



SOGC

Vaccinating Pregnant Women: Are Women's Healthcare Providers Hesitant?

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Disclosure Statement

- I have no affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

Context

- In recent years, more attention has been paid to vaccination during pregnancy
- Vaccination against influenza is currently recommended for pregnant women in Canada
- NACI released recommendations for Pertussis vaccination for women in every pregnancy (April 2018)

Questions:

- **Are healthcare providers hesitant to recommending vaccines to pregnant women?**
- **What are the barriers?**

Here's what we know



- What we know about healthcare provider hesitancy:
 - Lack of knowledge
 - Concerns about vaccine safety
 - Scope of practice
 - Not perceiving vaccination as part of routine maternity care
 - Remuneration and incentives
 - Logistical challenges
 - Medical-legal consequences
- Few studies have been conducted among Canadian obstetrical healthcare providers, especially among non-physicians

Objectives (What we need to know and why)

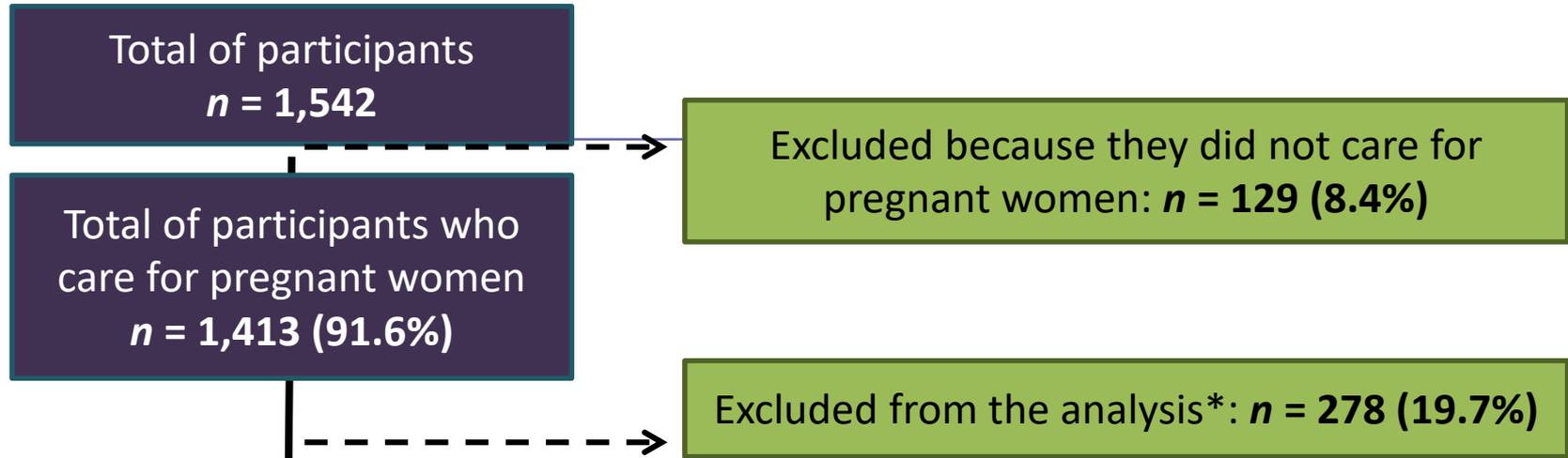
- To determine knowledge, beliefs, attitudes and current practices of women's healthcare providers related to vaccination during pregnancy



