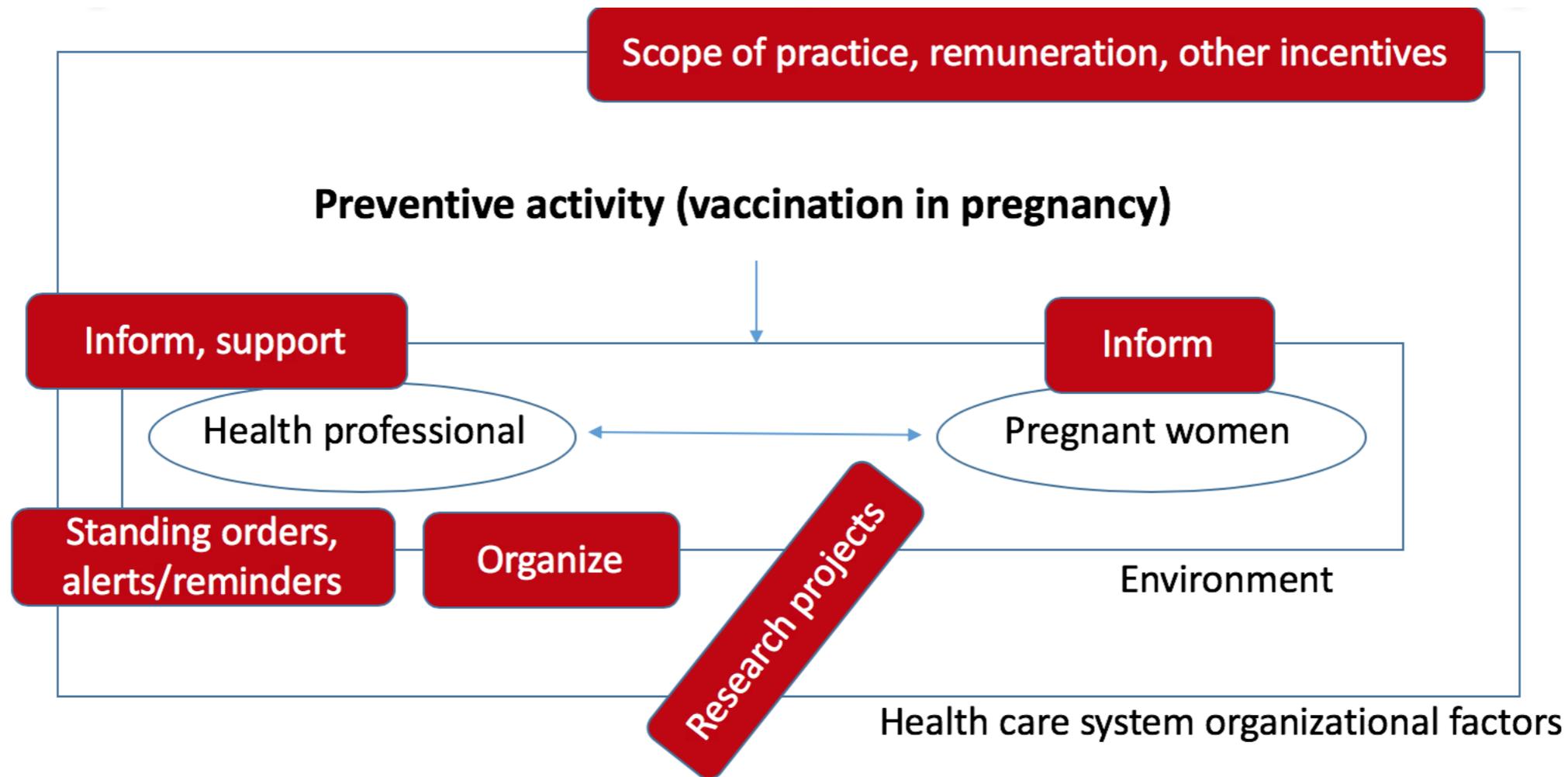


# Feasibility of improving vaccination during pregnancy in Canada

Small group conversations and discussion



# Model for Preventive Intervention



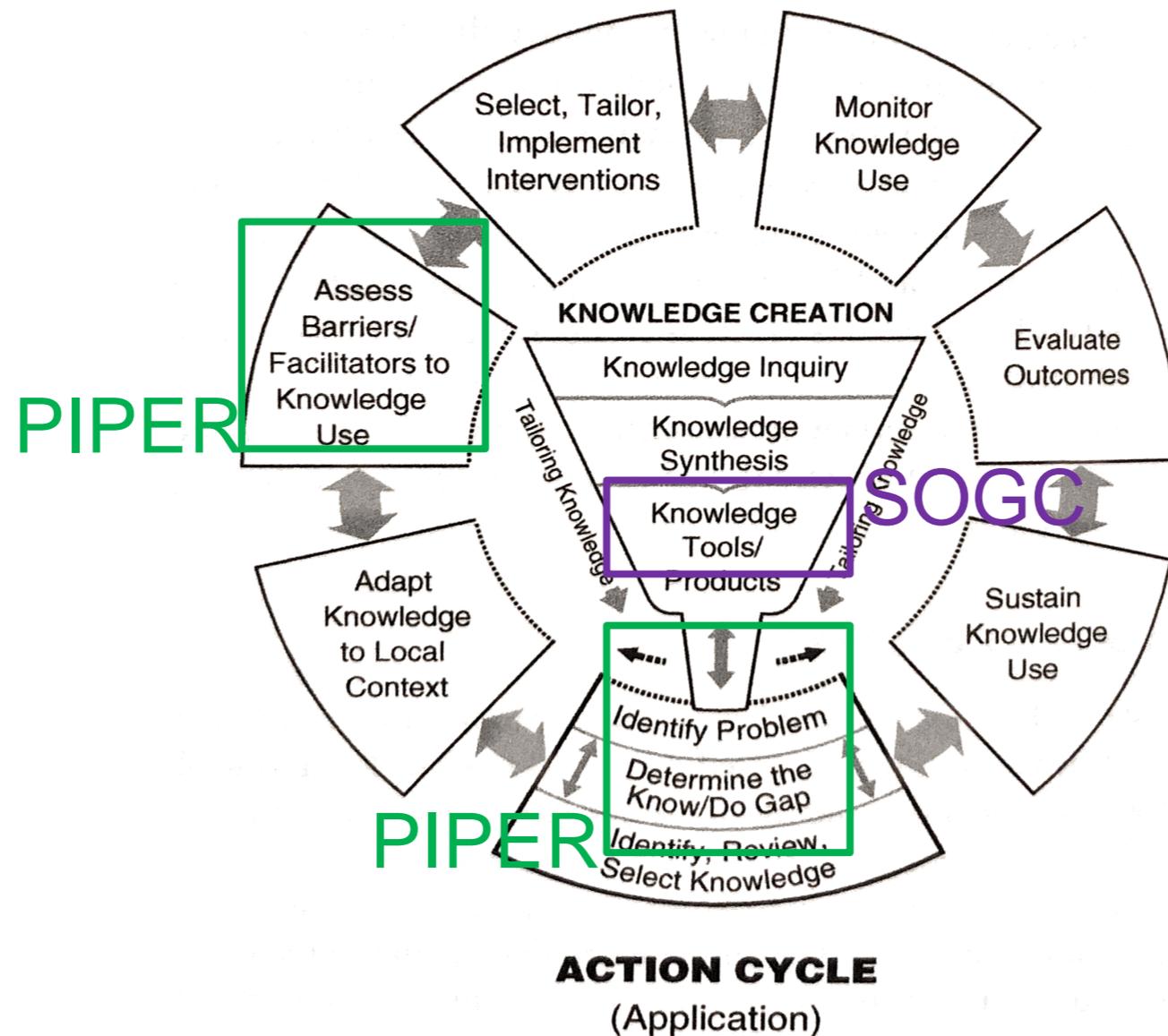
Adapted from the Systems model of Clinical Preventive Care (Walsh and McPhee, 1992)

Slide courtesy Dr. Nicholas Brousseau

