



Midwives and Vaccination

Delivering Informed Choice Discussions

Research commissioned by PHAC (Environics, Survey of Healthcare Providers' Views and Experiences with Vaccine Hesitancy: Final Report, March 31, 2018)

“Phase I” project 2019-2020

“Phase II” project 2020-2021



A quick note:

Midwives are primary caregivers for pregnant people, birth and the 6-week postpartum period

Midwives attend birth at home, in birth centres and in hospital

The Canadian midwifery model is based on continuity of care, informed choice, choice of birthplace and the protection of normal





What is Informed Choice?

- Provide all & any information, including incidence, benefits, risks, community standards, research (evidence) and clinical guidelines, in a transparent, neutral manner within the context of a non-authoritarian partnership with clients
- Encourage the client to actively participate in their own health care by listening, researching & taking personal context into consideration
- The client is the final decision-maker & midwives will respect that decision even if it diverges from the norm or the clinical recommendations

https://canadianmidwives.org/wp-content/uploads/2018/10/FINALMoCPS_O09102018.pdf

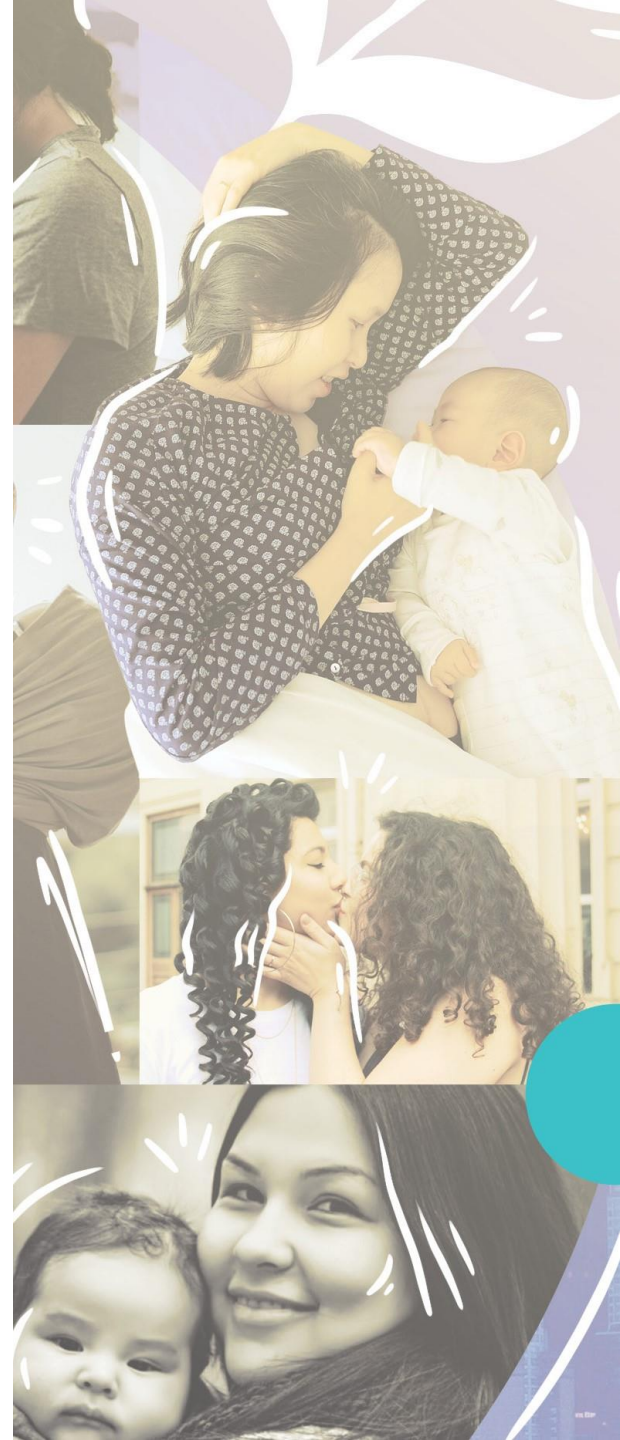
Phase I Project Objectives

1) Gather information (midwives & clients including Indigenous midwives and clients)

- existing legislated midwifery competencies & scopes of practice
- current practice management
- attitudes, perceptions, challenges (midwives & clients)
- self-perceived needs for informational materials

2) Position Statement

3) Create informational materials for Indigenous & non-Indigenous midwives and clients



Project Activities - Gather information

Survey

- Online, French & English, Canada-wide
- Ethics approved
- 2,413 midwifery clients respondents; 4.9% Indigenous; 850 additional comments
- 320 midwife respondents; 9.22% Indigenous; over 500 additional comments
- SimpleSurvey, cross-tabulated for Indigenous & by province



Project Activities - Gather information

Focus Groups

- In-person and virtual (BC, MB, ON, QC)
- Groups exclusively for Indigenous Midwives (IMs) and Indigenous clients
- 54 midwives, 1 Indigenous, 2 working in a remote, Indigenous communities
- 6 midwifery clients, 0 Indigenous clients
- Deductive thematic analysis; 2 midwife-researchers



