

Midwives and immunisation

Beliefs, information and professional development:
An exploratory study

Background

- Midwife present at virtually every birth in New Zealand
- Midwives are Lead Maternity Carers for around 75% of women (NZCOM, n.d.)
- MoH target around increased immunisation rates

Midwives:

- Valued by families – positive feedback : 89% ‘very satisfied’ or ‘quite satisfied’ with LMC services (MoH Maternity Consumer Survey 2011)
 - 85% view LMC as best source of information regarding immunisation
- Must give MoH information on immunisation and NIR (Maternity notice, ‘section 88’ Public Health and Disability Act)
- As employees must comply with DHB requirements re vaccine information

Anecdotally reported:

- Midwives :
 - Don't give information
 - Warn against multiple vaccines
 - Think six weeks is too early
 - Tell parents that modern medicine has made vaccination unnecessary
 - Give information that, for example, tetanus can be treated/cured with antibiotics
 - Believe there is proven link to autism with MMR vaccine
 - Think that vaccines are a big money earning for companies

MoH (via IMAC) say:

- Other than clean water, vaccines have made biggest change to health status
- Tetanus treatment is supportive not curative
- No evidence that vaccination can overwhelm immune system
- Wakefield (autism-MMR link) struck off medical register in UK
- Youngest babies are the most affected by diseases
- Vaccines = 1.5% pharmaceutical profits

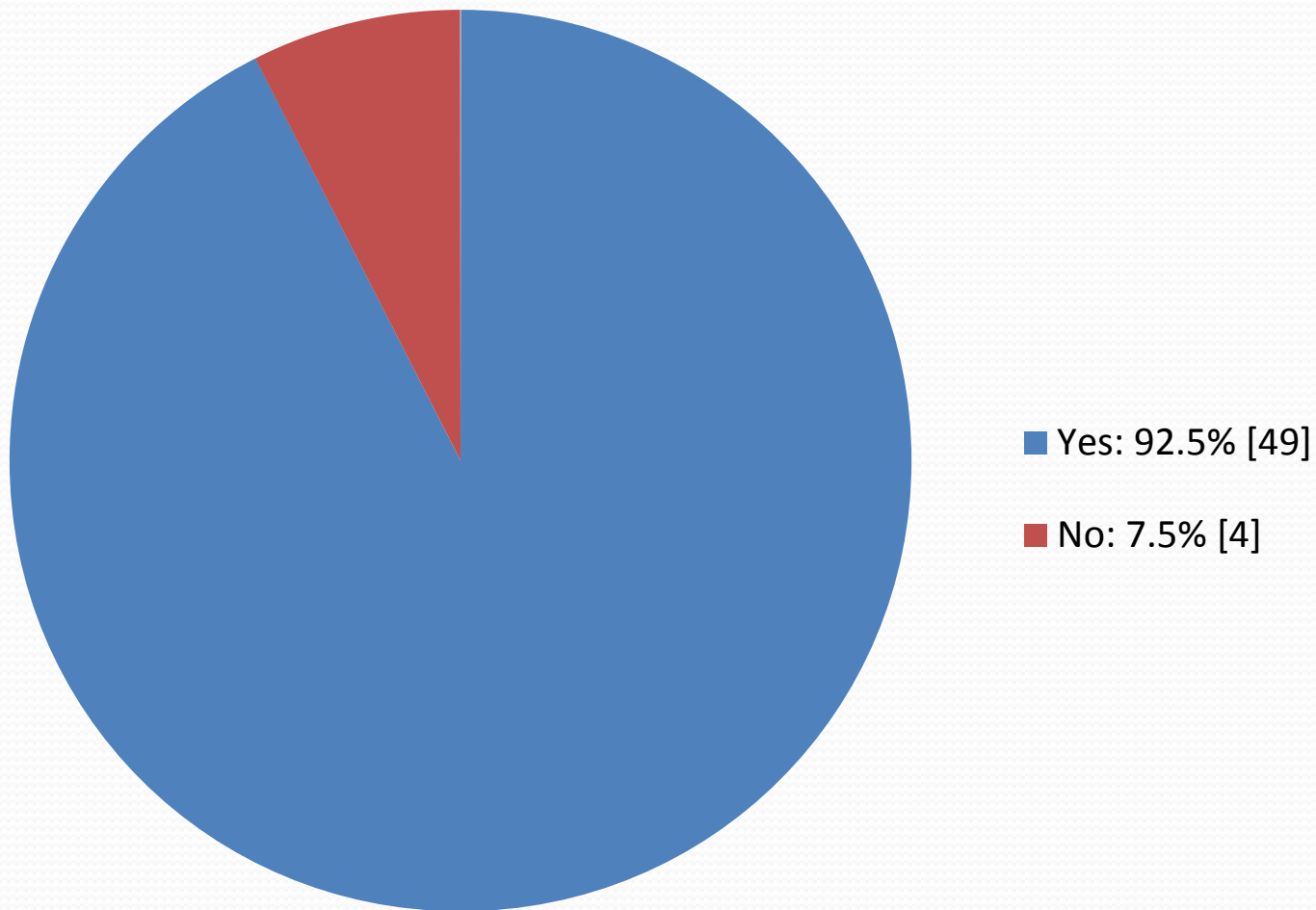
So are we well informed?

- Midlands Population Health interested in midwives understandings
- Part of MoH target: 95% all 2 year olds July 2012
- Asked to run survey to assess midwives' information sources and opinions

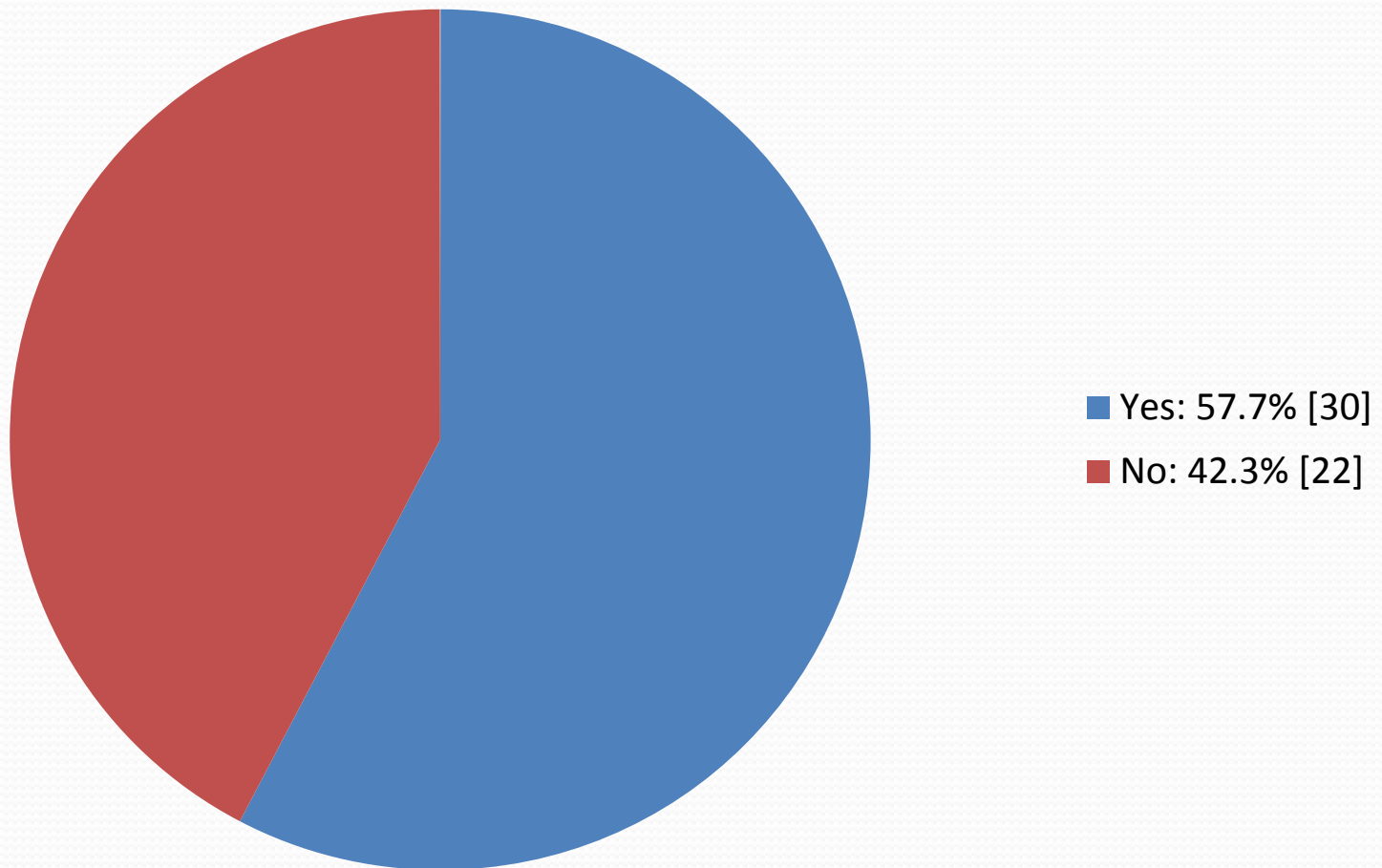
Survey

- Ethics approval from Waikato Institute of Technology [Wintec]
- Given permission to use Waikato/Taranaki region of NZCOM e-mail list for anonymous sampling
- E-mailed survey using SurveyMonkey
- 50 anonymous responses returned from 55 members starting survey

