Improving Ob-Gyn Immunization Services for Comprehensive Women's Health Care

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BACKGROUND

The Centers for Disease Control and Prevention funded the College to select 60 ob-gyn practices in ACOG District V to pilot and evaluate an innovative, office-based training program to motivate and educate ob-gyns to improve immunization services within their practices. Previously, state health department officials in these states (Indiana, Kentucky, Michigan, and Ohio) cited challenges in accessing ob-gyn practices around immunizations. In addition, many women see their ob-gyn as their primary care provider, thus, reinforcing the need to be able to receive immunizations from their ob-gyn. Ob-gyns indicate that their practices could benefit from having additional education and local resources they could contact on immunization.

RESULTS

97% of participants responded to the post-test survey •29% of practices report they have increased vaccine their pre-test rate.

• 48% of practices from IN, MI and OH are now partic state immunization registry; an additional 12% are inte

• 83% report they now have the name of a SHD contact can reach with questions about immunizations, an incr at the time of the pre-test.

• Over three quarters of participating practices have an (Graph 1).

• The largest increases in types of immunization in pra Hepatitis B and MMR (Graph 2).

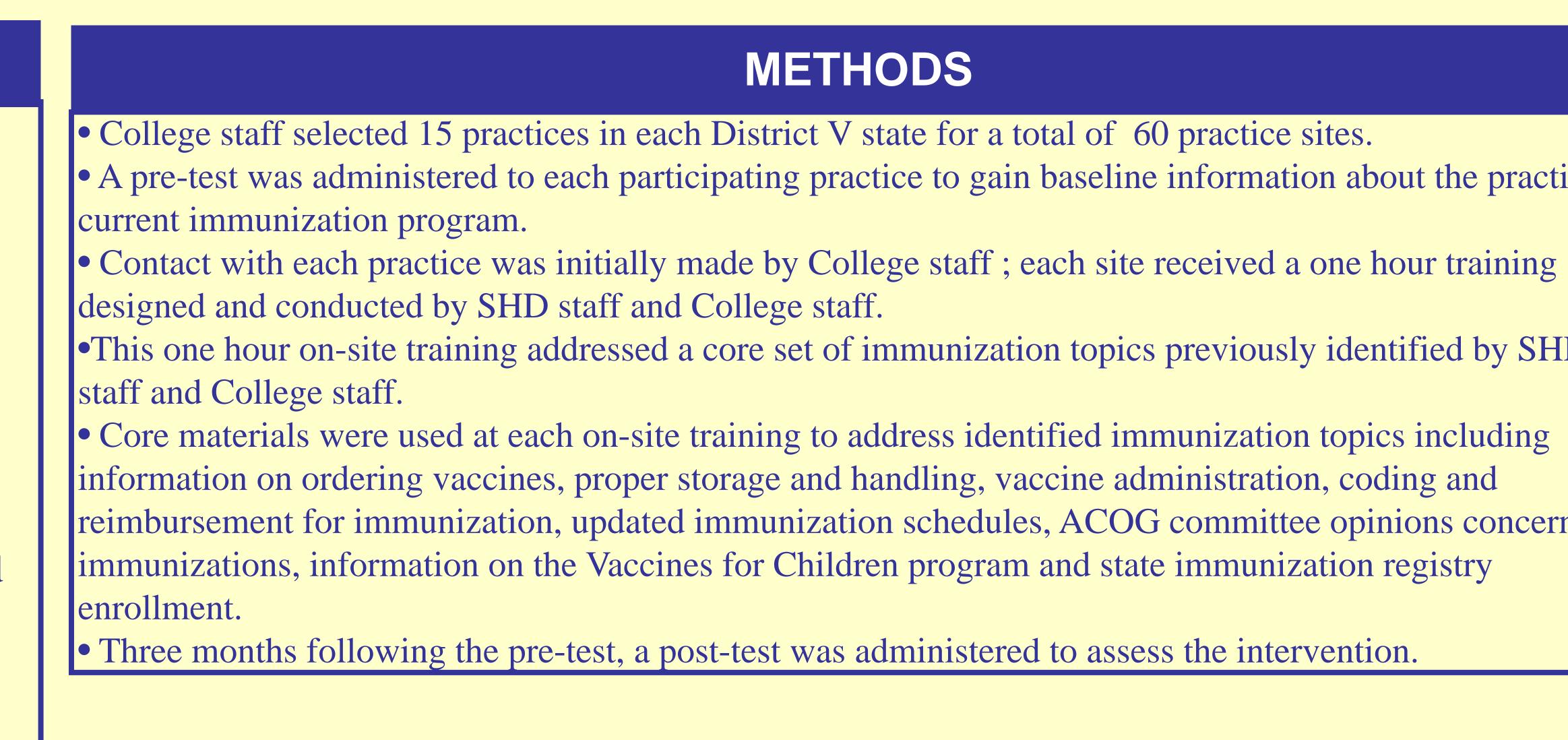
Ob-Gyn practices stated that they were more likely to promote immunizations within the office if they knew leadership at both the College national and district levels endorse it. In addition, having an immunization coordinator was very important to sustainability of the practice's immunization efforts as it established a point of contact. On-site training was useful as it provided needed educational information and also required minimal disruption of the practice to have staff attend a one hour on-site training. A key benefit of the training was having a local immunization expert that practices could contact for immunization information and resources. All of these factors helped motivate ob-gyn providers to increase their level of immunization activities in the three months following the pre-test. Immunization programs can be sustained within ob-gyn practices, creating opportunities for ob-gyns to provide more comprehensive care to their patients.

OBJECTIVES

- 1) To create and expand ob-gyn practicebased immunization programs
- 2) To increase the types and doses of immunizations provided in ob-gyn practices
- 3) To create a sustainable partnership between ob/gyn practices and each of the four participating state health departments' (SHD) immunization programs (Indiana, Kentucky, Michigan, and Ohio) that would be able to provide resources after the conclusion of the project

		G
y de la companya de l		Percent of Pra Immunization
doses from	100% —	
	90% —	
icipating in the	80% —	
terested in enrolling.	70% —	
\sim	60% —	
act person they	50% —	
crease from 48%	40% —	
	30% —	53%
in immunization coordinator	20% —	
	10% —	
acticas wara Tdan	0% —	
cactices were Tdap,		Pre-Test

CONCLUSIONS



Graph 2 Graph 1 actices with an **Increase in Immunizations by Practice** n Coordinator 60% 50% **40%** 30% 83% 20% 10% 0% Hepatitis **B** Tdap MMR Pre-Test 40% 14% 14% **Post-Test** 51% Post-Test 33% 33% FEEDBACK FROM OB-GYN PRACTICES ON THE INTERVENTION • "ACOG's endorsement adds validity and urgency to the CDC's immunization recommendations" • "Increased awareness of vaccine safety in pregnancy" • "The in-service fired up some employees to be sure Tdap and flu shots are offered to our pregnant patients and family members" • "Made the staff more comfortable with adding vaccines" • "Improved awareness and updated information on immunization schedules"

METHODS

• A pre-test was administered to each participating practice to gain baseline information about the practice's

•This one hour on-site training addressed a core set of immunization topics previously identified by SHD

reimbursement for immunization, updated immunization schedules, ACOG committee opinions concerning