Project Activities - Gather information

Background Interviews

- 10 people
- At the institutional level
- Pediatricians, Midwives, Public Health Researchers, Midwifery Educators, Researchers, Indigenous Communications Specialist, Vaccine-Critical spokespeople





Key Messages (Midwives)

The majority of midwife respondents support vaccination

- Given Indigenous communities' health indicators, risk factors & inequitable lack of access to public health measures, IMs feel it is vitally important



Key Messages (Midwives)

***Knowledge, competencies, scope of practice
& practice management vary widely***

- Almost all midwives feel they need more education
- More IMs feel more confident than non-Indigenous midwives
- IMs tend to have an expanded scope of practice in response to community needs



Key Messages (Midwives)

Informed Choice Discussions (ICDs) around immunization is important

- 50% of non-Indigenous & 25% of IMs strongly agree that providing clients with comprehensive information on the recommended vaccinations of pregnancy is a necessary part of client decision-making
- ICDs for Indigenous clients may be less complex because Indigenous communities are more vulnerable to infectious diseases & therefore have less choice around vaccination
- Indigenous peoples' troubled history with infectious diseases, immunization & Canadian Public Health agencies is an important component



Key Messages (Midwives)

***Providing ICDs on immunization is important
but it is challenging***

- Only 5-25% of midwives feel confident in their ability to provide an adequate ICD on immunization



Key Messages (Midwives)

- Gaps in knowledge & lack of training
- Lack of access to primary data
- Lack of comprehensive, midwifery vetted, evidence-based information
- Fear of client reaction or of undermining the midwife-client relationship
- Public Health messaging is problematic
- Social climate – not acceptable to have questions and concerns
- Fear of ostracization from other midwives and HCPs
- Discomfort with the topic
- Not appropriate to the midwife's role



Key Messages (Clients)

*Immunization services with midwives vary
from comprehensive to non-existent*

- 72% non-Indigenous & 80% of Indigenous respondents received information from other health care providers (HCPs)
- 50% discussed immunization with their midwife
- Minimal documentation, no information on AEFI, no discharge planning
- Less than 10% directly vaccinated by a midwife

Key Messages (Clients)

Overwhelming “yes” to more immunization discussion & vaccination with midwives

- Trust
- Midwives provide detailed information
- Midwives allow for discourse & are respectful of different perspectives
- Convenience
- Discharge appointment is 2 weeks before first infant vaccine





Key Messages (Clients)

Midwives provide better ICDs around Immunization than other HCPs

- The midwife-client relationship instills trust
- Midwives respect individual decision
- Lack of coercion or pressure; choice is assumed
- Adequate time
- Physicians & nurses do not allow for questions or concerns
- Fear of losing care/experiences of losing care if express concerns to physicians
- General high-quality of ICDs
- *50% strongly agree immunization discussions with their midwife were effective; 70% discussion was respectful of their perspective*



Informational Materials (Clients)

Clients want:

1) Handout(s)

- Midwifery-produced
- Detailed with equal focus on vaccines (components, efficacy, benefits, risks) & infectious disease
- “Balanced”, “neutral”, “unbiased”, “respectful”

2) Resources

- Decision-making tools
 - Evaluating scientific research & internet information
 - Practical
 - Vaccine critical
-
- Online, downloadable & printable

Informational Materials (Indigenous Clients)

- Less concerned about statistics & details
- Practical information
- Information & acknowledgement about Indigenous & racialized histories of infectious diseases, immunization & Canadian Public Health agencies
- Indigenous languages
- Printed, social media, video & audio



What are the risks of the vaccine?

How effective is the vaccine?

Is the protection at the same level over the months? How many months?

How much more likely is a pregnant person to get seriously ill than a non-pregnant person?

Numbers please?

Pregnancy and newborns

If you are pregnant, you can safely get the flu shot at any time during your pregnancy.

If you are breastfeeding you can safely get the [flu shot](#).

During pregnancy, the flu shot protects you and your unborn baby. Plus, your baby stays protected for several months after they're born – which is when there is a high risk for flu complications, but they're still too young to get the shot.

When you're pregnant, changes in your immune system make you more likely to get seriously ill from the flu, which means – if you catch the flu – you have a greater risk of:

- getting complications, such as pneumonia – especially in your second or third trimester
- being hospitalized, or even dying
- premature labour and delivery
- fever, which can lead to birth defects in your child

What kind of birth defects?

What does high risk mean? How much more likely is it for a baby to have flu complications than an adult? What is the risk level for vaccinated vs unvaccinated babies?

What kind of complications? Percentages?

What does safely mean? How do you know it is safe?

What are the stats? How often do pregnant people die of complications from the flu? How much more likely is a pregnant person to die if they are not vaccinated? If the person isn't pregnant?



Midwifery Care, Immunization, and Informed Choice Position Statement

About Midwifery

Canadian and Indigenous midwives are primary care providers integrated in the Canadian public health care system who typically care for clients and newborns during pregnancy, childbirth and up to twelve weeks postpartum. Indigenous midwives are often trusted health leaders with roles in the community that extend beyond the perinatal period. Midwives play a significant role in primary health care delivery and, more generally, help secure optimal health outcomes for families. Midwives' work is centered on providing evidence-based care and informed choice, building close, non-authoritarian relationships with clients, respecting client decision-making and increasing access to health care.

