



Newsletter: maternity professionals

Thank you for taking part in the MAVIS Study survey. This survey asked maternity professionals for their experiences related to offering vaccinations in pregnancy, with a focus on pertussis (whooping cough). We really value your contribution to this important research.

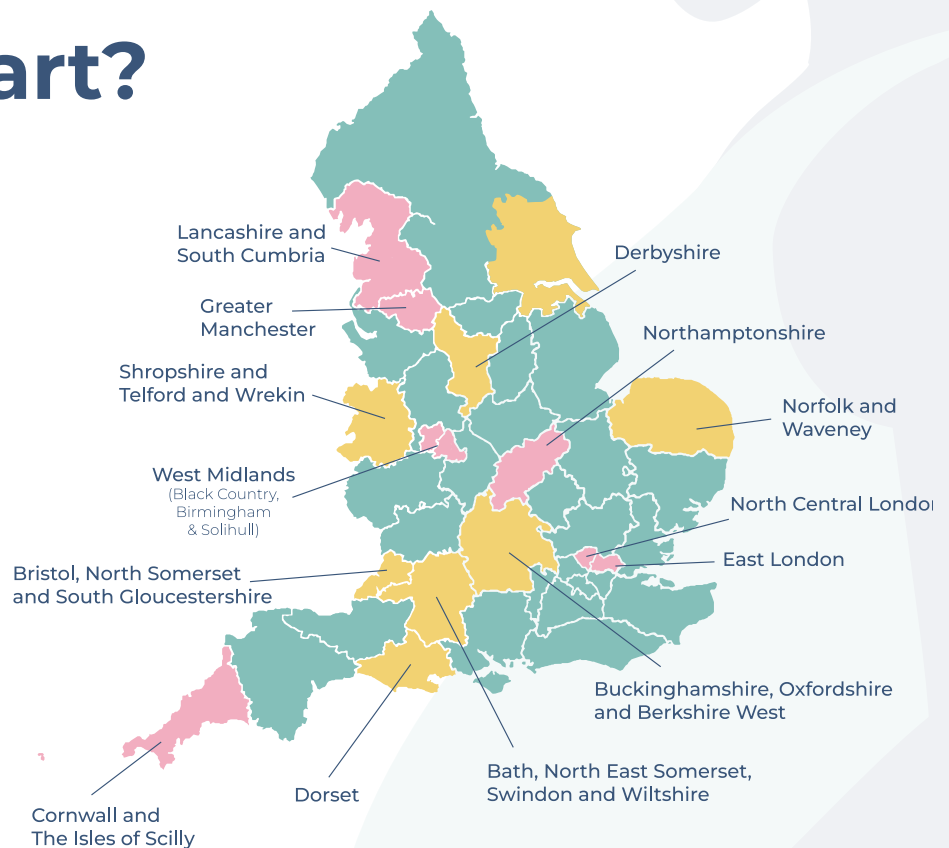
Who took part?



551

You were one of **551 staff members** in **39 maternity trusts** across **16 regions of England** who took part between **November 2022 and May 2023**.

We recruited from regions with the **highest** and **lowest** recorded coverage for maternal pertussis vaccination (2022).



- Most participants were female (98%) midwives (90%). Nurses, obstetricians, sonographers, clinical researchers and trainees were also represented.
- Most worked in maternity hospital settings (60%) rather than combined hospital/community (19%) or community only (20%).

We also ran a separate survey of women's experiences between June 2023–May 2024 in areas of low vaccination, with a diverse group of **337 recently pregnant mothers** taking part. We waited to send you this newsletter so that we could include those results.

What did we find?



87% maternity professionals saw themselves as **active promoters of vaccination for pregnant women**. Most saw their role as providing information to support women's choice.

