

Access, Hesitancy, and Harm Reduction in Midwifery Vaccine Conversations

Dr. Shannon MacDonald, PhD RN
*Professor, Faculty of Nursing
University of Alberta*

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Dr. Christine Huel, PhD NP
*Assistant Professor, College of Nursing
University of Saskatchewan*

Land Acknowledgement



Statement of interests

- We receive research grant funds from national and provincial funding bodies
- We are nurses who have cared for children with vaccine-preventable disease
- We are parents, one of whom (Christine) was under midwifery care during pregnancy and child-birth

Vaccines for child-bearing people and infants



Variability in Vaccine Schedules Across Canada

No National Schedule: Immunization is a provincial and territorial (P/T) responsibility, leading to 13 distinct schedules across Canada.

Some vaccines (e.g., Men-B) are publicly funded in some P/Ts but require out-of-pocket payment in others.

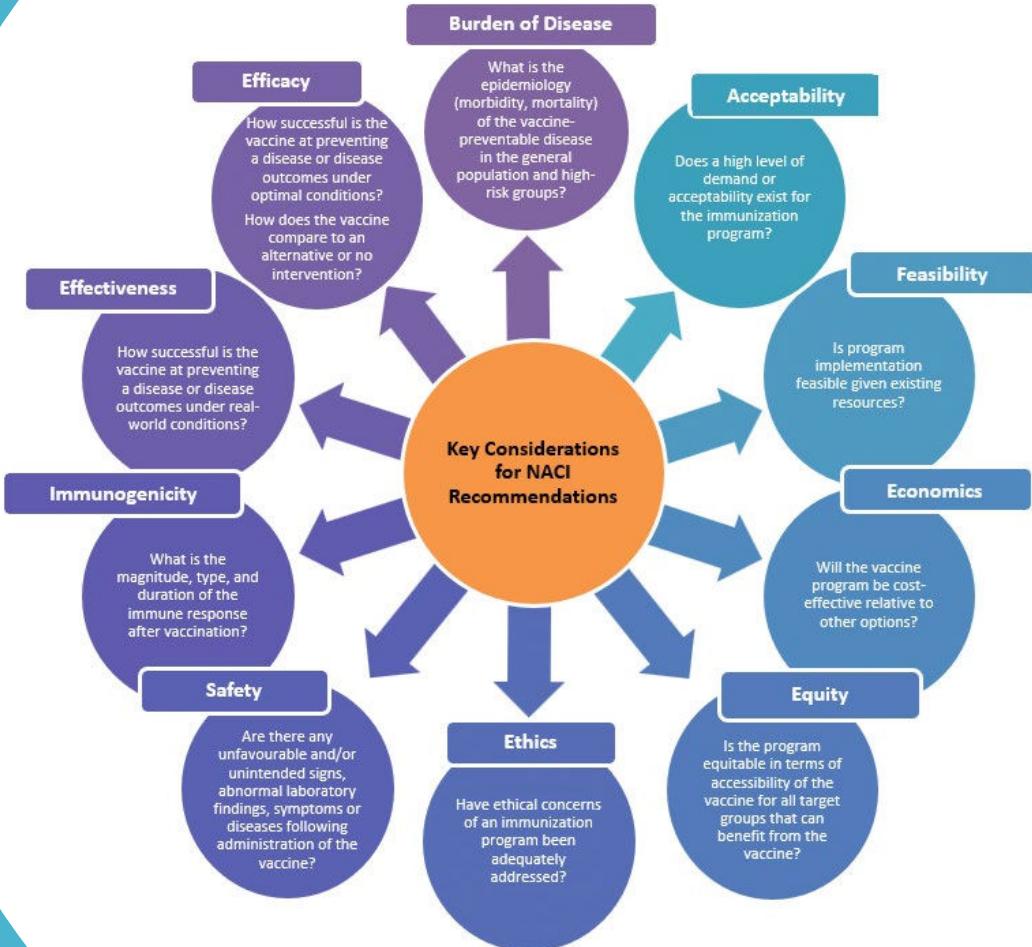
The age and number of doses varies by P/T.