Rationale

The Canadian Association of Midwives (CAM) and the National Aboriginal Council of Midwives (NACM) acknowledge that immunization can be a complex and divisive issue. CAM and NACM also acknowledge that access to vaccination information and services is a human right and increasing safe and equitable access to vaccines and vaccine information is important for community health and well-being. The prevention, control and treatment of infectious diseases improves health overall and helps to reduce health inequities among population groups.

Midwifery clients have expressed their desire for and trust in midwives to facilitate nuanced, evidence-based, and respectful discussions around immunization, thereby confirming that midwives are well positioned to not only engage families in immunization education and decision-making but to contribute an important perspective to immunization research, information-sharing, and service delivery.

Current midwifery training, scope, capacity, and resources around immunization vary between provinces and territories, regions and communities, however, providing infectious disease and immunization information and vaccine administration services to clients is appropriate to the midwife's role and can improve clients' health and well-being.

Principles

- ❖ **Promoting wellness**
Midwives advocate for normal, physiological pregnancy, birth, and the newborn period. Discussing interventions, including vaccination, is a component of this approach.
- ❖ **Informed Choice**
Midwives are committed to respectfully delivering comprehensive, evidence-based immunization information and acknowledge client autonomy in decision making.
- ❖ **Active Engagement**
Midwives welcome questions and discussion, promote active client participation in health care decision-making, strive to hear diverse perspectives, respond to a diversity of needs, and support open social discourse around vaccination.



- ❖ **Access**
Midwives work to improve access to health care, including immunization information and services, for Indigenous, Black, racialized and otherwise marginalized communities.
- ❖ **Transparency**
Midwives underline the importance of accessible, clear, and comprehensive information from government agencies responsible for the collection of scientific and medical information around immunization. Access to scientific data is required for the delivery of comprehensive informed choice discussions.
- ❖ **Cultural Safety for Indigenous, Black and Racialized Peoples**
Indigenous, Black, and racialized peoples live with disproportionate burdens of infectious diseases and a lack of access to vaccines has adversely affected their health, particularly in under-served communities. Public health services need to be delivered to Indigenous and racialized peoples within a framework of cultural safety.

Recommendations

Currently, midwifery immunization services that meet the needs of clients are not available in all jurisdictions. CAM and NACM recommend the creation of conditions necessary for midwives to fully participate in vaccine information-sharing and administration within a framework of informed choice. These recommendations include:

1. Education & Training

CAM and NACM support:

- a. pre-service and continuing education on infectious diseases and immunization for all midwives.
- b. including infectious disease and immunization knowledge in university and community-based midwifery education programs, national pre-service registration exams, and both the National Aboriginal Council of Midwives and the Canadian Midwifery Regulatory Council's core competencies frameworks.
- c. including Indigenous, Black, and racialized peoples' colonial history and current experiences of infectious diseases and public health services in all immunization education.

2. Scope of Practice

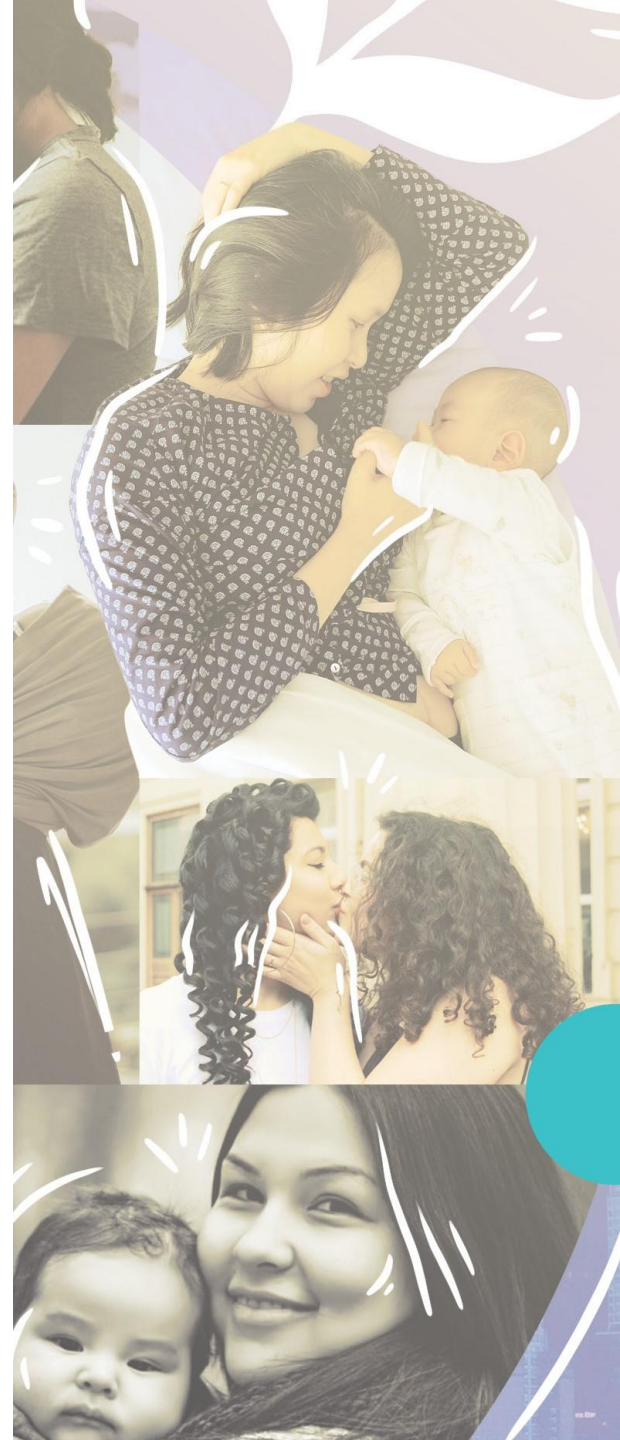
CAM and NACM call on:

