



SOGC

Vaccinating Pregnant Women: Knowledge, Beliefs, Attitudes and Practices of Women's Healthcare Providers

Courtney R. Green, PhD, MSc

Manager, Medical Research and Guidelines

The Society of Obstetricians and Gynaecologists of Canada

Background

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

Questions

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



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

- To determine knowledge, beliefs, attitudes and current practices of women's healthcare providers related to vaccination during pregnancy
- Identify specific challenges based on the different healthcare professionals (e.g., Obstetricians; Family Physicians; Nurses; Midwives; Pharmacists)
- Inform the development of training and education tools that aim to improve the rate of immunization among pregnant women
- Obtain baseline data to evaluate interventions and programs that may change practice

What did we find?




- Differences across healthcare providers
 - Family physicians/General practitioners and nurses are most likely to vaccinate pregnant women
- Targeted education is needed
 - Midwives; Pharmacists
- More information on the Pertussis vaccine
- Scope of practice



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

How can we support HCP?

IDEAS	
CLINICAL PRACTICE GUIDELINE	
WORKSHOPS/WEBINARS	
E-COURSE	
TOOLKITS	

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.

Eliana Castillo, MD, Calgary AB
Vanessa Poliquin, MD, Winnipeg MB

Infectious Diseases Committee: Céline Bouchard, MD, Québec City, QC; Marc Boucher, MD, Montréal, QC; Isabelle Brucouan, MD, Montréal, QC; Sheila Caddy, MD, Calgary, AB; Eliana Castillo, MD, Calgary, AB; V. Logan Kennedy, RN, Toronto, ON; Deborah M. Money, MD, Vancouver, BC; Katie Murphy, MD, Toronto, ON; Gina Ogilvie, MD, Vancouver, BC; Candice Poliquin, RM, Taini-Rivlines, QC; Vanessa Poliquin, MD, Winnipeg, MB; Julie van Schalkwyk, MD (co-chair), Vancouver, BC; Mark H. Yudin, MD (co-chair), Toronto, ON. **Special Contributor:** Nora MacDonald, MD, Halifax, NS.

Disclosure statements have been received from all authors.

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

Abstract

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

J Obstet Gynaecol Can 2018;40(4):478-489

<https://doi.org/10.1018/j.pgc.2017.11.010>

Copyright © 2018 The Society of Obstetricians and Gynaecologists of Canada/La Société des obstétriciens et gynécologues du Canada. Published by Elsevier Inc. All rights reserved.

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?

1. All pregnant women should be offered a Tdap vaccine between 21-32 weeks.
2. Women with risk factors for hepatitis B, hepatitis A, meningococcal and pneumococcal disease should be vaccinated during pregnancy.
3. 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

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

Take Home Messages

1. Prenatal care provider plays a pivotal role in a pregnant patient's acceptance of a vaccine during pregnancy.
2. Many vaccines are safe for use during pregnancy.
3. Influenza vaccine is universally recommended for all pregnant women.
4. Tdap vaccine is universally recommended for all pregnant women.

Workshops & Webinars

- Workshops
 - SOGC Regional CME Meetings
 - National SOGC Conference
- Webinar
 - Tdap Vaccine in Pregnancy
- Q & A



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



Vanessa Poliquin, MD FRCSC
Reproductive Infectious Diseases, OBGYN
Department of Obstetrics and Gynecology
University of Manitoba

Posters



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

NOCC 1067 MAY 16 PREGNANT WOMEN NEEDS PDF 1

2016-03-27 10:19:43



Pregnant women face higher risk for the flu

It's flu season!

Pregnant women who get the flu are more likely to develop serious complications, so it is important to get vaccinated.

Get the vaccine

While basic prevention measures are important, vaccination is the single best way to protect against the flu. The flu vaccine is recommended for pregnant women.

Follow flu prevention measures

- Wash your hands often with soap and warm water for at least 20 seconds. An alcohol-based hand sanitizer is also effective in killing viruses.
- Cough and sneeze in your arm or sleeve, not your hand.
- Keep common surfaces and items clean and disinfected.
- Have a thermometer at home to check your temperature – a fever is 38° C (100.4 F°) or higher.
- Stay home if you have mild flu symptoms.

