

Tapping midwives' views about the neonatal hepatitis B vaccine: how welcome is a move towards a health promoting orientation?

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Background

The fifth action area of the Ottawa Charter states adamantly: "The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services".¹ Midwives are one group in the health sector whose clinical practice encompasses a normal physiological process and hence are well-placed on the promotion end of the curative-promotion continuum. Furthermore, the profession is 'committed to seeing midwifery as a public health strategy that encompasses a broad social context'.²

In the year 2000, policy changes required midwives to extend their promotion and prevention role by becoming regular

providers of immunisation through the universal neonatal hepatitis B vaccination program.

Immunisation has been a public health success in Australia and achieved major reductions in childhood morbidity and mortality.³ For any vaccination program to be effective, maintaining high immunisation coverage is necessary. Completion of the hepatitis B vaccination series is more likely among those receiving the first dose in the days following birth.⁴ As well, encouragement from health care professionals is a significant factor influencing parents' decisions to complete the vaccination schedule.⁵⁻⁸ Hence, as a public health strategy, it is important that midwives support and encourage parents to have their newborn immunised.

Abstract

Issues addressed: Although current health care policies in theory are moving more towards inclusion of prevention and health promotion approaches alongside curative care, it is questioned whether these policies are being embraced by health care professionals in their practice. One area where providers might take an active health promoting role is in influencing parents' decisions to have their children vaccinated against serious diseases. This pilot exploratory study was undertaken to gain some understanding of attitudes and perceptions among midwives towards administering and promoting the neonatal dose of the hepatitis B vaccine.

Method: In-depth interviews were conducted with six key informant midwives recruited through a snowball sampling technique. The interviews were guided by open-ended questions providing a flexible framework for qualitative data collection and analysis.

Results: These midwives regarded immunisation primarily as a procedure embedded within many other clinical requirements. They expressed strong deference to consumer sovereignty in immunisation choices. A few held some reservations about safety and necessity with the latter perception underscored by little mention of hepatitis B as a serious and common disease and they expressed little consequent acceptance of the need to take a strong role in prevention and health promotion.

Conclusions: This pilot project provides grounds for further exploring how midwives prioritise and conceptualise their health promoting role with regard to infectious disease prevention.

Keywords: immunisation programs, vaccination, hepatitis B, qualitative, newborn, midwifery, Australia

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So what?

Reorienting health services to include programs promoting public health interventions such as immunisation of newborns, may require developing supportive policies, practices and professional training specifically tailored towards midwives.

This pilot exploratory investigation sought to gain a clearer perspective on perceptions held by local midwives about the neonatal dose hepatitis B vaccine and their role in its promotion and administration.

Method

Semi-structured interviews were undertaken with midwives employed in the maternity units of two teaching hospitals in Metropolitan Sydney between October and December 2003. Following ethics approval, a snowball sampling technique was used. A Nurse Unit Manager from each hospital was asked to identify midwives they considered senior, well-experienced and likely to exert influence in their profession. Once recruited, these midwives identified other similar colleagues who were approached to join the study.

The interviews were guided by six open-ended questions which provided a flexible framework to explore any issues that arose. Questions stimulated discussions about the value of immunisation generally, stories about immunisation heard from other sources, the implementation of the universal neonatal hepatitis B vaccination policy, parents' willingness or otherwise to accept the vaccination, personal experiences of immunisation or vaccine-preventable diseases, and the influence of those experiences on discussions with parents.

All interviews were audio taped and transcribed. Two authors (C.P. and J.L.) independently examined all transcripts before discussing and agreeing on emerging themes. Transcripts were then analysed according to this agreed coding structure.

Findings

Six midwives were interviewed for this pilot exploration. Three were from a large inner urban teaching hospital and three were from a smaller suburban teaching hospital. One worked in a birth centre and the other five alternated between labour ward, antenatal and postnatal care.

Three broad themes emerged from the analysis of the data obtained in the interviews. Table 1 provides illustrative quotes within these themes.

