



Midwives and Vaccination: Delivering Informed Choice Discussions Project Overview and Needs Assessment Results

Background

The Canadian Association of Midwives (CAM) and the National Aboriginal Council of Midwives (NACM) have coordinated a project entitled “Midwives and Vaccination: Delivering Informed Choice Discussions” and funded by the Public Health Agency of Canada (PHAC).

The project ran from April 2019 to August 2020 including a 3-month pause due to the COVID-19 pandemic.

Research commissioned by PHAC (Environics, *Survey of Healthcare Providers' Views and Experiences with Vaccine Hesitancy: Final Report*, March 31 2018) indicated that some midwives feel they do not have sufficient trusted information about vaccines, and that they are not confident discussing immunization with their clients. The same research suggested that midwives may encounter vaccine-hesitant clientele at a higher rate than other healthcare providers. It is critical that midwives feel confident in their ability to provide information to their clients about immunization during the perinatal period.

In response to this research, PHAC invited CAM and NACM to create a project to ultimately produce a Position Statement and informational materials on immunization for midwives and midwifery clients, with consideration for Indigenous needs.

The project objectives were:

- Produce a Position Statement
- Produce an in-person workshop on immunization and informed choice
- Conduct a needs assessment to guide the production of informational materials around immunization for midwives and midwifery clients, including Indigenous peoples
- Conduct a general literary scan
- Produce print, web-based and social media informational materials around immunization for midwives and midwifery clients

The anticipated results of the project are an increased knowledge within the profession of the existing provincially legislated competencies and scopes of practice around immunization; of midwives' needs and experiences around discussing, ordering and/or administering vaccines with clients, including Indigenous clients; of midwifery clients', including Indigenous clients, experiences and expectation of immunization services with their midwives; and midwives' and midwifery clients' self-perceived needs for immunization information materials.



The Team

Midwifery Advisory Committee

The project was guided by a 6-member midwifery advisory committee (MAC) consisting of 6 midwives from across Canada, including one representative from NACM and one expert consultant. The MAC was also tasked with creating a Position Statement.

Committee members applied for the position and were selected based on their relevant experience and knowledge as well as availability.

A **Registered Midwife - Project Officer** was hired to coordinate the project.

The CAM Board of Directors and NACM Core Leaders were available for general feedback and approval of the Position Statement.

Several people generously donated their time to provide guidance and feedback on various aspects of the projects. Special thanks to Julie Bettinger, Elizabeth Brandeis, Tara Beital, Tracy Chang, Claire Dion Fletcher, Emmanuelle Hebert, Ann Lebens and Nathalie Pambrun.

Position Statement

The MAC produced a Position Statement. The document was circulated to CAM and NACM members with a short online survey soliciting feedback. A webinar was held for CAM and NACM members respectively. The CAM Board of Directors and NACM Core Leaders approved the final draft.

Literary Scan

A general scan of academic and grey literature was conducted to inform the project process and the production of end-materials,

The resources were used to build online immunization resource lists for midwives and midwifery clients.

Needs Assessment

It was decided that community consultation was the ideal method to gather information to guide the production of end-materials. This approach was not meant to be academic research per se but to obtain a general picture of midwives and midwifery clients' current experiences around immunization in midwifery care and their self-perceived needs around informational materials. Despite this approach not being scientific research, ethics approval was obtained for some aspects of the assessment by the Community Research Ethics Office in Ontario.



Survey

An online survey for midwives and midwifery clients in French and English was posted on CAM and NACM's websites. They were promoted in English and in French through CAM and NACM's e-newsletters, websites and social media platforms, and emailed to midwifery associations, birth centres and midwifery practices. Eligibility for the survey was any person who had midwifery care at some point in Canada and any midwife in Canada.

CAM received an overwhelming response from midwifery clients: 2413 people responded, of which 2343 were eligible, with over 850 total additional comments. Clients responded from every province except the Northwest Territories and Prince Edward Island. 4.9% of respondents identified as Indigenous. 320 midwives responded to the survey 268 of whom were eligible, with over 500 total additional comments. Midwives from all provinces where midwifery is legislated responded except Newfoundland. 9.22% of respondents identified as First Nations, Inuit or Metis.

Results were analyzed using SimpleSurvey analytics system cross-tabulated for Indigenous and provincial responses.

Focus Group Discussions

Several online focus group discussions, in English and in French, and several in-person groups were scheduled in 5 Canadian cities for CAM and NACM members and midwifery clients and Indigenous midwifery clients. They were promoted in English and French through CAM and NACM's e-newsletters, websites and social media platforms, and emailed to midwifery associations, birth centres and midwifery practices.