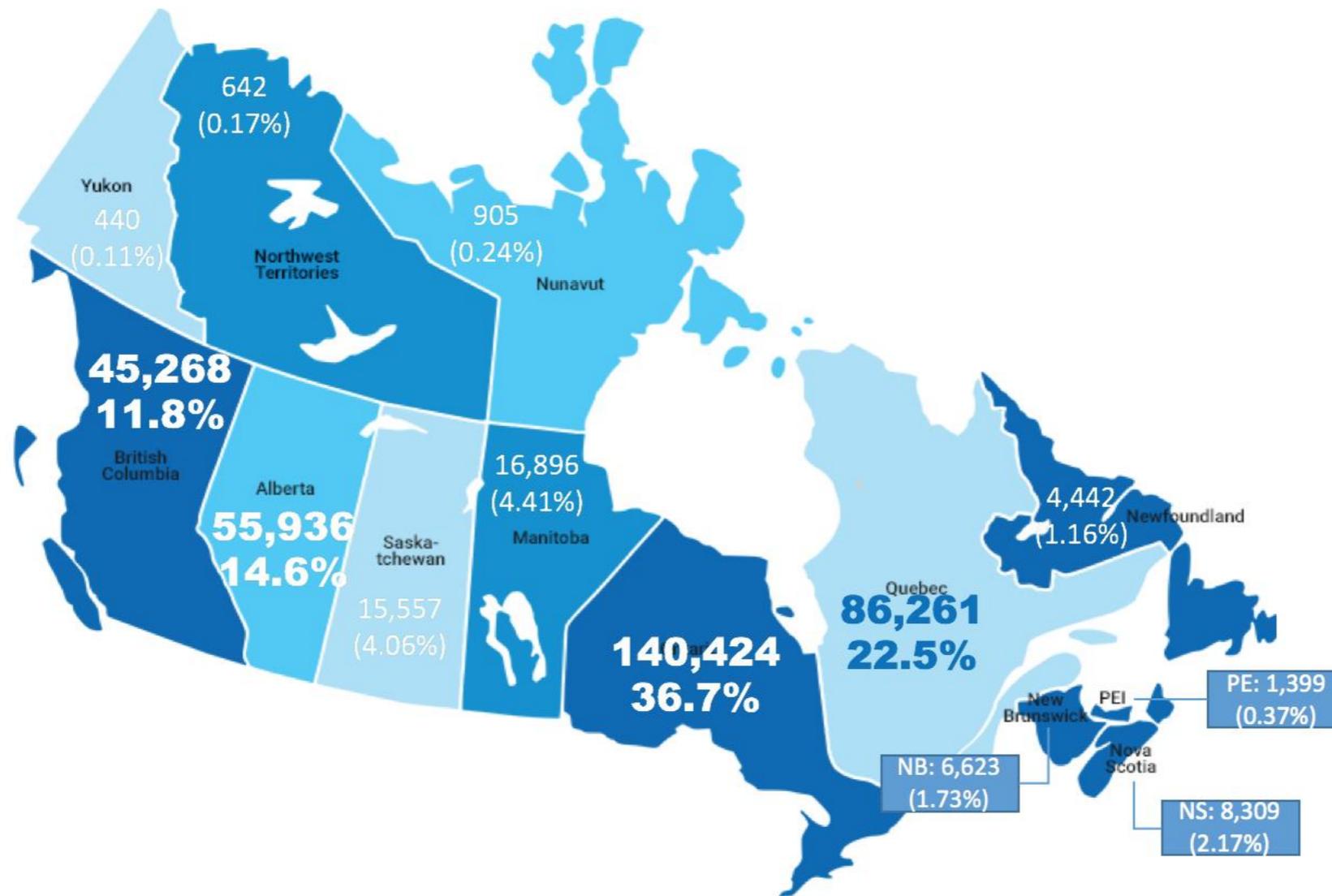


# ONGOING WORK

## CANADA 2019



# Reality Checks: Big Country



1. Source: Statistics Canada, Canadian Vital Statistics, Birth Database (<https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1310041401>)
2. The geographic distribution of live births in this table is based on the mother's usual place of residence and on the place of occurrence.