National Recommendations: National Advisory Committee on Immunization (NACI)

NACI is a national advisory committee of experts that provides guidance on the use of vaccines currently or newly approved for use in Canada to the Government of Canada

They are voluntary members

NACI guidelines are used by provinces/territories to *inform* decisions about what vaccines should be publicly-funded for whom



How do P/Ts decide which vaccines to publicly fund?

- Building on NACI guidance, P/Ts also consider regional factors, such as:
 - Local disease burden
 - High risk groups
 - Budgetary factors
 - Acceptability
 - Vaccine program feasibility

What vaccines are recommended during pregnancy?

Pertussis (Whooping cough): Given as Tdap (tetanus toxoid, diphtheria toxoid, acellular pertussis) vaccine

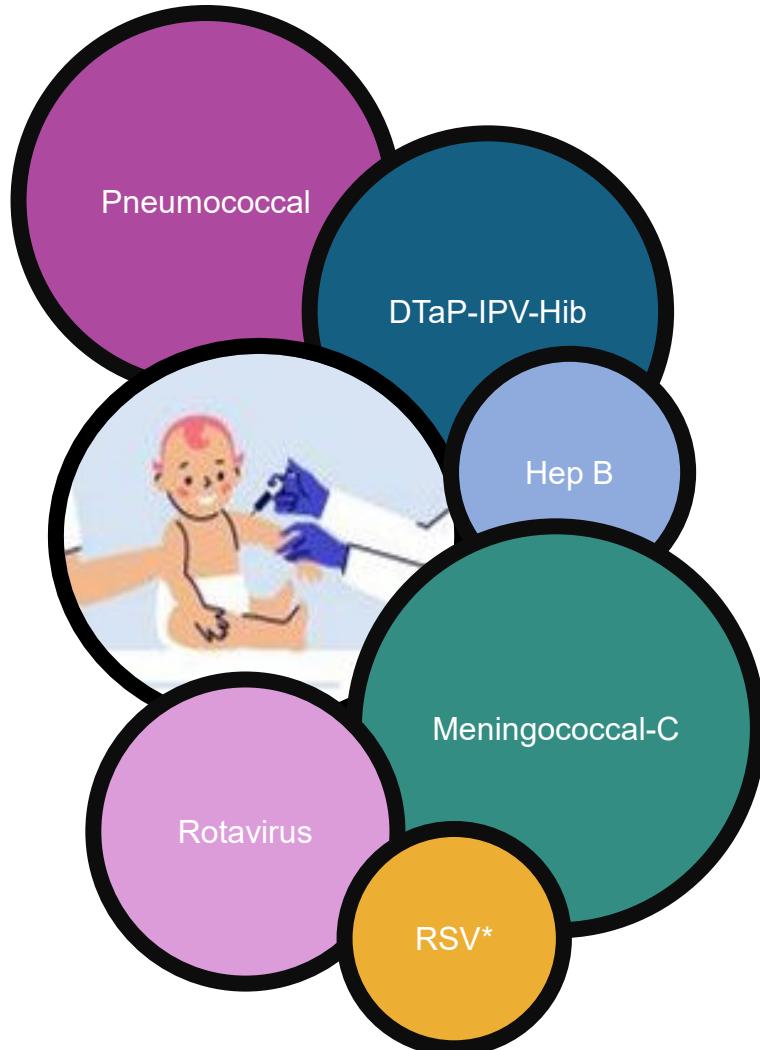
Influenza (non-live influenza vaccines)

COVID-19

Respiratory Syncytial Virus (RSV): A new RSV maternal vaccine (RSVpreF or Abrysvo[®]) is licensed that protects infants. It is available but not publicly funded in Canada (with the exception of Ontario)



Vaccines for infants up to 2 months of age



Public funding, age, and dose number varies by P/T

Schedules are subject to change.
Always verify with the local public health unit.

* The immunizing agent for RSV is a monoclonal antibody, rather than a vaccine

RSV monoclonal antibody in infancy

- Generic name: nirsevimab
- Trade name: Beyfortus
- One dose gives protection for the duration of the RSV season
- It is typically offered in hospital at the time of birth to infants born just before and/or during RSV season (October to March).
- Available for universal protection in, ON, QC, NS, PEI, NU, NWT, YK
- In SK and MB: free for all infants born during RSV season
- BC, AB, NB, NFLD: free for high risk infants only.