Attendance was low. A total of 54 midwives attended, one of whom was Indigenous and two of whom work in Indigenous communities. A total of 6 midwifery clients attended and no Indigenous clients. Attendance was hampered by the COVID-19 pandemic, which arrived about halfway through the focus group schedule.

Thematic analysis was conducted through an inductive approach by two midwives – one being the Project Officer and one being an expert consultant. Comments that repeated were highlighted from the discussion transcripts, grouped together and then analyzed for common themes. The two midwives did each step of this process separately and then conferred and reached consensus on the themes together. A NACM midwifery student assisted.

Key Informant Interviews

While formal key informant interviews were not conducted, the Project Officer did consult people with specific immunization, midwife or communications knowledge working in an institutional role. These people generously donated their time and expertise:

- Julie Couture-Glasco: Indigenous Communications specialist, Quebec
- Kim Campbell: RN, RM, MN, Lead - Midwifery Continuing Professional Development Program, University of British Columbia
- Danielle Auger: MD, MSc., Médecin-conseil pour la Direction de la prévention et du contrôle des maladies infectieuses, Ministère de la Santé et des Services sociaux (Quebec)



- Elizabeth Darling: RM, MSc, PhD, Associate Professor, Department of Obstetrics and Gynecology, Assistant Dean of Midwifery, McMaster University
- Devon Greyson: MLIS, PhD, Assistant Professor, Department of Communication, College of Social & Behavioral Sciences, University of Massachusetts Amherst
- Nonie MacDonald: MD, Professor in the Department of Pediatrics, and former Dean of the Faculty of Medicine at Dalhousie University. Dr MacDonald currently serves on the Board for the National Collaborating Centre for Infectious Diseases and is developing the World Health Organization 2021 – 2030 Global Vaccine Action Plan
- Edda West: Founder of Vaccine Choice Canada
- Two RMs with a special interest in immunization including vaccine critical perspectives. They have preferred to remain anonymous.

Results Summary

Midwives

Over 75% of midwife survey respondents thought the overall benefits of vaccination outweigh its risks and in all discussions most midwives thought vaccine uptake is, in general, something positive.

Immunization Knowledge and Scope of Practice

Midwifery training, core competencies and scope of practice around immunization varies widely across Canada. In some province's midwives receive pre-registration and/or continuing education training while in others there is no formal training. In some province's midwives discuss, order and administer vaccines, in other midwives discuss and administer vaccines under medical directives and in other provinces still midwives only discuss vaccines. The vaccines midwives can order and/or administer varies. Whether or not midwives administer vaccines in clinic depends on funding models and practice initiative. There are financial logistical, regulatory and educational barriers to establishing vaccination in clinic. Despite a fair amount of research CAM was unable to get full details on all aspects of scope of practice around immunization for midwives.

70% of midwife respondents strongly agree or agree that vaccination should be part of midwifery scope of practice and about 50% of respondents strongly agree or agree they would like to be able to vaccinate infants as part of scope of practice. Ontario respondents, where vaccination in pregnancy is not in scope at all and where midwives are undergoing a long process for pay equity compensation, did not, for the most part, feel comfortable with expanding scope without financial and logistical support.

Midwifery Immunization knowledge and practice also vary widely. Immunization knowledge is not currently included in the national framework of core competencies or the national registration exam. Most midwives feel immunization knowledge is a community standard for primary care providers and appropriate to their role but almost all midwives identified gaps in knowledge and wanted immunization education.

It is important to note that some midwives wondered about the priority they should place on immunization knowledge given it constitutes a very small portion of their practice.



Informed Choice Discussions

The routine inclusion of informed choice discussions around immunization varies across provinces and territories, and within midwifery practices. Approximately 50% of non-Indigenous and 25% of Indigenous midwives strongly agree that providing clients with comprehensive information on recommended vaccinations of pregnancy is a necessary part of client decision-making; however, only about 5-25% of midwives feel confident in their ability to provide an informed choice discussion on immunization. Many midwives cited gaps in knowledge, discomfort with the topic, reluctance to discuss immunization for fear of client reaction or of undermining the midwife-client relationship, feeling it is not appropriate to the midwife's role, and a lack of comprehensive, midwifery vetted evidence-based information as reasons. The reasons most often provided were gaps in knowledge and a lack of comprehensive, evidence-based information.

