

Deciding about maternal pertussis vaccination: associations between intention, and needs and values in a vaccine-hesitant religious group

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Conclusions

- The majority of the orthodox Protestant women has high information needs and wants to converse with health care providers, friends, and family about the maternal pertussis vaccination (MPV)
- Needs for decision-making and value-based deliberation domains in the vaccine decision-making process vary between acceptors, undecided women and refusers
- These insights in the decision-making process of a vaccine-hesitant subgroup can be of great importance for health care providers and vaccine policy makers in offering tailored vaccine decision-making support and nationwide maternal vaccination campaigns

Introduction

- Maternal pertussis vaccination (MPV) is highly effective in preventing pertussis among infants.
- However, MPV uptake is subjected to vaccine hesitancy.
- The orthodox Protestant community in the Netherlands is an under-vaccinated subgroup.
- A previously developed framework describes the stages and needs of the MPV decision-making process among orthodox Protestant women^(a) and was used to quantify this process among orthodox Protestant women.

This poster provides insight in ...

- ... orthodox Protestant women's intention to accept MPV if offered by a health care provider;
- ... women's needs and value-based deliberation domains in the MPV decision-making process
- associations between intention and needs for decision-making and deliberation domains.

Methods

- **Recruitment** through midwife practices, child health clinics, (social) media and snowball sampling
- **Data collection** with online survey using LimeSurvey October 2018-Januari 2019 (before introduction of MPV in the Dutch national immunisation programme)
- **Data analysis** descriptive analysis and univariate and multivariate multinomial logistic regression analysis
- **Outcome measure** MPV intention, 3 categories: will certainly accept MPV, undecided about accepting MPV, will certainly refuse MPV.

Recommendations

- Needs in the decision-making process should be verified among all (orthodox Protestant) women eligible for MPV.
- Health care providers should offer open and non-judgemental vaccine decision-making support.
- Studies should be conducted to determine the vaccine decision-making process and associated needs among other vaccine-hesitant subgroups to optimize vaccine decision-making support.



N= 467 orthodox Protestant women, aged 18-40y

Results

If pertussis vaccination would be offered during pregnancy

- **12%** would certainly accept MPV
- **56%** undecided about accepting MPV
- **32%** would certainly refuse MPV

Information needs

- **73%** would like to receive information about MPV and **68%** would probably or certainly search on The Internet for information
→ highest among acceptors and undecided women
- **35%** would like vaccine critical information and **24%** would like information from natural medicine perspective, and **20%** from homeopathy perspective
→ highest among refusers, followed by undecided women

Conversation needs

- **78%** would like to discuss and decide about the MPV with her husband or partner and
- **87%** wants to talk about the MPV with female friends (65%), sisters (46%), parents (46%), or others
→ highest among undecided women, followed by acceptors

Needs concerning health care provider

- **82%** wants to hear the pros and cons of the MPV and **67%** want personal advice from her midwife
- **66%** wants to hear the pros and cons of the MPV and **47%** want personal advice from her child health care physician
→ highest among acceptors and undecided women

Deliberation domains in deliberation stage

- Trust in the vaccine and vaccine-providing authorities → highest score among acceptors
- Individual deliberate decision-making → highest score among undecided women, compared to refusers
- Contemplating religious argument → no difference between acceptors, undecided women and refusers

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