## Reproductive Infectious Diseases

Obstetric Internal Medicine

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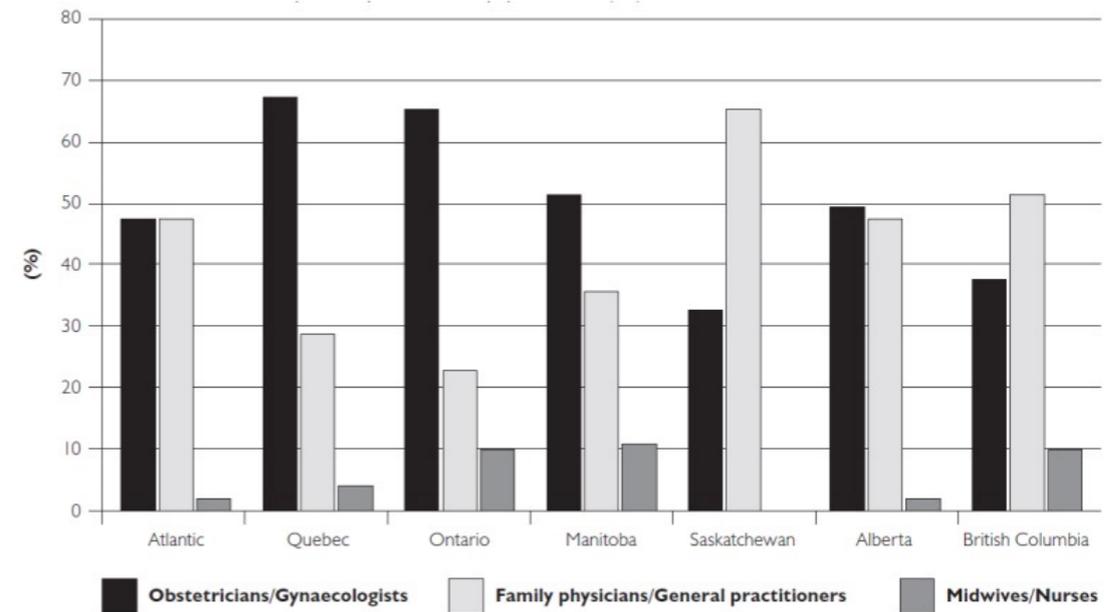
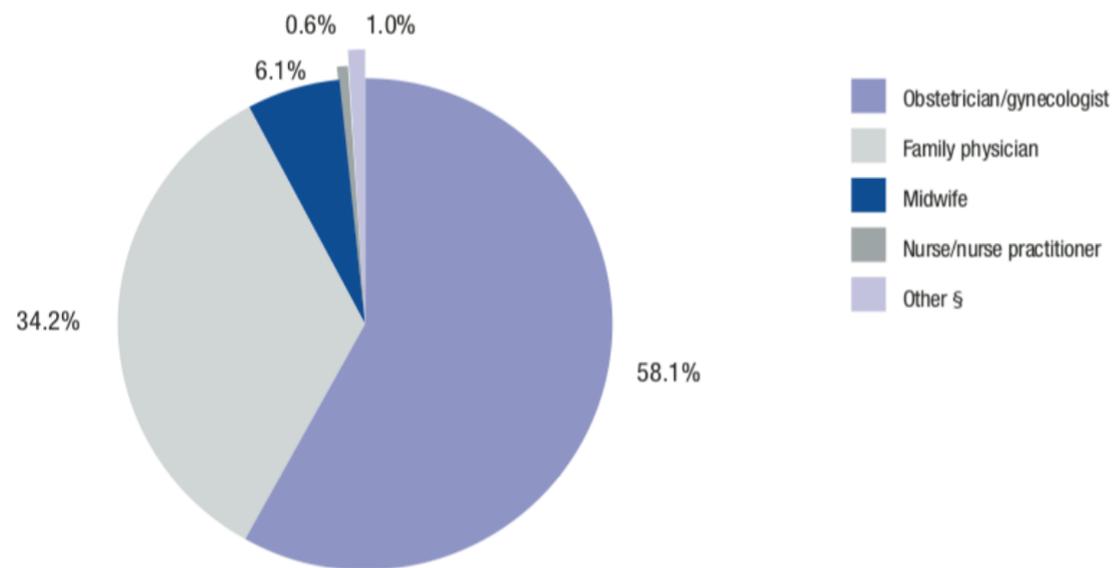


Eliana Castillo MD FRCPC MSc

# Reality Checks: 2006

## OB Care Providers

Figure 2.1 Distribution of type of primary prenatal care provider, Canada, 2006–2007



Mix of maternity care providers by province (%)

Note: The Statistics Canada disclosure control rules preclude from reporting the estimates for midwives/nurses for Saskatchewan owing to less than minimum required observations.



