

Available online at www.sciencedirect.com

Public Health

journal homepage: www.elsevier.com/puhe

Original Research

Experiences and perspectives of mothers of the pertussis vaccination programme in London



C.G. Winslade, C.M. Heffernan*, C.J. Atchison

NHS England (London Region), 4th Floor, Southside, 105 Victoria Street, London, SW1E 6QT, UK

ARTICLE INFO

Article history:

Received 15 August 2016

Received in revised form

14 November 2016

Accepted 13 December 2016

Available online 1 February 2017

Keywords:

Improving pertussis vaccine uptake

Maternal vaccination

Maternal pertussis vaccination programme

Patient experience

ABSTRACT

Background: In 2012, a pertussis outbreak prompted a national vaccination programme for pregnant women, which provides passive protection for infants. Vaccine uptake in London is consistently lower than elsewhere in the UK. There are few studies looking at the reasons why pregnant women accept or refuse pertussis vaccination. Therefore, this study aimed to gain a better understanding of London women's views and experiences, to identify how services might be improved.

Study design: Cross-sectional qualitative semi-structured interviews study.

Methods: Purposive sampling of four London boroughs was made, taking boroughs in different geographical locations, with varying levels of deprivation and pertussis vaccine uptake. Participants were recruited through baby clinics and interviews conducted covering knowledge about pertussis, the vaccine, information given during pregnancy, factors influencing decision-making, experience of vaccination, future intentions in another pregnancy and recommendations for improving uptake. A thematic analysis approach was used.

Results: A total of 42 interviews were conducted. Five main themes were identified: (1) lack of discussion about pertussis; (2) desire to protect the baby; (3) trust in health professionals; (4) convenience of vaccination; and (5) help navigating 'busyness of pregnancy'. This study found that, if offered, most women would accept vaccination. Although vaccination through the general practitioner was convenient, more options for vaccination, such as through antenatal clinics, might increase uptake. Despite usage of the internet to look up medical information, women wanted to discuss vaccination with their midwives or general practitioners. Women wanted a simple pregnancy 'checklist' to help ensure that they had received all recommended aspects of antenatal care including vaccination.

Conclusion: Poor uptake of vaccine is not always due to lack of demand or active refusals. Service providers have an important role to play in actively promoting vaccination services, ensuring women have access to the information they require and in increasing the availability and access to vaccination programmes.

© 2017 The Royal Society for Public Health. Published by Elsevier Ltd. All rights reserved.

* Corresponding author.

E-mail address: catherine.heffernan@nhs.net (C.M. Heffernan).

<http://dx.doi.org/10.1016/j.puhe.2016.12.018>

0033-3506/© 2017 The Royal Society for Public Health. Published by Elsevier Ltd. All rights reserved.

Introduction

Following a national outbreak of pertussis in the United Kingdom (UK), a maternal vaccination programme was introduced in 2012. Pertussis is a preventable disease with potentially severe consequences for young infants. Vaccinating pregnant women provides passive protection to their unborn babies and protects them until they are old enough to receive pertussis vaccination.¹ The programme is highly effective, with cases of pertussis in infants of vaccinated mothers falling by 90%.² The vaccine is inactivated and cannot cause infection in either mother or baby, and a large observational study has identified no safety concerns about giving the vaccine to pregnant women.³ In the UK, the maternal pathway is provided by midwives. Some women may have shared care with obstetricians and general practitioners (GPs). Whilst midwives are best placed to discuss vaccination, pertussis vaccination is provided in general practice.

Recent UK-based studies have indicated high acceptability amongst the public for maternal pertussis vaccine.⁴ A London-based survey of pregnant women (2013) found that 96% would accept it for their babies' protection.⁵ Yet these results do not translate to vaccination uptake rates. During 2015/16, England's monthly rates varied from 55.1% to 61.6% uptake of pertussis vaccine during pregnancy. London had the lowest of the 25 regions, ranging from 44.3% to 52%, falling below 50% for 10 of the 12 months.⁶ Reasons for poor uptake have been linked in the literature to low vaccine confidence, concerns about vaccine safety, lack of recommendation by a healthcare professional, conflicting advice and access issues.^{7–9} A systematic review found that the majority of studies on vaccine hesitancy during pregnancy was conducted in North America and focused on influenza vaccine.¹⁰ There is need for more UK-based studies looking at the personal and service factors that are influencing poor uptake of pertussis vaccine during pregnancy.

The purpose of this qualitative study is to explore the perspectives and experiences of London mothers on being offered the pertussis vaccine during pregnancy. The intention is to discover which factors need to be addressed within the delivery of the pertussis vaccination programme to enable future cohorts of pregnant women to make informed decisions around the vaccine and ultimately improve uptake.

Methods

Between September and December 2015, a cross-sectional qualitative study of London mothers' experiences of being offered the pertussis vaccine was conducted. Purposive sampling was used, taking four London boroughs in different geographical locations with varying levels of deprivation and levels of uptake of pertussis vaccination—namely, Richmond, Greenwich, Enfield and City & Hackney. The former two boroughs had >50% uptake of pertussis vaccine, whilst Enfield had <40% uptake and City & Hackney had <30% uptake.

Initially, we had intended to conduct focus groups and set about recruiting mothers who had had a baby since the vaccination programme was introduced. Participants were

invited through Mumsnet (a UK website for parents), Twitter and letters and flyers distributed by the local children's centre and health visiting teams. After poor attendance at the first two focus groups, it became clear that focus groups were not suited to this cohort of women, and the study was re-designed to semi-structured face-to-face interviews.

Four sets of interviews took place, one in each borough. Participants were approached whilst they waited for their baby check at baby clinics run by health visiting services. Those who agreed to take part entered a separate room or area after their baby check. The same researcher conducted all interviews. An observer took handwritten notes. Interviews were recorded with the permission of the interviewees. All participants signed a consent form assuring confidentiality and anonymity. Ethical approval was not required as this was service improvement work.

The interview guide was informed by a literature review and provided a framework for comparisons yet allowing flexibility in responses. This covered the following areas:

- Knowledge and understanding of whooping cough
- Knowledge and understanding about whooping cough vaccination in pregnancy
- Information given during pregnancy
- Factors influencing their decision-making
- Experience of vaccination
- Future intentions (in another pregnancy)
- Recommendations for improving uptake.

The length of the baby clinic and the number of women willing to be interviewed determined the number of interviews conducted in each location. Interviews varied from 5 to 20 min. Data were not formally analysed until the end of the study but were reviewed after each set of interviews to identify emerging themes. By the third set of interviews, no new themes were emerging, but the study continued to complete the four boroughs. Participants ranged in age from late adolescence to mid-forties and the majority were White British. There was a mix of first time and subsequent mothers. Formal demographic information was not collected, but participants were broadly representative of those attending the clinics.

A total of 42 women were interviewed. Interviews were transcribed immediately afterwards. The transcripts were read alongside the field notes to aid familiarisation and were analysed manually using the thematic analysis, with themes emerging from the data. Textual data were scrutinised for similarities and differences between themes. Issues that generated the most discussion were prioritised. Two researchers analysed the data separately to generate themes and then compared findings. Random pseudonyms were assigned to participants to protect identities.

Results

Thirty-five of the 42 women had received pertussis vaccination. Two had actively chosen not to have the vaccine (one had doubts about the vaccination and one was needle phobic), four reported that they did not recall being offered vaccination and

Download English Version:

<https://daneshyari.com/en/article/5122963>

Download Persian Version:

<https://daneshyari.com/article/5122963>

[Daneshyari.com](https://daneshyari.com)