Midwives' Perceptions and Experiences of Recommending and Delivering Vaccines to Pregnant Women Following the COVID-19 Pandemic

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Abstract: The problem: Women in the UK are offered influenza (flu), pertussis (whooping cough) and COVID-19 vaccinations during their pregnancy but uptake of all three vaccines is below the desired rate. These vaccines are offered during pregnancy as pregnant women are at an increased risk of hospitalisation, morbidity, and mortality from these illnesses. Exposure to these diseases during pregnancy can also have a negative impact on the unborn baby with an increased risk of serious complications both while in utero and following birth. The research aims to explore perceptions about the vaccinations offered in pregnancy both from the perspectives of pregnant women and midwives. To determine factors that influence pregnant women's decisions about whether or not to accept the vaccines following the Covid-19 pandemic and to explore midwives' experiences of recommending and delivering vaccines. The approach: This research follows a qualitative design involving semi-structured interviews with pregnant women and midwives in the UK. Interviews with midwives explored vaccination discussions they routinely have with pregnant women and identified some of the barriers to vaccination that pregnant women discuss with them. Interviews with pregnant women explored their views since the COVID-19 pandemic about vaccinations offered during pregnancy, and whether the pandemic has influenced perceptions of vulnerability to illness in pregnant women. Midwives were recruited via participating hospitals and midwife specific social media groups. Pregnant women were recruited via participating hospitals and community groups. All interviews were conducted remotely (using telephone or Microsoft Teams) and analysed using thematic analysis. Findings: 43 pregnant women and 16 midwives were recruited and interviewed. The findings presented here will focus on data from midwives. Topics identified included three key themes for midwives. These were 1) Delivery of vaccinations which includes the convenience of offering vaccinations while attending standard antenatal appointments and practical barriers faced in delivering these vaccinations at hospital. 2) Messages and guidance included the importance of up-to-date informational needs for midwives to deliver vaccines and that uncertainty and conflicting messages about the COVID-19 vaccine during pregnancy were a barrier to delivery. 3) Recommendations to have vaccines look at all aspects of recommendations such as how recommendations are communicated, the contents of the recommendation, the importance of the vaccine and the impact of those recommendations on whether women accept the vaccine. Implications: Findings highlight the importance for midwives to receive clear and consistent information so they can feel confident in relaying this information while recommending and delivering vaccines to pregnant women. Emphasising why vaccines are important when recommending vaccinations to pregnant women in addition to standard information on the availability and timing will add to the strength and impact of that recommendation in helping women to make informed decisions about accepting vaccines. The findings of this study will inform the development of an intervention to increase vaccination uptake amongst pregnant women.

Keywords: vaccination, pregnancy, qualitative, interviews, Covid-19, midwives

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