

COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

POSITION STATEMENT ON VACCINATION

The College of Midwives of BC recognizes that many parents will have questions and will want to discuss the issue of vaccination with their midwife as a trusted care provider. Midwives should ensure that they are well informed and aware of the latest evidence, research and public health recommendations prior to engaging in any discussion of vaccination. As a part of the informed choice process, midwives should inform clients that childhood vaccinations, most of which occur after six weeks postpartum, are currently outside the scope of midwifery practice. The discussion should include a recommendation to discuss vaccination with her family doctor, a public health nurse or another caregiver who will be providing newborn care after six weeks postpartum.

BACKGROUND AND CONTEXT

The College has received requests from midwives and physicians for clarification of its position on infant immunization. This statement outlines the scope of midwifery and the process of informed choice. It offers advice to midwives on appropriate midwife involvement in client decision-making with respect to this issue. The intention is to provide clarity to midwives, their clients and other health care providers about the midwife's role with respect to infant vaccination.

LITERATURE SEARCH

A review of midwifery organizations' documents in Canada, the US and the United Kingdom revealed that currently only the American College of Nurse-Midwives and the College of Midwives of Ontario have statements on immunization. Neither the International Confederation of Midwives nor other midwifery regulatory colleges in Canada have statements or policies on infant vaccination.

Some other professional regulatory bodies have developed statements. For example, the College of Chiropractors of Ontario has a standard "to ensure that the public is aware that immunization is outside the scope of chiropractors and to ensure that chiropractors advise patients to consult with health providers who have vaccination/immunization in their scope i.e., physicians, nurses and nurse practitioners."

MIDWIFERY MODEL AND SCOPE

The scope of midwifery in BC includes care for the mother and her newborn up to three months postpartum. However, because government funded care ends at six-weeks postpartum, most mothers and newborns transfer their care back to their family physicians at that time.

Midwives are required to provide informed choice to women and their families throughout their care and to support women's informed decisions. Continuity of care provided by midwives contributes to the development of a trusting relationship between midwives and their clients, and discussions on a variety of topics related to pregnancy, birth and parenting are common throughout care.

Using the informed choice process, midwives anticipate the decisions that a woman and her family will face and provide information to the client so that she can examine the many

elements that contribute to individualized decision-making. Many midwifery clients begin to anticipate the choices they will need to make in early parenthood while still in midwifery care and wish to explore these choices with their midwives.

PUBLIC HEALTH

National Guidelines for Childhood Immunization Practices were developed by the National Advisory Committee on Immunization and are published by the Public Health Agency of Canada. These guidelines state that “Vaccine-preventable diseases have experienced a tremendous decrease in Canada, demonstrating the effectiveness of existing provincial and territorial programs, and the successful role played by private and public providers.”

The Canadian Pediatric Society considers infant and childhood immunizations one of Canada’s “most effective public health measures”. They provide a number of well referenced policy statements and fact sheets on their website.

BC Health Files, a part of the BC Health Guide, provides detailed information for families on infant and childhood immunizations and their role in individual and public health in the “Child Immunization Series - BC Health File #50a, February 2007”.

A World Health Organization fact sheet states “immunization is a proven tool for controlling and even eradicating disease and vaccines are very safe, and side-effects are minor – especially when compared to the diseases they are designed to prevent.”

As a member of the health care team, midwives should consider their role in supporting the efforts of public health agencies locally and globally with regard to disease prevention in the wider community, as well their role in individual client care.

SAFETY AND ALTERNATIVES

The Institute of Medicine of the National Academies’ Immunization Safety Review Committee provides access to a broad literature review on the safety of vaccines. While there are few randomized controlled trials on childhood immunizations, current largely population-based studies show that vaccines do not cause autism, multiple sclerosis, diabetes, sudden infant death syndrome (SIDS), or other illnesses.

Parents do have the choice to delay or decline immunizations for their children. However, they should be made aware that there is little if any evidence that vaccine “alternatives” such as homeopathic remedies confer immunity.

After hearing about the research and receiving the public health information, some parents may still be opposed to vaccinations. However, they may be open to considering some vaccines for their children such as Diphtheria, Pertussis and Polio. Infection with these diseases is relatively common. The virulence or long-term debilitating nature of these diseases may render the benefits of vaccines that have been shown to confer immunization more apparent. Parents should also be advised that the risks of serious health problems related to measles, mumps and rubella increase at puberty. Thus, if parents choose to delay these vaccinations and their child does not contract the disease and gain a natural immunity in childhood, vaccination prior to puberty is strongly recommended.

Resources

American College of Nurse-Midwives, *Immunization Status of Women and Their Families*, February 2004

BC Health Guide, *Child Immunization Series - BC Health File #50a*, February 2007
<http://www.bchealthguide.org/healthfiles/hfile50a.stm>

Canadian Pediatric Society website
<http://www.cps.ca/English/HealthCentres/immunization.htm>

Canadian Midwifery Regulators Consortium, *Core Competencies for Canadian Midwives*, 2005

College of Chiropractors of Ontario, *Immunization/Vaccination, Standard of Practice S-015*, June 13, 2004

College of Midwives of Ontario, *Draft Position Statement on Immunization*

College of Midwives of BC, *Competencies of Registered Midwives*

Health Canada, Immunizations and Vaccines, *National Guidelines for Childhood Immunization Practices*, <http://www.phac-aspc.gc.ca/im/index.html>

Health Canada, *It's Your Health - Misconceptions about Vaccine Safety*, www.hc-sc.gc.ca

Institute of Medicine of the National Academies, Immunization Safety Review Committee, <http://www.iom.edu/CMS/3793/4705.aspx>

International Confederation of Midwives, *Essential Competencies for Basic Midwifery Practice*, April 2002

Royal College of Midwives website, www.rcm.org.uk

United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) website, http://www.opsi.gov.uk/SI/si1988/Uksi_19880158_en_1.htm

World Health Organization, *Fact Sheet No. 288: Immunization against diseases of public health importance*, March 2005