

BREAKING DOWN BARRIERS: can good counselling help weather the COVID19 storm?

A survey of COVID19 vaccination rates in the pregnant population of Barnsley

Introduction

On 13th January 2020, a new virus, COVID19, was identified for the first time in a patient outside China.¹ It was the start of a global pandemic that brought the world to a standstill; sparked a global race to develop a vaccine²; and, at time of writing, has caused almost 5.5 million deaths worldwide. Vaccination is seemingly our one and only sustained defence.³

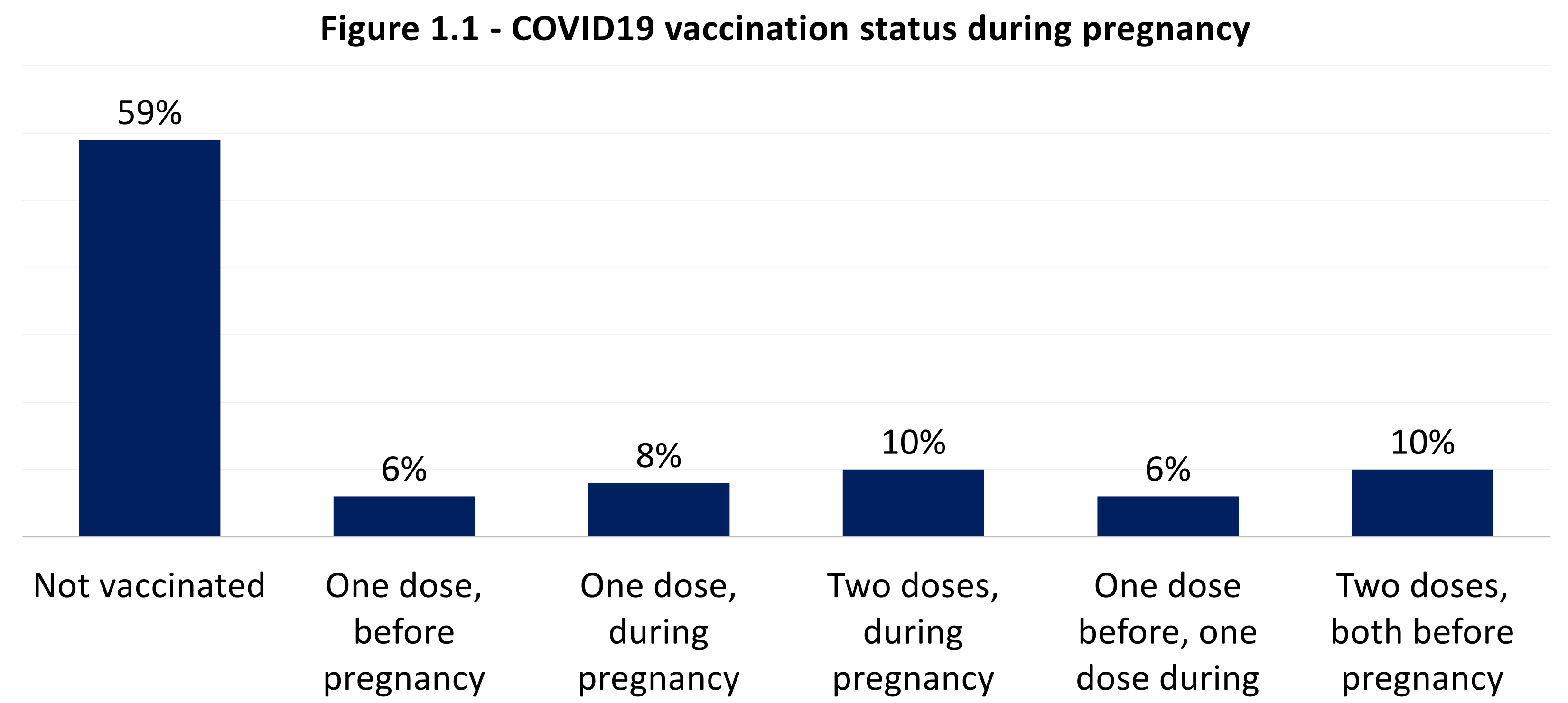
However, within the UK, despite MHRA approval of four vaccines, increasing evidence of the complications of COVID19 during pregnancy, multimedia campaigns promoting vaccination and pregnant women being made a priority group, uptake of vaccinations in this cohort remains low.^{3,4,5}

This has led us to question what the barriers are to vaccination and why pregnant women aren't taking up the free offer of vaccination.