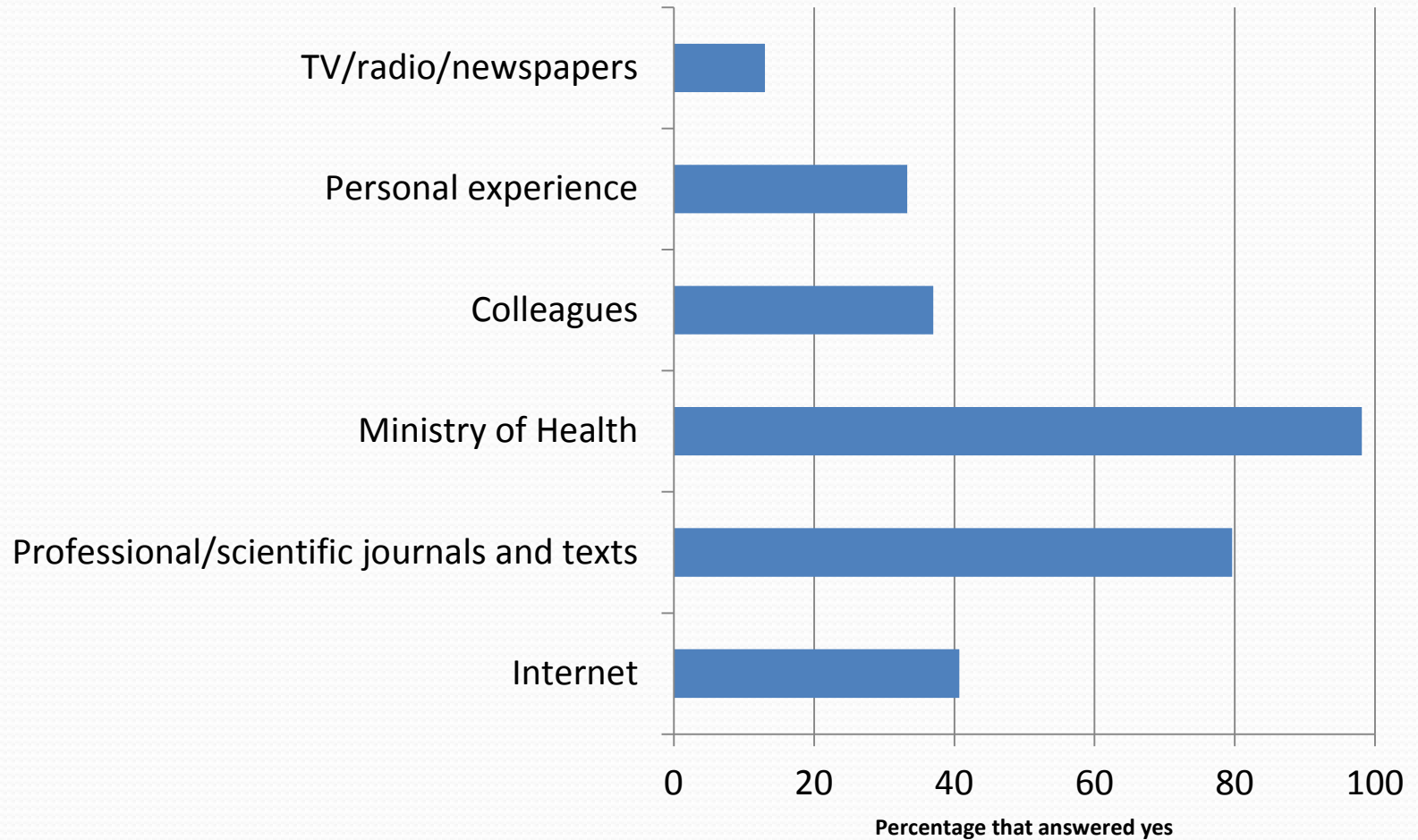
Do you consider giving advice/information to parents on immunisation a necessary role for midwives?



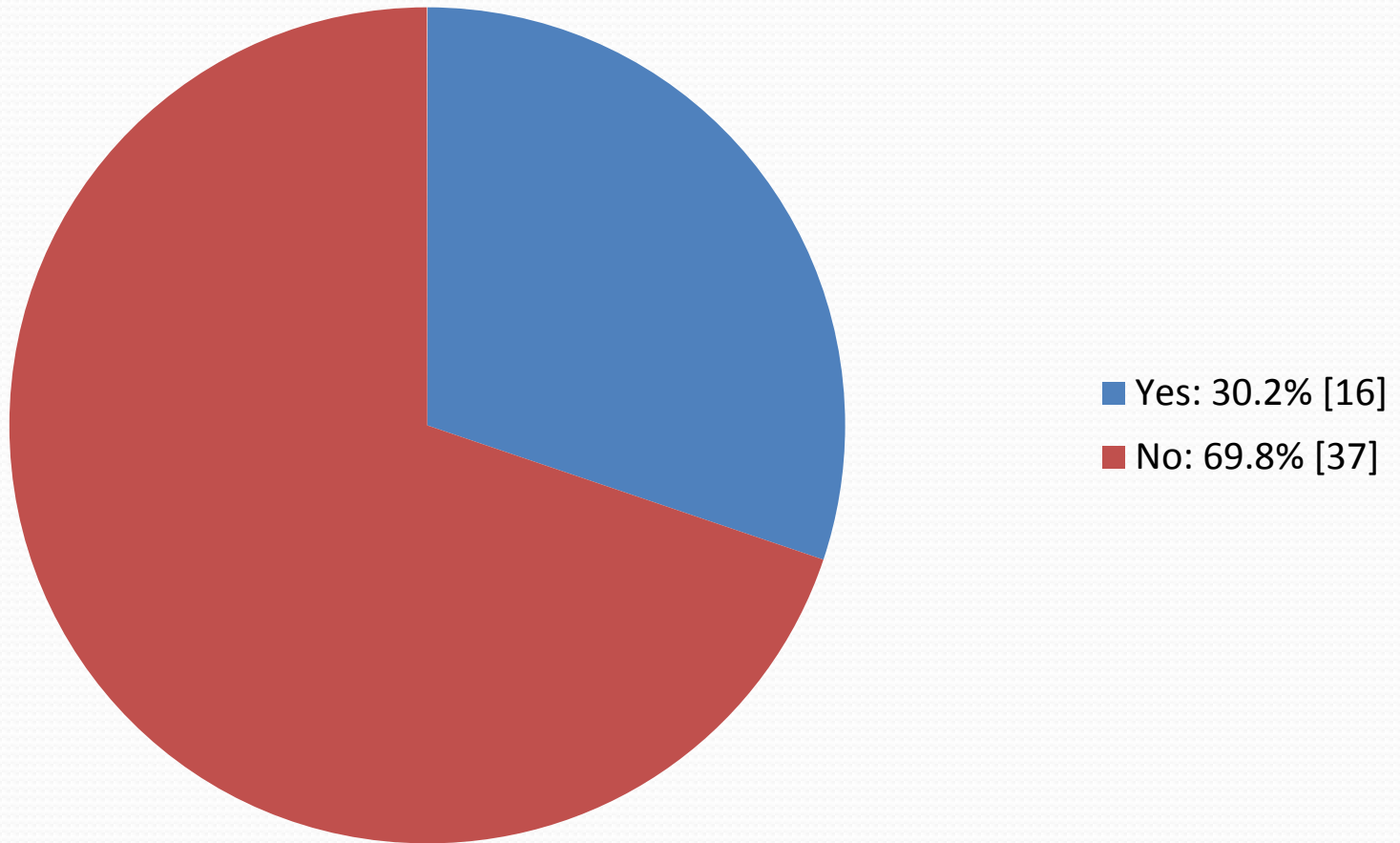
Have you heard of the midwives immunisation information course, and other courses, from the Immunisation Advisory Centre (IMAC)?