"I do not recommend – I inform, sign post and support choice"

Common themes across all regions:



Time and staffing pressures



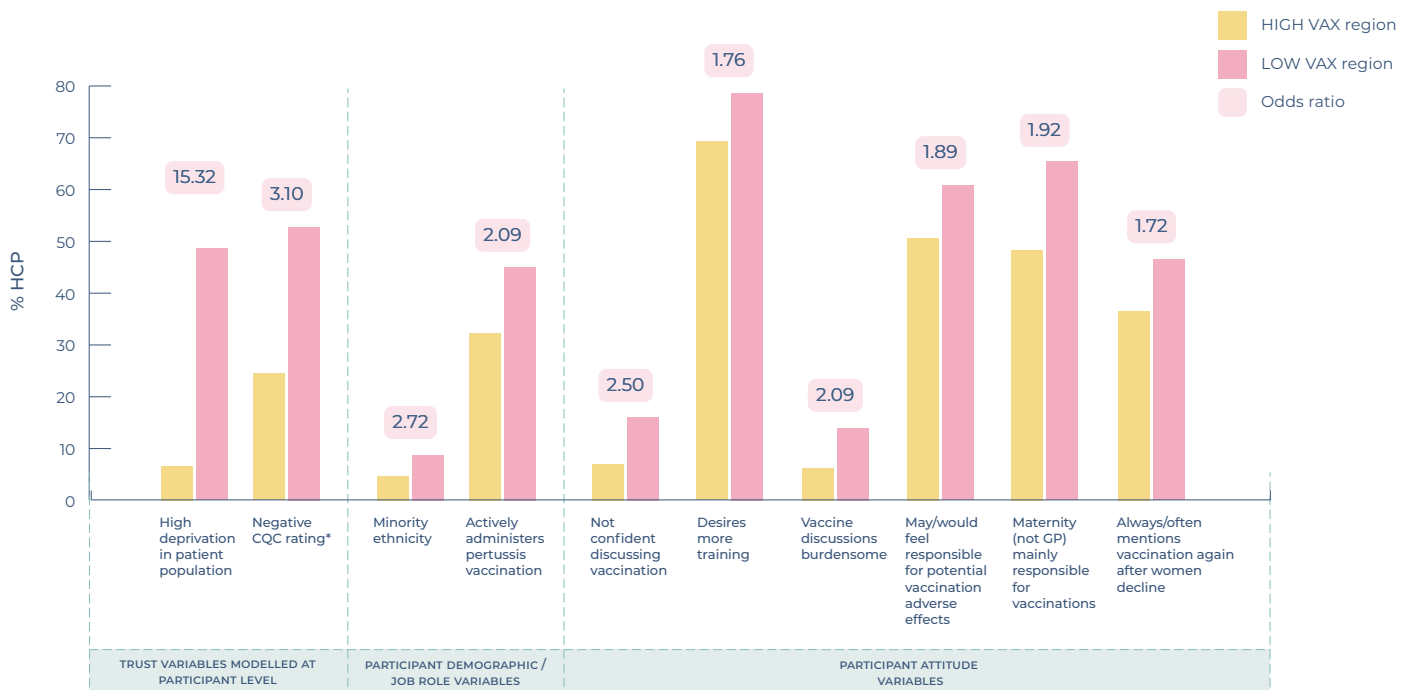
Challenges with systems for recording and monitoring vaccinations



Lack of access to resources about vaccinations in different languages

What was different in regions with low vaccination rates?

- More staff worked in trusts with **high deprivation** in the patient population – **the biggest difference**.
- More staff worked within a Trust with a **negative Care & Quality Commission (CQC) rating**.
- More lacked confidence in discussing vaccination and found discussions burdensome, though more reported discussing vaccination again with women known to have declined.
- More wanted maternal vaccination training, including communication and practical skills.
- More actively administered vaccines within their role, and more felt responsible for vaccination and potential adverse events.



*Care and Quality Commission rating = 'inadequate' or 'requires improvement'.

This tells us that:

- Maternity staff are working in difficult conditions
- Conditions are more challenging in areas where vaccine uptake is low
- Staff need more time, training and resources, especially in deprived areas

How about the survey of mothers?

