

RESULTS: CPBF NATIONAL SURVEY 2023

PARENTAL KNOWLEDGE AND UNDERSTANDING OF RSV AND HOW TO DECREASE THE RISK OF INFECTION



These results represent respondents knowledge and awareness at the time of the survey completion. Keep in mind that 97% of respondents completed the survey after their child had been discharged from NICU.

SNAPSHOT OF PARENT PARTICIPANTS

95% self-identified as women

majority were aged 26-35*
*at time of birth of child



half had other children

97% completed the survey after their child was discharged from NICU

331 respondents

AWARENESS OF RSV

99% understood the seriousness of RSV

96% knew what RSV was after their NICU stay

20% were not confident in level of knowledge

37% had heard of RSV before coming to the NICU

CONSIDER THIS:

“Only one third of parents knew what RSV was before admission to the NICU.”

After being in the NICU there was a significant increase in number of respondents who indicated they knew what RSV was.

EDUCATION IN THE NICU

76% received RSV education in the NICU

78% baby's nurse

72% education materials

50% doctor

Consider that some respondents did not qualify for palivizumab (25%), and therefore may have indicated that they did not receive RSV education. Provinces and territories also have individual qualification guidelines for palivizumab.

CONSIDER THIS:

“Of those who did not receive RSV materials in the NICU, 99% wished they had received it.”

Regardless of whether parents did or did not get RSV information in the NICU, it was clear many parents continued to seek more RSV information after discharge.

CAN WE IDENTIFY GAPS?

POST-DISCHARGE EDUCATION

71% searched for more information on RSV

84% searched the internet

24% went to the CPBF website

46% doctor

“Although respondents understood the seriousness, and had access to education materials, 59% were still not confident after discharge.”

Information and support provided in the NICU regarding where to get more information post discharge is not communicated clearly.

CAN WE IDENTIFY GAPS?

EDUCATION DELIVERY

the most effective way parents felt that CPBF could provide RSV information

66% CPBF website

60% CPBF printed education material

57% CPBF Facebook group

48% CPBF Instagram

Respondents indicated that NICU nurse, doctor, printed education materials, and parent education sessions are the best ways for all NICU families to receive correct RSV information.

“Respondents want to receive education online, and by printed materials.”

Many NICU parents and healthcare professionals need more awareness of CPBF's educational resources available both online and in print as parents are increasing more reliant on these resources.

CAN WE IDENTIFY GAPS?

AWARENESS & CONFIDENCE

99%
understood the importance of immunizations

93%
felt confident in immunizations

24%
felt anxious about immunizations for their preterm baby

“Parents are confident about immunizations and their importance, but many are anxious about giving them to their baby.”

24% of respondents feel anxious. Do parents fully understand why a premature baby is at such high risk?

CAN WE IDENTIFY GAPS?

PREVENTION OF RSV - PALIVIZUMAB

65%
received information in NICU or clinic

75%
qualified to receive palivizumab

97%
felt confident in giving palivizumab

CONSIDER THIS:

“The education respondents have received (from the NICU, the clinic, and from continuing to seek information post discharge) has resulted in a high level of confidence in palivizumab.”

AWARENESS OF NIRSEVIMAB

79%
had never heard of nirsevimab

75%
would have accepted this injection for their baby, if it had been available

79%
would prefer to receive this injection before discharge

“Most respondents were not aware of nirsevimab at all.”

“75% of respondents would accept nirsevimab after hearing about it.”

For those who had heard of nirsevimab (21%), most learned about it mainly from radio, television, and social media.

CAN WE IDENTIFY GAPS?

PALIVIZUMAB VS. NIRSEVIMAB

54%
chose palivizumab

ranking by importance when choosing an RSV injection

88%
safety

64%
more frequent healthcare contact

55%
frequency of injections (more over less)

Consider this, education provided to respondents with survey question may have contributed to their decision.

- palivizumab and nirsevimab offer a similar level of protection against RSV infection
- palivizumab has been proven safe over twenty-five years. The new product nirsevimab has also been proven safe over a period of 2 years (in all infants greater than 29 weeks gestation at the time of birth)
- palivizumab is given as up to 5 monthly injections during the RSV season (average of 3-4 doses depending on date of birth) whereas one dose of nirsevimab is given at the start of the RSV season and protects for the entire RSV season
- the monthly palivizumab injections provide an opportunity to ask a healthcare professional, most often a nurse, any general questions you have about your baby's health. With nirsevimab, your baby will get only one injection, so this additional support will be more limited

“Parents ranked safety as the number one consideration when choosing.”

Many respondents voiced concerns including, **“anxious about new vaccines”, ‘worried about allergies’, ‘efficacy’, ‘need more information’, and ‘potential side effects’.**

Although palivizumab was selected as a choice by many respondents, there many comments about lack of education and research which reduced confidence in nirsevimab.

CAN WE IDENTIFY GAPS?

MATERNAL VACCINE

A maternal vaccine is currently in development for RSV

73%
would be willing to have the injection

“Many respondents voiced concerns including, ‘long term effects’, ‘never during pregnancy’, ‘risk to fetus’, and ‘hesitation with new products’.”

Even those respondents who indicated ‘yes’ revealed hesitation and concerns regarding trust, lack of information, and research.

CAN WE IDENTIFY GAPS?