Barriers to access





**No National
Vaccine Registry**



Provider options



**Geographic
Access**



**Mobility
Challenges**



**Culture/
Language**



Cost



Schedules



Clinic Logistics

Practical barriers are not equally distributed

- Immigrant populations
- Indigenous peoples
- Families facing competing priorities
- Rural/remote locations



The Impact of Negative Experiences

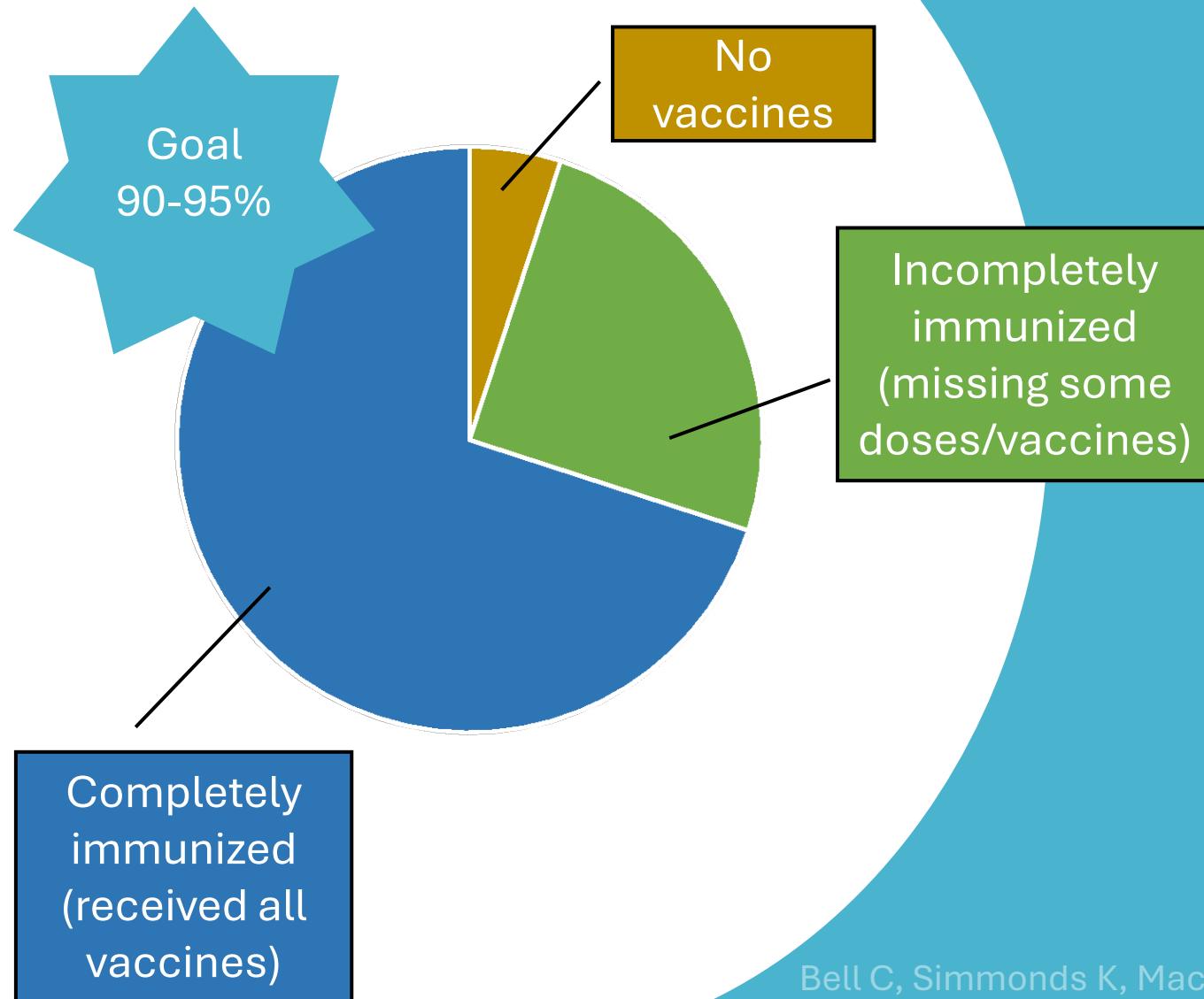
Erosion of Trust: Previous experiences of dismissal, discrimination, or racism within the healthcare system can lead to profound mistrust.