The 'procedural necessity' theme incorporated the midwives' view that hepatitis B vaccine was an ordinary procedure embedded within their many other institutional requirements following a birth.

The personal choice imperative dominated midwives' comments on parental decision making about hepatitis B vaccine. Immunisation-sceptical midwives, those ambivalent and those fully supportive of the vaccine all highlighted the importance of personal choice throughout their discussions. Hepatitis B vaccine was grouped with other care options about which women should choose such as antenatal care and birthing preferences.

Midwives expressed some reservations about the safety and necessity of the neonatal hepatitis B vaccine program in Australia, where they believe good sanitation and living conditions exist. Some reflected that infectious diseases used to be regarded as benign and ordinary occurrences of childhood.

Table 1: Quotes from midwives illustrating three major themes in perceptions about the neonatal hepatitis B vaccine.

Theme	Illustrative quotes
Procedural necessity	We have our protocol on labour ward...That's part of my normal spiel when I see a newborn (Interview 4) Well we offer it to them. Like it is everybody's right, nothing is compulsory And if they say 'no', we just say 'declined' on the baby's care plan. (Interview 5)
The personal choice imperative	I believe in choice, I believe in choice in all things as far as health goes, and I want to make sure that people know that they have got a choice and that they can make a choice and if they do choose immunisation then that's fine and if they chose not to then you know there are other sources. (Interview 6) Everybody makes up their own mind about what they want ... if they don't want it for any reason, it's their baby and that is their choice. (Interview 5) ... they have actually made an informed choice not to immunise and ... I don't try and dissuade them because I don't want to lose them as a client. (Interview 4)
Reservations about safety and necessity	My personal view on immunisation is we live in a country where those illnesses are quite low risk. And when I've looked at the hepatitis B immunisation, I just think that for newborn babies it is very low risk. And I don't understand the rationale to give these immunisations as soon as they're born. (Interview 6) I sometimes think that, um, we rush in a little bit sometimes and how come I made it to adulthood without getting hepatitis B? (Interview 1) I had measles, I had German measles, I had all... we all had 'em when we were kids. If any of the kids in the playground had it all the other mums would bring them round for a party. We all had the same things together; school together, got better, got on with life. (Interview 1) I'm starting to question probably more, is vaccination a benefit for the body? Because there is more and more research coming out about auto-immune diseases later in life and I think that... Are we actually weakening our immune system? (Interview 6) Y'know you look at the literature and still at the back of your mind, well it could be a possibility that it causes something. I don't know. (Interview 2)

Discussion

This pilot study offers some insights gained from exploration of these few, but pertinent and information-rich cases, on a range of positions on the administration and promotion of hepatitis B vaccine.

Overall, these midwives appeared to have restrained support for promoting hepatitis B vaccine at birth, in contrast, for instance, with the clear commitment of midwives to support other health-promoting practices such as breastfeeding.²

In this study, midwives conveyed a view that parents' right to choose immunisation for their baby may be more important than the actual choice they make. Hence, it was important for many midwives to avoid giving a personal opinion about immunisation to parents. There was little discussion about the implications that individual vaccine refusal might have at the population level, such as an increase in the overall transmission of the virus. Promoting personal choice may have allowed midwives to manage their own reservations about the safety of the vaccine. Also evident were reservations about the necessity of the vaccine for babies, and talk of hepatitis B disease in the context of other diseases which midwives considered banal and ordinary.

It is clear that health promotion and public health measures are associated with rationales that often do not correspond with a clinician's concern for the individual.⁹ Although midwives, among all health professionals, are actively engaged in the reorientation of health services towards promotion and prevention, the elicited opinions of these few revealed that there are major barriers to them regarding their immunisation provider role as a health promoting one.

This pilot study highlighted issues that are pertinent to the role of midwives in supporting and promoting population health interventions such as immunisation.

Further studies might explore the tensions that exist between support for personal choice and the proactive promotion of a population intervention that prevents a serious communicable disease in the longer term.

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