#### TIMING AND CONTENT OF VACCINATION INFORMATION WITH

**EXPECTANT AND NEW MOTHERS: FINDINGS FROM A** 

LONGITUDINAL QUALITATIVE STUDY IN VICTORIA, B.C.

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#### **STUDY RATIONALE**

- Many interventions to address vaccine hesitancy focus on doctor-parent communication in the postnatal phase
- Evidence exists that some women begin the decision-making process about vaccinations prenatally
- More research needed on the evolution of parents' beliefs and practices about vaccination
- This will inform <u>when</u> to provide mothers with information about pediatric vaccines, <u>who</u> should be providing the information, and <u>what</u> information is needed



#### THE SAMPLE

- Longitudinal qualitative interviews began Oct 2015 and will finish in Spring 2018
- Diverse socio-economic backgrounds
- Majority in midwifery care
- Only one maternity care provider is family physician
- 100% in married or committed relationship
- ~16% unattached



	n (%)
Income	
Less than \$50,000	4 (21.05%)
Between \$50,000-\$100,000	7 (36.84%)
More than \$100,000	7 (36.84%)
Opted to skip the question	1 (5.26%)
Education	
Certificate/Diploma	4 (21.05%)
Bachelors Degree	11 (57.5%)
Masters Degree	3 (15.79%)
PhD or above	1 (5.26%)
Martial Status	
Married	14 (73.68%)
Common law	5 (26.32%)
Employment Status	
Employed full time	15 (78.95%)
Unemployed	3 (15.79%)
Homemaker	1 (5.26%)
Maternity care provider	
Midwife	11 (57.5%)
GP - Family Doctor	1 (5.26%)
GP - Not Family Doctor	5 (26.32%)
OBGYN	2 (10.53%)
Number of children	
Primapara	16 (84.21%)
Multipara	3 (15.79%)
Longitudinal care	
Attached to Regular GP	16 (84.21%)
Unattached to Regular GP	3 (15.79%)
Age	
Mean	33





# POINTS OF LEVERAGE: WHEN IS THE OPTIMAL TIME TO DISCUSS VACCINATION WITH MOTHERS?

- Majority have formed intentions prior to, or during prenatal period
- Some felt they lacked sufficient information
- Only two had not yet formed a clear intention

"Oh, we're definitely going to vaccinate. I vaccinated my daughter".

P: We will be vaccinatingI: Like the full schedule?P: Probably the full schedule.



# POINTS OF LEVERAGE: WHO IS THE OPTIMAL SOURCE OF INFORMATION ABOUT VACCINATION?

- Although majority formed their intentions pre-natally, few maternity care providers were speaking with them about vaccination
- Only one maternity doctor was also GP; others were exclusively maternity care

"Ummmmm, not really. I don't [pause] think that's in their scope of practice".

"She did not, not at all. I asked her about them [vaccines] and she was like "I'm sorry I can't advise you, I don't know anything".

"No they haven't. I suspect she probably will maybe after the birth".



## POINTS OF LEVERAGE: WHO IS THE OPTIMAL SOURCE OF INFORMATION ABOUT VACCINATION?

- Clear contrast between quality of relationship between patient and pre-natal versus post-natal care provider
- Prenatal care provider important, <u>particularly</u> for unattached

"She's really excellent at making sure that I have all the information I need, and she's certainly not afraid to bring in other experts when she feels that there's a need. So yeah, she's very informed and just I think a really excellent practitioner "

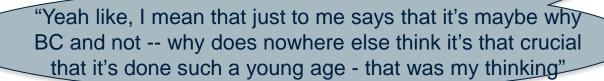
"Uh, my previous family doctor just retired so I don't really know much about him..but I do have a family doctor"

"I have a family doctor. Um...its not anyone that I feel close to at all. I don't even think she knows I'm pregnant. Yeah. So."



## POINTS OF LEVERAGE: WHAT IS CRUCIAL INFORMATION TO DELIVER ABOUT VACCINATIONS?

 Address <u>why</u> different provinces have different vaccination schedules



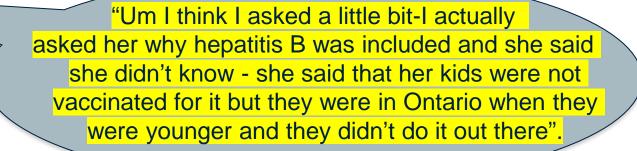
Explain <u>why</u> different health care professionals may make slightly different recommendations

"And all the information that he [GP] provides me, and I trust him and I really like him, um, versus what the health unit nurses are saying, is always different....And I actually had one woman, like, kind of snap at one suggestion I made about teething....So I don't know, the information I get from them is kind of weird, I don't know if I really trust it. And they're not always the friendliest"



# POINTS OF LEVERAGE: WHAT IS CRUCIAL INFORMATION TO DELIVER ABOUT VACCINATIONS?

• Explain <u>why</u> Hepatitis B vaccines are necessary for new babies



 Explain <u>why</u> anyone should mind an unvaccinated child if their own child is vaccinated

> "One thing I don't really understand is, if you've vaccinated your child, how - why does it matter if somebody else hadn't vaccinated their child?"



### DISCUSSION

- Shortage of GPs in BC has implications for vaccination
- Some potentially missed opportunities for vaccine hesitant mothers
  - WHEN: Incorporating discussion of vaccinations into "4<sup>th</sup> Trimester" conversations
  - WHO: Drawing on existing trust with prenatal health care provider
  - WHAT: Addressing key 'disjunctures' in information
    - Beyond the traditional FAQs: "Why should my child get immunized?", "Haven't we gotten rid of most diseases children are immunized for?" (HealthLinkBC)
    - Different information from various health care professional
    - 13 different immunization schedules
    - Why the need for immediate Hep B
    - How do unvaccinated children pose a risk?





### A CAUTIONARY NOTE

There ARE places where parents can currently get answers to their questions:

why are there different immunization schedules in each province in Cana





Google

Vaccine Choice Canada: "Note that PHAC attempts to assure parents that, "Vaccines work best when they're given at the right time as your child grows". Considering the variation in vaccination schedules across the country, we wonder which "right time" they're referring to".



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