Fear and Anxiety: Traumatic past procedures (e.g., unmanaged pain) can cause significant anxiety for both parents and children.

The "Wait and See" Approach: When parents feel unsafe or unheard, they are more likely to delay or refuse vaccination as a protective mechanism.



**So how much of low uptake
is due to structural barriers
versus vaccine hesitancy?**

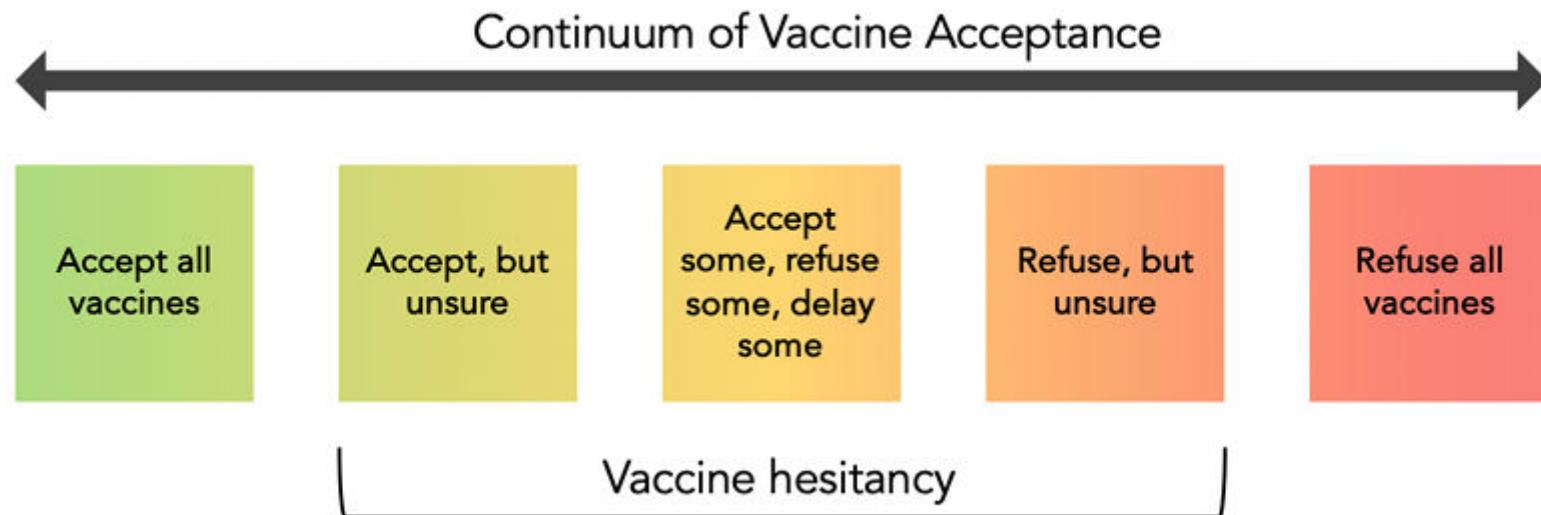


Immunization coverage for all vaccines at age 2 years of age, Alberta

The reasons for someone refusing all vaccines are very different than the reasons for someone missing some vaccines or doses, but getting others

