# ACOG Simplifies Maternal Immunisation Schedule for GPs

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The complexity of maternal immunisation schedules has historically presented a barrier to optimal vaccine uptake, leaving pregnant individuals and their neonates vulnerable to preventable infectious diseases. The American College of Obstetricians and Gynecologists (ACOG) has now issued a simplified maternal vaccine schedule, aiming to clarify recommendations and enhance adherence among clinicians and patients.

KEY TAKEAWAYS

- The Pivot: ACOG has consolidated its maternal immunisation guidelines into a single, simplified schedule.
- The Data: The updated guidance aims to improve vaccine uptake, which has historically been suboptimal for influenza (approximately 50%) and Tdap (approximately 55%) during pregnancy.
- The Action: Clinicians should integrate the simplified ACOG schedule into routine prenatal care, focusing on influenza, Tdap, and COVID-19 vaccines.

Maternal immunisation is a critical public health strategy, protecting both the pregnant individual and the neonate through passive antibody transfer. Despite established guidelines, vaccine uptake during pregnancy for diseases such as influenza, tetanus, diphtheria, acellular pertussis (Tdap), and COVID-19 has remained suboptimal. For instance, influenza vaccine coverage during pregnancy has consistently been around 50%, and Tdap coverage approximately 55%, according to CDC data.1 This under-immunisation contributes to preventable maternal and infant morbidity and mortality. The previous ACOG recommendations, while comprehensive, were distributed across multiple documents, potentially complicating their implementation in busy clinical settings. The objective of the new consolidated schedule is to provide a clear, concise, and actionable framework for clinicians.

## The Simplified ACOG Maternal Vaccine Schedule

The updated ACOG guidance consolidates recommendations for routinely recommended vaccines during pregnancy into a single, accessible schedule. The primary vaccines emphasised are influenza, Tdap, and COVID-19. For influenza, the recommendation remains for administration during any trimester of pregnancy, ideally upon vaccine availability in the autumn.2 This aligns with the understanding that influenza infection during pregnancy is associated with increased risks of severe illness, hospitalisation, and adverse pregnancy outcomes, including preterm birth.3

The Tdap vaccine is recommended during each pregnancy, specifically between 27 and 36 weeks' gestation, irrespective of prior vaccination history.2 This timing is crucial for optimising the transfer of pertussis antibodies to the neonate, providing protection against whooping cough during the vulnerable first months of life before the infant can receive their primary immunisation series. Pertussis remains a significant cause of infant mortality globally.4 The mechanism

of protection involves the transplacental passage of maternal IgG antibodies, which target pertussis toxins and adhesins, thereby conferring passive immunity to the infant. This passive immunity is particularly vital as infants do not develop full active immunity until they complete their own primary vaccination series.

For COVID-19, ACOG reiterates the recommendation for vaccination and booster doses for pregnant and lactating individuals, consistent with CDC guidelines.2 Evidence indicates that pregnant individuals are at increased risk for severe COVID-19 outcomes, including intensive care unit admission, mechanical ventilation, and death, compared to non-pregnant individuals.5 Vaccination has been shown to reduce these risks and offers protection to the neonate.6 The immunological response to COVID-19 vaccination in pregnant individuals is robust, leading to the production of antibodies that cross the placenta, offering protection to the newborn. This protection extends to reducing the risk of severe COVID-19 in infants, particularly those under six months of age. The guidance underscores the importance of shared decision-making, ensuring patients receive accurate information regarding vaccine safety and efficacy during pregnancy.

The simplified schedule also addresses other vaccines, such as measles, mumps, and rubella (MMR), and varicella, which are contraindicated during pregnancy but recommended postpartum for non-immune individuals.2 Additionally, it provides guidance on vaccines that may be indicated in specific circumstances, such as hepatitis B, hepatitis A, and meningococcal vaccines, based on individual risk factors or travel. The consolidation aims to reduce the cognitive load on clinicians, facilitating easier recall and application of recommendations during prenatal visits. This approach seeks to standardise practice and improve patient counselling regarding vaccine safety and efficacy during pregnancy. The guidance does not introduce new vaccines but rather streamlines the presentation of existing, evidence-based recommendations.

## Implications for Clinical Practice and Public Health

The simplification of the maternal immunisation schedule holds substantial implications for improving vaccine uptake and, consequently, maternal and infant health outcomes. By presenting a clear, unified document, ACOG aims to enhance adherence among obstetricians, family physicians, and other healthcare providers involved in prenatal care. This streamlined approach can reduce confusion and uncertainty, which are often cited as barriers to consistent vaccine recommendation and administration. Furthermore, a simplified schedule supports more effective patient education, allowing clinicians to communicate key recommendations concisely and confidently, addressing common patient concerns about vaccine safety during pregnancy.

The focus on influenza, Tdap, and COVID-19 reflects their significant epidemiological impact on pregnant populations and neonates. Influenza epidemics consistently pose a threat, with pregnant individuals experiencing higher rates of complications. Pertussis continues to cause severe disease and mortality in infants too young to be fully vaccinated, making maternal Tdap a cornerstone of prevention. The ongoing presence of COVID-19 necessitates continued vigilance and vaccination efforts to protect vulnerable pregnant individuals and their offspring. The ACOG guidance reinforces the critical role of these vaccines in mitigating preventable morbidity and mortality.

While the consolidated schedule offers significant advantages, its effectiveness ultimately depends on successful implementation in diverse clinical settings. Challenges may persist, including varying levels of clinician knowledge, patient hesitancy, and logistical barriers to vaccine access. Future efforts will need to focus on educational initiatives for healthcare providers and public awareness campaigns to ensure the widespread adoption of these simplified

recommendations. The guidance also implicitly encourages opportunistic vaccination, where clinicians assess and offer recommended vaccines at every eligible prenatal visit, maximizing opportunities for protection.

**CLINICAL IMPLICATIONS**

The ACOG's move to simplify the maternal vaccine schedule is a pragmatic response to persistent under-immunisation rates in pregnant populations. While the evidence for vaccinating against influenza, Tdap, and COVID-19 during pregnancy is robust, the fragmented nature of previous guidelines likely contributed to clinician confusion and suboptimal patient uptake. This consolidation should, in theory, reduce the administrative burden on general practitioners and obstetricians, making it easier to integrate vaccine discussions and administration into routine prenatal care. The emphasis on a clear, single schedule is a tacit acknowledgement that complexity is a barrier to compliance, even when the clinical benefits are substantial. For patients, this streamlined approach means clearer communication from their healthcare providers. The goal is to empower pregnant individuals to make informed decisions without being overwhelmed by disparate recommendations. Improved vaccine uptake directly translates to reduced maternal morbidity and, crucially, enhanced passive immunity for neonates, offering a vital shield against severe infections in their most vulnerable period. This is particularly pertinent for pertussis, where infant mortality remains a concern, and for influenza and COVID-19, which pose significant risks during pregnancy.

From an industry perspective, this simplification reinforces the established market for these vaccines. It underscores the ongoing need for effective public health campaigns to support guideline implementation, rather than relying solely on clinicians to navigate complex information. Pharmaceutical companies producing these vaccines will likely see a more consistent demand as adherence to the simplified schedule improves. The challenge now lies in ensuring that this simplified guidance translates into tangible increases in vaccination rates, moving beyond mere recommendation to widespread clinical practice.



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