# Reality Checks: 2015

## OB Care Providers

### Deliveries by a Registered Midwife by Resident Health Authority

Deliveries in British Columbia: April 1, 2015 - March 31, 2016



*Midwifery Report*  
Deliveries in BC  
2015/16

 Perinatal Services BC  
An agency of the Provincial Health Services Authority

Health Authority	Total	Per cent
Interior	967	15.3%
Fraser	2,040	11.7%
Vancouver Coastal	1,706	16.7%
Island	1,582	25.1%
Northern	246	7.3%
<b>BC</b>	<b>6,575</b>	<b>14.9%</b>



**Reproductive Infectious Diseases**

Obstetric Internal Medicine

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**Eliana Castillo MD FRCPC MSc**

# Reality Checks: Rural Vs Urban

Urban Women



Rural and Remote Women Were . . .



28 times more likely to travel more than two hours to give birth



4 times more likely to experience a hospital transfer



2.4 times more likely to be a teenager (age <20)



2.4 times more likely to live in the most deprived neighbourhoods



3.3 times more likely to have given birth five or more times



13 times more likely to have their C-section performed by a family physician or general surgeon than by an OB/GYN



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Guliani, H. (2015). "Mix of Maternity Care Providers in Canada." Healthcare Policy 11(1): 46-60.

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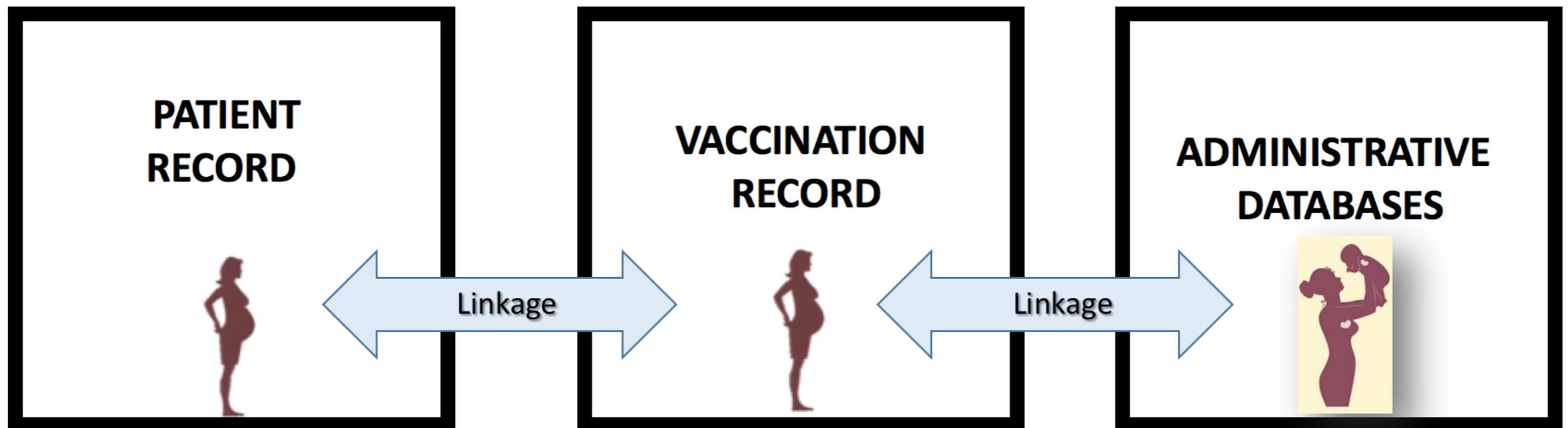
# What do we need?