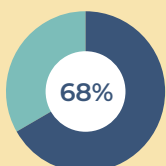
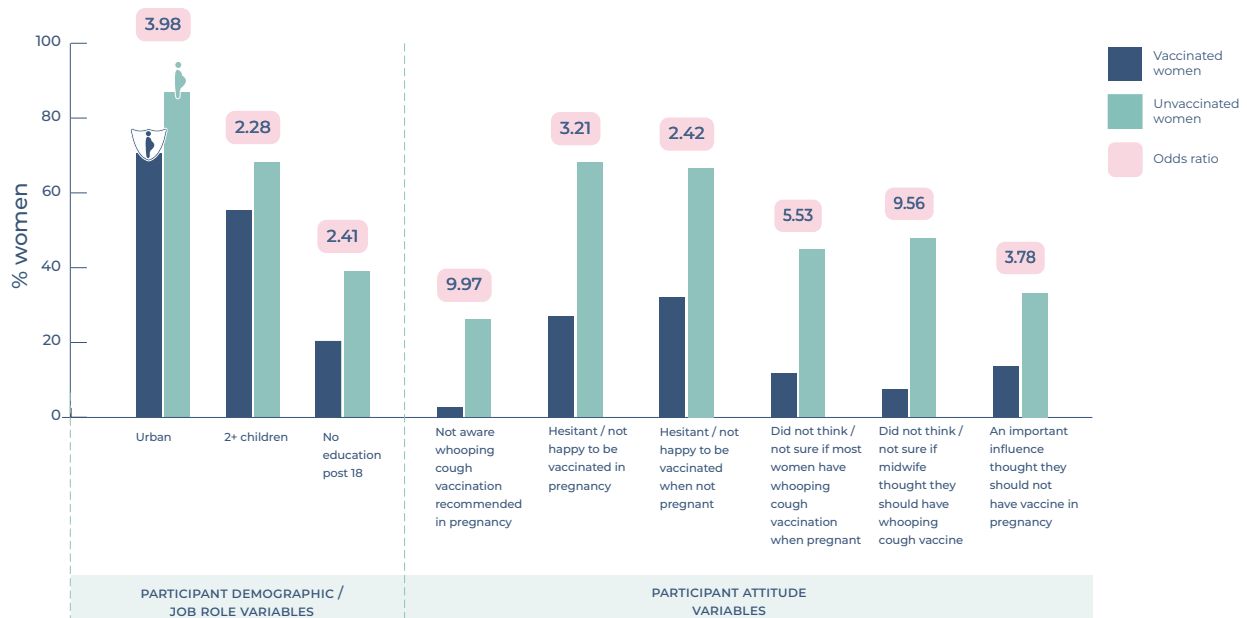
90% of women in the survey said **NHS professionals** (mainly midwives) were an **important influence** on their decision to get vaccinated.



More women in our sample were **vaccinated against pertussis (4/5)** in their recent pregnancy **than against influenza (3/5) or COVID-19 (1/3).**

Compared to women vaccinated against pertussis in their recent pregnancy, more of the women who were unvaccinated:

- ! Didn't think their midwife thought they should have the vaccine → **this shows the importance of clear recommendations from midwives.**
- ! Were not aware the vaccine was recommended in pregnancy → **it is recommended for all pregnant women.**
- ! Had worries about the safety of the vaccine → **its safety is very well established.**
- ! Thought whooping cough was not really a risk → **it is very risky for newborns.**
- ! Thought most women do not accept the vaccine in pregnancy → **most do!**
- ! Had an important influence who was against vaccines in pregnancy.



Most said they **would/may have had** the vaccine if they'd been **given more information, reassurance or advice.**

"Midwife team should give more information about vaccination."

Implications for practice:

- Funding maternity services should consider deprivation, not just service size, so deprived areas receive more support.
- Midwives need more training and time to talk confidently about vaccination.
- Midwives could recommend vaccination more clearly, so women know it is the safe choice for the baby.



What difference does this research make?

There has been national interest in our results, especially due to a 2024 pertussis epidemic. The study lead, Dr Emma Anderson, has presented findings to maternity strategy teams across England, and to key policymakers (UKHSA).

More outreach and further work is planned for 2025 onwards to better support midwives' role in recommending and discussing vaccinations with pregnant women.

Where can I read more?

- For more details of the wider project, including the commissioner survey we started with, please see: www.bristol.ac.uk/mavis-study
- We plan to publish detailed results in 2025 and will update the website when we do.
- For information about the vaccinations recommended to pregnant women in the UK, please see: www.nhs.uk/pregnancy/keeping-well/vaccinations/