Midwives reported many challenges delivering immunization informed choice discussions including preserving the midwife-client relationship, respecting informed choice and lack of access to adequate or comprehensive evidence. The midwives felt that trust is a crucial aspect of the midwife-client relationship and they are therefore well-positioned to discuss immunization with clients. They, however, also felt a responsibility to maintain trust by discussing immunization through an informed choice lens and providing well-balanced and comprehensive information in a neutral, respectful manner with no predetermined agenda to increase client vaccine uptake. Interestingly, many midwives believe vaccine uptake would increase among vaccine hesitant clients if such informed choice discussions could take place. Midwives reported struggling to find what they consider adequately detailed, independently evaluated scientific evidence and information about vaccine risks and unknowns.

Almost all midwives talked about feeling like open discourse about immunization is often not acceptable and cited fear of ostracization or worse from colleagues if they raise questions about vaccine evidence or unknowns.

Materials

Midwives wanted immunization education including content, how to communicate about immunization using an informed choice approach and how to communicate with vaccine hesitant clients. Midwives also wanted informational resources, including vaccine critical ones.

Midwives wanted a midwifery-created, detailed, comprehensive client handout delivered in a neutral tone with equal focus on vaccine benefits and risks. They thought a short, simple format available online, downloadable and printable would be ideal.

They also wanted tools for clients for decision-making and understanding and evaluating scientific research and internet information as well as trustworthy informational resources to share with clients. There was some division whether to make available vaccine critical resources, citing the need to provide them to clients within a certain context and with full discussion. In focus group discussions, most midwives reiterated the need for a midwifery-led, independent and rigorous evaluation of immunization data; in short, a Clinical Practice Guideline.

Indigenous Midwives or midwives working with Indigenous communities stressed the importance of accessible concepts and language in immunization communications materials and a reminder that not all Indigenous communities have consistent access to the internet. They would like a client information sheet to be developed within an Indigenous framework including the Indigenous history of infectious diseases and immunization.



Midwifery Clients

Approximately 60% of the midwifery client survey respondents vaccinate. For context, in 2019, 42% of adult Canadians received the influenza vaccine and 33% received the Tdap vaccine. It is possible that midwifery clients who vaccinate did not answer this survey as much as people who do not vaccinate or who are vaccine hesitant.

Informed Choice Discussions

While most client respondents vaccinate, they wanted more immunization information and would like to discuss it with their midwife.

Approximately half of the client participants reported having discussed immunization with their midwife; many, however, reported no discussion, discussion only after prompting their midwife, discussion on one but not all recommended vaccines or only receiving suggestions for non-midwifery informational resources. Some clients felt it acceptable for their midwife not to have “all the answers” but that they should, at the minimum, raise the topic and provide good learning resources. About 72% of all survey respondents and 80% of the Indigenous respondents received immunization information from other health care providers.

Clients found decision-making around vaccination for their child the most challenging and were most interested in talking about infant and childhood vaccines than other types of vaccines with their midwives, even if midwifery care ends at 6 and up to 12 weeks postpartum.

Clients wanted more detailed and “unbiased” immunization information with equal focus on vaccine components, risks and adverse events as on vaccine benefits. Indigenous survey respondents were more interested in these topics than general information on the recommended vaccines of pregnancy. About half of clients strongly agreed that the immunization discussions they had with their midwife were effective and about 70% felt the discussion was respectful of their perspective. They talked about trusting they would have better immunization discussions with their midwife than with other health care providers, citing the midwife-client relationship, adequate time, lack of coercion or pressure, and high-quality informed choice discussions as factors in their trust.

Materials

Clients would appreciate a midwife-produced, detailed, balanced and comprehensive handout on vaccines in the perinatal period and vaccines in infancy and childhood. They prefer a simple, short format available online, downloadable and printable.

Clients also wanted a resource list, including practical information about vaccine services. There was some division as to whether they would like vaccine critical resources. Most clients would like to see all the possible information and perspectives, some would appreciate help identifying credible sources and some clients did not want to hear about hypothetical risks or felt uncertain about how that kind of information would be useful.



CAM and NACM have created materials to best reflect the midwifery and midwifery clients' self-perceived immunization information needs. It is beyond current capacity to independently evaluate all immunization evidence. The materials include:

- Online resource lists for clients and midwives
- Online, downloadable and printable immunization content with as balanced a perspective as possible using the available evidence.
- Online, downloadable printable decision-making pieces for clients and Indigenous clients.
- Two decision- making posters, one geared for all midwifery clients and one for Indigenous clients
- One general poster with the campaign slogan "Vaccines: we can talk about it"
- One Position Statement
- Social media campaign promoting existing and CAM/NACM produced immunization materials