

TEAM: JOY to JABS



Empowering midwives to have evidence based informed discussions about COVID-19 vaccinations with pregnant women.

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Background:

Pregnant women have been identified as higher risk of severe COVID-19 (Coronavirus) disease. (1)

Approximately 8% of pregnant women received a COVID-19 vaccination during the winter programme 2022/2023 in Tayside ($N.B.^{+}$). This is low compared to the 32.3% of the female population of 18-44 years who received COVID-19 vaccination.(2)

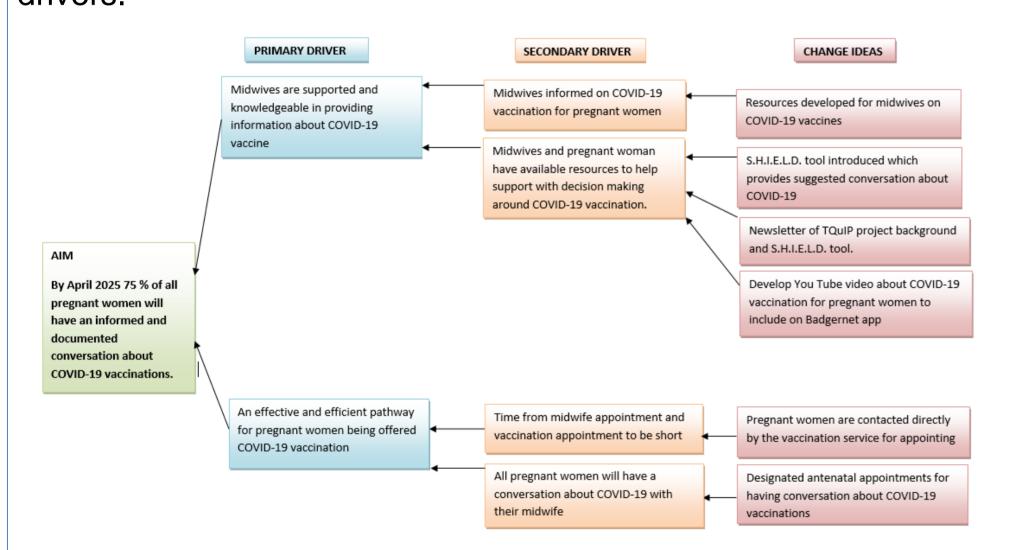
A review of the electronic patient record (Badgernet) identified that 50% of pregnant woman received information about COVID-19 vaccines. This with a staff survey (3) found that there was variation in the information being provided to pregnant women on vaccination.

Aim:

By April 2025, 75% of all pregnant women will have an informed and documented conversation about COVID-19 vaccinations.

Method:

The Maternity and Central Vaccination Services worked collaboratively to produce a driver diagram. A work plan was created from the change ideas identified from the primary and secondary drivers.

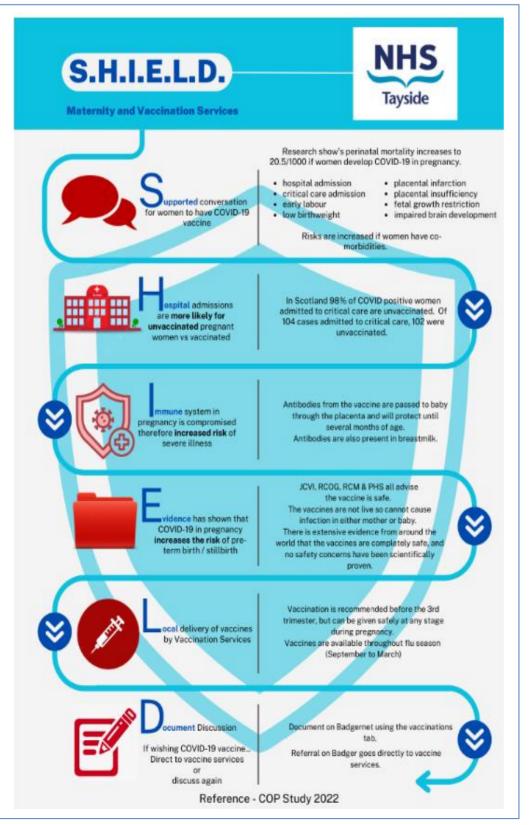


Process Change:

Root cause analysis of variation in information sharing was found to be that information resources on COVID-19 vaccines in pregnancy were limited, non-specific, not up to date and not readily available.

