

Midwives key to promoting vaccines, but more training is needed

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A new study shows many midwives receive little or no training on how to communicate to expectant parents the importance of maternal and childhood vaccines despite being the most trusted source of information

on vaccines in the Australian public antenatal system.

The research led by the Murdoch Children's Research Institute found that while midwives support vaccination some had varying views on whether it was central to their role.

Lead author Dr. Jessica Kaufman said the study found communication practices of midwives focused primarily on the immunization schedule rather than persuasion, although some shared personal views and actively encouraged vaccination.

But Dr. Kaufman said all requested more [vaccine](#) education and communication training to address concerns, as well as more practical resources.

"Midwives are expected to provide [vaccine information](#) and to recommend maternal [pertussis](#), influenza, and infant hepatitis B vaccinations," she said. "They are not professionally required to discuss later childhood vaccines, but [parents](#) indicate that they would like more information about these vaccines during the antenatal period.

"There is a clear need for communication tools to support midwives to address parents' questions and concerns. We know that having conversations with parents who are hesitant about vaccines can be very hard."

Dr. Kaufman said until this study little was known about how midwives communicate about maternal vaccination and childhood vaccines in Australia, and what training and resources they would like to have to support these conversations.

"In Australian public antenatal settings, midwives provide a substantial proportion of care and are the most highly accessed and trusted sources

of vaccine information for expectant parents," she said. "However, there are no evidence-based interventions for midwives to optimise discussions and promote acceptance of maternal and childhood vaccines."

"Most midwives in the study said they received little or no training to effectively communicate about vaccines during their degree programs, especially with regard to [childhood vaccines](#)."

Dr. Kaufman said some midwives felt they lacked information to provide or did not feel confident discussing vaccines in more depth. She said several thought printed fact sheets and online resources such as an educational website or an app for parents with vaccine safety and effectiveness facts would be helpful.

The study involved interviews with 12 midwives (seven from the Royal Women's Hospital and five from the King Edward Memorial Hospital in Perth) on their attitudes and values regarding maternal and childhood vaccination, their perceived role in vaccine advocacy and delivery, and the barriers and enablers to implementing a communication strategy.

Dr. Kaufman said in the study some midwives viewed vaccination as a key feature of their role, while others saw it as a minor or routine element.

"All the interviewed midwives supported vaccination but some preferred to defer to other providers to discuss vaccines because they sought to maintain the trust and rapport they see as unique between midwives and pregnant women" she said. "But some expressed reservations about pushing vaccination too strongly or sharing personal views."

In Australia, maternal vaccination coverage is reported to be between 65 percent and 80 percent for pertussis and between 45 percent 60 percent

for flu, with lower levels in certain at-risk groups.

"Increasing and sustaining high coverage rates are critical—especially as new maternal vaccines for respiratory syncytial virus and group B strep are introduced in coming years. With up to four vaccines available in pregnancy, these decisions and discussions will become even more complex and challenging," she said.

Dr. Margie Danchin, from the Murdoch Children's Research Institute, said they will now use the study findings to develop the first antenatal vaccine communication intervention package in Australia for [midwives](#) building on an evidence-based model used by US obstetricians.

"This model includes parent and provider reminders, training to improve provider communication and encourage vaccine recommendation, and parent information resources addressing vaccine benefits and disease severity," she said.

More information: Jessica Kaufman et al. Vaccine discussions in pregnancy: interviews with midwives to inform design of an intervention to promote uptake of maternal and childhood vaccines, *Human Vaccines & Immunotherapeutics* (2019). [DOI: 10.1080/21645515.2019.1607131](https://doi.org/10.1080/21645515.2019.1607131)

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