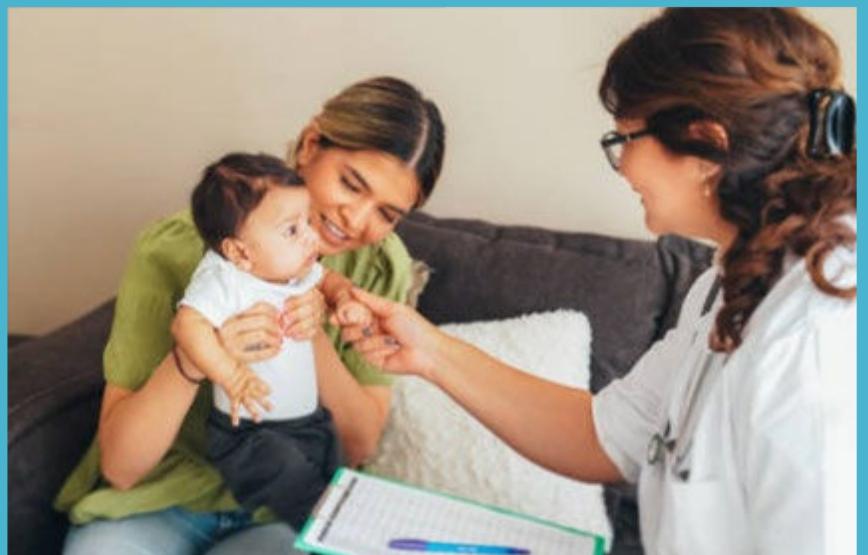
Vaccine Hesitancy: A Spectrum

Vaccine hesitancy is a motivational state of being conflicted about, or opposed to, getting vaccinated; this includes intentions and willingness (WHO 2022)



“vaccine hesitant” is not the same as “anti-vaccine”

The Midwife's Unique Position



Informed Choice: Midwives are experts in facilitating informed choice discussions, respecting the client's autonomy while providing evidence-based information.

Building Trust: The continuity of care model allows midwives to build deep, trusting relationships, making them ideal trusted messengers.

Navigating Barriers: Midwives can help clients navigate the complex schedule and advocate for culturally safe access.

Addressing Vaccine Hesitancy with Midwifery Clients

What does the Evidence Demonstrate
about Approaches to Care?

What are the Challenges in Recomending Strategies to Address Vaccine Hesitancy?



- “Vaccine hesitancy” a mindset not a set of behaviours
- People may feel vaccine hesitant but still fully vaccinate their children, selectively vaccinate, or refuse all routine vaccines
- Preliminary strategies centered on a knowledge deficit approach
- Reasons for questioning vaccine safety, effectiveness, and necessity, and attitudes are diverse

Evidence-Informed Strategies: Participatory versus Presumptive Approach



- Cross-sectional observational study
- Video-taped provider-parent vaccine discussions during health visits
- Parents of children 1-19 months old who were screened with *Parent Attitudes about Childhood Vaccines Survey*
- Association between provider communication practices and parent resistance to vaccines
- Parents had higher odds of resisting vaccines if the provider used a participatory: “Are we *vaccinating today?*” instead of a presumptive: “*It’s time for vaccines today,*”

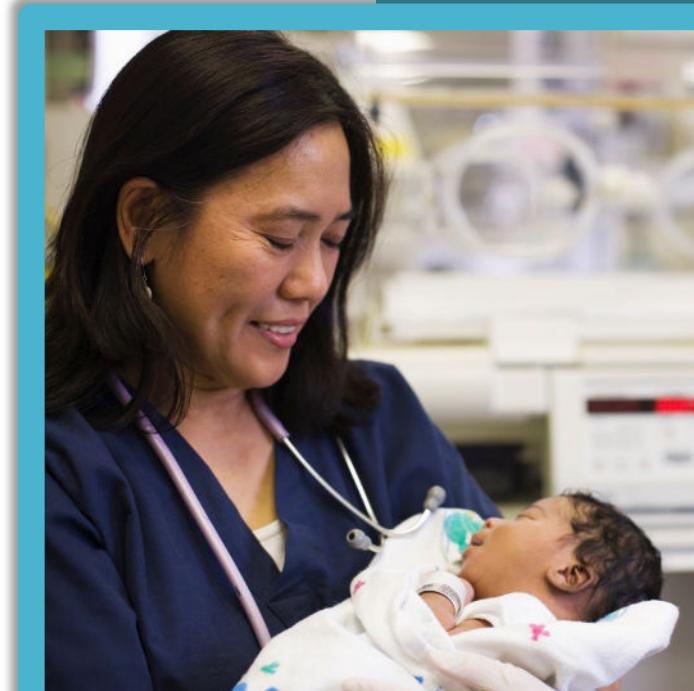
Evidence-Informed Strategies: Motivational Interviewing (MI)

- “Pivot” from presumptive to motivational interviewing
- Initiate with presumptive approach and switch to motivational interviewing if parents/caregivers share uncertainty
- P3 MumBubVax study for midwives in Australia



Motivational Interviewing, Vaccine Hesitancy and Midwifery Care

- Postpartum, maternity ward MI—
PromoVac/PromoVaQ in Quebec,
increased vaccine coverage at 3, 5, 7
months
- French RCT with midwives showed
consistent reductions in parental vaccine
hesitancy and increases in infant vaccine
coverage, with effects persisting up to 24
months