- a. midwives to be responsive to the immunization needs of their communities.
- b. midwifery regulatory bodies to include the delivery of informed choice discussions on infectious diseases and immunization in midwifery scopes of practice.
- c. midwifery regulatory bodies to include vaccine prescription and administration of the routine recommended vaccines of the perinatal period in midwifery scopes of practice.
- d. governments for political, logistical and financial support to establish vaccine administration in midwifery care settings, this includes facilitation of interprofessional collaboration to support ease of vaccine access for midwifery clients, particularly in settings where access to comprehensive primary care is more limited, and increased funding where there is scope expansion.
- e. governments to facilitate midwifery participation in the design and implementation of vaccination initiatives, programs, and policies.

Position Statement

Principles

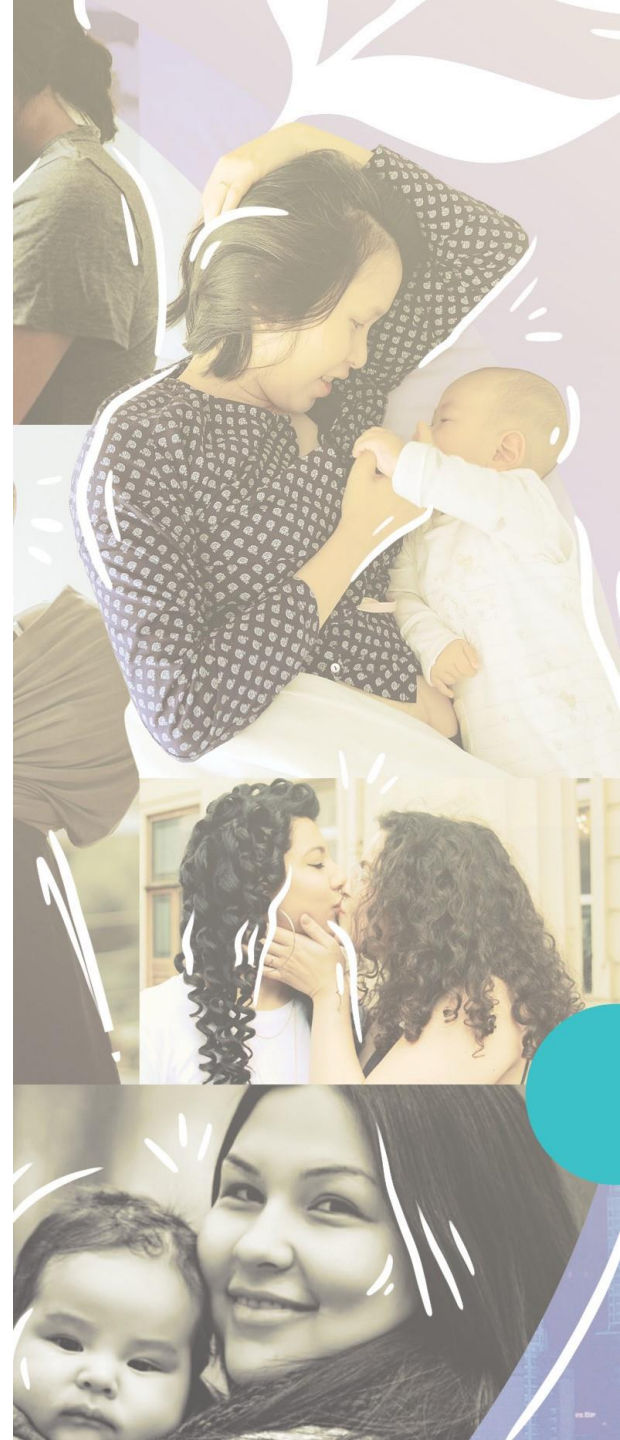
- Wellness promotion
- Informed Choice
- Active engagement
- Access
- Transparency
- Cultural safety for BIPOC people



Position Statement

Rationale

- Equitable access to vaccination information & services is a human right
- Reducing ill-health from infectious diseases reduces health inequities among population groups
- Providing immunization information & administering vaccines is appropriate to the midwife's role
- Midwives are well positioned to discuss immunization



