Improving vaccination uptake during pregnancy and early childhood

This Good Practice Point aligns to the Nursing and Midwifery Council (NMC) 2022 Standards of Proficiency for SCPHN Health Visitors, in particular: Sphere of influence C: Conduct, interpret and evaluate health assessment and screening, surveillance and profiling checks and interventions, and immunisation and vaccination programmes for people, communities and populations; and Sphere of influence E: Share information regarding communicable diseases and approaches necessary for communicable disease surveillance, infection prevention and control, including immunisation and vaccination programmes.

The provision of clean water and vaccines are widely recognised as the two most impactful public health interventions globally[1]. Vaccinations are essential for pregnant women, babies, children, vulnerable groups, and communities. Over the past 50 years, vaccination has saved the lives of 146 million children aged under 5-years-old globally[2]. Vaccination currently prevents 4-5 million deaths every year from diseases such as measles, diphtheria, tetanus, pertussis (whooping cough), and influenza[1]. Health visitors have an integral role in improving childhood vaccination uptake which has seen a gradual decline over the past decade[2].

UK Childhood Vaccination Coverage

The World Health Organization (WHO) has a target of at least 95% national vaccination coverage for children against vaccine-preventable diseases to achieve herd immunity. This aligns with the UK aims for 95% coverage of routine childhood vaccines by age five. Figure 1 shows an overview of current UK childhood vaccination coverage and Table 1 shows key vaccination statistics by nation.

Figure 1: UK Vaccination Coverage

- Vaccination coverage has declined across all UK nations since around 2013–14.
- In 2023–24, no routine childhood vaccination in the UK met the 95% WHO target, for the sixth consecutive year.
- England has the lowest coverage, with London significantly below the national average.
- Scotland and Wales continue to perform better, often meeting or nearing 95% for key vaccinations.
- Northern Ireland generally performs better than England but below Scotland and Wales for several childhood vaccinations.

Source: NHS Digital and Nuffield Trust

Table 1: Key Vaccination Statistics by Nation (2023–24)

Nation	Measles, Mumps, and Rubella (MMR) by age two (1st dose)	Diphtheria, Tetanus, and Pertussis (DTP) (6-in-1) by age two
England	89%	92%
Northern Ireland	91%	93%
Wales	93%	95%
Scotland	94%	96%

More information on page 2

Vaccination is recommended in pregnancy against pertussis (whooping cough), influenza and, since September 2024, respiratory syncytial virus (RSV). These vaccines are given in pregnancy so maternal antibodies can pass across the placenta to the unborn baby, providing babies with protection from birth before they commence their own vaccination programme at 8 weeks of age. Vaccination against pertussis is recommended in every pregnancy between 16 and 32 weeks gestation. Pertussis is particularly serious in very young babies and can cause pneumonia, brain damage and death. Tragically, eleven babies died from pertussis in England in 2024. Following extensive awareness campaigns – pertussis vaccination rates improved in 2025 for pregnant women, providing more protection for newborns.

A whole system approach to improving vaccination rates

By working together across national government and local systems, we can tackle the systemic barriers that make it harder for some families to get the vaccines that their children need. This includes investing in health visitors, who, as highlighted by the UKHSA 'Childhood Vaccines: Parental Attitudes Survey 2025', remain an important source of trusted vaccination advice for parents and, with sufficient workforce and funding, are ideally placed to deliver vaccinations to vulnerable and underserved groups. The 10-Year Health Plan for England emphasises a shift in care 'from hospital to community', placing health visitors at the forefront of delivering preventive health services, including vaccinations. Some areas are piloting health visitors administering childhood vaccinations to eligible (underserved – they won't be giving a universal offer) children in England, with the aim of informing a national rollout from 2027.

Northern Ireland provides a strong example of how health visitors effectively support vaccination efforts. Most health visitors are linked with GP practices, which ensures they have an excellent understanding of the vaccination schedule. This, combined with following the Healthy Child, Healthy Future framework where the majority of visits take place in the home, helps create an environment where parents feel comfortable raising any concerns or questions they may have about vaccinations.

Inequalities and declining vaccination rates

Vaccination inequalities refer to differences in access, uptake, and outcomes of vaccination services among different groups. Health inequalities are systematic differences in health status or in the distribution of health resources between different population groups that are unfair or avoidable. Health inequalities exist across a range of dimensions or characteristics. Figure 2 shows some population groups that are known to have low vaccine uptake or be at risk of low uptake.

Figure 2: Known population groups with low vaccine uptake or at risk of low uptake

- Ethnic and racial minority groups
- Gypsy, Roma and Traveller communities
- Children with physical or learning disabilities
- People from some religious communities (for example, Orthodox Jewish)
- New migrants and asylum seekers
- Looked-after children and young people
- Children of young or lone parents
- Children from large families
- People who live in an area of high deprivation
- Babies or children who are hospitalised or have a chronic illness, and their siblings
- People not registered with a GP
- People from non-English-speaking families
- People who are homeless
- Parental learning disabilities

Source: UK Health Security Agency (UKHSA)

These inequalities lead to inconsistent access to essential childhood vaccinations which can cause outbreaks of preventable illnesses such as pertussis and measles.

More information on page 3

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The impact of declining vaccination rates

- **Increased risk of disease outbreaks:** When not enough people are vaccinated, highly contagious diseases like measles and pertussis (whooping cough) can return and spread quickly. These diseases were once nearly eliminated in the UK but have increased in 2024/5[3].
- Not everyone can be vaccinated and they rely on others being vaccinated to protect them. This is known as herd immunity. When vaccination coverage drops, herd immunity breaks down, leaving the most vulnerable exposed to serious harm.
- **Increased hospitalisations and complications:** Vaccine-preventable diseases can cause severe complications, such as pneumonia, brain inflammation, or even death[4].
- **Long-term health and economic impact:** Preventable diseases can lead to long-term disability, missed education, time off work for parents, and medical treatments. Outbreaks can burden the healthcare system and disrupt public services and education. Vaccination is the best way to give every child the best start in life[4].