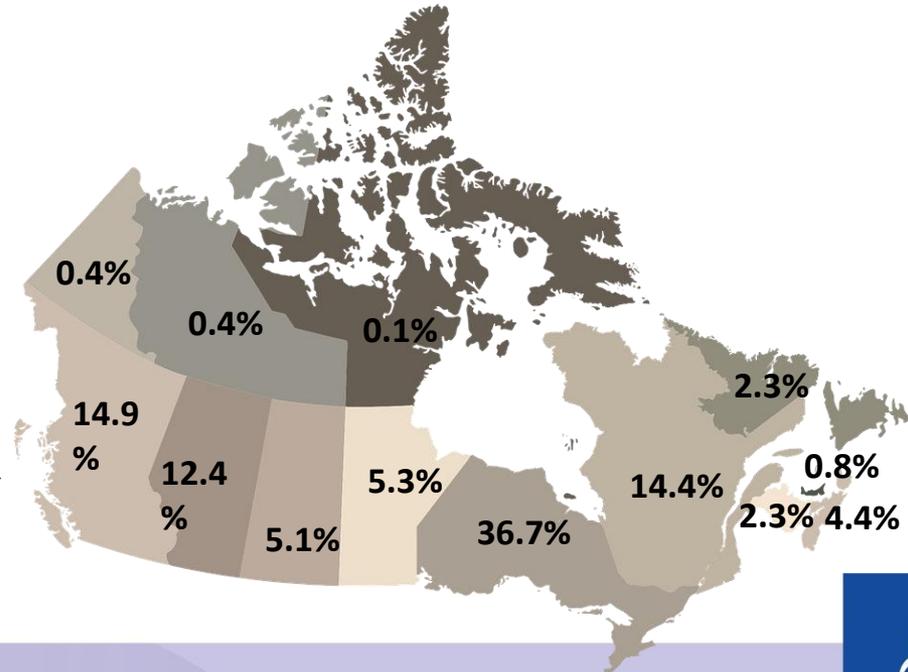
Methods (Data Collection)

- Survey was widely disseminated in English and French (2017)
- Participants were recruited from:
 - The Society of Obstetricians and Gynaecologists of Canada
 - The Canadian Immunization Research Network
 - The College of Family Physicians of Canada
 - The Canadian Association of Midwives
 - The Canadian Association of Perinatal and Women's Health Nurses
 - l'Association des obstétriciens et gynécologues du Québec.
- Data Analysis (Descriptive statistics and Content Analysis)

Results



Participants included in the analysis
n = 1,135 of 1,413 (80.3%)



* Participants were excluded if they did not answer the sociodemographic section (n=271) or did not complete any question of the survey (n=7).

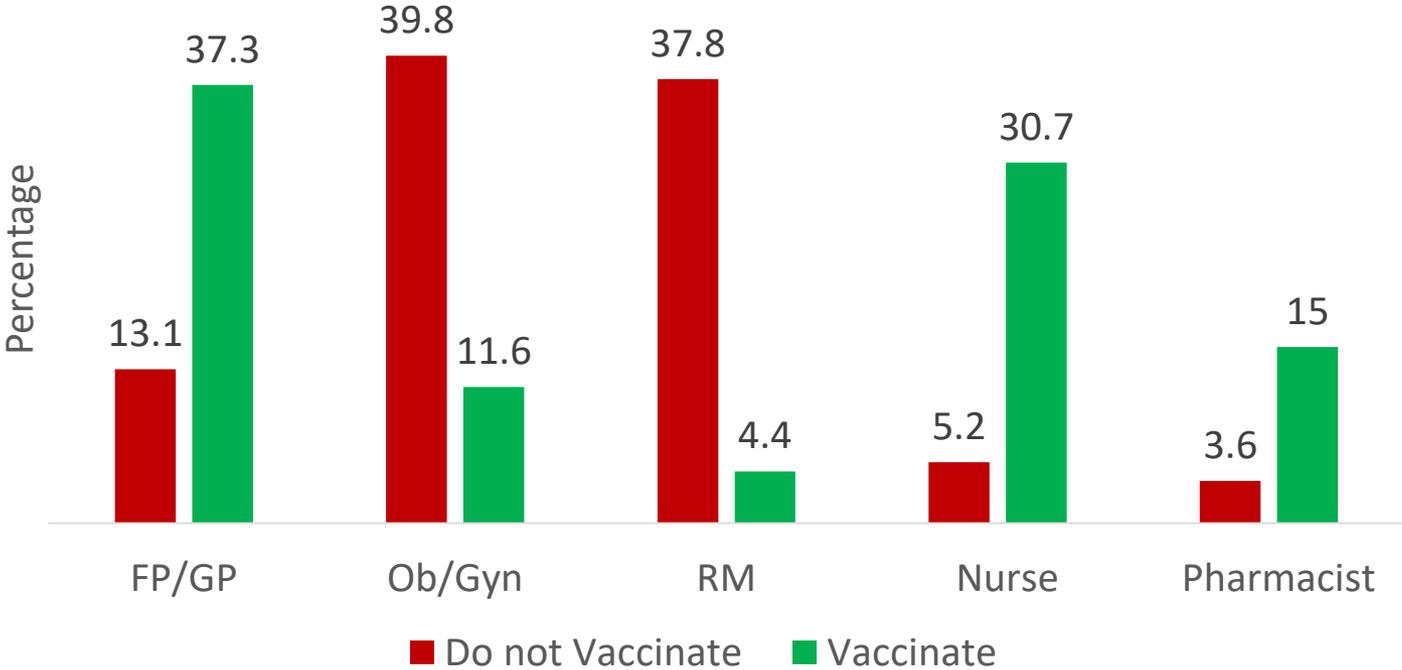
Results: Characteristics of Respondents (n=1,135)