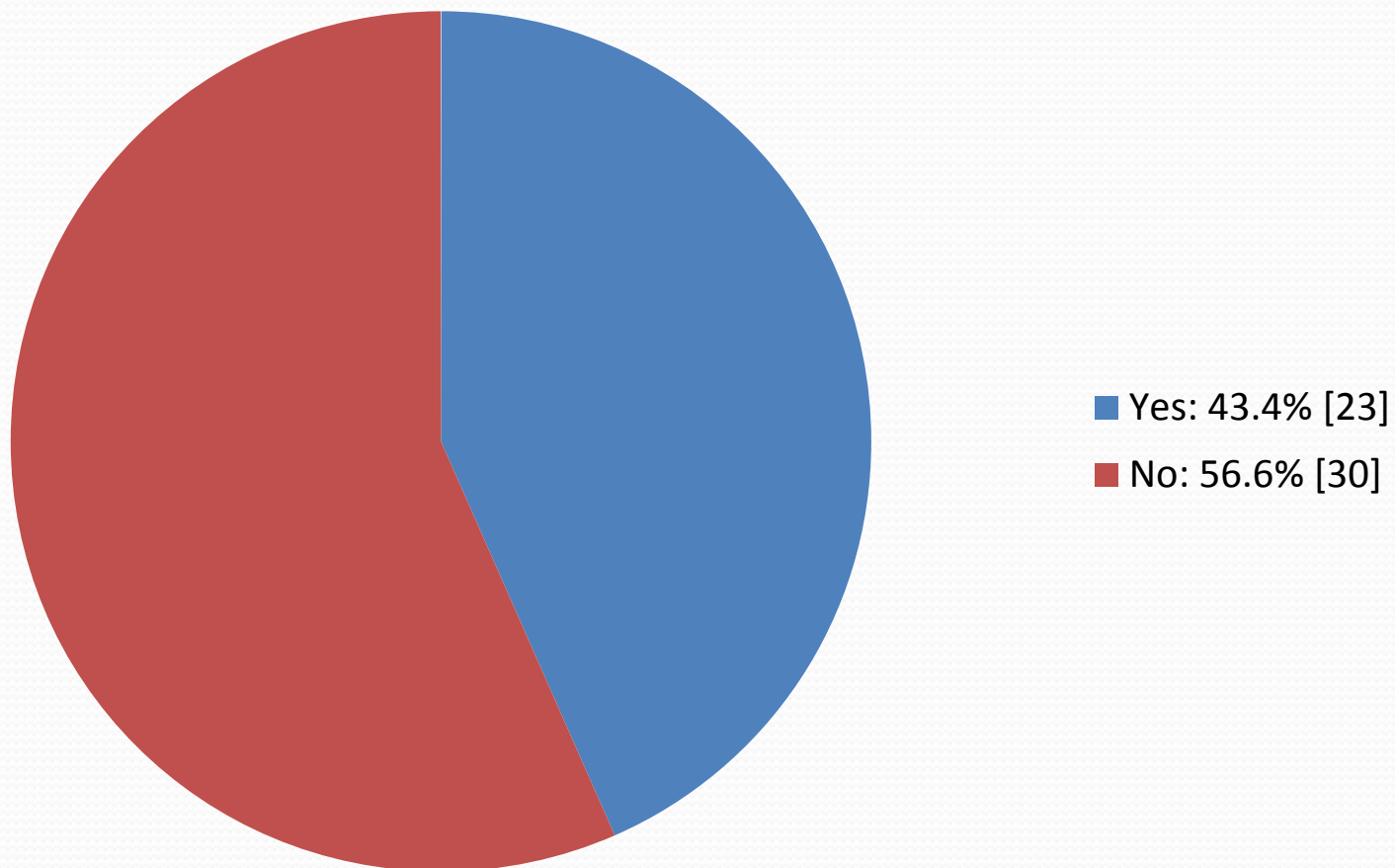
Which of the following would you say you rely on for your immunisation information?



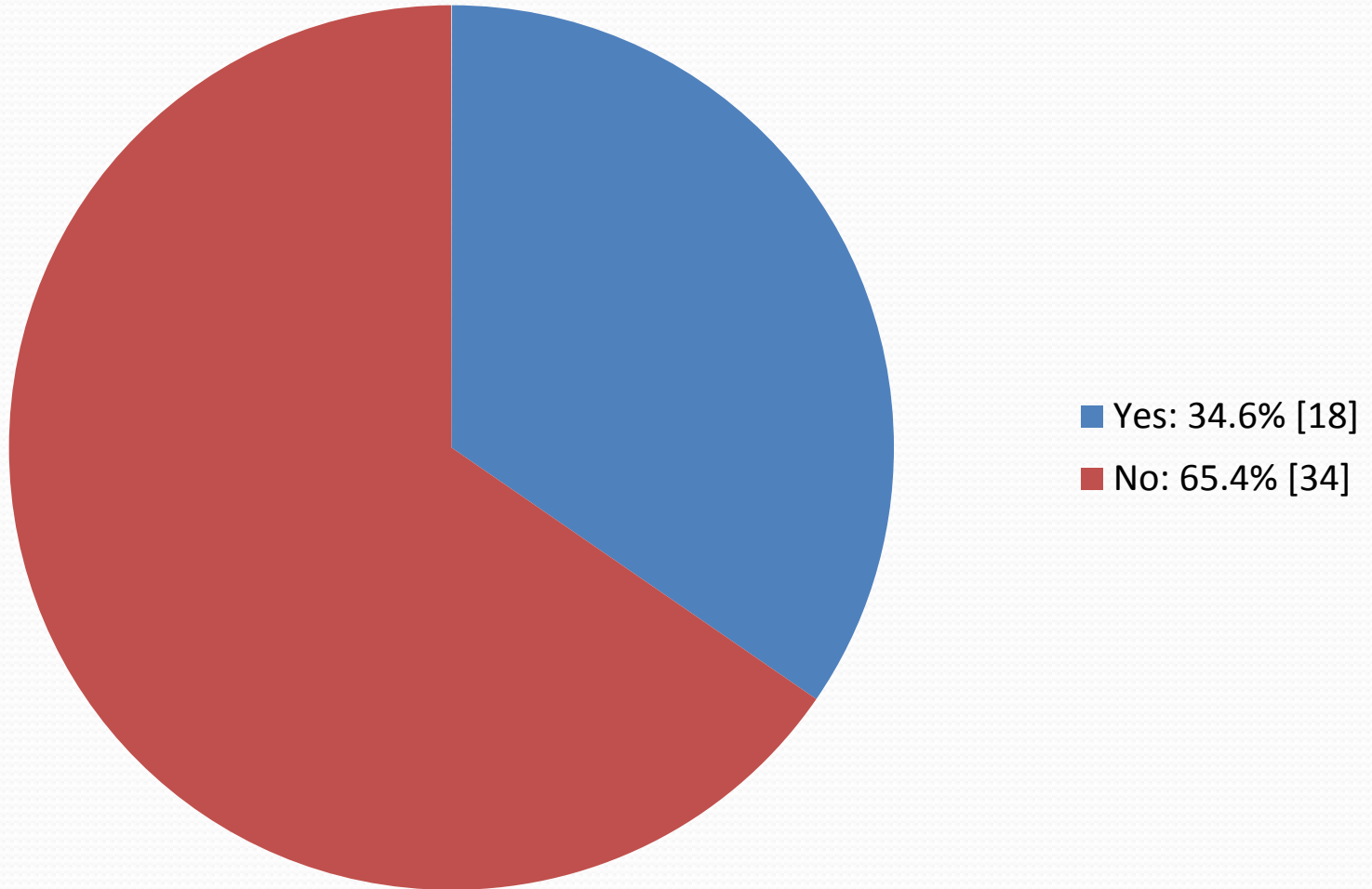
Have you heard of the Healthonline e-learning immunisation course for midwives from MoH?