Position Statement

Recommendations

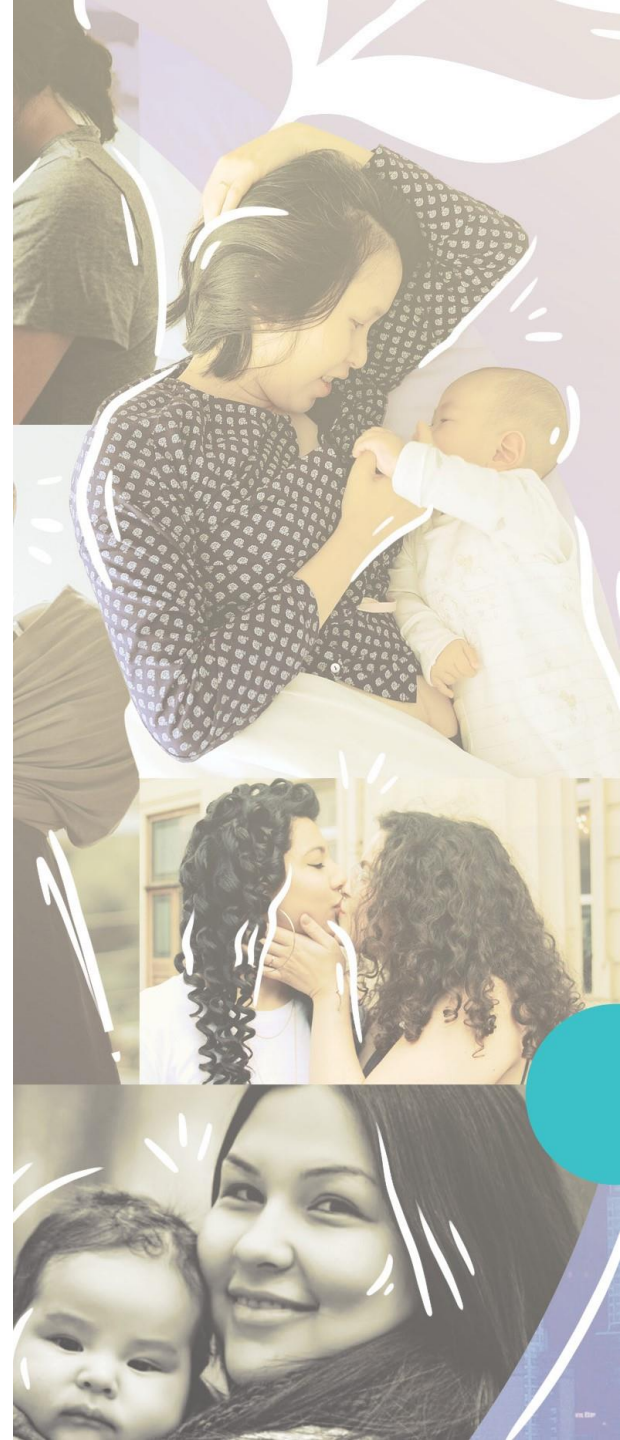
1) Education and Training

- including BIPOC perspective

2) Scope of practice & participation in larger programs

3) Best practice & Research

4) Information transparency





Informational Materials (Midwives)

Midwives want:

1) Education

- Content; care management
- Discussing immunization within an informed choice framework

2) Informational resources

- Including vaccine critical ones

3) Clinical Practice Guideline

- Detailed primary data about diseases *and* vaccines
- Midwifery-vetted

Informational Materials (Midwives)

4) Client handout(s)

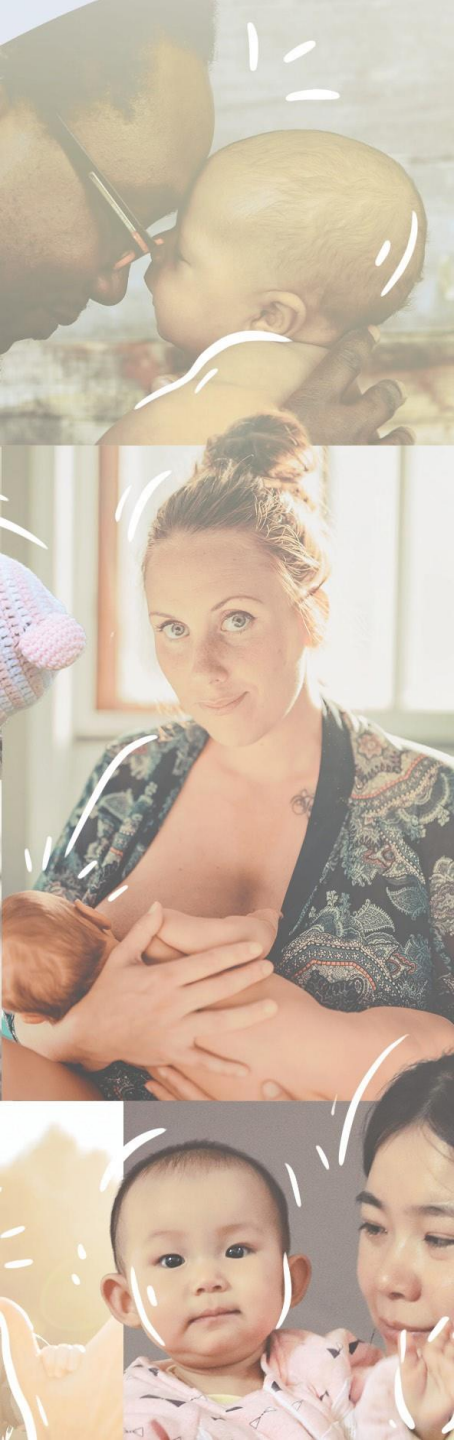
- Midwifery-created
- Public health recommendations
- Focus on vaccines of pregnancy (tDAP & influenza), MMR, Hep B, Varicella
- Neutral, balanced & respectful tone that assumes choice
- Equal emphasis on risks & benefits of infectious diseases & vaccines
- Detailed statistics
- Evidence-based decision-making tools
- Tools for understanding scientific research & internet information
- Other informational resources including practical
- Simple, online, downloadable, printable



