



Talking with parents who are Declining

Evidence-based discussion tips for health professionals

Goals

- to maintain trust and engagement
- to keep the consultation brief

Not all parents who have concerns about the safety or efficacy of vaccines intend to decline them completely.

Presentation

Declining parents:

- have never vaccinated or have stopped vaccinating altogether
- may not want to discuss vaccination at all
- may present for a medical exemption, or for another medical concern
- may believe vaccine preventable diseases (VPDs) are benign or beneficial
- may distrust 'big pharma' and conventional medicine
- may be more likely to seek complementary and alternative medicine
- may have had a bad experience such as an Adverse Event Following Immunisation (AEFI) or traumatic birth
- may be intent on getting the 'right' information
- may have alternative lifestyle approaches and feel that conventional medical treatments do not align with their personal values
- may have a general sense of vigilance and a sense of responsibility around making the 'right' decision.

Tips for consultations with parents who are declining

Declining parents have made their decisions and will resist attempts to persuade them to vaccinate their children¹. Engaging in debate about the validity of their beliefs can result in extended, unproductive consultations and should be avoided^{1,2}; it can increase the risk of these parents disengaging from the healthcare system altogether^{3,4}.

ELICIT

Permission to discuss

It is important to confirm whether the parents have chosen not to vaccinate, or intend to vaccinate but haven't got around to it.

Reasons for decision (if agree to discuss)

Using open questions yields more information. Hearing all the reasons helps you create a collaborative agenda for the consultation.

"Can you tell me what led you to your decision?"

"I'd like to understand your decision. Can you tell me why you've decided not to vaccinate George?"



How long should it take? 10–15 mins

ELICIT

Resist the righting reflex

Correcting misinformation before a parent has had the chance to express all their concerns tends to close down the conversation. Parents may perceive this as adversarial and feel the need to defend themselves. This undermines trust and can result in a lengthy, unproductive consultation^{2,5}.

"Can you tell me more about that?"

OFFER TO SHARE KNOWLEDGE ABOUT IMMUNISATION

Acknowledge parent

Acknowledging a parent's effort or intent does not require you to agree with the subject of their questions or concerns. This signals respect for the parent and builds their trust. A parent who feels acknowledged is more receptive⁵.

"I can see you have done a lot of thinking about this."

Explore motivations to reconsider

Some parents reconsider when the risk of infection changes.

"Are there any diseases you are worried about Linn getting?"

"Is there something that might make you reconsider vaccinating Maya in future?"

Share your recommendation

Even if the parent isn't ready to vaccinate, making your position clear is important⁶. Presenting options tailored to the parent's motivations and concerns is a more realistic starting point.

"Would you consider vaccinating Stefan if there's an outbreak in our community or you're planning travel?"

"When do you think Ariel will be old enough to be vaccinated?"

"Infectious diseases can be mild, but I have also seen children who are very ill with them. Can I tell you about my experiences treating children who were admitted to hospital with an infectious disease."

"Can I tell you why I recommend vaccination?"

"Would you be willing to consider just one vaccine today?"

PLAN & CLOSE

Offer resource

This expresses your continued willingness to provide medical care to the family and supports appropriate help-seeking.

Information about ... NoJob... policy can be found here (Add link).



"I have some information about early signs of infectious diseases. Would you like to take it with you?"

Offer opportunities to revisit

Assuring parents that you will continue to treat the family minimises harm to the child and creates opportunities to revisit the vaccination decision.

"I'd be happy to talk with you about it again anytime."

"Would you like to come back in a fortnight to discuss this again?"

Offer specialist referral if relevant

Immunisation referral may be appropriate when parents have been put off by an AEFI. Learning that there is a system for assessing and planning following an AEFI may increase parents' confidence in the system.

"It sounds like you've still got some questions. I can offer you a referral to a specialist service that can review Aisha's reaction and help you make a plan."

Further reading

providers.talkingaboutimmunisation.org.au



References

1. Leask, J, et al. Communicating with parents about vaccination: a framework for health professionals. *BMC Pediatrics* 2012; 12(1).
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3. Benin AL, et al. Qualitative analysis of mothers' decision-making about vaccines for infants: the importance of trust. *Pediatrics* 2006;117(5):1532-1541.
4. Jones MU, et al. The impact of vaccine refusal on physician office visits during the subsequent 12 months. *Military Medicine* 2017;182(9-10):e1810-e1815.
5. Silverman J, et al. *Skills for communicating with parents*. 3rd ed. 2013; CRC Press: London, UK.
6. Opel DJ, et al. The influence of provider communication behaviors on parental vaccine acceptance and visit experience. *Am J of Public Health* 2015;105(10):1998-2004.