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<https://www.cdc.gov/hearher/index.html>

Health Campaign assignment

The prevalence of pregnancy-related complications and deaths have not declined in the USA over the past 25 years. In fact, data collected by the CDC Pregnancy mortality surveillance system suggests that the pregnancy-related mortality ratio has increased from around 10 deaths per 100,000 live births from 2006-2010 compared to 17 deaths per 100,000 live births from 2011-2013. On top of these results, racial-ethnic disparities also persist with the mortality ratio being 3.4 times higher with non-Hispanic black women compared to non-Hispanic white women. These disparities often present themselves through access to care, quality of care, and prevalence of chronic diseases. A multitude of risk factors greatly impact pregnancy-related deaths such as cardiovascular conditions (15.5%), pre-existing illnesses (14.5%), infection (12.7%) hemorrhage (11.4%) and cardiomyopathy (11.0%). Age, chronic health conditions, and obesity also trigger pregnancy-related complications. 30% of pregnancy-related adverse outcomes and deaths occur with women who are 35 years old or older, 16% of pregnancy related deaths were recorded with women who were found to be overweight or obese prior to pregnancy.

HEAR HER is a Campaign implemented by the CDC's Division of Reproductive Health to target and reduce the number of delivery complications and tragedies within the United States. This is done by sharing stories and messages of women who have previously experienced pregnancy-related complications, bringing awareness to the

warning signs, providing resources to better access to quality care, and encouraging support systems in hopes to empower women to speak about their experiences. The campaign specifically targets people who are pregnant, postpartum women (women who had given birth within the last year), their support system (partners, family, and friends), along with healthcare professionals.

Formative research

The HEAR HER campaign sympathizes with the audience through personal stories from people such as Olympic athletes and individuals with which we come in contact every day. This qualitative method of gathering information is key in providing the necessary knowledge to individuals who suffer from pregnancy-related complications. Collecting data through interviews can help generate information that can be used to make connections, rather than a scale or a survey. This also enables the interviewee to explain their unique experience and potentially help other mothers who are dealing with these complications.

The CDC also gathered statistics on pregnancy-related deaths in the United States through maternal mortality review committees. This is quantitative data and can help provide women with statistics in order to increase their perceived susceptibility and severity. Although the campaign has collected formative research to aid in the early detection of potential pregnancy complications by females, they make sure to emphasize that each woman is different and must know her body so she can know when something does not feel right. I feel as if the formative research, in this case, is very helpful in giving insight into what other mothers are experiencing after they have a

pregnancy loss and this can aid in coping mechanisms for females who experience these complications.

Use of theory

The theory that really stood out was the use of the health belief model in the development of the information for the HEAR HER campaign. The central idea of this model is an individual's perceived threat. This model contains constructs such as perceived susceptibility, perceived severity, perceived benefits, perceived barriers, and self-efficacy.

The HEAR HER campaign aimed to increase an individual's perceived threat by showing how common pregnancy complications are through statistics and giving personal stories. The CDC even acknowledges the barrier of health disparities that certain population groups experience. They also show the benefits of knowing this information and how it can potentially save the life of the mother and the baby.

Self-efficacy is the driving force behind this campaign. Self-efficacy is an individual's belief that he or she can perform the desired behaviors. This component is addressed in each section of the campaign by giving behavior changes that pregnant and postpartum females, family and friends, and healthcare providers can make. Individuals with high self-efficacy is the only way this campaign will be effective when educating the public about pregnancy complications.

Audience segmentation

HEAR HER is specifically tailored to women who are currently pregnant, have given birth in the past year, or have the support system of the female who is pregnant. This enables all individuals involved in a pregnant mother's life to be aware of the potential complications associated with pregnancy and aid in recognizing the early signs. The CDC is also trying to reach healthcare professionals that interact with pregnant or postpartum individuals as well. Their goal is to empower these women to speak up about their unique pregnancy experiences and encourage their support systems to engage in these important conversations continuously. Engagement in these life-saving conversations can aid in preventing pregnancy loss due to a complication.