	n	%
Profession		
Family Physician/General Practitioner	302	26.6
Obstetrician-Gynecologist	273	24.1
Midwife	218	19.2
Nurse	220	19.4
Pharmacist	113	10.0
Other	9	0.8
Gender		
Male	111	9.8
Female	1001	88.6
Other	18	1.6

	n	%
Number of years of practice		
Less than a year	85	7.5
1-9 years	403	35.6
10-19 years	296	26.2
20-29 years	193	17.1
≥ 30 years	154	13.6
Professional training		
Mostly received in Canada	1039	92.3
Mostly received outside Canada	87	7.7

Results

Vaccination Practices in Pregnancy

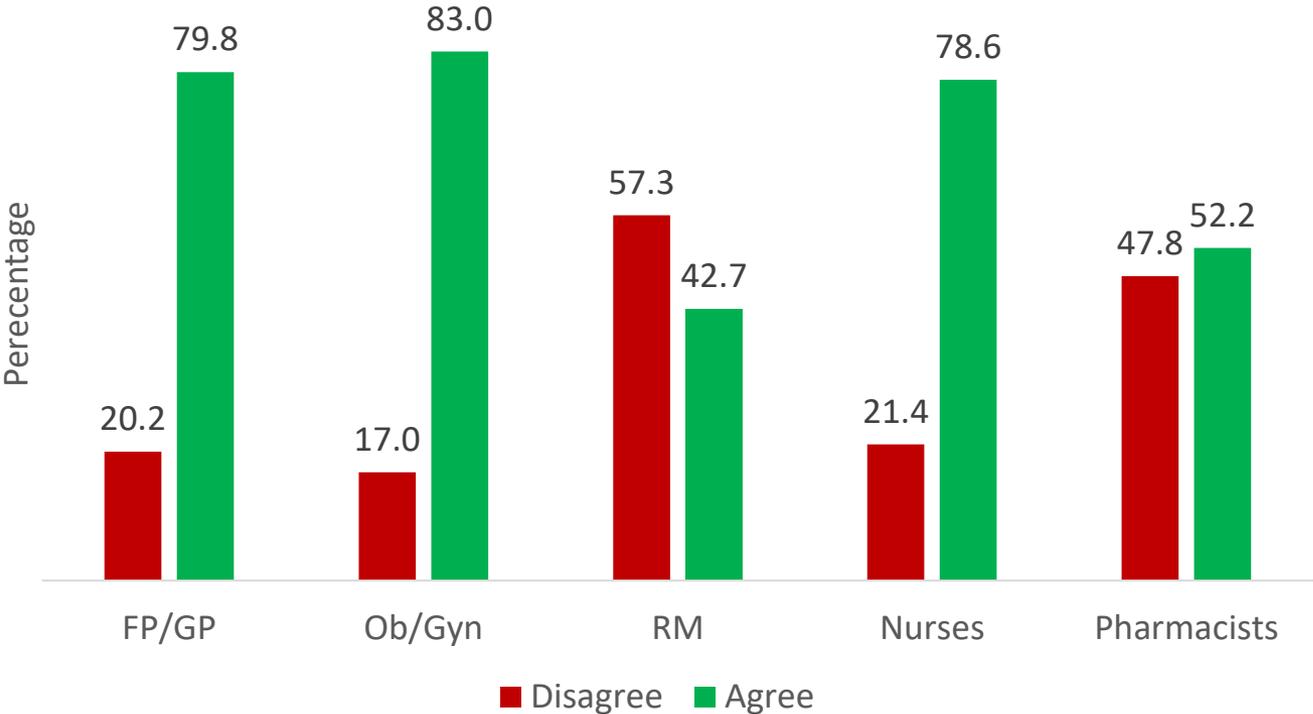


Result

- For healthcare providers who were not administering vaccines to pregnant women, they reported needing:
- Support with logistical issues (n=100)
- Education and training (n=84)
- Need more practice (i.e., low patient volume; n=64)
- Inclusion in their scope of practice (n=51)

