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## Review

# Midwives' attitudes, beliefs and concerns about childhood vaccination: A review of the global literature

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## ABSTRACT

Vaccine hesitancy in industrialised countries is an area of concern. Health professionals play a significant role in parental vaccination decisions, however, to date the role of midwives has not been widely explored. This review sought to describe the attitudes and communication practices of midwives in developed countries towards childhood vaccines.

Medline, Cinahl, PsychInfo, Embase and the grey literature were searched. Inclusion criteria were qualitative and quantitative studies reporting midwives' beliefs, attitudes and communication practices toward childhood vaccination.

The search returned 366 articles, of which 359 were excluded by abstract. Two additional articles were identified from the grey literature and references, resulting in nine studies from five countries included in the review.

Across the studies, the majority of midwives supported vaccination, although a spectrum of beliefs and concerns emerged. A minority expressed reservations about the scientific justification for vaccination, which focussed on what is not yet known rather than mistrust of current evidence. Most midwives felt that vaccines were safe; a minority were unsure, or believed they were unsafe. The majority of midwives agreed that childhood vaccines are necessary. Among those who expressed doubt, a commonly held opinion was that vaccine preventable diseases such as measles are relatively benign and didn't warrant vaccination against them. Finally, the midwifery model of care was shown to focus on providing individualised care, with parental choice being placed at a premium.

The midwifery model care appears to differ in approach from others, possibly due to a difference in the underpinning philosophies. Research is needed to understand how midwives see vaccination, and why there appears to be a spectrum of views on the subject. This information will inform the development of resources tailored to the midwifery model of care, supporting midwives in advocating for childhood vaccination.

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## 1. Introduction

Vaccine hesitancy in industrialised countries is of increasing concern. A European parental survey showed, for example, that between 12% and 28% reported doubts about vaccinating their child [1]. Current evidence suggests that in developed world settings, parental trust in healthcare providers is a key factor in vaccination decision-making [2]. Most research to date has focused on general practitioners and paediatricians, but few data are available on the role of midwives.

Studies indicate that many parents make childhood vaccination decisions during pregnancy, highlighting the importance of midwives in this process [3]. Hepatitis B vaccine is recommended at birth in many jurisdictions and, as such, midwives are an important vaccine information source. A deeper understanding of midwives' vaccine attitudes and communication practices is needed to inform the development of tailored support and education for this important group of health care providers. We therefore reviewed the international literature describing the attitudes of midwives in developed countries towards childhood vaccination, and their communication practices.

## 2. Methods

We searched Medline, Cinahl, PsychInfo and Embase between 1 January 1995 to 27 March 2015, using the search terms midwives OR midwifery OR nurse midwives AND vaccination OR immunisation (both spellings of this word wherever possible) OR immunisation programs AND attitude OR behaviour OR emotions OR social psychology OR health knowledge OR attitudes, practice OR political attitudes OR therapist attitudes OR psychologist attitudes OR health attitudes OR counsellor attitudes OR choice behaviour OR social behaviour OR behaviour change OR organisational behaviour OR behaviour analysis OR health behaviour OR social issues OR health care psychology OR health knowledge OR communities of practice OR clinical practice OR practice. We also searched Google Scholar using the terms: immunisation (both spellings); vaccination; midwives; attitudes and beliefs, to identify grey literature and open access publications. Additionally, we used snowballing to identify articles from the references of articles we obtained [4].

### 2.1. Inclusion criteria

We included primary studies of any type (qualitative or quantitative) that reported on midwives' attitudes and beliefs toward childhood vaccination, or communication interventions, in a developed-world setting. If articles considered other forms of vaccination (eg maternal) we included them only if there were explicit questions focusing on childhood vaccination, using findings only related to these questions. We also included studies where the views of midwives on childhood vaccination were not reported as an independent group, on the basis that they provided relevant insights. We excluded articles that were not in English.

### 2.2. Analysis

The search results were reviewed by one author for eligibility (KA) and confirmed by another (KW), who both screened by title and abstract. Following exclusion of irrelevant articles (Fig. 1), full articles were read by both authors. One author (KA) grouped the findings of the papers into themes using NVivo10 software (QSR International, 2015). These themes were generated inductively through exploration of the data in the studies. For something to be considered a key theme, it had to be a topic that emerged regularly from the studies, although it did not need to occur in every study. The emerging themes were discussed and developed further by both (KA and KW), using thematic coding techniques [5]. For qualitative studies, we gathered and re-organised the original themes. Our qualitative, thematic approach to coding to all the studies meant that we captured both pre-determined and arising themes within our dataset.

## 3. Results

The search returned 441 articles. Additionally, one report was sourced from the grey literature and one journal article was found via snowballing. Seventy-five duplicates were removed, resulting in 368 articles, from which 359 were excluded as ineligible after reviewing the abstract. Thus, nine articles were included (Fig. 1, Table 2).

Five articles studied midwives alongside other health professionals [6–10]. The number of midwives in these studies was often small (range 4–109, refer to Table 2), and at times the views of midwives were not reported as an independent group. Three articles contrasted the attitudes of midwives with other health professionals and found midwives to be less supportive of vaccination than their counterparts [6,8,9].

Of the studies explicitly examining midwives as group, two were from New Zealand [9,11], two were from Canada [8,12] and three were from Australia [10,13,14]. Three of these focussed on specific vaccinations; two Australian articles focussed on the birth dose of hepatitis B vaccine [13,14] and a Canadian study explored childhood vaccination as part of a broader study of influenza vaccination [12]. The remaining studies included midwives in broader studies of healthcare professionals, and were set in Ireland [7] and the United States [6,9].

### 3.1. Midwifery practice settings

The studies were conducted in New South Wales (NSW) and the Northern Territory (NT) of Australia; Waitango and Rotorua, New Zealand; County Cork and County Kerry, Ireland; Ontario and Quebec, Canada; and Oregon, the United States. To compare and contrast the studies, we researched how midwifery is situated within the state-provided maternity care system in these settings (Table 1).

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