**Coordinated implementation**

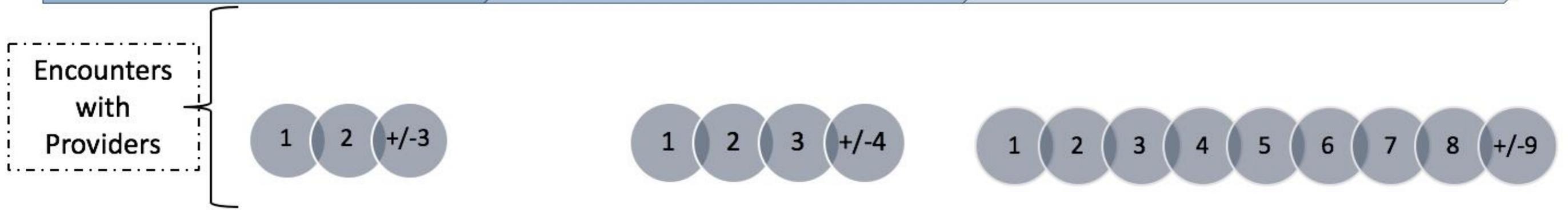
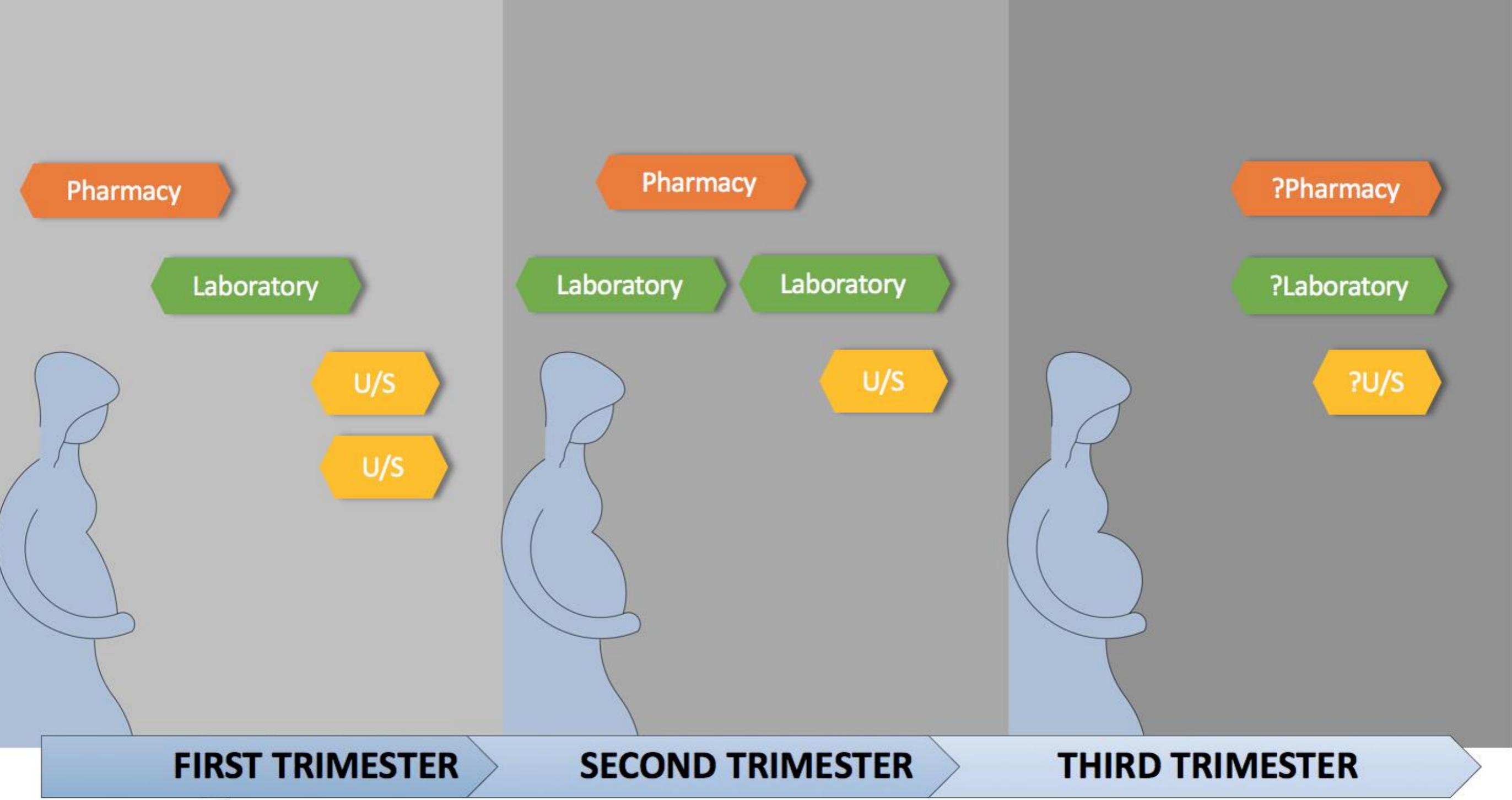
**Evaluation : VACCINATION COVERAGE**

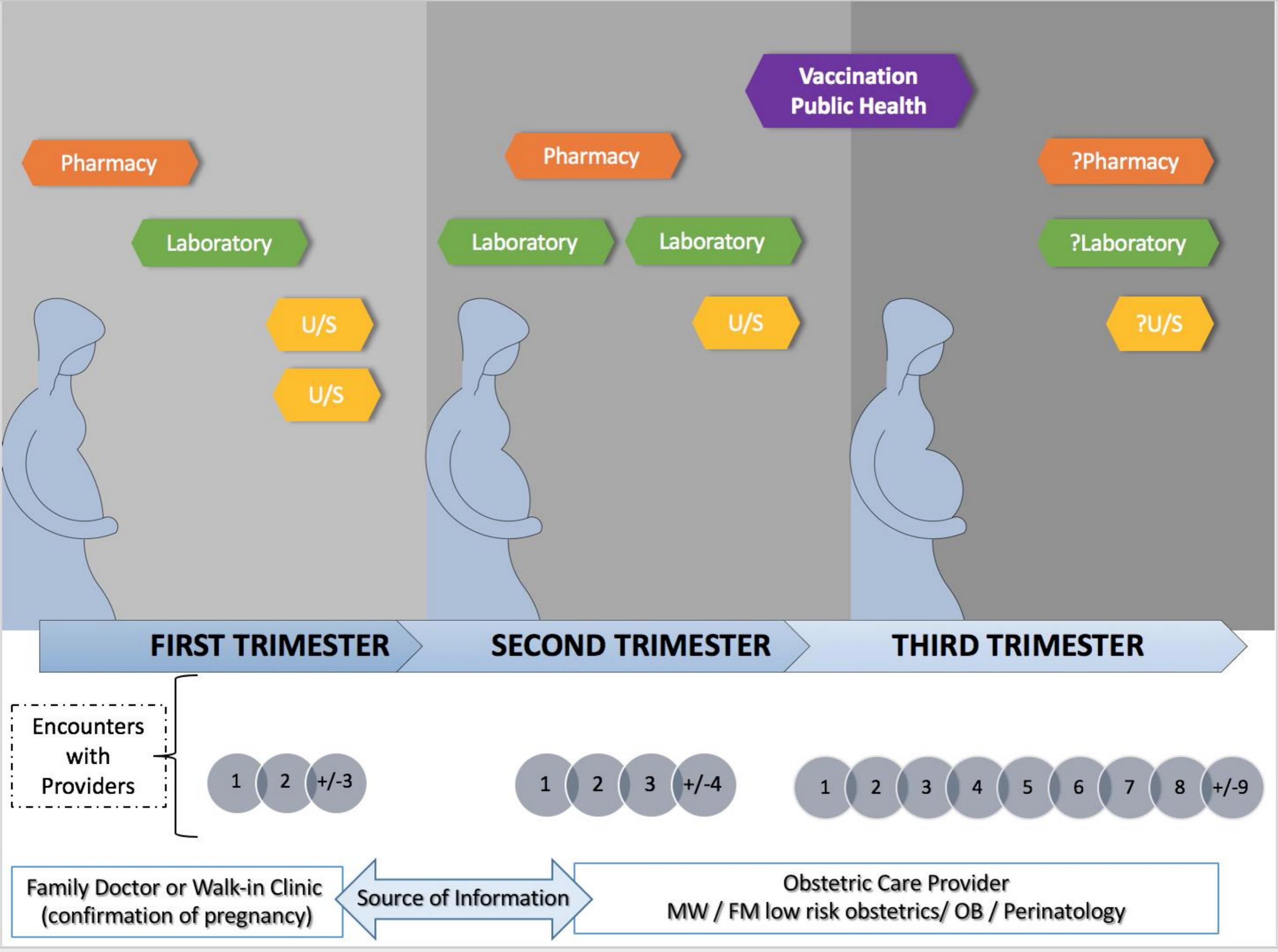
**Systematic assessment of VIP impact on adverse birth outcomes, maternal safety and infant morbidity and mortality**