Informational Materials (Indigenous Midwives)

4) Client Handout

- Indigenous & racialized history of infectious diseases, immunization & Canadian public health agencies = lack of trust
- Information about diseases common to Indigenous communities (TB, Hep A, Hep C, HPV)
- Accessible concepts & language; Indigenous languages
- Printable
- Combination of formats & platforms (text, video, audio, youtube, social media)
- Teaching through story telling & personal experience



General Poster



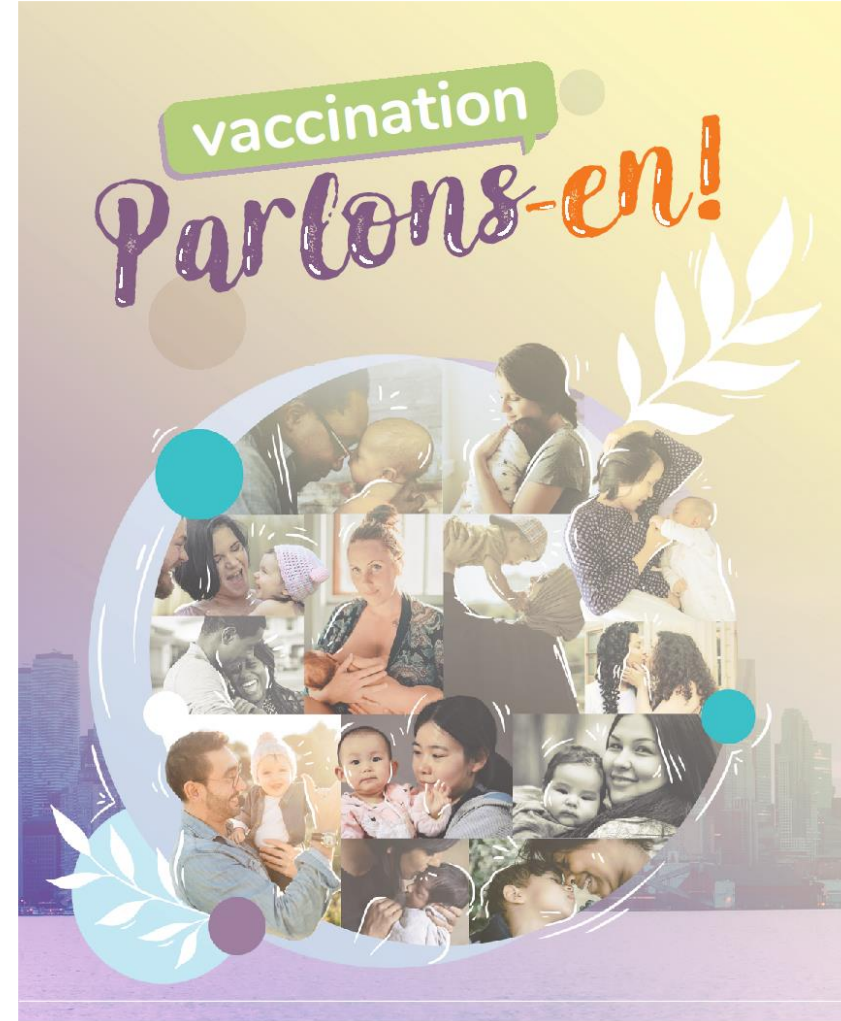
Talk to your midwife. We're here to listen and answer your questions.

canadianmidwives.org/vaccines

#wecantalkaboutit



Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada.
The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.



Parlez-en à votre sage-femme. Nous sommes là pour répondre à vos questions.