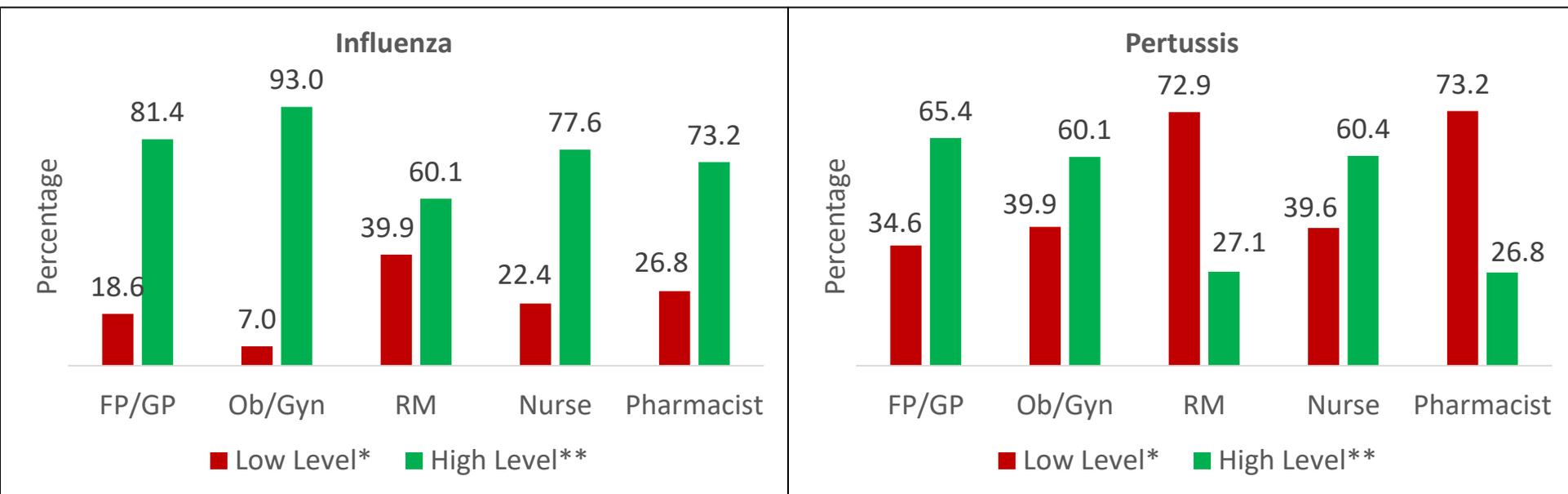
Results

I am confident offering advice about vaccines to pregnant women



Results

How knowledgeable are you about the following vaccinations during pregnancy (Likert scale responses from “0: know nothing” to “7: expert”)?



