

Family Planning Preventive Health Clinical Practice Guideline

PREVENTIVE SERVICE	FREQUENCY
WOMEN 12-18 YEARS OF AGE	
Health history <ul style="list-style-type: none"> • Health status – Medical, menstrual, surgical, obstetrical, family, social (including drug, alcohol and tobacco use) • Dietary/nutrition assessment • Physical activity • Use of complementary and alternative medicine • Abuse/neglect • Sexual practices 	<p>All histories are to be done at the initial visit and annually thereafter.</p> <p>Note: Coverage for family planning services is dependent on benefit availability.</p>
PHYSICAL EXAMINATION	
<ul style="list-style-type: none"> • Height, weight, Body Mass Index (BMI) • Blood pressure • Secondary sexual characteristics (Tanner staging) • Skin exam (high-risk group) • Pelvic examination if clinically indicated (realizing the exam can do more harm than good in certain situations and patients) 	<p>All physical exams to be done at the initial visit and annually thereafter until five years post-menarcheal.</p>
LABORATORY TESTS	
<ul style="list-style-type: none"> • HIV testing if sexually active based on state requirements • High-risk groups – Consider STD testing, TB skin testing, Rubella titer, Hepatitis C testing, fasting glucose, colorectal screening, hemoglobin with sickle cell testing • Vitamin D and calcium assessment • Genetic testing/counseling for members 13-18 years of age should be considered for high-risk factors (Considering pregnancy and patient, partner or family member with history of genetic disorder or birth defect; exposure to teratogens; or African, Cajun, Caucasian, European, Eastern European (Ashkenazi) Jewish, French Canadian, Mediterranean, or Southeast Asian ancestry) 	<p>Tests should be performed upon initial visit and at least every three years or before Intra-Uterine Device (IUD) insertion.</p>

PREVENTIVE SERVICE	FREQUENCY
IMMUNIZATIONS	
<ul style="list-style-type: none"> • MMR for those not previously immunized • Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap) (once between the ages of 11 and 18) • Strongly consider – Meningococcal vaccine before entry into high school if not previously immunized • Varicella vaccine without evidence of immunity if not previously immunized (95 percent will still be immune without remembering if they ever had varicella) • HPV vaccine between the ages of 11-12 • Hepatitis B vaccine if not previously immunized • Influenza vaccine annually • Hepatitis A vaccine and pneumococcal vaccine if in high-risk group 	

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WOMEN 19-39 YEARS OF AGE	
HEALTH HISTORY	
<ul style="list-style-type: none"> • Health status – Medical, menstrual, surgical, obstetrical, family, social (including drug, alcohol and tobacco use) • Dietary/nutrition assessment • Physical activity • Use of complementary and alternative medicine • Abuse/neglect • Sexual practices <ul style="list-style-type: none"> ○ Birth control practices • Urinary and fecal incontinence 	<p>All histories are to be done at the initial visit and annually thereafter.</p> <p>Note: Coverage for family planning services is dependent on benefit availability.</p>
PHYSICAL EXAMINATION	
<ul style="list-style-type: none"> • Height, weight, BMI • Blood pressure • Complete physical exam • Skin exam (high risk group) • Pelvic examination for women 21 and older and for 19-20 if clinically indicated 	<p>All physical exams to be done at the initial visit and annually thereafter until five years post-menarcheal.</p>
LABORATORY TESTS	
<ul style="list-style-type: none"> • Gonorrhea and Chlamydia if sexually active • HIV testing if sexually active based on state requirements • Pap smear every three years. Beginning at age 30, screening with a Pap smear and HPV DNA test every 5 years (preferable), or every 3 years with Pap smear alone (also acceptable) • High-risk groups – Consider mammography, STD testing, Rubella titer, Hepatitis C testing, fasting glucose, colorectal screening, hemoglobin with sickle cell testing, lipid profile, thyroid-stimulating hormone testing, bone mineral density screening and genetic testing/counseling. <ul style="list-style-type: none"> ○ High-risk factors – Considering pregnancy and patient, partner, or family member with history of genetic disorder or birth defect; exposure to teratogens; or African, Cajun, Caucasian, European, Eastern European (Ashkenazi) Jewish, French Canadian, Mediterranean, or Southeast Asian ancestry • HgbA1C with risk factors • Vitamin D and calcium assessment 	<p>Tests should be performed upon initial visit and at least every three years or before IUD insertion.</p> <p>More frequent screening is recommended for women with risk factors, such as exposure to DES (diethylstilbestrol) in utero, previous diagnosis of cervical cancer, HIV infection, or a compromised immune system.</p>
IMMUNIZATIONS	