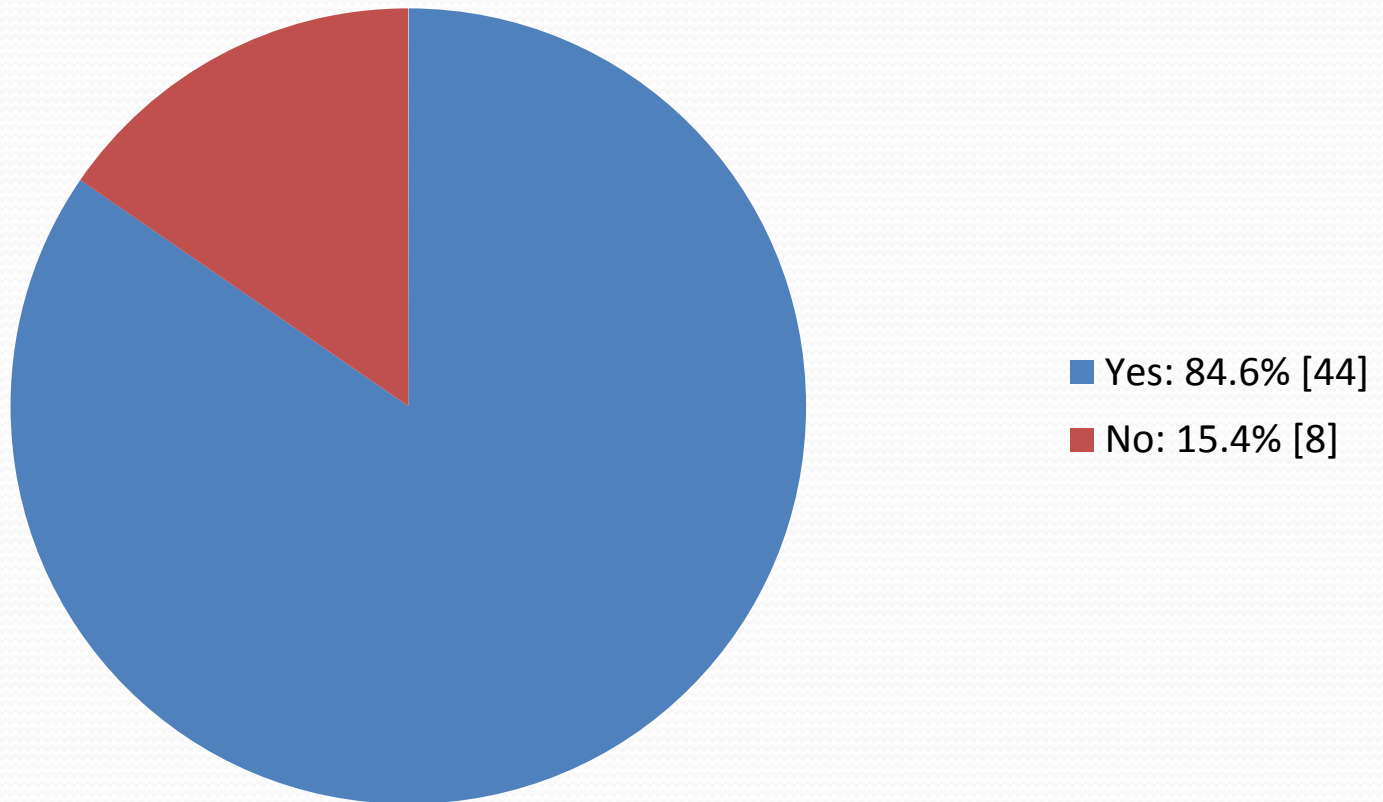
Do you think that your personal beliefs on immunisation influences the advice you give to patients/clients around immunisation?



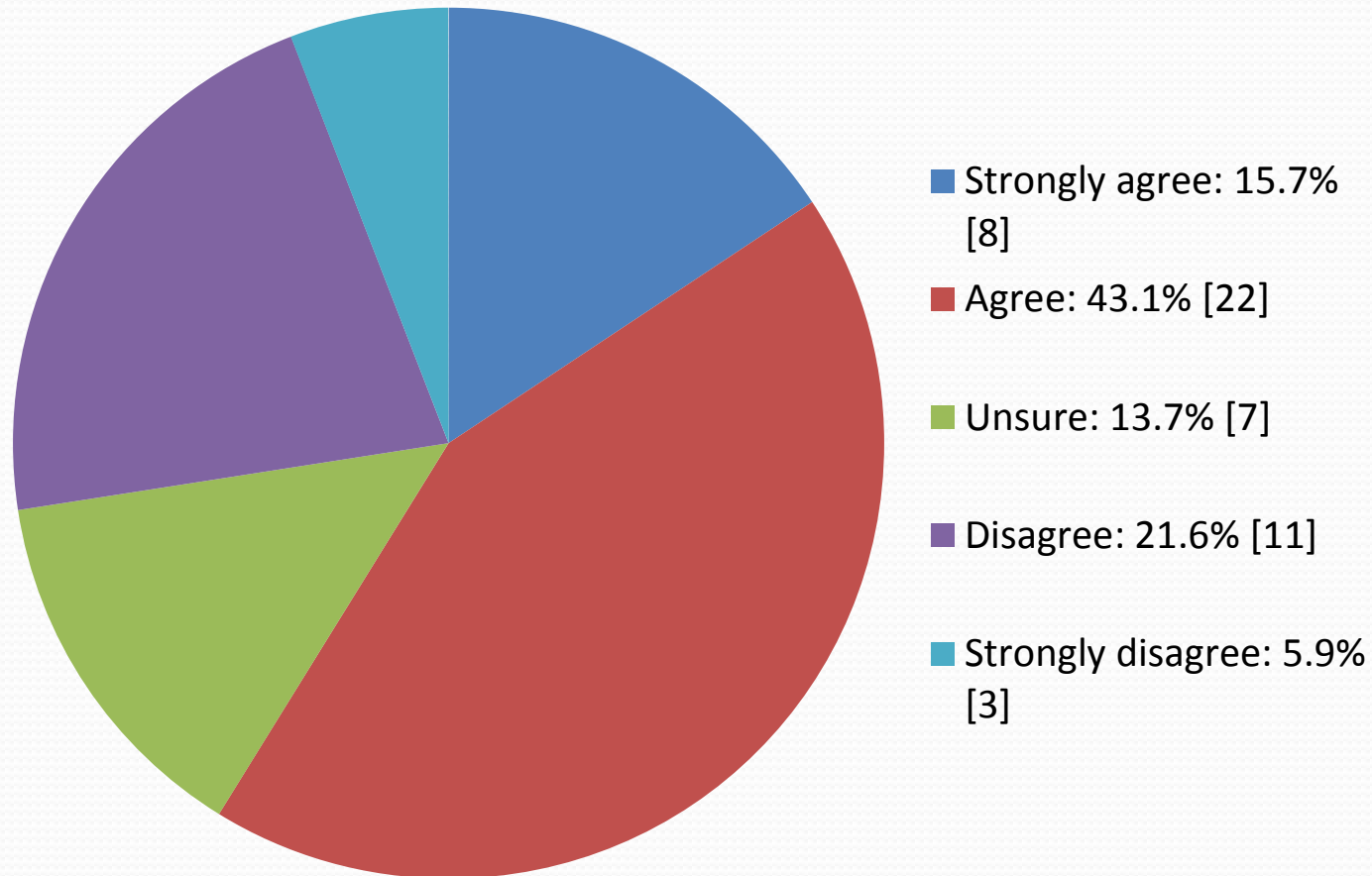
Do you know what the Waikato DHB policy for immunisation information giving is?



