The American College of Obstetricians and Gynecologists
Women's Health Care Physicians

COMMITTEE OPINION

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Committee on Gynecologic Practice

This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Primary and Preventive Care: Periodic Assessments

ABSTRACT: Periodic assessments offer an excellent opportunity for obstetricians and gynecologists to provide preventive screening, evaluation, and counseling. The American College of Obstetricians and Gynecologists' Committee on Gynecologic Practice recommends routine assessments in primary and preventive care for women based on age and risk factors.

The following charts are updated versions of those previously published by the American College of Obstetricians and Gynecologists (the College) in Committee Opinion No. 357 and *Guidelines for Women's Health Care*, Third Edition. This version replaces the previous versions. The policies and recommendations of College committees regarding specific aspects of the health care of women have been incorporated; they may differ from the recommendations of other groups.

The American College of Obstetricians and Gynecologists recommends that the first visit to the obstetrician–gynecologist for screening and the provision of preventive health care services and guidance take place between the ages of 13 years and 15 years. This visit will provide health guidance, screening, and preventive health care services and provide an excellent opportunity for the obstetrician–gynecologist to start a physician–patient relationship. This visit does not necessarily include an internal pelvic examination.

Periodic assessments provide an excellent opportunity to counsel patients about preventive care. These assessments, yearly or as appropriate, should include screening, evaluation and counseling, and immunizations based on age and risk factors. Personal behavioral characteristics are important aspects of a woman's health. Positive behaviors, such as exercise, should be reinforced, and negative ones, such as smoking, should be discouraged. The following guidelines indicate routine assessments for nonpregnant women based on age groups and risk factors (see Table 1) and list leading causes of death for each age group. The American College of Obstetricians and Gynecologists generally adopts the immunization recommendations of the Centers for Disease Control and Prevention. The current adolescent and adult immunization schedules are available at www.cdc.gov/vaccines/recs/schedules.

The recommendations included in this document serve as a framework for care, which may be provided by a single physician or a team of health care professionals. The scope of services provided by obstetrician–gynecologists in the ambulatory setting will vary from practice to practice. The list should serve as a guide for the obstetrician–gynecologist and others providing health care for women and should be adapted as necessary to meet patients' needs. For example, certain risk factors may influence additional assessments and interventions. Physicians should be alert to high-risk factors (indicated by an asterisk and further elucidated in Table 1). During evaluation, the patient should be made aware of high-risk conditions that require targeted screening or treatment.

Periodic Assessment
Ages 13–18 Years

Screening

History

- Reason for visit
- Health status: medical, menstrual, surgical, family
- Dietary/nutrition assessment
- Physical activity
- Use of complementary and alternative medicine
- Tobacco, alcohol, other drug use
- Abuse/neglect
- Sexual practices

Physical Examination

- Height
- Weight
- Body mass index (BMI)
- Blood pressure
- Secondary sexual characteristics (Tanner staging)
- Pelvic examination (when indicated by the medical history)
- Skin*

Laboratory Testing

Periodic

- Chlamydia and gonorrhea testing (if sexually active)[†]
- Human immunodeficiency virus (HIV) testing (if sexually active)[‡]

*High-Risk Groups**

- Colorectal cancer screening[§]
- Fasting glucose testing
- Genetic testing/counseling
- Hemoglobin level assessment
- Hepatitis C virus testing
- Lipid profile assessment
- Rubella titer assessment
- Sexually transmitted disease testing
- Tuberculosis skin testing

Evaluation and Counseling

Sexuality

- Development
- High-risk behaviors
- Preventing unwanted/unintended pregnancy
  - —Postponing sexual involvement
  - —Contraceptive options, including emergency contraception
- Sexually transmitted diseases
  - —Partner selection
  - —Barrier protection

Fitness and Nutrition

- Exercise: discussion of program
- Dietary/nutrition assessment (including eating disorders)
- Folic acid supplementation
- Calcium intake

Psychosocial Evaluation

- Suicide: depressive symptoms
- Interpersonal/family relationships
- Sexual orientation and gender identity
- Personal goal development
- Behavioral/learning disorders
- Abuse/neglect
- Satisfactory school experience
- Peer relationships
- Date rape prevention