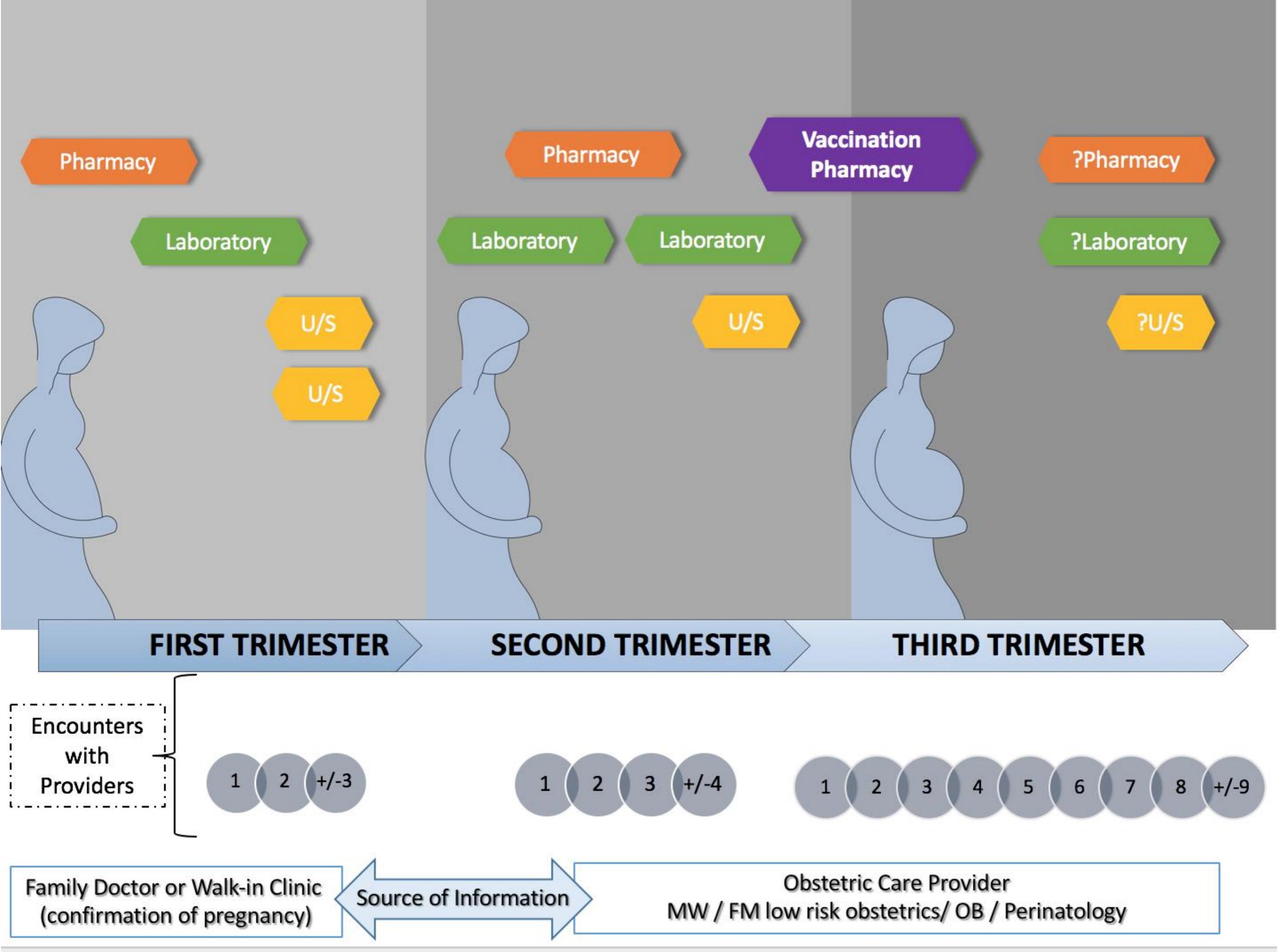
**Vaccination competencies of OB care providers**

