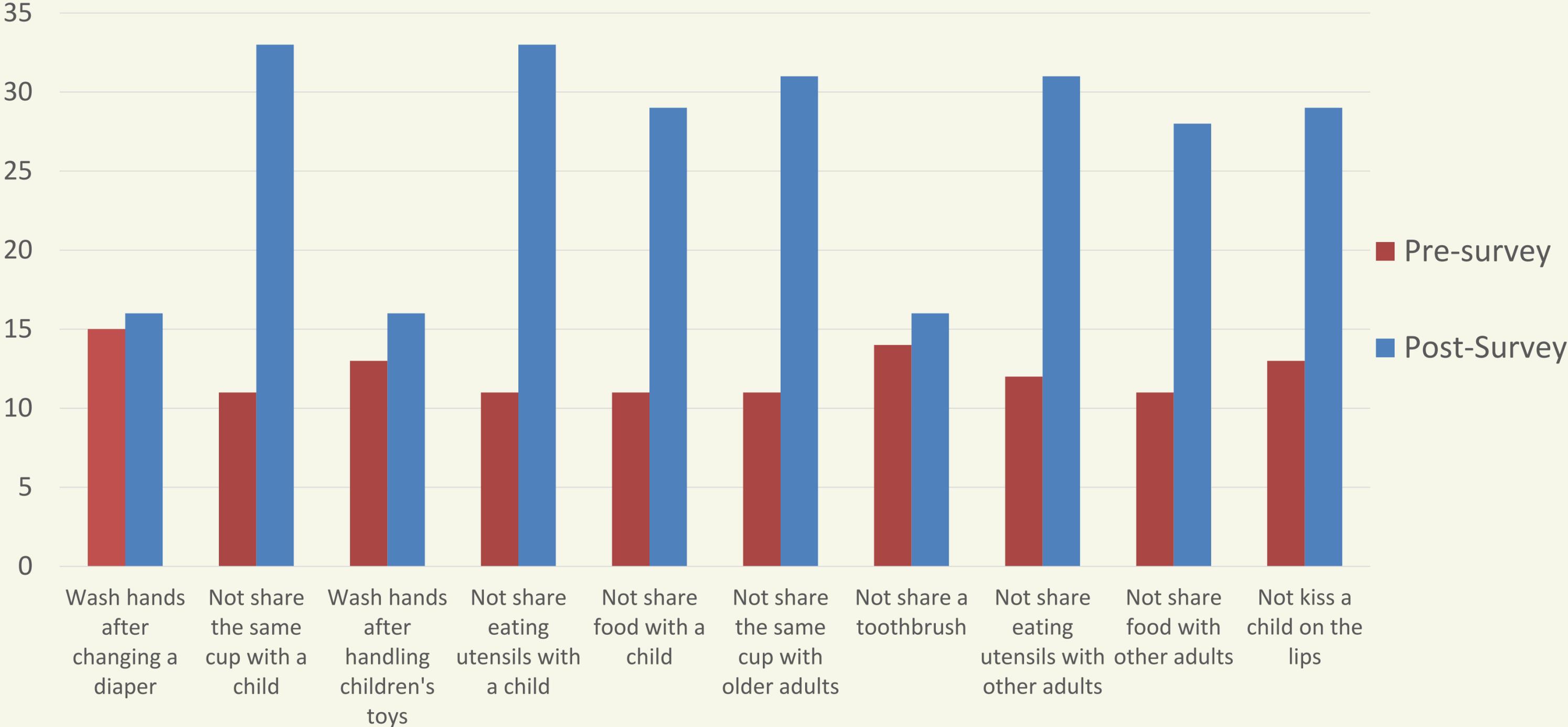


## COMMUNICATION STRATEGIES

Credible sources ensure trusted delivery.

# In order to avoid CMV affecting my pregnancy, I would agree to follow these behaviors while attempting to become pregnant

Number of Women who Agreed to implement change



Habits

**It's not just what we know about cCMV, it's  
how we share it!**

Call-to-action: How can YOU amplify this message in your  
role? What strategies have worked for you?

**Questions?**

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