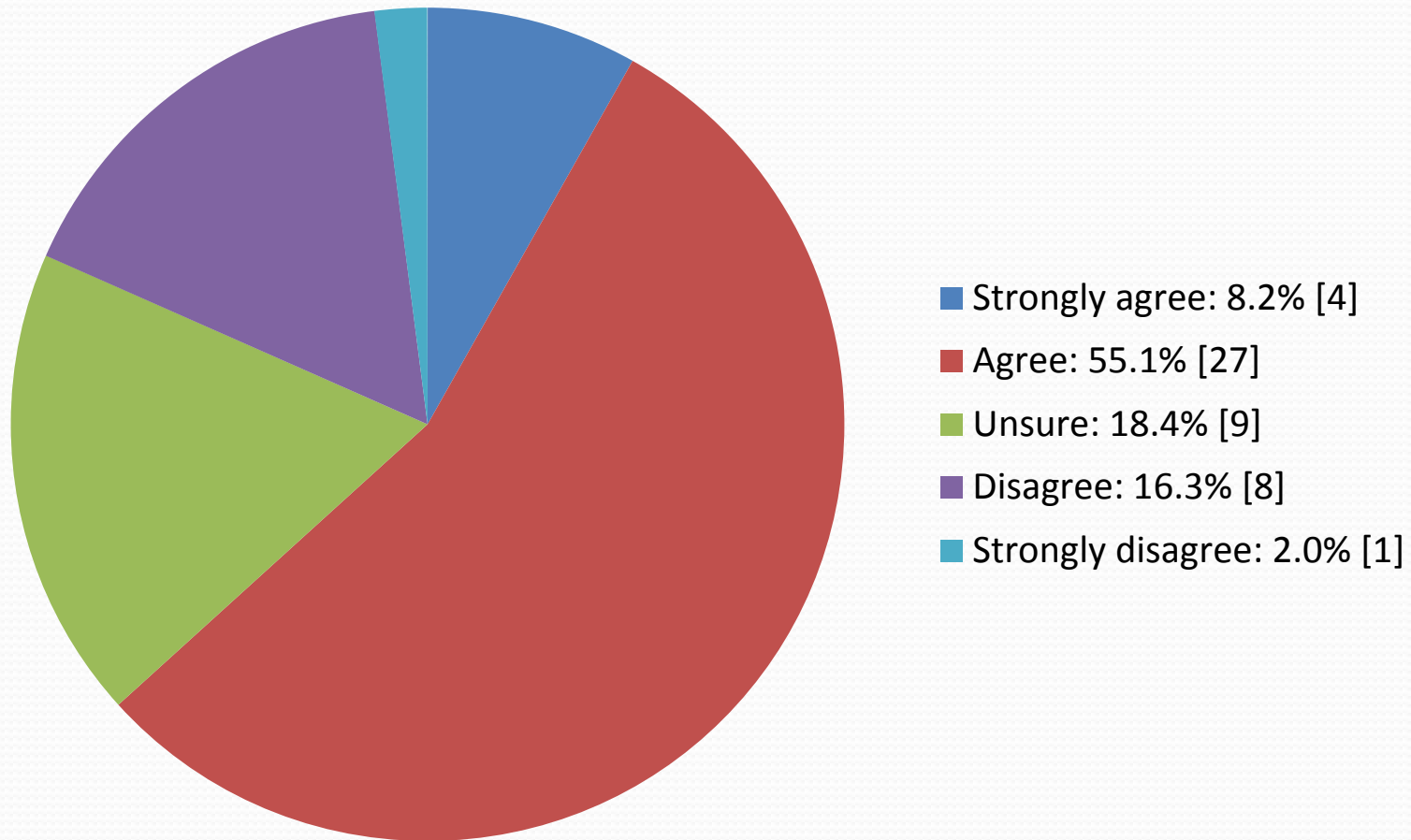
Do you know what the Section 88 (MoH) requirements for Lead Maternity Caregivers (LMC) around information giving for immunisation are?



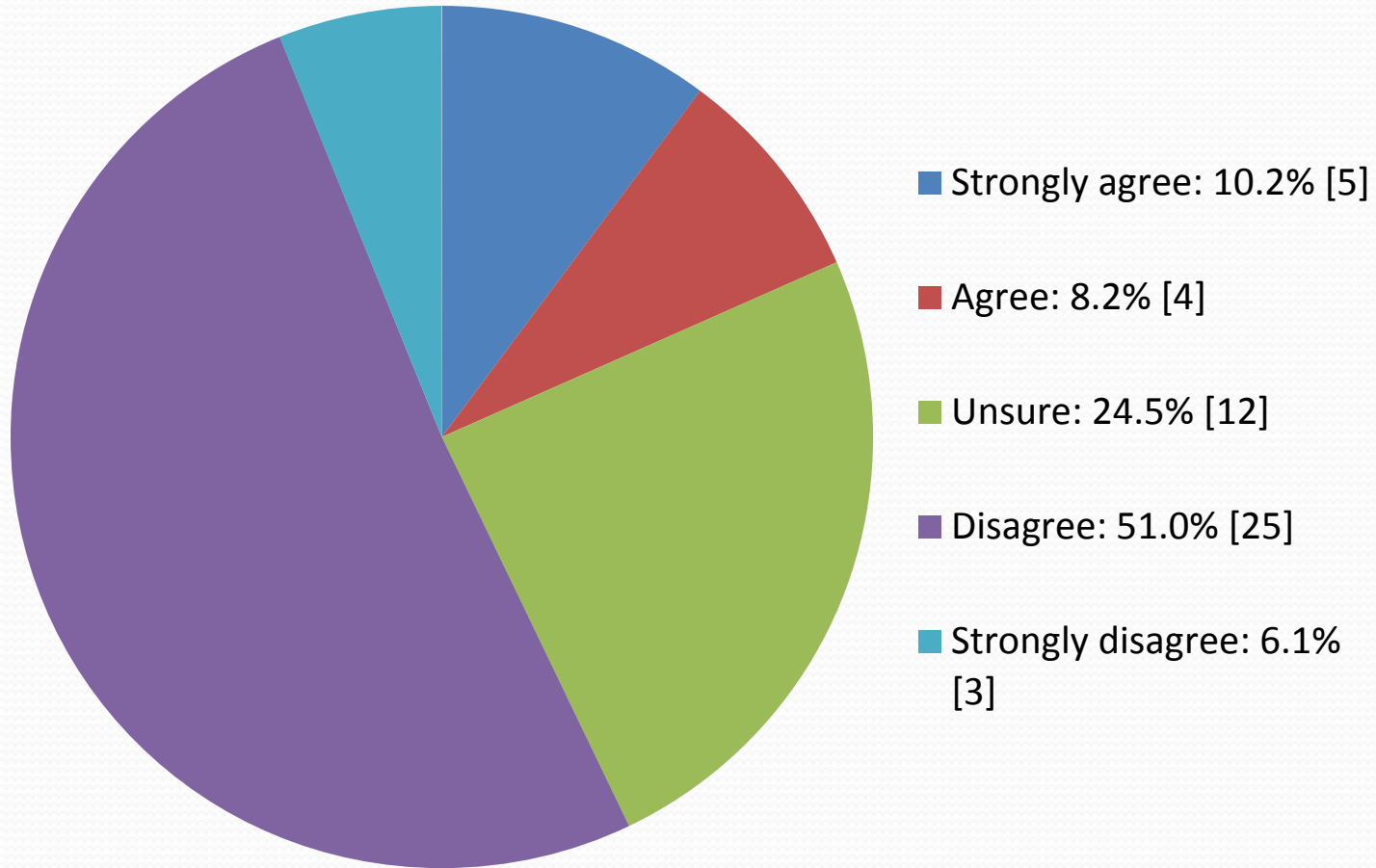
Immunisation for children should be strongly recommended to the family.