Know the flu symptoms

Mild flu symptoms: Fever, cough, sore throat, sore joints, sore muscles and fatigue.

Severe flu symptoms: Shortness of breath, difficulty breathing, chest pain, bloody sputum (phlegm) and severe or persistent vomiting.

Remember

Being vaccinated while pregnant also protects your baby for up to 6 months after birth.



Speak to your health care provider about being vaccinated and to learn more.

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

Accredited Vaccination in Pregnancy E-Course

8 modules

- Immunization in Pregnancy
- Making Recommendations & Increasing Access to Vaccines
- Vaccine Hesitancy
- Storage, Handling and Administration of Vaccines in Pregnancy
- Adverse Reactions to Vaccinations in Pregnancy
- Inadvertent Vaccine Exposure during Conception and Pregnancy
- Preconception and Postpartum Vaccines
- Travel Vaccines in Pregnancy



A dose of expert knowledge

This NEW SOGC online course covers a range of topics on vaccination in pregnancy, including:

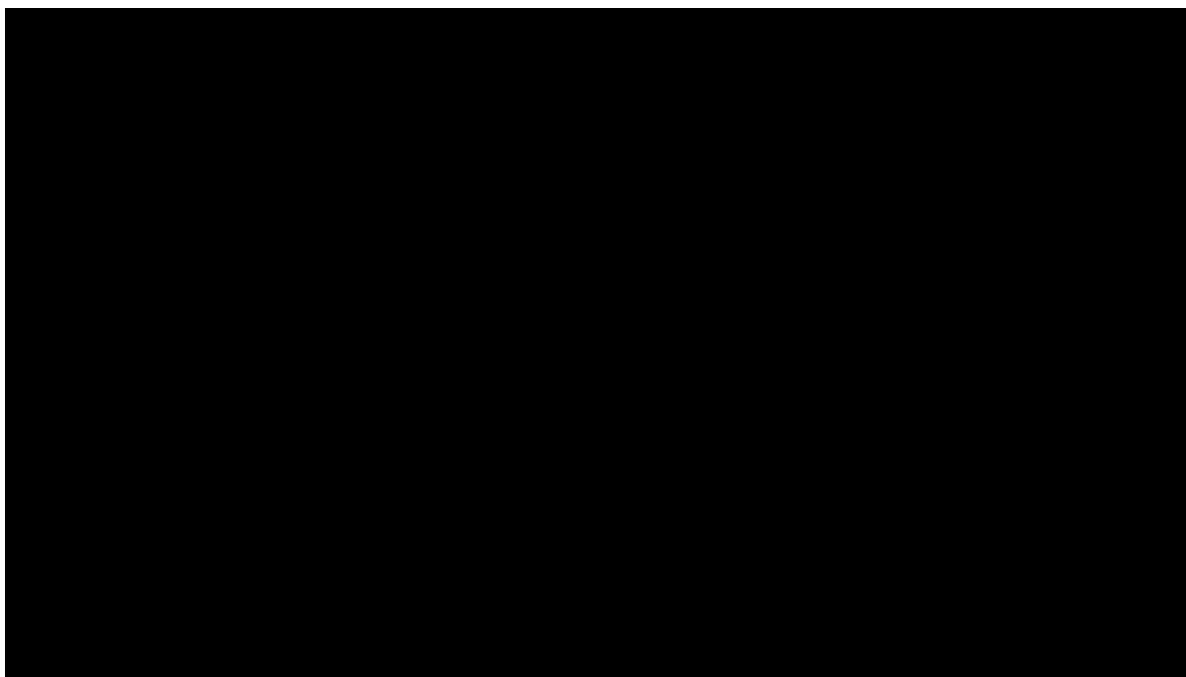
- Evidence on safety and efficacy of vaccination from preconception to postpartum
- Tips and approaches for managing vaccine hesitancy
- Strategies to promote informed decision-making about vaccination

Register now at [sogc.org/online-courses](https://www.sogc.org/online-courses)

E-Course Launch: June 10, 2019



E-Course Promo



Vaccination in Pregnancy Toolkit



How to Start a Vaccination Clinic



1. Ensure the clinic has:
 - Good lighting and ventilation
 - A sink for handwashing
 - Space to prepare and fill syringes and storage for sharp containers
 - A vaccine refrigerator and temperature monitoring devices
 - Shelves or cabinets to store needles, alcohol wipes, and educational brochures
2. Follow recommendations for safe vaccine delivery and storage.
 - Refer to module "Storage, Handling, and Administration of Vaccines".

