

VACCINE HESITANCY IN PREGNANCY; AN OBSERVATIONAL STUDY IN PRIMARY CARE

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OBJECTIVE

We undertook an observational study to understand the reasons for vaccine hesitancy in pregnancy.

DESIGN

A mixed methods observational study was undertaken of 83 pregnant women in the previous 24 months to understand reasons for refusal of recommended vaccine in pregnancy.

METHODOLOGY

83 previously pregnant women over the last 24 months were offered the COVID-19 vaccine in addition to pertussis and influenza whilst they were pregnant. Of these those who declined were interviewed using mixed methods of questionnaires and interviews to understand the reasons for vaccine hesitancy behaviour.

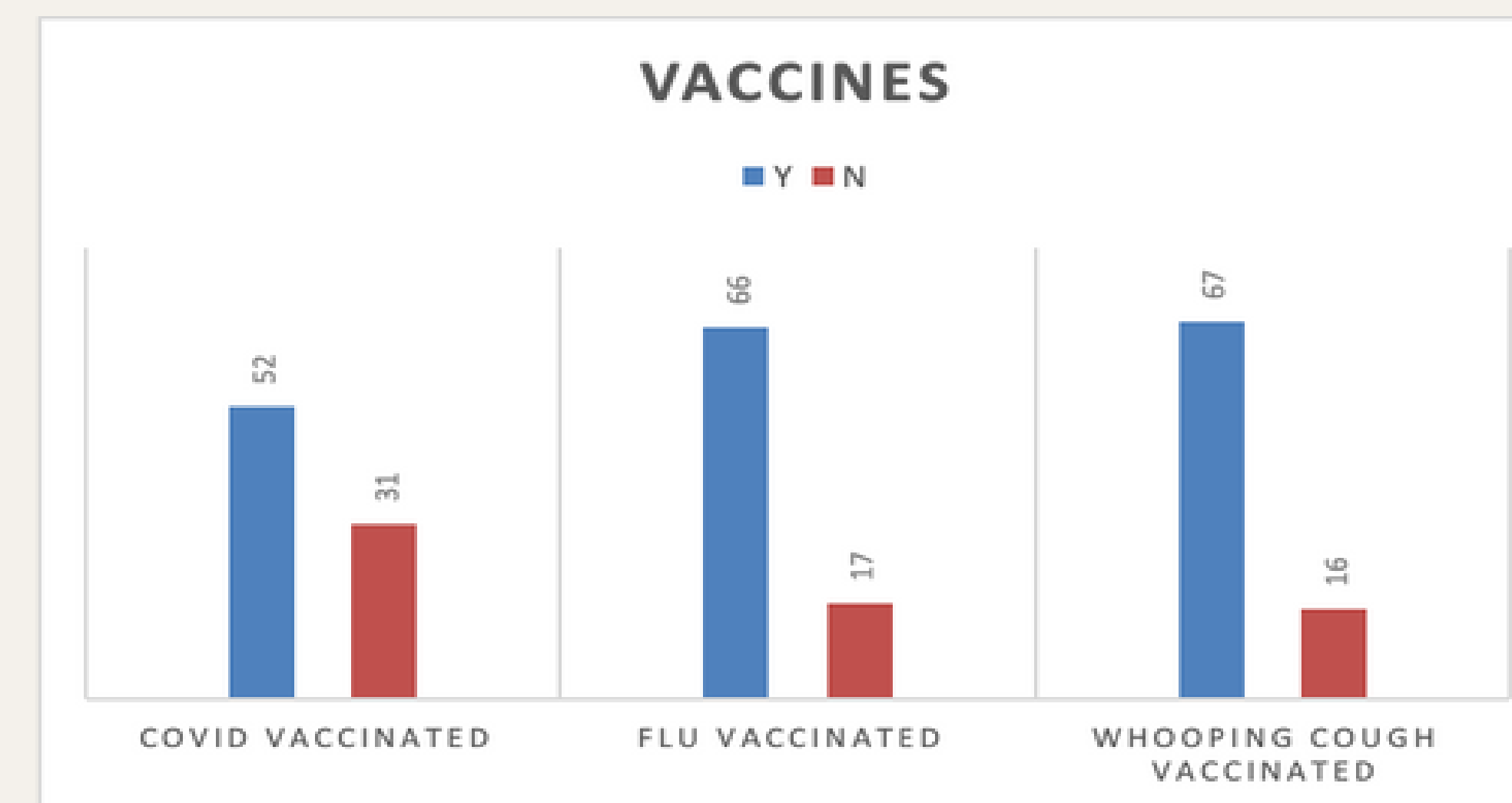
ANALYSIS

The data below, majority of women were vaccinated with their routine pregnancy vaccinations and the COVID vaccinations once it was safe to be given during pregnancy. However the ladies who did not want to be vaccinated had their own views reasons are shown below

Also some women were not made aware of these vaccines by their midwives and we found a lot of misinformation was prevalent

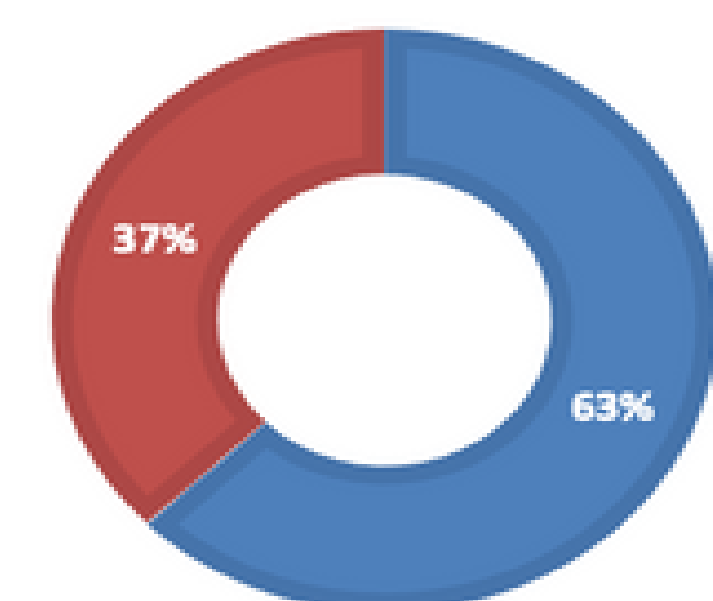


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PREGNANT WOMEN VACCINATION

■ Vaccinated ■ Non-vaccinated



RESULTS

Of the 83 women those 30.9% of women had the covid vaccine whooping cough and influenza vaccinations as well. Of the 83 women, 52 took the first dose of the COVID-19 vaccine, and 31 declined. 5 patients gave reasons of fears of harm to their unborn child, lack of evidence of safety of the vaccine and side effects of the first dose. We also found that some patients refused to acknowledge the presence and existence of the COVID-19 pandemic and COVID-19 virus which was surprising. We also found in addition to the covid vaccines those who declined also declined the pertussis and influenza vaccine quoting lack of information about safety of these vaccines.



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CONCLUSION

Safety of vaccines and the harm to the unborn child was the predominant theme in this study. Patients who are anti vaxers tend to refuse all vaccines while those who took the pertussis and influenza also took the COVID-19 vaccine. **This enables us to predict those who are not likely to accept the COVID-19 vaccine or the pertussis or influenza. Antenatal education will need to change to encompass the protective benefits of vaccination enabling early exposure to information to make informed choices early in their pregnancy. Preconception clinics also have potential to influence choices. Until longer term data and larger studies provide evidence of safety over the next few years, it may not be possible to alter the perception of potential harm and the obstetric consequences of COVID-19 during pregnancy vs benefits of vaccination antenatally.**

REFERENCES

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