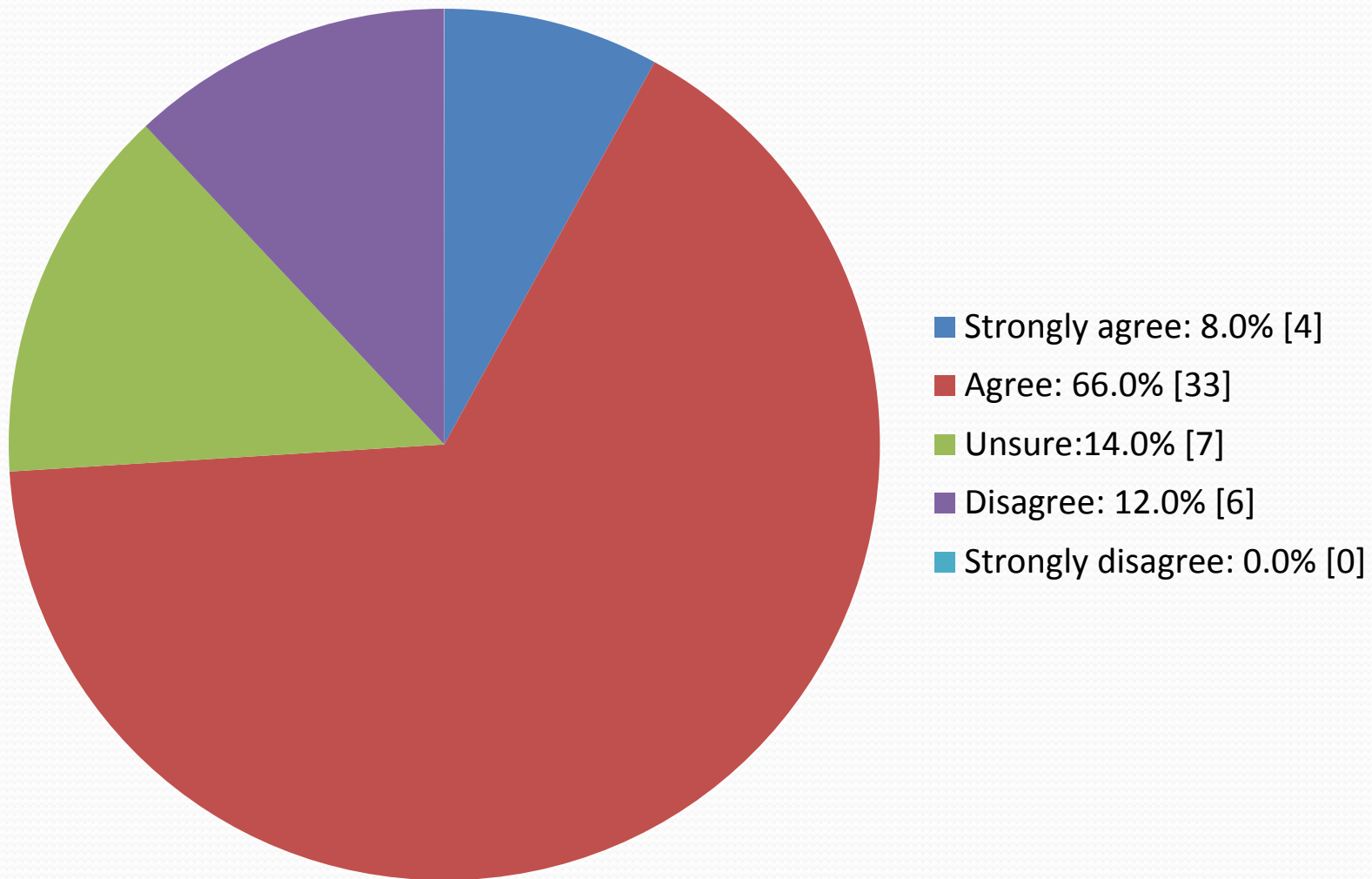
Current Ministry of Health recommendations for immunisation have good scientific support.



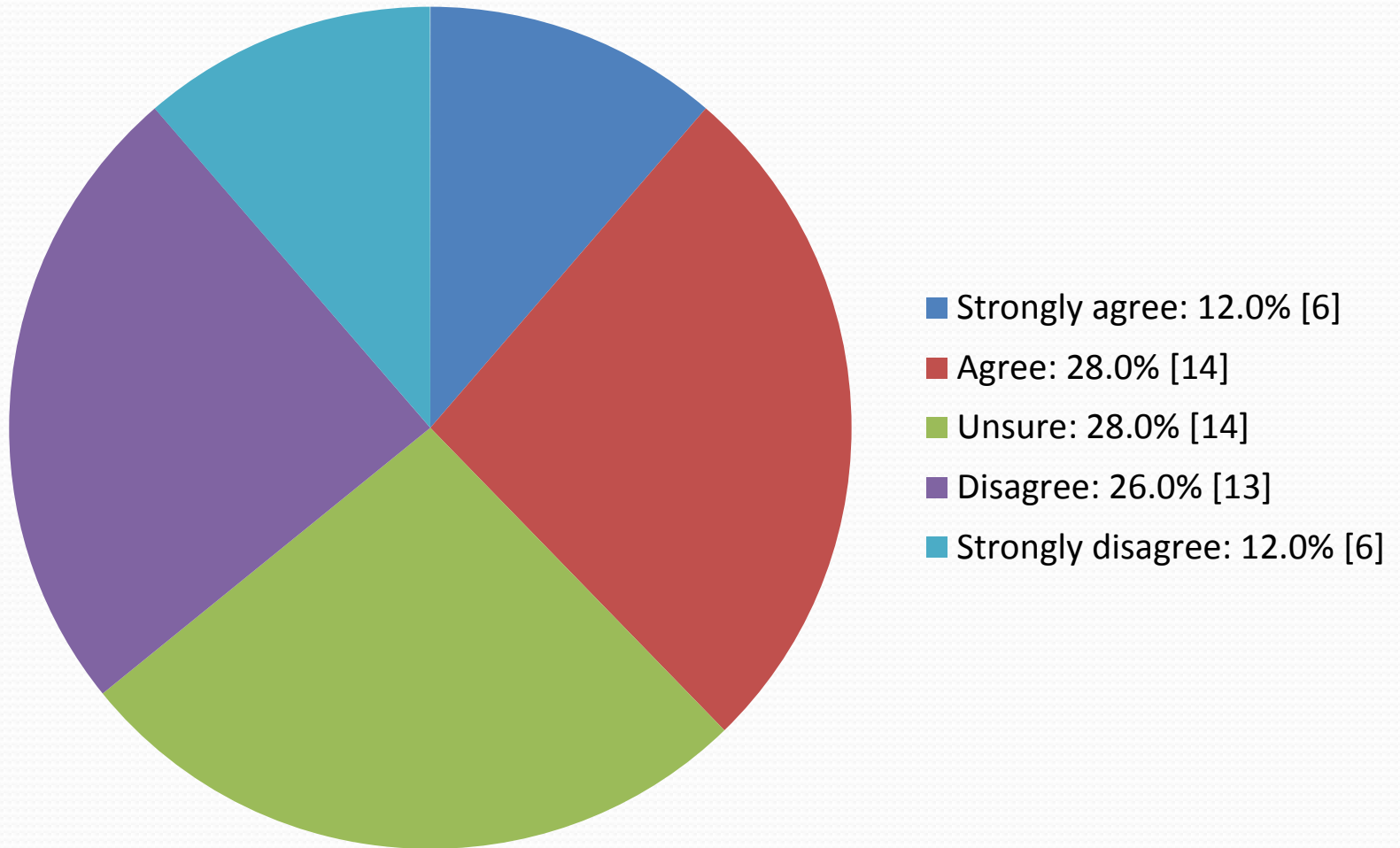
Immunisation has unacceptable dangers.