Tackling inequalities and the decline of vaccination rates

Equality in vaccination is an important way to address health inequalities. Ensuring that coverage is not only high overall, but particularly within underserved communities, is also essential for disease control and elimination strategies.

Tackling inequalities requires targeted public health strategies, improved access, and community engagement and these all form key elements of the NHS Vaccination Strategy. The strategy places a strong emphasis on ensuring that every child, regardless of background or circumstance, has the opportunity to be protected through vaccination. This includes working with families, schools, and community services to better understand and remove the specific barriers that prevent children from accessing routine immunisations. The Royal College of Paediatrics and Child Health Commission (RCPCH) on Immunisation policy report outlines what can be done to reverse the current trend and includes easier access to vaccination services, improved vaccination data systems, and strengthening public information, education and communication.

Vaccine hesitancy and vaccine access

Understanding barriers to vaccination are key to overcoming vaccine hesitancy. Barriers to vaccine uptake are outlined in Figure 3. Health visitors can build trusting relationships with families and are essential in boosting vaccine confidence, overcoming vaccine hesitancy, and ensuring the success of the childhood vaccination programme.

Figure 3: Barriers to vaccination uptake

- Loss of relationship with healthcare provider.
- Insufficient or unclear information and vaccination. Parents who say they have seen or heard concerning information about baby/child vaccination most often refer to social media as the source.
- Health professionals' knowledge. However, health visitors and the NHS remain the top sources of information that made parents feel it was important for their baby or child to be vaccinated.
- Fear and reluctance. Some parents still have fears about vaccinations causing autism or are influenced by social media or have fears from the COVID-19 pandemic. However, the UKHSA survey found that only 3% of parents ranked social media in their top 3 for most trusted information sources.
- General feelings of frustration and overwhelm.

Sources: RCPCH policy report 'Vaccination in the UK: Access, uptake and equity' UKHSA 'Childhood vaccines: parental attitudes survey 2025'

More information on page 4

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Key messages and top tips for health visitors

Adapted from The Immunisation Foundation Australia 'Top Tips for effective immunisation advocacy'

- **Vaccination is the norm:** Most families choose vaccination to protect their children's health.
- **Every contact counts:** Discuss vaccinations and review vaccination status at all core contacts with families - remind them of upcoming vaccinations and promote additional vaccines during pregnancy and for those with health conditions. Share practical details of how, when and where to get vaccinated.
- **Open conversations with families:** Adopting a guiding communication style, where health visitors work in partnership with parents (Family Partnership Model), empowers them in their choices.
- **Accessible language:** Use "whooping cough" alongside the medical term "pertussis," to help families understand the information. Offer information in a range of languages[5] and a range of formats.
- **Welcoming environment:** Encourage parents to openly ask questions and create a safe space for them to voice any concerns. It's good to have questions! Vaccine hesitancy often arises from fear or a lack of information.
- **Address hesitancy:** Ask about information sources to identify misinformation. Support uptake through clear information, simple booking, and easy access to routine, seasonal, and targeted vaccination programmes. This can support vaccine uptake for underserved groups[5].
- **Avoid using scare tactics:** Communicate the weight of scientific evidence and consensus around vaccine-related myths.[6] Use relatable stories like Riley's to illustrate the potential impact.
- **Targeted support:** Use community knowledge and evidence to identify under-vaccinated groups and tailor approaches. For example, in one area a culturally tailored booklet and video were co-developed with members of the Orthodox Jewish community to to improve vaccine uptake.
- **Uncertain vaccination status:** Follow UKHSA guidance when vaccination records are uncertain or incomplete.
- **Stay updated:** Use the latest vaccination schedule to support your practice. Share the updated schedule with parents as many say they don't know what is due and when.
- **Signpost** parents to appropriate resources which may include: NHS UK Vaccinations, Vaccine Knowledge Project and British Society for Immunology. Familiarise yourself with the guidelines on the administration of paracetamol to advise parents on its use and dosage. The UKHSA offers information sheets for parents for 'What to expect after vaccinations', this can also be found in the Personal Child Health Record (PCHR).
- **Be ready to respond to some of the frequently asked questions** which parents and carers have. You may find it useful to share the UK Health Security Agency's (UKHSA) latest parent information: for premature babies, for babies up to 13 months, at one year, and from two to five years.

Additional Resources to support practice:

- UK Nations Public Health Wales Immunisation and Vaccines
- HSC Public Health Agency (Northern Ireland) Vaccine preventable diseases and immunisation programmes
- Public Health Scotland Immunisation, vaccine and preventable disease
- Bedford, H., and Elliman, D., Fifteen-minute consultation: Vaccine-hesitant parents.
- Bedford, H and Donovan, H., 2025. Safe Vaccine Administration: Practical Guidelines for and by Nurses and Midwives.
- Skirrow, H., et.al., 2024. 'Why did nobody ask us?': A mixed-methods co-produced study in the United Kingdom exploring why some children are unvaccinated or vaccinated late. Vaccine 42(22).
- UKHSA free-to-access vaccine publications.
- For the latest information on vaccination against infectious disease, see the Green Book.

Acknowledgements:

With thanks to Dr Helen Bedford, Professor of Children's Health, Population, Policy and Practice Programme, UCL Great Ormond Street Institute of Child Health, and iHV Expert Adviser.

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