## Navigating Conversations About Maternal Immunizations

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Maternal Care





## Learning Objectives

- Demonstrate proficiency in applying the OARS framework (Openended questions, Affirmations, Reflective listening, and Summaries) when engaging with vaccine-hesitant parents, with particular emphasis on avoiding confrontational communication.
- Successfully identify and implement the four core principles of Motivational Interviewing (expressing empathy, developing discrepancy, rolling with resistance, and supporting self-efficacy) through interactive case scenarios.
- Develop practical skills in recognizing opportunities for change talk and effectively responding to vaccine hesitancy concerns while maintaining therapeutic alliance with parents.



# **Understanding Vaccine Hesitancy**

"A state of indecisiveness regarding a vaccination decision"

Bussink-Voorend et al. (2022)



### **Clinical Presentations of Vaccine Hesitancy**

### **During Pregnancy**

- Concern about teratogenic effects or pregnancy complications
- Questions regarding transplacental antibody transfer benefits
- Misconceptions about immune activation during gestation
- Apprehension about limited pregnancy-specific safety data

### **Pediatric Context**

- Concerns regarding neurodevelopmental outcomes
- Fear of immune system "overload" with multiple antigens
- Questions about necessity vs. risk for specific pathogens
- Preference for "natural immunity" acquisition



### What is Motivational Interviewing?



Collaborative conversation method

Strengthens motivation for change

Client-centered approach

Evidence-based technique





## "Roll with resistance instead of fighting it"

### **Rolling with Resistance vs Fighting It**

**Fighting Resistance** 

Rolling with Resistance



Results in:

- Increased resistance
- Damaged rapport
  - Reduced trust



Results in:

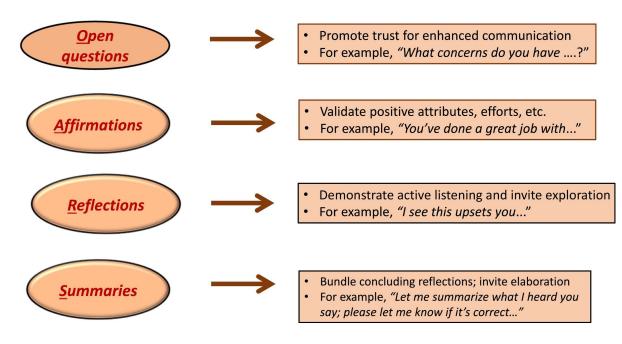
- Reduced resistance
- Enhanced collaboration
  - Built trust





## The OARS Framework

#### **OARS: Four Core Skills of Motivational Interviewing**



(Cole et al., 2023)

#### **Four Essential Skills:**

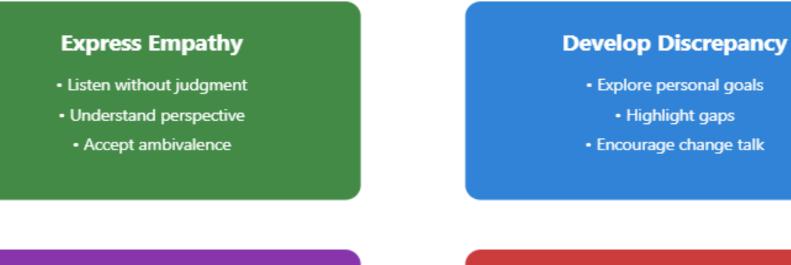
- Open Questions
- Affirmations
- Reflective Listening
- Summaries

#### **Quick Example:**

Instead of: "You should vaccinate your child." Try: "What are your thoughts about protecting your child's health?"



#### **Core Principles of Motivational Interviewing**



#### **Roll with Resistance**

- Avoid arguments
- Reframe concerns
- Support autonomy

#### Support Self-Efficacy

- Build confidence
- Recognize strengths
- Affirm capacity for change

#### **OARS Foundation**

Open Questions • Affirmations • Reflective Listening • Summaries





#### From vaccine hesitancy to vaccine motivation: A motivational interviewing based approach to vaccine counselling

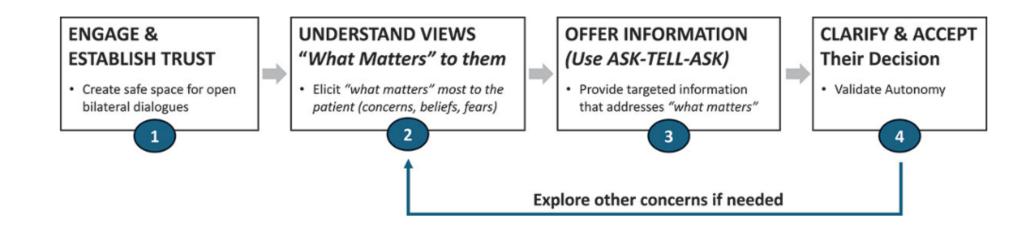
Arnaud Gagneur, Damara Gutnick, Patrick Berthiaume, Alessandro Diana, Stephen Rollnick & Prantik Saha

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Figure 1 of 4

Figure 1. MI based framework. 1. Engage: establish a trustful relationship and a safe place to talk, 2. Understand their views: identify "what matters" most to the patient, 3. Offer information: use ask-offer-ask to provide targeted information that addresses their concerns, 4. Clarify and accept their decision: validating their autonomy.