☞ Mixed messages ☞

Objective

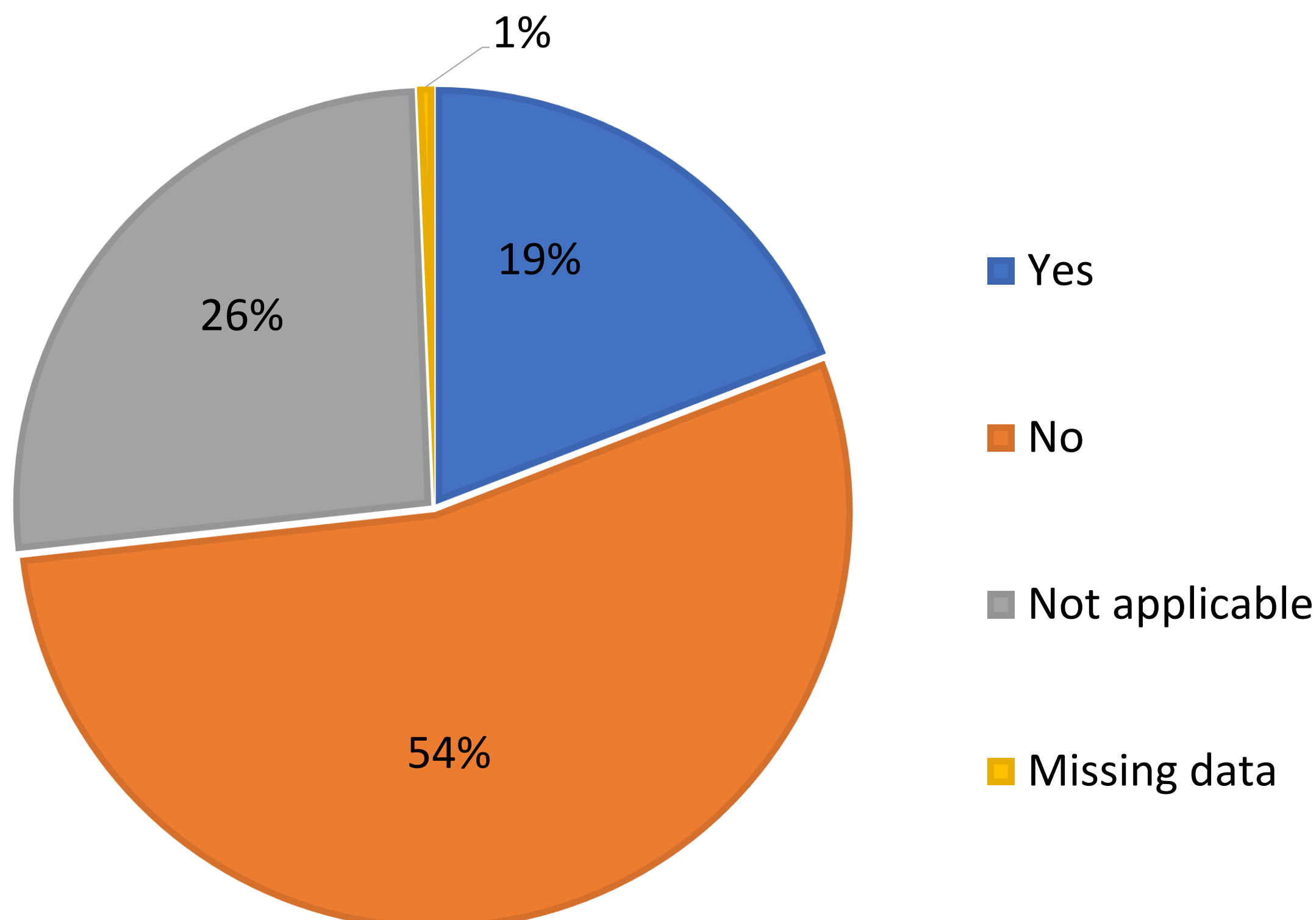
The primary objective of this project was to assess COVID19 vaccine uptake in a semi-rural antenatal population; to determine patient understanding of the risks of COVID19 in pregnancy; and to identify barriers to vaccine uptake.



Methodology

The survey was registered with the Quality Improvement department and ethical approval was not required. All the patients attending antenatal clinics seen by two consultants and two registrars in September and October 2021 were offered an anonymous survey to complete in clinic. Verbal consent was obtained. All patients were subsequently counselled and given written information regarding vaccination. Data was inputted into Microsoft Excel and analysed using SPSS Windows analysis.

Figure 1.2 - planning on having a COVID19 vaccination during pregnancy



Results

157 patients completed the survey. 26% were fully vaccinated, 59% unvaccinated and 15% had completed 1 dose [Figure 1.1].

Of those who were unvaccinated or not fully vaccinated, only 19% were planning to be vaccinated during pregnancy. [Figure 1.2]. 73% said they were aware of the risks of COVID19 in pregnancy with preterm delivery, stillbirth, small-for-gestational-age and more serious disease for mum being the most commonly identified risks.

Conclusion

Despite nearly three-quarters of our surveyed population reporting an awareness of the specific risks of COVID19 in pregnancy, uptake of the vaccine during pregnancy remained low. The two main barriers to vaccination were:

- a perceived lack of long-term data on the impacts of vaccination; and
- safety concerns over possible effects on baby.

Only two patients were having difficulties trying to book a vaccination, making it clear that physical barriers to vaccination were not a significant cause for non-vaccination in this population cohort; rather, mixed messages and anxieties around vaccination itself were dominant.

☞ Will get it after pregnancy ☞

Many of our patients were planning on being vaccinated after delivery which was positive. However, with current data suggesting that 98% of women hospitalised during pregnancy with COVID19 are unvaccinated², there is a pressing need to break down these barriers and make comprehensive COVID19 vaccination counselling part of all patient interactions. This is especially true at the beginning of 2022 when, over the past few weeks, there have been rapidly-rising case numbers in the UK.

References

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- 4) Gurool-Urganci I, Jardine JE, Carroll F, Draycott T, George DU, Fremeaux A, Harris T, Hawdon J, Morris E, Muller P, Waite L. Maternal and perinatal outcomes of pregnant women with SARS-CoV-2 infection at the time of birth in England: national cohort study. American Journal of Obstetrics and Gynaecology. 2021 May 20.
- 5) <https://www.rcog.org.uk/en/news/maternity-colleges-urge-pregnant-women-to-have-flu-vaccine-and-covid-19-vaccine-this-winter/> Accessed 8/1/22