ARE PERINATAL HEALTHCARE PROVIDERS IN BRITISH COLUMBIA ABLE TO RECOMMEND AND PROVIDEPERTUSSIS VACCINE IN EVERY PREGNANCY?

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PERTUSSIS (WHOOPING COUGH) HOSPITALIZATION INCIDENCE IN CANADA

CANADA, 1999 - 2015
21 DEATHS: INFANTS < 4 months

IMPACT STUDY: 1999 - 2015
PERTUSSIS VACCINE (TDAP) IN PREGNANCY

- Tdap (Tetanus, Diphtheria acellular Pertussis) in 3rd trimester of pregnancy
- Higher transplacental antibody transfer & indirect protection
- 80-90% decrease in confirmed infant pertussis (Australia, UK, USA)
- Canada: Tdap recommended in every pregnancy (27-32 weeks GA) since 2018
STUDY QUESTION

- Variety of perinatal care providers and settings
- Ability to recommend and provide pregnancy vaccines may vary
- Qualitative study among perinatal providers in 5 Canadian provinces

ARE PERINATAL HEALTHCARE PROVIDERS IN BRITISH COLUMBIA ABLE TO RECOMMEND AND PROVIDE PERTUSSIS VACCINE IN EVERY PREGNANCY?
PARTICIPANTS

• June 2018 – July 2019
• **12 providers**: 6 family physicians, 4 midwives, 2 nurses
• **3 health authorities** (Vancouver Coastal, Island Health, Northern Health)
• 7 urban, 5 small town, 1 rural
  • 7 **recommended** Tdap
  • 3 **recommended and provided** Tdap in their practice
  • 2 **did not recommend** Tdap vaccine
“You’re making a conversation with them based on a long history of hopefully a good relationship . . . . It’s very different than [talking to] a new doctor who you’ve never met before and they launch into vaccinations.”

-- Family Physician, Urban center
I really try to … decrease that power imbalance. I think a lot of people [not just Indigenous] struggle with the idea of the nurse as an authority figure, and sometimes even that itself just puts people on guard. Nurse, Small town
I don’t discuss vaccines in pregnancy … the first part of prenatal care is done by the [community provider] and then women get referred to us at about twenty weeks. Our obstetrician goes through the whole antenatal form and does the whole history and dictates a consult on this patient . . . and then we kind of pick up with just shorter subsequent visits. -- Family Physician, Small town
Influences on perinatal providers’ ability to recommend and provide pertussis (Tdap) vaccine in pregnancy

RESULTS

I don’t do any vaccines. Public health nurse does everything, and so I do feel a little bit disconnected. --- Family physician, Small Town

Drawing: Tovi Salzman
It would be good to have more information just so I feel more confident in my understanding of the reasoning behind [Tdap vaccine in pregnancy]. But also just to get it into my discussion list.
--- Midwife, Rural community
RESULTS

We actually **haven’t had a lot of continuing education around how to have those conversations** [about vaccines in pregnancy]. And interestingly, I think the only place that those—that sort of training or conversation’s really happening is in pediatrics right now. Family Physician, Urban center
RESULTS

A lot of Indigenous learners are visual, and so I do a lot of visuals … like, flipchart, I do a visual about herd immunity --- Nurse, Small town
RESULTS

It’s really unfair to pregnant women to say, we recommend this, but you’re going to have to pay for it. … women who’d be most at risk of getting pertussis would have less access due to financial barriers. But it doesn’t stop me from talking about it the same way I would talk about it if it was funded. -- Midwife, Urban center
I work at a very sort of technology-depressed area, and most people cannot pay for things that aren’t covered. I generally haven’t been discussing, the pertussis shot with people. --- Family Physician, Small town
We [provide] publicly funded vaccines. It becomes more challenging with the recommendation for Tdap in every pregnancy] because physicians and midwives in town are relaying this message to their clients. **They’re contacting us to receive it. We can’t offer it**, and then sending them to the pharmacy. --- Nurse, Urban center
RESULTS

There’s this sort of doubt about being … the guinea pig. Well, if it was really indicated the government would cover it . . . -- Family physician, Urban center

Influences on perinatal providers’ ability to recommend and provide pertussis (Tdap) vaccine in pregnancy

Drawing: Tovi Salzman
Influences on perinatal providers’ ability to recommend and provide pertussis (Tdap) vaccine in pregnancy

CONCLUSIONS FROM BC (AND OTHER PROVINCES)

Gap between evidence-based recommendation for Tdap vaccine and what is realistic in clinical practice

Drawing: Tovi Salzman
MOVING FORWARD?

Comprehensive, provincial and national vaccination strategy for vaccines in pregnancy:

- **Longitudinal care** for pregnant women
- **Clear provider roles** in recommending and providing pregnancy vaccines
- **Provider training** – knowledge & communication
- **Appropriate lay resources** for women and families
- **Universal access** to publicly funded Tdap vaccine
WANT TO BE IN A MOVIE?

• Vaccine Evaluation Center is producing a short film about vaccine conversations during and after pregnancy
• We are looking for healthcare providers, parents, and babies (1-2 months old) to portray various characters
• We will be filming at BC Children’s Hospital in early April
• Time commitment: 2-3 hours to 2-3 days, depending on the role
• You don’t need previous acting experience
• Email us for more information:
  Hana hmijovic@bcchr.ca
  Jordan jordan.lively@bcchr.ca
THANK YOU:

- JORDAN LIVELY (POSTER P16: SHOULD CONVERSATIONS ABOUT INFANT VACCINES BEGIN IN PREGNANCY?)
- JULIE BETTINGER
- DEVON GREYSON
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CANADIAN IMMUNIZATION RESEARCH NETWORK (CIRN)

CLINICIAN INVESTIGATOR PROGRAM, UBC

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