3. Follow safety protocols and recommendations to decrease risk of infection.

4. Be prepared for minor and severe adverse reactions.

- Ensure that all staff are trained to respond to adverse reactions related to vaccination.
- Have an anaphylaxis kit available in your clinic.
- Report adverse events to the Canadian Adverse Events Following Immunization Surveillance System (CAEFISS).
- Refer to module "Adverse Reactions to Vaccinations in Pregnancy".

5. Assess immunization status during every visit.

- Help your patients identify the vaccines they need using vaccine questionnaires based on medical conditions and future travel plans.

6. Assist patients in making informed decisions about vaccination during pregnancy by providing them with the relevant Vaccine Information Statement (CDC resource) or other source of reliable information about the vaccine(s) in question.

Vaccination in Pregnancy Online Course | Making Recommendations and Increasing Access to Vaccines | www.sogc.org



Vaccination pendant la grossesse : Réactions indésirables possibles

Les réactions indésirables fréquentes et rares suivantes ont été signalées après l'administration de vaccins pendant la grossesse. La réaction indésirable la plus fréquente aux vaccins est la douleur et l'endolorissement au site d'injection.

Réactions indésirables fréquentes

- Réactions au site d'injection
- Douleur
- Érythème
- Enflure
- Fatigue
- Myalgie ou arthralgie
- Frissons
- Fièvre

Réactions indésirables rares

- Maux de tête
- Réaction immédiate de type allergique (urticaire, angio-œdème, asthme allergique, anaphylaxie)
- Syndrome de Guillain-Barré (SGB) < 0.1%*
- Syndrome oculoréspiratoire (SOR) < 0.1%*

*Réaction observée pour les vaccins antigrippaux seulement

Cours en ligne « Vaccination pendant la grossesse » | Effets indésirables des vaccinations durant la grossesse | www.sogc.org/fr



HOW TO

Properly Store Vaccines

Vaccine safety is patient safety. Do your part to maintain the vaccine refrigerator.



1 Keep refrigerator between 2°C and 8°C

4 Always keep refrigerator plugged in

7 Open door only when necessary

2 Stock only a one month supply of vaccines

5 Do not store vaccines on door shelves

8 Check and log temperature twice a day

3 Use only to store vaccines (no food or beverage)

6 Store full bottles of water on empty shelves and on the door

9 Never leave vaccines outside the refrigerator

R_x

PRESCRIBER NAME, ADDRESS, PHONE NUMBER

Patient Name: _____

Date: ____ / ____ / ____

Vaccines recommended during pregnancy:

- Tdap** (tetanus, diphtheria, pertussis [whooping cough])
0.5 mL IM x 1
- Inactivated Influenza**
0.5 mL IM x 1

Prescriber's Signature: _____

License #: _____

These vaccines may be available from your primary care physician, local health department, or pharmacy. For more information, please visit www.pregnancyinfo.ca





Social Media Campaign



Conclusions and Next Steps

- Interdisciplinary approach was key to project success
- Tools and resources on vaccination in pregnancy were needed for *all* antenatal healthcare providers
- New and ongoing collaborations with healthcare associations/societies will provide accredited education opportunities to discuss safety and efficacy of vaccination during pregnancy
- Knowledge, beliefs, attitudes and practices of women's healthcare providers related to vaccination in pregnancy should be re-evaluated in future to identify change (if any)

Acknowledgements

Support from the Public Health Agency of Canada

SOGC research team

- Jocelynn Cook; Kyla Kaminsky; Mina Majd

Institut national de santé publique du Québec team

- Eve Dubé; Dominique Gagnon; Manale Ouakki

The Canadian Immunization Research Network research team



**Thank
you!!**



QUESTIONS???