Key Strategies From MI Evidence in Perinatal/Maternity Care

Elicit before informing:

- Start by asking parents what they already know and how they feel about infant vaccines; avoid leading with a lecture
- Explore specific concerns (e.g., number of vaccines, safety, “toxins,” schedule) before giving information

Affirm autonomy and partnership:

- Make explicit that the decision is the parents’, and the counsellor’s role is to support an informed, value consistent choice
- Use non-judgmental language; normalize mixed feelings

Reflect ambivalence and values:

- Reflect both sides (“You want to protect your baby, and at the same time you’re worried about side effects”) and highlight discrepancies between values (protecting the baby) and potential refusal/delay

Key Strategies for MI Continued...

Provide tailored, non overwhelming information:

- Offer **brief, clear explanations** of disease risks and vaccine benefits, calibrated to the specific concerns the parent has already articulated.
- Emphasize **protection of the infant**, especially against severe diseases in early life.

Summarize and support next steps:

- Summarize what was discussed, ask parents how they now feel about vaccinating, and support them in their chosen plan
- Document outcomes and, where systems allow, ensure linkage to infant vaccination services.

What do Pregnant/Postpartum People say they want?

Patient focused and led studies add nuance to potential strategies

Participatory + clear guidance

Timing and repetition

Relationship over role

Broader social ecology and trust



Midwifery Practice and Vaccination Discussions

- Midwives' communication practices and intervention needs
- Informed choice vaccine conversations
- “Women’s choice” philosophy
- Assessing, understanding, giving basic information, and addressing questions



- Some parents and caregivers will continue to decline vaccines for their children.
- Strategies that try to reduce disease risk and transmission among families who are hesitant about routine infant/childhood vaccines (e.g., delaying, spacing, selective acceptance, or refusing some vaccines)
- Strategies that keep relationships intact, maintain trust, and ongoing engagement between patients/clients and healthcare providers.

Alternative Vaccination Schedules

- Some (or late) are better than none!
- Critical group is late/selective vaccinators (hesitant plus wish to delay/select)
- Existing evidence does not systematically compare outcomes of accommodating vs not accommodating.
- Rarely describes prioritization heuristics (which vaccines first, how to structure stepwise catch-up)
- Acceptance of delayed or partial schedules is often discussed as an undesired deviation or as something to manage, rather than a strategic, interim goal.

Health Care Seeking and Vaccine Preventable Diseases

- Parental/caregiver responsibility for community protection
- Call your health care provider, immediately tell office staff and the primary care provider that your child is not vaccinated (whether for some or all vaccines)
- They will consider the possibility that your child has a vaccine-preventable disease, which may affect what tests they do
- If your child has a vaccine-preventable disease, precautions can be taken so that the disease does not spread to others

Health Care Seeking and Vaccine Preventable Diseases...

- Keep records accessible of any vaccines your child has received
- Change of mind?
- Know signs and symptoms
- The time between exposure and sickness will vary.
- Separate your child from others
- Child may need to stay home
- Consider risks for travelling with infants and children
- Healing at home and needing help

Maintaining Relationships with Vaccine Hesitant Families

- Do not dismiss
- Inquire about what parents and caregivers are doing to support their children with respect to their vaccine decisions
- Consider parents' and caregivers' past experiences with healthcare providers
- Negative experiences leave a lasting impression

Conclusion

- The vaccination system creates challenges for some families, including the complex & inconsistent guidance across Canada
- Explore access barriers before assuming that vaccine hesitancy is the reason for low vaccine uptake
- Evidence-based strategies for addressing vaccine hesitancy in midwifery care are minimal
- Presumptive approach + MI or MI alone are promising approaches
- Midwifery clients report wanting clear recommendations, autonomy, and a relational approach from their provider
- Strategies for “harm reduction” with vaccine hesitant families reduce the risk and harm of VPDs and keep relationships intact

For more information



Shannon MacDonald PhD, RN

smacdon@ualberta.ca



**Applied Immunization (Aimm) research
team:** aimmresearch.ca



Christine Huel PhD, NP

christine.huel@usask.ca

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