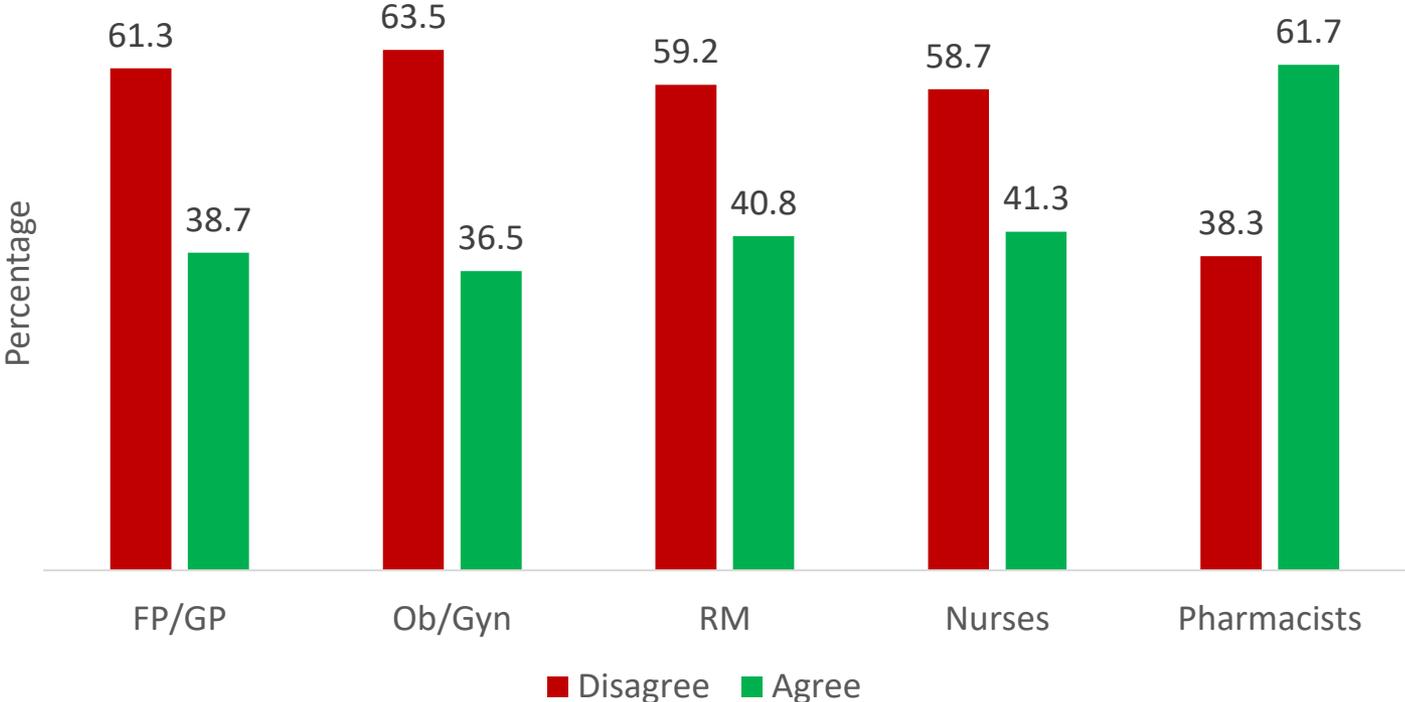
*Low level (corresponding “know nothing” to 4 responses)

**High level (corresponding “5” to “expert” responses)



Results

I think other maternity care providers discuss vaccination with their pregnant patients.



Is the data reflective of all Obstetrical HCP?

- Overall, the data reveal fairly knowledgeable obstetrical healthcare providers, who feel confident discussing and providing vaccinations
 - Yet the rates of immunization in pregnant patients remain low
- HCP with the highest volume of pregnant women each week were also the ones who did not provide vaccinations
- By stratifying the data by practice volume, it appears that the healthcare providers who do not vaccinate may have a greater contribution to the low immunization rates during pregnancy

What's next (How can we support HCP?)

- Specific tools and resources on pertussis vaccination emerged as a key area of need for all healthcare providers
- Collaborate with healthcare associations/societies to provide accredited education opportunities about the safety and efficacy of vaccination during pregnancy
- Infographics, Q & A's, order sets may help incorporate vaccination as part of routine prenatal care

SOGC Resources



Do I need to get vaccinated if I'm pregnant?

Myth vs. Science

Myth	Science
I have heard that vaccinations are not safe during pregnancy.	There are vaccines that you should receive during pregnancy in order to keep you and your newborn protected – especially Flu and Tdap (for Whooping Cough). Talk to your health care provider to learn more.
My baby can wait to get vaccinated after it's born.	Vaccines recommended for pregnant women protect you AND your baby (even up to 6 months after birth).
I rarely get sick.	Sometimes pregnant women can be at higher risk of getting sick, including the flu.
I have had the flu before. It isn't dangerous.	Flu symptoms can be much worse for pregnant women and newborns.

The science is clear

Getting vaccinated during pregnancy is the most important thing you can do to protect yourself and your newborn baby. It's easy. Talk to your health care provider about the vaccines you should receive when you are pregnant.

Stay informed | www.pregnancyinfo.ca | www.canada.ca/en/public-health/services/vaccination-pregnancy.html

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SOGC CLINICAL PRACTICE GUIDELINE

No. 357, April 2018 (Replaces No. 236, November 2009)

No. 357-Immunization in Pregnancy

This Clinical Practice Guideline supersedes the original that was published in November 2009.

This clinical practice guideline has been prepared by the Infectious Diseases Committee, reviewed by the Guideline Management and Oversight Committee, and approved by the Board of the Society of Obstetricians and Gynaecologists of Canada.