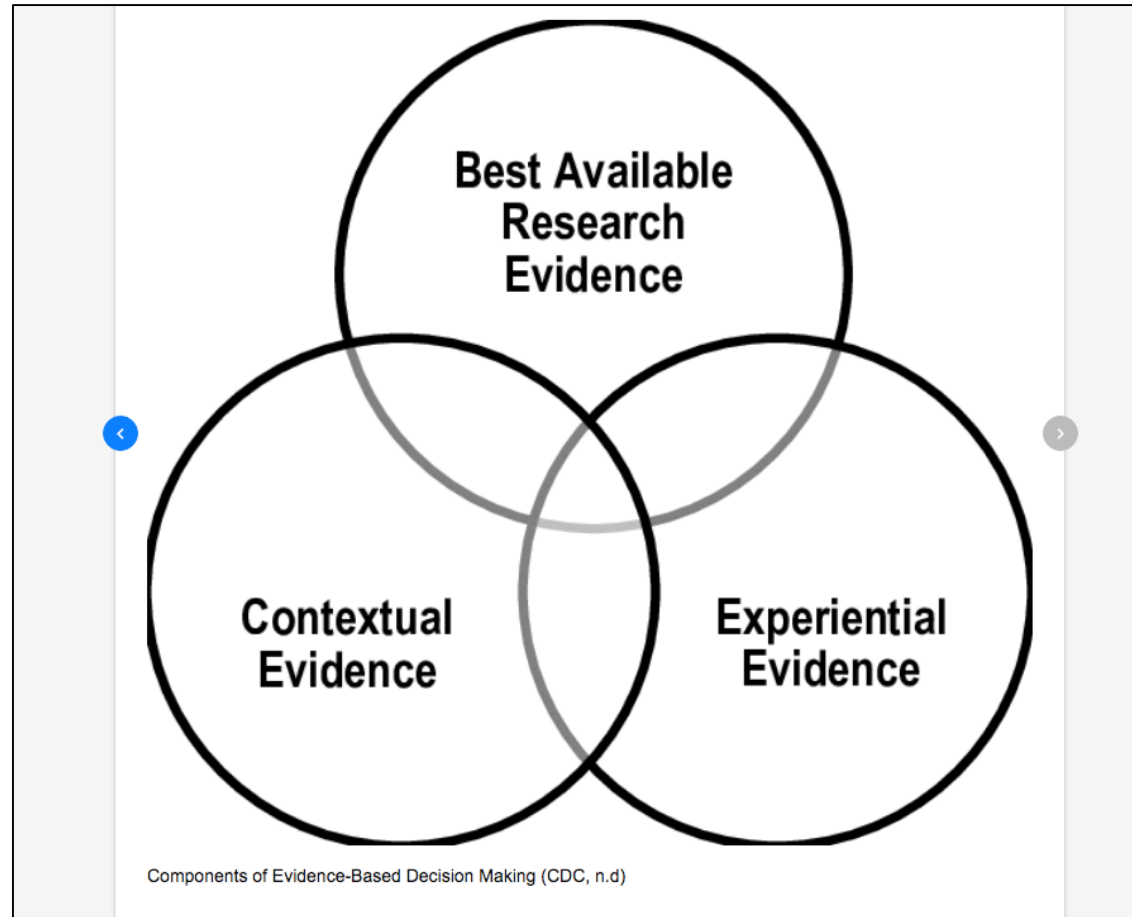
canadianmidwives.org/fr/vaccins

#vaccinsparlonsen



Le présent document a été produit grâce à la contribution financière de l'Agence de la santé publique du Canada.
Les opinions exprimées ne représentent pas nécessairement celles de l'Agence de la santé publique du Canada.

Evidence-Based Decision-Making



CDC, n.d.

General Decision-Making Poster

vaccines
We can talk about it.

Making an informed choice decision



Our Parents' Top 5 Questions

1. Infant & childhood vaccinations
2. Vaccine ingredients
3. Safety and unknowns
4. Risks and reactions
5. Indigenous, Black, racialized, and 2SLGBTQIA+ history with public health

Talk to your midwife. We're here to listen and answer your questions.
canadianmidwives.org/vaccines
#wecantalkaboutit



Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada.
The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.



vaccination
Parlons-en

Prendre une décision informée



Les 5 premières questions de nos parents:

1. Vaccins pour les enfants
2. Ingrédients des vaccins
3. La sécurité et les incertitudes
4. Risques et réactions
5. Peuples autochtones, noirs, racialisés, et 2SLGBTQIA+, et leur histoire avec la santé publique

Parlez-en à votre sage-femme. Nous sommes ici pour répondre à vos questions.
canadianmidwives.org/fr/vaccins
#vaccinsparlonsen



Le présent document a été produit grâce à la contribution financière de l'Agence de la santé publique du Canada.
Les opinions exprimées ne représentent pas nécessairement celles de l'Agence de la santé publique du Canada.



General Decision-Making Handout



Making an **informed choice** decision involves assessing three types of evidence.

Research

It is valid to ask:

- How are the studies paid for?
- Did they study people like me?
- Can I make sense of the numbers?
- Can my midwife help me understand?

1
The Science

Information on the internet

Verify:

- Who runs the website?
- Is it up to date and what does it reference?
- What are some signs a website has a balanced point of view?

Life Circumstances

Thinking about your life circumstances usually helps make a better decision. These kinds of questions might be:

- Am I, or are people in my community, more likely to get sick?
- Is it easy for me to get information?
- Has anyone in my family had a bad reaction to a vaccine?

2
My Context

Public Health

Public Health is the health of the whole population.

Public health measures include clean water and vaccines. The government has public health agencies across Canada.

You are an expert on you & your family

Your lived experience is important when making decisions.

- What are your needs?
- What is important to you?
- What are your feelings about vaccination?
- Who in your life can you talk to about vaccines?

3
Me & My Family

Benefits vs. Risks

Benefits are how something is meant to help you. Risks are how something might negatively affect you.

Comparing the benefits & risks of a disease and a vaccine can give you a good picture of what you feel comfortable with.



Prendre une **décision éclairée** comprend l'évaluation de trois types d'information.

