

## **Recommending & Offering Vaccination in Antenatal Clinics: An Initiative to Improve Uptake**

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Dear Editor

Immunisation is an effective intervention in modern medicine with both influenza and pertussis vaccination being recommended in pregnancy and generally offered and provided in primary care. Uptake, however, remains suboptimal in Ireland (43-55% for influenza vaccination<sup>1,2</sup>) and internationally, and initiatives to improve uptake will have maternal, neonatal & societal benefits. In time, it is likely that other vaccinations may also be offered more frequently in pregnancy (e.g. Covid-19 and Group B Streptococcus) so an understanding of factors which influence uptake is timely.

Influencers on uptake during pregnancy include vaccination in previous pregnancies, safety & efficacy concerns, beliefs that vaccination was not needed, recommendation from health care workers, access issues, cost and conflicting advice<sup>2,3,3</sup> Irish studies have identified health care provider recommendation as a powerful tool to improve vaccination uptake<sup>4</sup>.

Recently, a pilot to recommend and deliver vaccination in conjunction with colleagues from primary care onsite in a single interdisciplinary antenatal clinic for pregnant women who have, or are at risk of, blood borne viruses or addiction was undertaken. Many attending this clinic do not regularly attend primary care. We collaborated with colleagues from inclusion health who provided and delivered the vaccination within the clinic on five separate dates.

76 women were eligible to receive one or both vaccinations. 44 received flu and pertussis vaccinations in the clinic, 26 had previously received one but received the other vaccination onsite. Only 9 women (12%) declined one or both vaccinations – 6 (8%) refused both, two (3%) refused flu only and one (1%) refused pertussis only. Women from a Roma background were more likely to refuse vaccination.

This pilot initiative resulted in the majority of eligible women agreeing to vaccination when recommended and offered contemporaneously with an antenatal visit. Similar initiatives should be considered in other sites, particularly for pregnant women who are less likely to attend primary care. Factors that influence vaccine hesitancy and refusal should be studied & addressed on an ongoing basis in order to maximise uptake, given the importance of vaccination in pregnancy and that additional vaccines will be developed and offered in time.

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