#### **Clinical Scenario**

Case Study

- Jessica W, 32-year-old mother of two children
- •6-month-old son Lucas (presenting today for well-child visit)
- •4-year-old daughter Emma (partially vaccinated)
- •College-educated, works as an elementary school teacher
- •No significant medical history
- •Insurance status: Private insurance
- Chief Concern: Well-child visit for 6-month-old Lucas

#### Medical Background:

- •Lucas born at 39 weeks via uncomplicated vaginal delivery
- •Birth weight: 7lbs 8oz
- •Exclusively breastfed
- •Growing appropriately
- •No major health concerns to date
- Immunization status: None received yet; mother has postponed at previous visits

#### Social History:

- •Married, stable home environment
- •Husband supportive of Jessica's healthcare decisions
- •Active in local parenting group known for alternative health perspectives
- •Researches health topics extensively online



Photo by Anna Shvets from Pexels: https://www.pexels.com/photo/mother-kissing-her-baby-3845407/





## Case Scenario

- You're seeing 6-month-old Lucas W for his well-child check. Review of his chart shows he has received no immunizations, though they've been discussed at previous visits. His mother Jessica has researched vaccines extensively.
- As you enter the room, Jessica says: "Lucas has been doing great. I have a few development questions, but please don't push the vaccine issue today. I've been doing a lot of research, and I'm just not comfortable with the current schedule."



Which response best demonstrates the MI principle of expressing empathy? A) "Vaccines are recommended at this age. I'd like to explain why they're important."

B) "Before we discuss anything else, I'd like to hear about how Lucas has been doing and what questions you have prepared."

C) "I understand you have concerns, but these vaccines are safe and necessary."

D) "Many parents worry about vaccines initially, but most eventually choose to vaccinate."



Jessica shares she's concerned about "too many vaccines overwhelming Lucas's immune system." Which response best uses MI techniques? A) "The immune system can actually handle many more antigens than those in vaccines."

B) "You're worried about overwhelming Lucas's system. Can you tell me more about that concern?"

C) "That's a common misconception. Studies show the vaccine schedule is safe."

D) "Would you prefer to space them out instead? We could do a few today."



When Jessica states, "I just want what's natural for my baby," which response best develops discrepancy? A) "Natural isn't always safer. Many diseases are natural too."

B) "I can see that keeping things natural is important to you. How do you see vaccines fitting with your overall goal of keeping Lucas healthy?"

C) "Vaccines actually work with the natural immune system."

D) "I respect natural approaches, but sometimes medical interventions are necessary."



Jessica becomes defensive, stating, "The risks of vaccines aren't being honestly disclosed." Your best response would be: A) "What specific information would help you feel more confident about vaccine safety?"

B) "I can assure you that vaccine risks are thoroughly studied and disclosed."

C) "Where are you getting your information? Many anti-vaccine websites aren't reliable."

D) "All medications have risks, but the benefits of vaccines clearly outweigh them."



At the end of the visit, Jessica seems slightly more open but still hesitant. Which approach best supports self-efficacy while promoting change? A) "Many parents have the same concerns but ultimately decide to vaccinate."

B) "I'll note your refusal in the chart, but please reconsider for Lucas's next visit."

C) "I respect that this is your decision. Based on our conversation, would you be open to starting with just the DTaP vaccine today, since pertussis is circulating in our community?"

D) "Let me know when you're ready to proceed with the recommended vaccines."



#### **Key Points**

#### **Success Metrics**

- Build rapport before addressing vaccination
- Document specific concerns rather than just "vaccine refusal"
- Respect parental authority while providing evidence-based information
- Consider a stepped approach rather than allor-nothing
- Maintain relationship even when agreement isn't reached
- Follow up consistently to revisit the conversation

- •Patient feels heard and respected
- •Provider understands specific concerns
- Information is exchanged bidirectionally
- •Follow-up plan established
- •Therapeutic relationship maintained
- •Movement along stages of change observed over time



## References

- Bussink-Voorend, D., Hautvast, J.L.A., Vandeberg, L. et al. A systematic literature review to clarify the concept of vaccine hesitancy. Nat Hum Behav 6, 1634–1648 (2022). https://doi.org/10.1038/s41562-022-01431-6
- Cole, S. A., Sannidhi, D., Jadotte, Y. T., & Rozanski, A. (2023). Using motivational interviewing and brief action planning for adopting and maintaining positive health behaviors. *Progress in cardiovascular diseases*, 77, 86–94. https://doi.org/10.1016/j.pcad.2023.02.003
- Cole, J. W., M H Chen, A., McGuire, K., Berman, S., Gardner, J., & Teegala, Y. (2022). Motivational interviewing and vaccine acceptance in children: The MOTIVE study. *Vaccine*, 40(12), 1846–1854. <u>https://doi.org/10.1016/j.vaccine.2022.01.058</u>
- Gagneur A. (2020). Motivational interviewing: A powerful tool to address vaccine hesitancy. Canada communicable disease report = Releve des maladies transmissibles au Canada, 46(4), 93–97. https://doi.org/10.14745/ccdr.v46i04a06
- Gagneur, A., Gutnick, D., Berthiaume, P., Diana, A., Rollnick, S., & Saha, P. (2024). From vaccine hesitancy to vaccine motivation: A motivational interviewing based approach to vaccine counselling. *Human vaccines & immunotherapeutics*, 20(1), 2391625. <u>https://doi.org/10.1080/21645515.2024.2391625</u>
- Williamson, L. D., & Bigman, C. A. (2018). A systematic review of medical mistrust measures. Patient education and counseling, 101(10), 1786–1794. https://doi.org/10.1016/j.pec.2018.05.007