Recherche

Il est valable de demander :

- Comment sont payées les études ?
- Ont-ils étudié des gens comme moi ?
- Puis-je comprendre les chiffres ?
- Ma sage-femme peut-elle m'aider à comprendre ?

1
La science

Informations sur l'internet

Vérifiez :

- Qui gère le site web ?
- Est-il à jour et à quoi fait-il référence ?
- Quels sont les signes d'un point de vue équilibré sur un site web ?

Circonstances de la vie

Réfléchir aux circonstances de votre vie aide généralement à prendre une meilleure décision. Ce genre de questions peut se poser :

- Suis-je, ou les gens de ma communauté sont-ils, plus susceptibles de tomber malade ?
- Est-il facile pour moi d'obtenir des informations ?
- Est-ce que quelqu'un dans ma famille a eu une mauvaise réaction à un vaccin ?

2
Mon contexte

Santé publique

La santé publique est la santé de l'ensemble de la population.

Les mesures de santé publique comprennent l'eau propre et les vaccins. Le gouvernement dispose d'agences de santé publique dans tout le pays.

Vous êtes un expert sur vous et votre famille

Votre expérience vécue est importante pour la prise de décision.

- Quels sont vos besoins ?
- Qu'est-ce qui est important pour vous ?
- Quels sont vos sentiments concernant la vaccination ?
- À qui, dans votre vie, pouvez-vous parler des vaccins ?

3
Moi & ma famille

Bénéfices et risques

Les avantages sont la façon dont une chose est censée vous aider. Les risques sont la façon dont une chose peut vous affecter négativement.

La comparaison des avantages et des risques d'une maladie et d'un vaccin peut vous donner une bonne idée de ce avec quoi vous vous sentez à l'aise.

Indigenous Decision-Making Poster

The poster features a central heart-shaped collage of four photographs: a woman reading to a child, a woman holding a baby, a woman and a man with a baby, and a man holding a baby. The heart is decorated with white leaf motifs and colored circles. The background is a gradient of purple and blue with a city skyline at night.

vaccines
We can talk about it.

Making an informed choice decision as an Indigenous person

History
Me & my Family
All my relations
Information

Knowledge and Trust

Indigenous peoples have had negative experiences with infectious diseases and vaccination, including mass deaths, vaccine experimentation and lack of access to public health measures. These experiences can result in a lack of trust in health care providers.

Building trust is part of midwifery care. Midwives offer information and support you to make the best decisions for you and your family.

Talk to your midwife. We're here to listen and answer your questions.

canadianmidwives.org/vaccines

#wecantalkaboutit



Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

Indigenous Decision-Making Handout



vaccines

We can talk about it.

Knowledge & Trust

Indigenous peoples have had negative experiences with infectious diseases and vaccination, including mass deaths, vaccine experimentation and lack of access to public health measures. These experiences can result in a lack of trust in health care providers.

Building trust is part of midwifery care. Midwives offer information and support you to make the best decisions for you and your family.

Wellness

Your body's immune system helps protect you from infectious diseases.

- Eat healthy food when possible
- Use plant medicine
- Walk or play a sport
- Nurture spirit
- Speak with elders, knowledge keepers, midwives, family & friends for information, advice and support

Resilience

Indigenous peoples have tools & resources for building physical, mental, emotional, spiritual health and wellness.

All my Relations

"That means every person, just as it means every rock, mineral, blade of grass, and creature. We live because everything else does."

- Richard Wagamese, Embers

Talk to your midwife. We're here to listen and answer your questions.
canadianmidwives.org/vaccines
 #wecantalkaboutit



CAM ACSF
Canadian Association of
Midwifery / Association canadienne des sage-femmes



NACM
NATIONAL ASSOCIATION
OF CANADIAN MIDWIVES

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

Your midwife can tell you:

What are the recommended vaccines for me? How & where do I get them?

What can I expect when I get a vaccine and what do I do if I have a negative reaction?

How do I keep track of my vaccines?

What are my options?

Where can I get more info?

Research:

Web sites:

Services:

Webpages



Click here

[Vaccines Homepage](#)
[More Reading for Clients](#)
[More Reading for Midwives](#)
[Position Statement \(PDF\)](#)
[Project Overview and Research Summary \(PDF\)](#)
[Glossary of terms](#)
[Posters and Client Handouts \(downloadable\)](#)



<https://canadianmidwives.org/vaccines/>

<https://indigenousmidwifery.ca/>





Phase II

- September 2020 – March 2021
- To advance the role of midwives in providing vaccination information & resources to their clients
- Midwives & Indigenous midwives
- A stand-alone educational model for midwives that can be paired with or complement existing vaccination courses
- **On completion of the course participants will be able to:**
 - Describe the role & responsibilities of the midwife in public health immunization education and vaccination programs for pregnant 7 breastfeeding people & their newborns
 - Communicate effectively about immunization as relevant to midwifery practice settings to address vaccine hesitancy
 - Recognize & respond to the unique immunization needs of certain population groups including pregnancy, breastfeeding, Indigenous, BIPOC people, & in COVID-19 outbreak populations
 - Discuss the implications of basic ethical principles including individual rights, confidentiality, privacy, informed choice and informed refusal (declining)

Emma Sandona
Project Officer

esandona@canadianmidwives.org