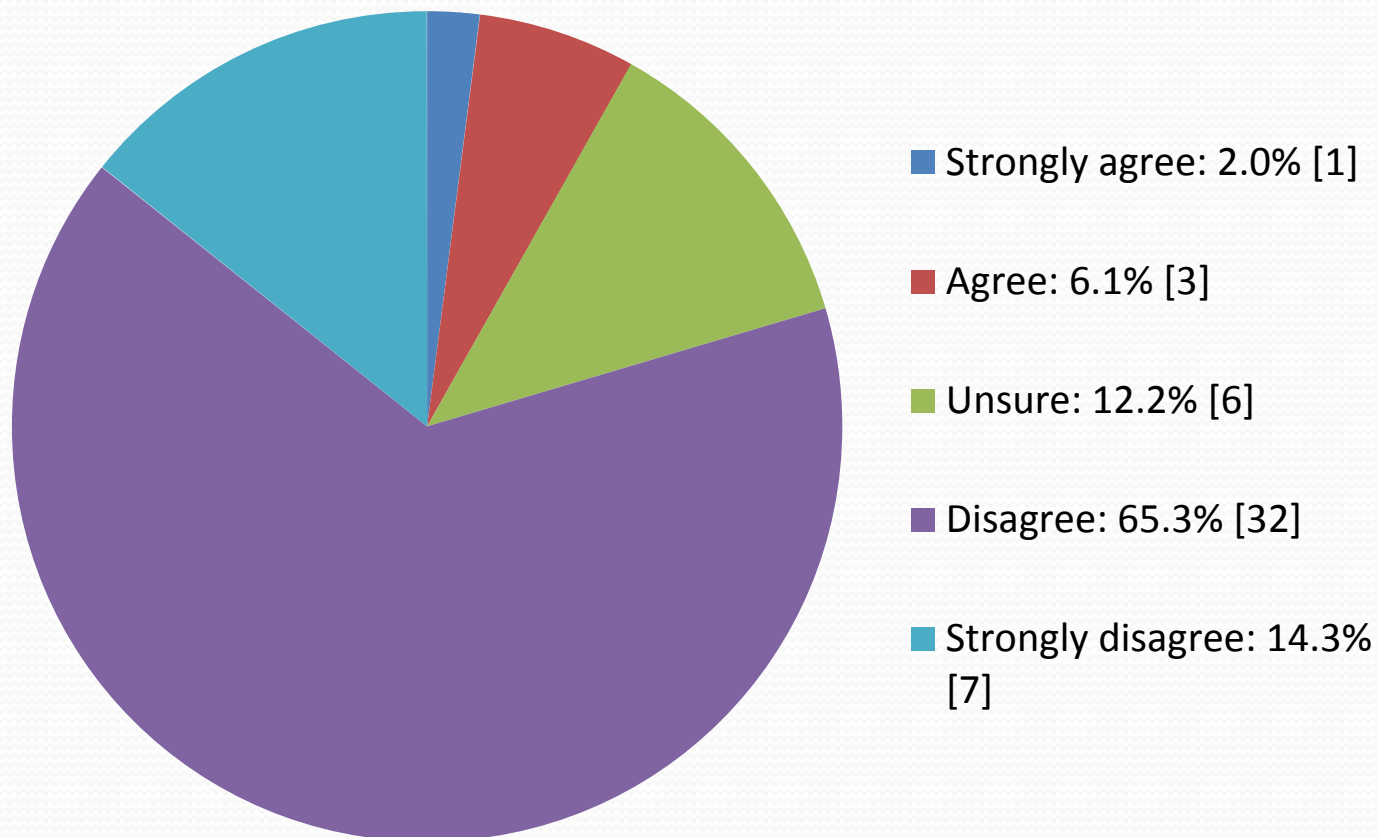
I have adequate knowledge around immunisation.



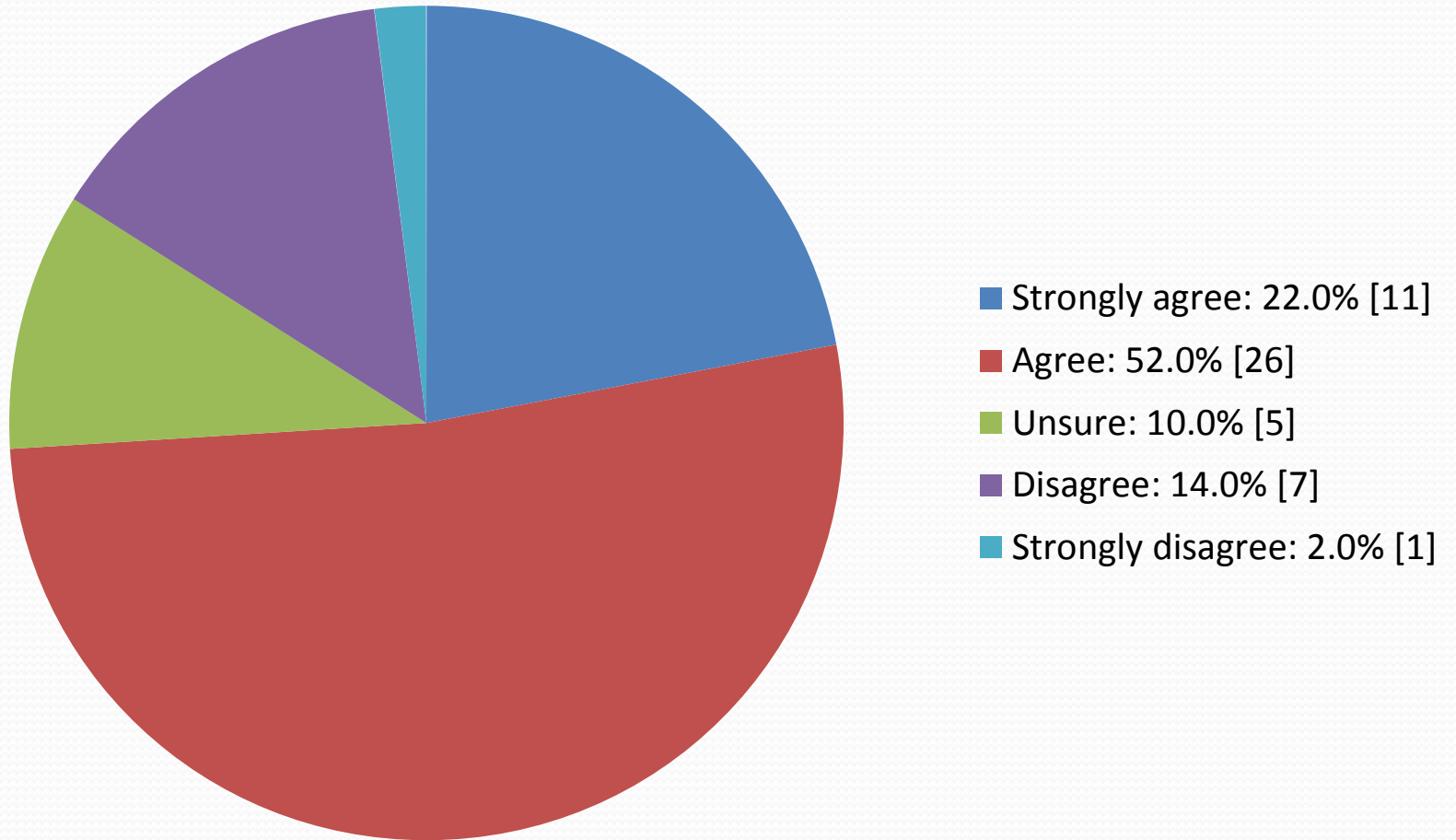
**Immunisation begins at too early an age for babies
immune systems.**