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<ul style="list-style-type: none">• Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap) vaccine booster (once between the ages of 11 and 18)• Strongly consider – Varicella without evidence of immunity if not previously immunized (95 percent will still be immune without remembering if they ever had varicella)• HPV vaccine through age 26 if not previously vaccinated• Influenza vaccine annually• Hepatitis A vaccine and Hepatitis B vaccine if not previously immunized• MMR for those not previously immunized• One-time dose of Tdap for Td booster, then boost with Td every 10 years• Pneumococcal vaccine	
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WOMEN 40-64 YEARS OF AGE	
HEALTH HISTORY	
<ul style="list-style-type: none"> • Health status – Medical, menstrual, surgical, obstetrical, family, social (including drug, alcohol and tobacco use) • Dietary/nutrition and calcium assessment • Physical activity • Use of complementary and alternative medicine • Abuse/neglect • Sexual practices • Urinary and fecal incontinence • Menopausal symptoms 	
PHYSICAL EXAMINATION	
<ul style="list-style-type: none"> • Height, weight, BMI • Blood pressure • Complete physical exam • Skin exam (high-risk group) • Pelvic examination 	<p>All physical exams to be done at the initial visit and annually thereafter until five years post-menarcheal.</p>
LABORATORY TESTS	
<ul style="list-style-type: none"> • HIV testing if sexually active based on state requirements • Screening with a Pap smear and HPV DNA test for women ages 30 to 65 every 5 years (preferable), or every 3 years with Pap smear alone (also acceptable) • Diabetes testing 45 years or older or with risk factors • Lipid profile every 5 years beginning at age 45 • Mammography every other year in her 40s and every year beginning at age 50 • Thyroid-stimulating hormone every 5 years beginning at age 50 • Colonoscopy every 10 years beginning at age 50; other testing may be considered • High-risk groups – Consider STD testing, TB skin testing, Hepatitis C testing, fasting glucose, colorectal screening, hemoglobin with sickle cell testing, lipid profile, thyroid-stimulating hormone testing, bone mineral density screening • Vitamin D and calcium assessment 	<p>Tests should be performed upon initial visit and at least every three years or before IUD insertion. More frequent screening is recommended for women with risk factors, such as exposure to DES (diethylstilbestrol) in utero, previous diagnosis of cervical cancer, HIV infection, or a compromised immune system.</p>
IMMUNIZATIONS	

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<ul style="list-style-type: none">• Strongly consider – Varicella vaccine without evidence of immunity if not previously immunized (95 percent will still be immune without remembering if they ever had varicella)• Herpes Zoster (single dose age 60 and older)• Influenza vaccine annually• Hepatitis A vaccine and Hepatitis B vaccine if not previously immunized• One-time dose of Tdap for Td booster; then boost with Td every 10 years• MMR if indicated• Pneumococcal and meningococcal vaccine	
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WOMEN 65-OLDER YEARS OF AGE	
HEALTH HISTORY	
<ul style="list-style-type: none"> • Health status - Medical, menstrual, surgical, obstetrical, family, social (including drug, alcohol and tobacco use) • Dietary/nutrition assessment including calcium • Physical activity • Use of complementary and alternative medicine • Abuse/neglect • Sexual practices • Urinary and fecal incontinence • Menopausal symptoms 	
PHYSICAL EXAMINATION	
<ul style="list-style-type: none"> • Height, weight, BMI • Blood pressure • Complete physical exam • Skin exam (high risk group) • Pelvic examination 	
LABORATORY TESTS	
<ul style="list-style-type: none"> • HIV testing if sexually active based on state requirements • Recommend against screening for cervical cancer for women over the age of 65 who have had negative results on adequate prior screening. Guidelines define adequate prior screening as 3 consecutive negative Pap smears or 2 consecutive negative HPV tests in the prior 10 years, with the most recent within 5 years. • Urinalysis • Fasting glucose every 3 years, HbA1c annually • Lipid profile every 5 years • Mammography annually • Thyroid-stimulating hormone every 5 years • Colonoscopy every 10 years beginning at age 50, other testing may be considered • Bone mineral density every 3 years • High-risk groups – Consider STD testing, Hepatitis C testing, hemoglobin with sickle cell testing • Vitamin D and calcium assessment 	
IMMUNIZATIONS	
<ul style="list-style-type: none"> • Strongly Consider: Varicella vaccine without evidence of immunity if not previously immunized (95 percent will still be immune without remembering if they ever had varicella) • Herpes Zoster (single dose age 60 and older) • Influenza vaccine annually • Hepatitis A vaccine and Hepatitis B vaccine if not 	

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previously immunized	
<ul style="list-style-type: none">• MMR if indicated for those not previously immunized• Td/Tdap vaccine every 10 years• Pneumococcal and meningococcal vaccine	

REFERENCES AND RESEARCH MATERIALS
<ol style="list-style-type: none"> 1. ACOG Practice Bulletin Number 131, "Screening for Cervical Cancer", November 2012 (<i>Replaces ACOG Practice Bulletin, "Cervical Cytology Screening", Number 109, December 2009</i>). U.S. Preventive Services Task Force (USPSTF) Recommendation Statement on screening for cervical cancer, March 2012 (<i>Replaces USPSTF Recommendation Statement on screening for cervical cancer 2003</i>). 2. ACOG Guidelines for Women's Health Care, 3rd Ed; 3. Well-Woman Care: Assessments & Recommendations, 3/29/12 - www.acog.org/~media/Departments/Annual%20Womens%20Health%20Care/PrimaryAndPreventiveCare.pdf

Updated	Changes
03/21/2013	Updated CPG to include new guidelines for Pap Smears based on updated information from the following resource: Well-Woman Care: Assessments & Recommendations, 3/29/12 - www.acog.org/~media/Departments/Annual%20Womens%20Health%20Care/PrimaryAndPreventiveCare.pdf

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