

Lessons Learned from Influenza Immunization for Pregnant Women

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Overview

- Acknowledgements
- Introduction
- Patient Barriers
- Provider Barriers
- Summary



Acknowledgements

- The participants of the October 2011 maternal influenza immunization conference
 - Especially Drs. Richard Beigi and Bernard Gonick



Introduction

2011: New recommendations regarding pertussis immunization for pregnant women

Centers for Disease Control and Prevention

MMWR

Morbidity and Mortality Weekly Report

Weekly / Vol. 60 / No. 41

October 21, 2011

Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine (Tdap) in Pregnant Women and Persons Who Have or Anticipate Having Close Contact with an Infant Aged <12 Months — Advisory Committee on Immunization Practices (ACIP), 2011



Introduction

Influenza immunization for pregnant women –
recommended since 1960

STATEMENT

*By Leroy E. Burney, Surgeon General,
Public Health Service*

Influenza Immunization



Introduction

- Maternal Influenza Immunization Conference – October 2011
-sponsored by NVPO
- Co-sponsored by ACOG, CDC, FDA, NIH
- Participants = Representatives from:
 - 17 universities/research organizations (e.g., University of Colorado)
 - 14 organizations (e.g., Association of Women’s Health, Obstetric, and Neonatal Nurses)
 - 7 U.S. Government agencies or offices (e.g., HRSA)
 - All 4 vaccine manufacturers



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Patient Barriers

- Those not specific to pregnant women
- Those specific to pregnant women



Patient Barriers

-Those not specific to pregnant women

- Fear of needles
- No prior (adult) immunization history
- Lack of an established relationship with a health care provider as a vaccine provider
- Problems with access to health care
- General mistrust of the medical establishment



Patient Barriers

-Those specific to pregnant women

- Lack of knowledge about:
 - Risks associated with influenza during pregnancy
 - Benefits of immunization for both the mother and the infant
- Safety concerns
 - For the pregnant woman herself
 - For her fetus/infant



Overcoming Patient Barriers

- **Those not specific to pregnant women:**
 - Outside of health care setting: Community education regarding recommendations for adult immunization (and rationale behind these recommendations)
 - Within health care setting: Those who provide health care to adults emphasizing importance of immunization and offering immunizations



Overcoming Patient Barriers

- **Those specific to pregnant women:**
 - Patient-centered education regarding:
 - Recommendations for immunization for pregnant women
 - Pregnant woman's susceptibility to and morbidity from influenza
 - Benefits of immunization for both the pregnant woman and her fetus/infant
 - Health care provider recommending and offering immunization



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Provider Barriers (and overcoming these barriers)

- Knowledge
- Financial issues
- Program implementation



Provider Barriers – *Knowledge*

- Need for improvement in provider (and other staff – RNs, receptionists, clinical administrators) understanding of:
 - Recommendations regarding adult immunizations and immunization during pregnancy
 - Benefits of such immunization



Provider Barriers –

Financial issues

- Billing/payment for services
 - Up-front costs of ordering vaccines
 - Cost of storing and maintaining vaccine inventory
 - Inadequate or no payment for immunizations



Provider Barriers –

Program implementation

- Development of concept of “Obstetricians as vaccinators”
- Operational change (e.g., standing orders)



Summary

- In order to implement existing recommendations for immunization of pregnant women, it is essential that both patient and provider barriers are understood and addressed.