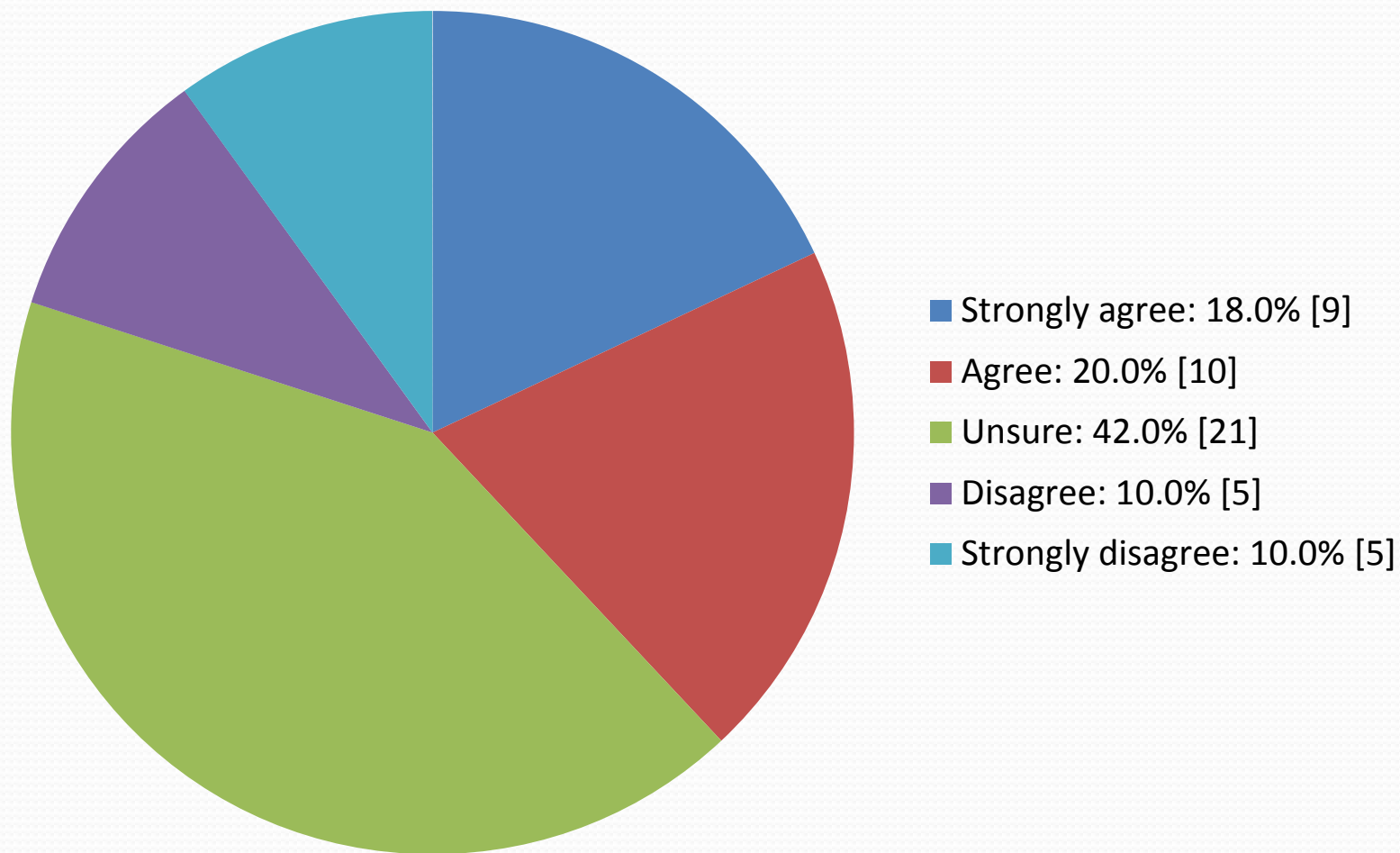
Media coverage of possible vaccination problems has changed my attitude towards immunisation.



Ongoing training and education on the benefits of immunisation would be useful.



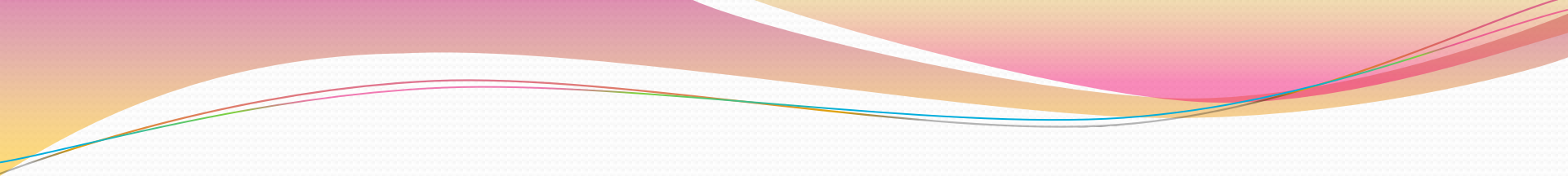
There are too many vaccines on the current immunisation schedule.

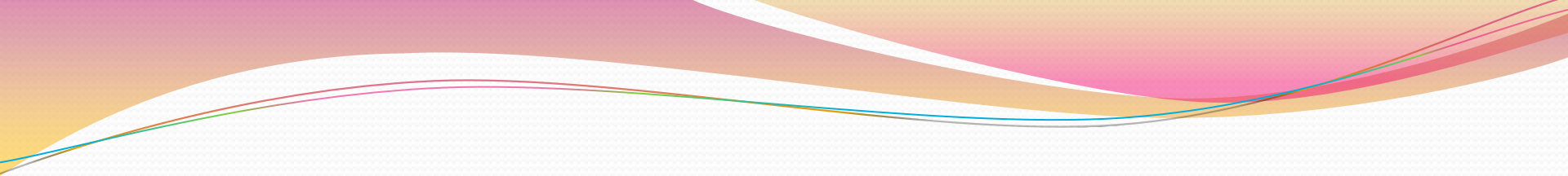


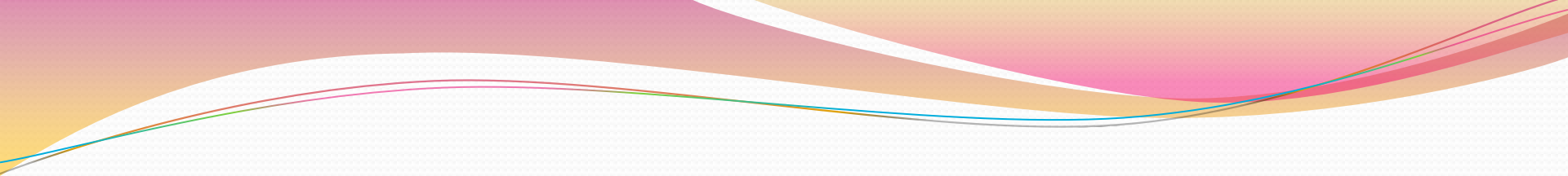
Comments (from respondents)

- You just have to read the pamphlet from the immunisation awareness group to be aware how we over immunise our kids
- Information should be available and given in a non biased format. It is a parent's right to choose. My role is to give information, not to recommend a particular option

- I dislike the word "immunisation", as it conveys a sense of false security around the idea of a 'guarantee' of sero-conversion. I believe that the word 'vaccination' is more accurate. Furthermore, vaccination can never replace the importance of providing our children with breastmilk and of ensuring all New Zealand households are warm, dry and not overcrowded - this may involve governments placing more emphasis on preventative measures rather than on providing tax cuts for the rich!!

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- I try very hard not to let my personal view of pro-immunisation affect how I give out information to women. However, I accept that this is not always the case and, when asked, I inform them of my view. I do, however, make it clear that this is their own personal choice

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- Some comments from women: wary/uncertain of giving so many vaccines at one time. Wanting to start later. Wonder if breastfeeding immunoglobins offer sufficient protection. We wait till six weeks due to placental immunoglobins is it fair/reasonable to extrapolate this further to acknowledge the immunity provided by exclusive breastfeeding???

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- Used to be more strongly pro, have recognised that pushing too hard makes people dig in their toes- it is important to acknowledge and engage with people who oppose immunisation rather than going head to head
 - Parents should be given BOTH sides of the story so they can make an INFORMED CHOICE with regard to choosing to vaccinate or not

- There is NO balanced info available for midwives to give parents on immunisation - its either very pro or very anti. Unfortunately much of the MOH info is very one-sided and high pressure for parents without any true disclosure / discussion of the risks - they are just brushed aside as something that must be accepted. There is a very paternalistic "trust us we know what's best for you" attitude. This is at odds with other topics in health where informed choice is valued. I believe parents have a right to make choices without coercion which unfortunately rarely happens. I have yet to attend an education session which was anything but 'cult-like brainwashing' of the party line. My attitudes towards immunisation have changed since becoming a midwife because of the way we are told to use coercion and 'spin' to promote this

Study limitations

- Only those felt strongly/like taking surveys probably replied
- Small sample – 50/2900+ midwives
- State of the midwife – not necessarily constant
- Conflicting results :
 - 74% ‘have sufficient knowledge’
 - 74% ‘would like ongoing education’

A way forward?

- Possible need for more publicity of available education
- Can we have 'balanced' information on vaccination?
- Need to ensure research is understood:
 - Sample size
 - Validity
 - Reliability
- Awareness of contractual obligations

Resources

- www.immune.org.nz (Ministry of Health)
- www.ias.org.nz (Immunisation Awareness Society)
- NZCOM consensus statement:
<http://www.midwife.org.nz/index.cfm/3,108,559/immunisation-2001-refs-2009.pdf>
- Immunisation Handbook – available from MoH resources centres or order online
- Section 88, New Zealand Public Health and Disability Act (2000)
- DHB policies

Suggestions and discussions?