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Key Words: Pregnancy, immunization, vaccine, vaccination, contraindications

Abstract

Objective: To review the evidence and provide recommendations on immunization in pregnancy.

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Outcomes: Outcomes evaluated include effectiveness of immunization and risks and benefits for mother and fetus.

Evidence: The Medline and Cochrane databases were searched for articles published up to January 2017 on the topic of immunization in pregnancy.

Values: The evidence obtained was reviewed and evaluated by the Infectious Diseases Committee of the SOGC under the leadership of the principal authors, and recommendations were made according to guidelines developed by the Canadian Task Force on Preventive Health Care (Table 1).

Benefits, Harms, and Costs: Implementation of the recommendations in this guideline should result in more appropriate immunization of pregnant and breastfeeding women, decreased risk of contraindicated immunization, and better disease prevention.

WHAT'S NEW?

- All pregnant women should be offered a Tdap vaccine between 21-32 weeks.
- Women with risk factors for hepatitis B, hepatitis A, meningococcal and pneumococcal disease should be vaccinated during pregnancy.
- The prenatal care provider should play an active role in ensuring prenatal patients are educated and have access to appropriate immunizations during pregnancy.

KEY MESSAGES

- The prenatal care provider plays a pivotal role in a pregnant patient's acceptance of a vaccine during pregnancy.
- Many vaccines are safe for use during pregnancy.
- The influenza vaccine is universally recommended for all pregnant women.
- The Tdap vaccine is universally recommended for all pregnant women.



Update on maternal immunization: Universal Tdap for pregnant women in Canada



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Accredited e-course “Immunization in Pregnancy” anticipated launch in June 10th, 2019

Immunization in Pregnancy Online Course



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SOGC research team

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All participants who completed the survey



What to learn more?

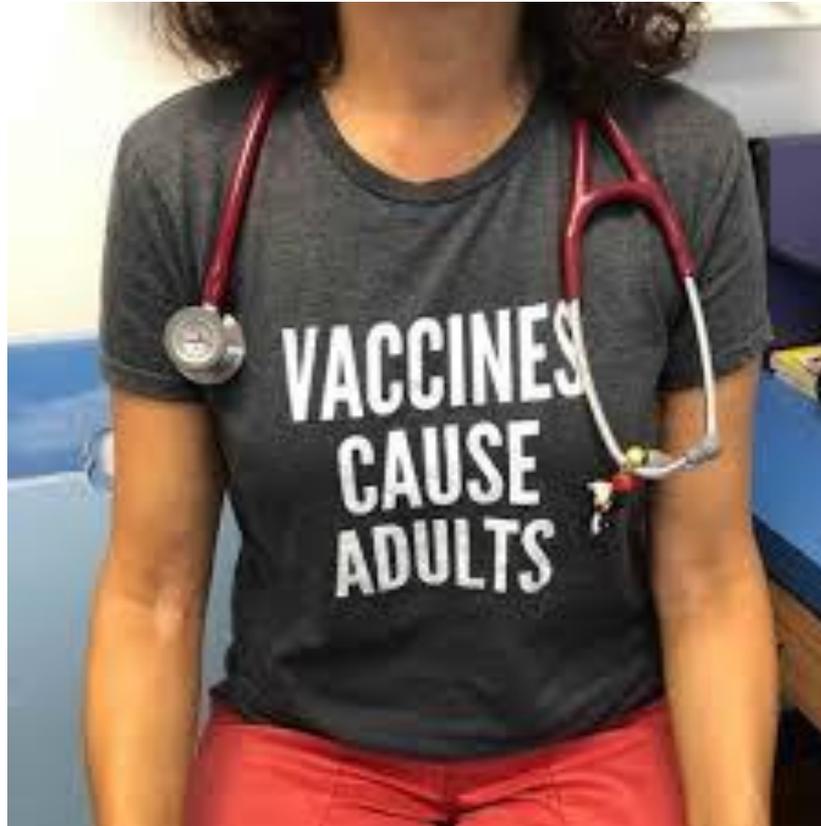
Join us

Symposium: *Vaccination in Pregnancy: To Vaccinate or not...That is the Question!*

Thursday, May 2nd @ 13:00 – 14:30

Room 210

Thank you!!



www.popsugar.com/moms/Woman-Wears-Vaccines-Cause-Adults-Shirt-45311647

Immunization in Pregnancy Online Course