

# Online program prompts vaccination among vaccine-hesitant mothers

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A web-based program that educates mothers about how to find reliable health information and the dangers of babies contracting vaccine-preventable illnesses was effective in persuading vaccine-hesitant

mothers to vaccinate themselves and their infants, according to a study led by researchers at NYU Rory Meyers College of Nursing. The findings are published in the March issue of the journal *The Nurse Practitioner*.

Despite decades of scientific studies demonstrating the benefits of prenatal and infant vaccines, and national recommendations supporting their use, a significant number of parents question the value of vaccines for their babies and themselves, especially during pregnancy. While some parents are "antivaxx" and completely refuse vaccines, many others are [vaccine](#) hesitant—reluctant, unsure, or concerned about one or more vaccines.

Disinformation about vaccines that spreads widely on social media can fuel these concerns and make parents less likely to vaccinate themselves and their children.

"Disinformation is a major factor in vaccine hesitancy, which has been very evident throughout the COVID-19 pandemic," said Donna Hallas, director of the Pediatric Nurse Practitioner program and a clinical professor at NYU Rory Meyers College of Nursing. "Social media allows disinformation to spread rapidly, stoking fear and mistrust."

Hallas and her colleagues designed a web-based program to develop new mothers' abilities to recognize vaccine disinformation on [social media platforms](#) and antivaxx websites, educate them about the consequences of vaccine-preventable illnesses, and ultimately empower them to make informed decisions.

The study—conducted in 2018 and 2019, prior to the COVID-19 pandemic—included two groups: 141 pregnant women who were approached about the study at an OB/GYN practice and 124 mothers of newborns recruited in a postpartum hospital unit. The researchers

surveyed each group to determine their attitudes about vaccines for themselves during pregnancy (for pregnant mothers) and vaccinating their children (for mothers of newborns).

Participants were asked questions about their immunization behaviors, beliefs about vaccine safety and efficacy, attitudes about vaccine mandates and exemptions, and trust in healthcare providers and information they receive.

Participants who readily accepted vaccines were assigned to the study's control groups, while those who were hesitant about vaccines were placed into the intervention groups to take part in the online program. Those who refused vaccines completely were not included in the study, as it was focused on [vaccine hesitancy](#), but the researchers are planning future studies focused on people who refuse vaccines.

During the first part of the online intervention, vaccine-hesitant pregnant women and mothers were shown videos and resources to educate them about vaccines, as well as how to seek out trustworthy information from reliable sources and steer clear of disinformation. Participants who were still hesitant about vaccines entered a second phase of the intervention: watching a brief video by a parent of an infant in the pediatric ICU sick with either the flu or pertussis, highlighting the parent's realization that their baby was suffering from a preventable illness.

After the intervention, the researchers viewed participants' medical records to see whether pregnant women received vaccines during pregnancy (flu and Tdap, which prevents tetanus, diphtheria, and pertussis) and whether mothers to newborns vaccinated their babies with the hepatitis B vaccine and other vaccines on the Centers for Disease Control and Prevention (CDC) immunization schedule for two-, four-, and six-month well visits.

Among the [pregnant women](#) who were initially unsure or hesitant about vaccination, 82% received both flu and Tdap vaccines during pregnancy after the online intervention. In addition, the majority (74%) of all mothers of newborns fully immunized their infants, although it was difficult to compare vaccine-hesitant mothers with vaccine-accepting mothers due to a large group of babies for whom vaccine data was not available.

"Showing vaccine-hesitant individuals a brief video of how ill a child can become from a vaccine-preventable disease appeared to be an [effective strategy](#) to help them make an [informed decision](#)," said Hallas.

"No parent wants the first-hand experience of a sick child in the hospital, but this was a reality for many this fall and winter. More than 100 children have died from the flu—a disease against which we have an effective vaccine—and tens of thousands of children were hospitalized with R.S.V., which may soon have an FDA-approved vaccine. Empowering mothers with skills for vetting health information and showing them the reality of vaccine-preventable diseases can help move them from hesitancy to acceptance."

The study also shows the value of an online intervention that reaches people where they are, as the study was conducted online with the exception of in-person recruitment.

"The decision to use all online materials and interventions was based on the knowledge that [social media](#) influences decision-making, especially regarding immunization of expectant [mothers](#)," added Hallas.

**More information:** Donna Hallas et al, Vaccine hesitancy in prenatal women and mothers of newborns, *The Nurse Practitioner* (2023). [DOI: 10.1097/01.NPR.0000000000000018](#)

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