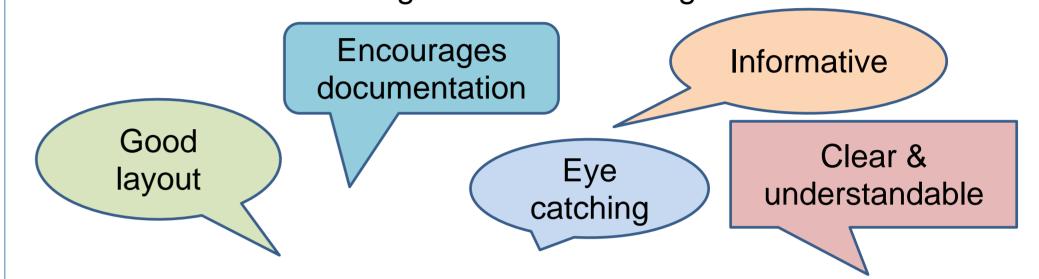
To address this identified need an infographic tool was created and tested with the support of Midwifery and Central Vaccination Services. This tool supports a structured conversation about COVID-19 vaccines in pregnancy using the acronym S.H.I.E.L.D.:

Supported, Hospital, Immune, Evidence, Local, Document.



Results:

Whilst there are 50% of documented conversations about COVID-19 vaccination with pregnant women in NHS Tayside, information provided varies. The S.H.I.E.L.D. tool was tested by 25 midwives and underwent 6 tests of change with the following feedback:



Conclusions:

Application of improvement methodology, together with effective partnership working are the key factors behind the improvements in the pregnant women's journey, of shared, informed decisions taking place with the midwives about their choices around COVID-19 vaccination.

Key Learning Points:

- Identifying staff education needs.
- Understanding and applying the quality improvement (QI) tools to facilitate ongoing learning and improvement.
- · Value of collaborative working between services.
- Mutual knowledge of pregnant women's pathway and the role of the Central Vaccination Services.
- Understanding the barriers and challenges towards COVID-19 vaccine.

Achievements:

- Strengthening relationships between maternity & vaccination services.
- Created curiosity around COVID-19 vaccinations in the maternity service.
- Belief in using QI tools & collaborating with QI colleagues.
- Development of the S.H.I.E.L.D. tool for supported conversations around COVID-19 conversations.

Next Steps:

- Circulate newsletter to inform team members of TQuIP project.
- Launch of S.H.I.E.L.D. tool to all maternity services by August 2024.
- Information video about COVID-19 vaccine for pregnant woman.
- Information video for midwives about COVID-19 vaccines.
- Annual data collection COVID-19 vaccination in pregnant woman.

Key Reference Material:

1. Magnus, M.C. et al. Pregnancy and risk of COVID-19: a Norwegian registry-linkage study. *BJOG* https://doi.org/10.1111/1471-0528.16969 (2021)

2. Stock et al.SARS-CoV-2 infection and COVID-19 vaccination rate in pregnant woman in Scotland. Jan 2022 Nature Medicine https://www.nature.com/articles/s41591-021-01666-2

Medicine https://www.nature.com/articles/s41591-021-01666-2
3.Advising patients on COVID vaccination During Pregnancy: Maternity staff survey. https://forms.office.com/e/rVQPHvJx0u

N.B * Data for internal management information only and not published.