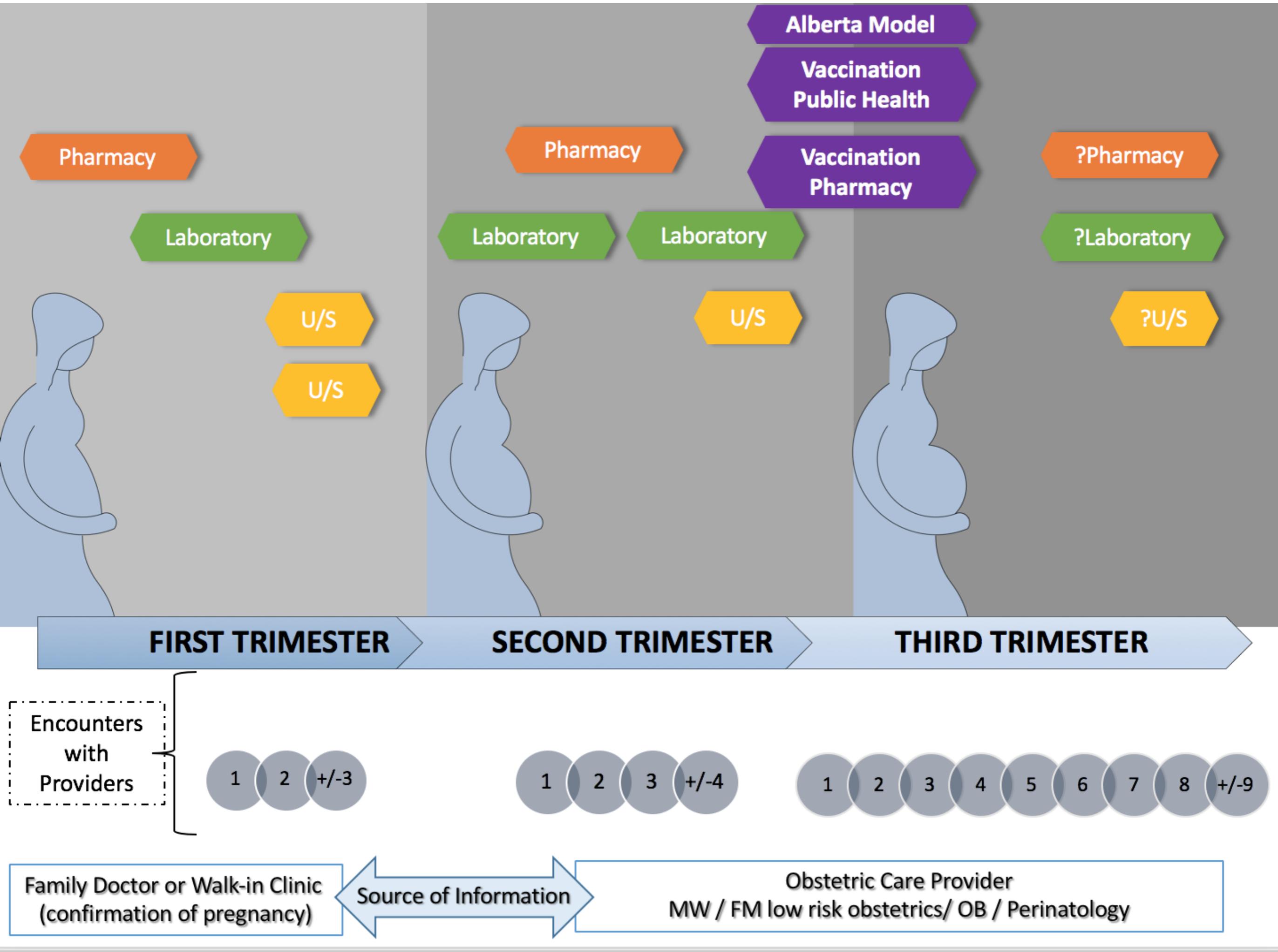


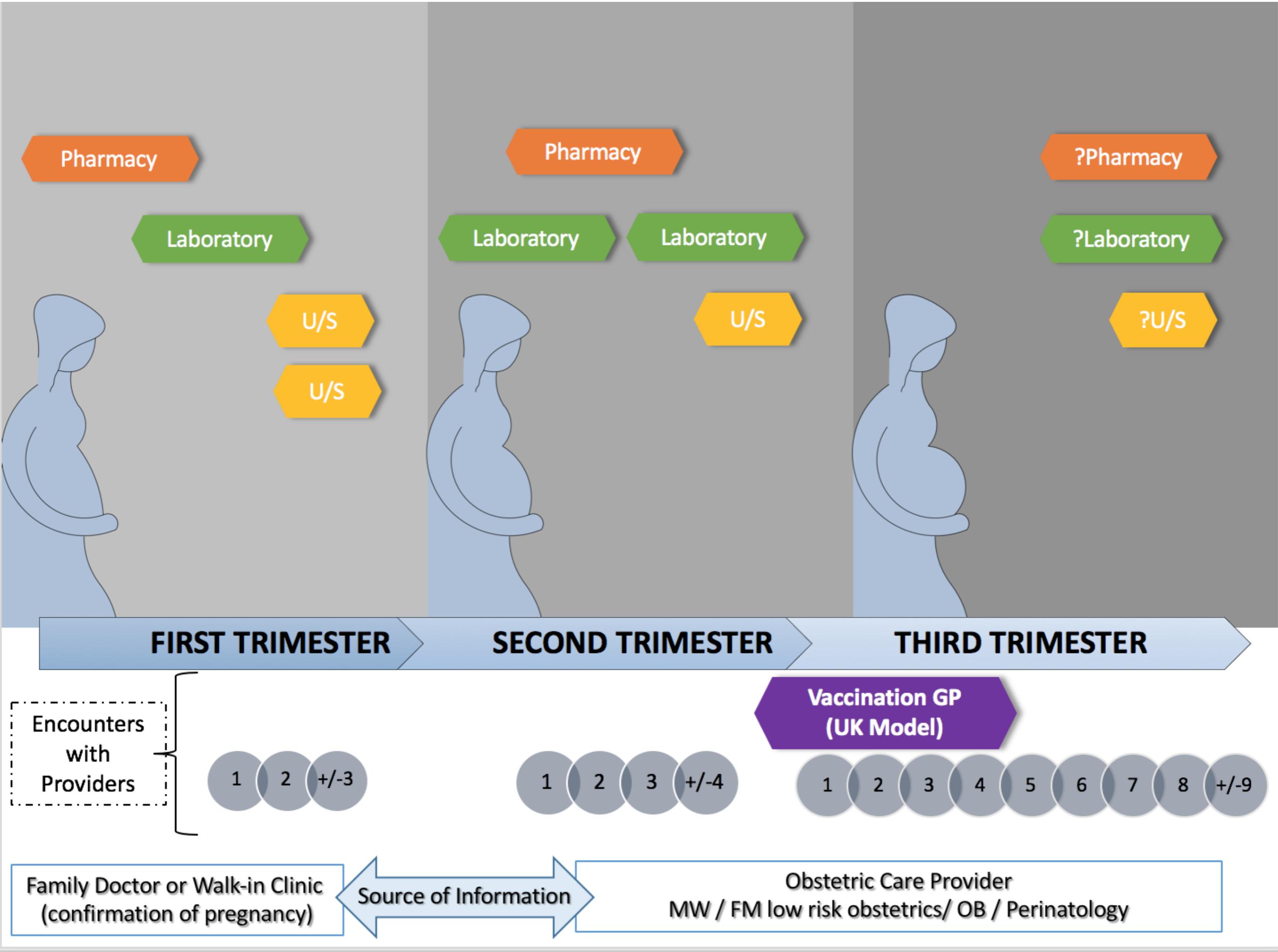
**Patient oriented interventions**

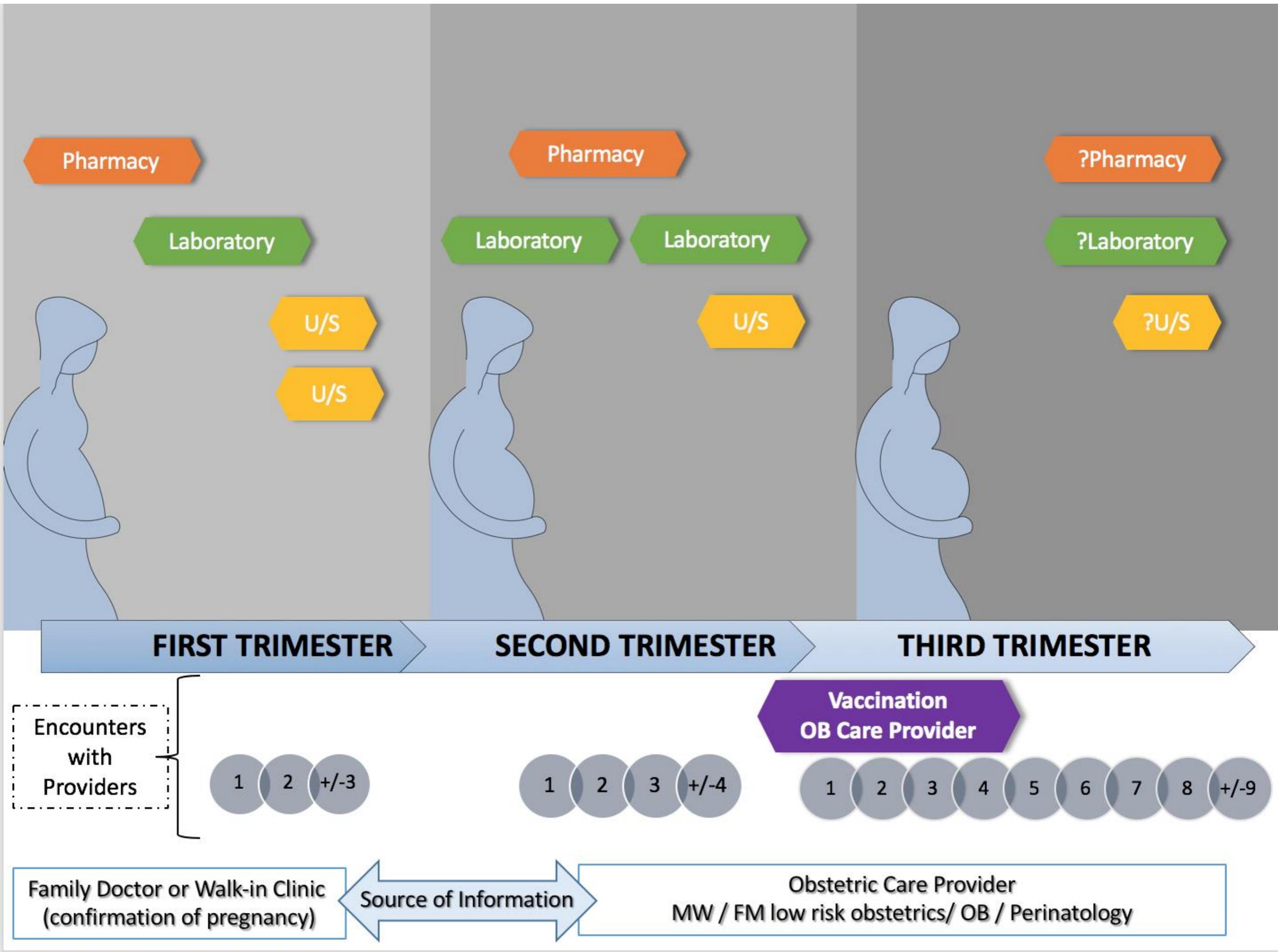












# Think, Pair & Share

1. What is the ideal model to deliver vaccinations during pregnancy in Canada?
  - Delivered by public health
  - Delivered by OB care provider (Midwives, “Low Risk OB” -family doctors-, OB, Perinatology)
  - Delivered by GPs
  - Delivered by Pharmacists at pharmacies
  - Mixed

2. Please share with us one pro and one con of this model?

Pro

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Con

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3. Have you seen this model in practice?

○ Where?

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○ How did it go?

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4. How does your province/territory/health region plan to implement current or future maternal vaccination in pregnancy programs?

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5. Is there a lesson that can be learnt from implementing other public health interventions that can work for vaccination in pregnancy?

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