A specific way in which the CDC tailored this message to a certain population was by having an entire tab dedicated to American Indian and Alaska Native people. They have everything from personal stories from American Indian people to disparities in which this particular population experiences. In all, this campaign makes sure to have resources that can benefit each audience member. They have resources in which individuals with questions or seeking more information can find the answers in which they need. There are also posters and handouts that can help reach individuals through the people reading the campaign.

Message design

Message design is crucial in creating an effective way in relaying information. The CDC Uses various videos, texts, and pictures to enhance the message they are

trying to relay. In this campaign, they use numerous quotes and personal stories, which help enhance the empathy in the message. The message is also segmented into three various audiences, which is also seen throughout the design of the campaign.

First, the campaign has a section dedicated to women who are currently pregnant and postpartum. This section includes signs and symptoms, a health quiz, personal stories, and distinct points in the message to relay to other pregnant and postpartum women. This page even goes as far as explaining each symptom and what to look for. The most influential section that is on this page is the personal stories. The first story on the page is about an Olympic athlete who is in peak condition. This goes to show that no matter what physical condition you are in, you, too, can be affected by pregnancy complications. Showing this is important because it helps the audience realize that this can happen to anyone, not just a specific person who fits a certain stereotype.

Secondly, there are resources available for partners, family, and friends. This section addresses things that people can do to support pregnant or postpartum women that are in their lives. It explains what that person can do to help and how to talk to their partner, family, or friend who is experiencing pregnancy or just recently had a baby. This page includes printable resources to have on hand as well as personal stories to learn from.

Lastly, provider-patient communication is essential for the well-being of the mother and child. This campaign further breaks down providers into 4 categories: obstetric, pediatric, other health professionals, and healthcare professionals who serve American Indian and Alaska Native people. This enables healthcare providers to find

information relevant to their specific field and help the women they interact with on a daily basis.

Channels and message placement

Due to the target audiences being quite extensive, the CDC uses a wide array of channels to communicate their message to everyone. The campaign has used different media resources such as press releases, PSA's via YouTube, and articles to spread awareness. To expand their reach to a broader audience, the CDC is also active on social media platforms like Twitter, Instagram, and Twitter with a designated hashtag for the campaign (#HearHer) and shareable graphics to share on one's own social media. There are also other resources like posters and handouts to reach communities and individuals who may not have access to the internet or technology.

The CDC recognizes that there are some communities that may need to have access to extra resources and experience pregnancy-related complications through a different perspective. The campaign also provides resources specifically for Native Americans and Alaska Native People to present information that is culturally competent and respectful towards traditions around pregnancy and birth.

Evaluation

There are several positive and effective aspects to the HEAR HER campaign. There are several specific audiences that the campaign targets rather than just focusing on the people who are directly affected by pregnancy complications. With the intention to educate large audiences, the CDC has also provided multiple different channels and

messages to engage with said audience which is a very constructive and effective way to reach their audience. Additionally, the choice to include resources specifically for native American and Alaskan people allowed for the campaign to reach an often disadvantaged and overlooked population by providing resources that took into account and respected native traditions and culture which is very vital when addressing medical and healthcare.

Though there are plenty of positive outcomes that have come from the campaign, there are also a few things that could be improved upon. The campaign puts a strong emphasis on providing resources and encouraging women to speak up about pregnancy-related complications. The sentiment is very empowering and highly necessary, however the strong emphasis on pregnant and postpartum women empowering other pregnant and postpartum women could also shadow the other factors that influence pregnancy outcomes that are completely out of the women's control. The women could also potentially feel pressured and burdened to speak up about their experiences even though they might not have the opportunity, the resources, or the desire to do so. Providing the space and resources to all pregnant and postpartum women while also emphasizing the importance of recognizing health disparities could result in a more fruitful outcome.