

Vaccine Hesitancy toward Childhood Immunisation among Antenatal Mothers at National University Hospital Kuala Lumpur

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ABSTRACT

Introduction: To determine the prevalence and associations of vaccine hesitancy toward childhood immunisation among antenatal mothers in an urban Malaysian population. **Methodology:** This was a cross-sectional study of 1081 antenatal mothers at UKMMC between April and November 2017. The Parent Attitudes about Childhood Vaccines (PACV) Survey was translated into Bahasa Malaysia. The prevalence of vaccine hesitancy, socio-demographic characteristics, data about sources of information and reasons for hesitancy were studied. **Results:** Eighty-five (7.9%) antenatal mothers were vaccine hesitant. Ethnicity, religion, highest educational level and employment status were significantly associated with vaccine-hesitancy ($p < 0.05$). Non-Muslim antenatal mothers were 7 times more likely to be vaccine hesitant compared to Muslims antenatal mothers [OR 6.69 (CI: 4.22-10.61)]. Mothers with lower education levels (primary and secondary school) were 4 times more likely to be vaccine hesitant [OR 4.23 (CI: 2.69-6.65)]. Employed mothers were less likely to be vaccine hesitant [OR 0.43 (CI: 0.26-0.69)]. Mothers who sought information from health professionals, health books, family and magazines were less likely to be vaccine hesitant. The fear of adverse side effects of vaccines was the predominant reason given for those who were vaccine-hesitant (58%). **Conclusion:** The prevalence of vaccine hesitancy was lower when compared with other populations. Antenatal mothers who were non-Muslims and had lower educational status were more vaccine hesitant. Mothers who were employed and sought information from health professionals, health books, family and magazines were less vaccine hesitant.

KEY WORDS:

Vaccine hesitancy, PACV, childhood immunisation, antenatal, Malaysia

A Comparison between In-patient and Out-patient Balloon Catheter Cervical Ripening: A Prospective Randomised Controlled Trial in PPUKM

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ABSTRACT

Objective: Aims of this study were to compare the safety and patient's satisfaction in using transcervical Foley catheter as labour induction between outpatient and in-patient care. **Methods:** This was a prospective, randomised controlled trial conducted in UKM Medical Centre from August 2017 until May 2018. Sixty women with low-risk pregnancies were recruited and were randomised into outpatient or inpatient group. Women in the outpatient group were discharged after Foley catheter for cervical ripening inserted, reassuring cardiotocograph tracing, received written information and advised to come on the next morning. For the inpatient group, the women were admitted to ward for Foley catheter cervical ripening and reassessed on the next morning. The labour, maternal and fetal outcomes with patient satisfaction survey were analysed post-delivery. **Results:** The inpatient group has longer median duration (minutes) of oxytocin used [150 (IQR 0.00-345.00) vs. 210 (IQR 0.00-300.00), $p=0.665$], although not statistically significant. There was no difference in the duration from amniotomy to delivery, mode of delivery, delivery within 24 hours of induction, maternal and neonatal outcomes. The outpatient group had significantly lesser time (approximately 18 hours) spent in the hospital prior to delivery, and overall inpatient stay [41(15) vs. 59(16), $p < 0.001$]. Only about a quarter felt significant discomfort throughout the cervical ripening [12% vs. 14.4%, $p=0.892$]. Women in outpatient group were less feeling emotionally alone [8% vs. 40%, $p=0.021$], were able to rest [92% vs. 45.7%, $p=0.001$] and relax [92% vs. 28.6%, $p=0.001$] compared to the inpatient group. About 60% of the inpatient group expressed their wishes to be in the outpatient group next time. **Conclusion:** The outpatient Foley catheter cervical ripening were comparably safe as inpatient settings and it had a better patient satisfaction benefit.

KEY WORDS:

Foley catheter, outpatient, inpatient, induction of labour, cervical ripening, patient satisfaction