Cardiovascular Risk Factors

- Family history
- Hypertension
- Dyslipidemia
- Obesity
- Diabetes mellitus

Health/Risk Behaviors

- Hygiene (including dental), fluoride supplementation*
- Injury prevention
  - —Exercise and sports involvement
  - —Firearms
  - —Hearing
  - —Occupational hazards
  - —Recreational hazards
  - —Safe driving practices
  - —Helmet use
- Skin exposure to ultraviolet rays
- Tobacco, alcohol, other drug use

Immunizations

Periodic

- Diphtheria and reduced tetanus toxoids and acellular pertussis vaccine booster (once between ages 11–18 years)[‖]
- Hepatitis B vaccine (one series for those not previously immunized)
- Human papillomavirus vaccine (one series for those not previously immunized, ages 9–26 years)
- Influenza vaccine (annually)
- Measles–mumps–rubella vaccine (for those not previously immunized)
- Meningococcal conjugate vaccine (before entry into high school for those not previously immunized)
- Varicella vaccine (one series for those without evidence of immunity)

*High-Risk Groups**

- Hepatitis A vaccine
- Pneumococcal vaccine

Leading Causes of Death[¶]

1. Accidents (unintentional injuries)
2. Malignant neoplasms
3. Intentional self harm (suicide)
4. Assault (homicide)
5. Diseases of the heart
6. Congenital malformations, deformations, and chromosomal abnormalities
7. Chronic lower respiratory diseases
8. Cerebrovascular diseases
9. Influenza and pneumonia
10. In situ neoplasms, benign neoplasms, and neoplasms of uncertain or unknown behavior

*See Table 1.

[†]Urine-based sexually transmitted disease screening is an efficient means for accomplishing such screening without a speculum examination.

[‡]Physicians should be aware of and follow their states' HIV screening requirements. For a more detailed discussion of HIV screening, see Branson BM, Handsfield HH, Lampe MA, Janssen RS, Taylor AW, Lyss SB, et al. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. Centers for Disease Control and Prevention (CDC). MMWR Recomm Rep 2006;55(RR-14):1–17; quiz CE1–4. See also Routine human immunodeficiency virus screening. ACOG Committee Opinion No. 411. American College of Obstetricians and Gynecologists. Obstet Gynecol 2008;112:401–3.

[§]Only for those with a family history of familial adenomatous polyposis or 8 years after the start of pancolitis. For a more detailed discussion of colorectal cancer screening, see Levin B, Lieberman DA, McFarland B, Smith RA, Brooks D, Andrews KS, et al. Screening and surveillance for the early detection of colorectal cancer and adenomatous polyps, 2008: a joint guideline from the American Cancer Society, the US Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology. American Cancer Society Colorectal Cancer Advisory Group; US Multi-Society Task Force; American College of Radiology Colon Cancer Committee. CA Cancer J Clin 2008;58:130–60.

[‖]For more information on the use of Td and Tdap, see Broder KR, Cortese MM, Iskander JK, Kretsinger K, Slade BA, Brown KH, et al. Preventing tetanus, diphtheria, and pertussis among adolescents: use of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccines recommendations of the Advisory Committee on Immunization Practices (ACIP). Advisory Committee on Immunization Practices (ACIP). MMWR Recomm Rep 2006;55(RR-3):1–34.

[¶]Leading causes of mortality are provided by the Mortality Statistics Branch at the National Center for Health Statistics. Data are from 2004, the most recent year for which final data are available. The causes are ranked.

Periodic Assessment
Ages 19–39 Years

Screening

History

- Reason for visit
- Health status: medical, surgical, family
- Dietary/nutrition assessment
- Physical activity
- Use of complementary and alternative medicine
- Tobacco, alcohol, other drug use
- Abuse/neglect
- Sexual practices
- Urinary and fecal incontinence

Physical Examination

- Height
- Weight
- Body mass index (BMI)
- Blood pressure
- Neck: adenopathy, thyroid
- Breasts
- Abdomen
- Pelvic examination: for ages 19–20 years when indicated by the medical history; age 21 or older, periodic pelvic examination
- Skin*

Laboratory Testing

Periodic

- Cervical cytology†:
- Age 21 years: screen every 2 years
- Age 30 years or older:
  - Option 1: may screen every 3 years after three consecutive negative test results with no history of cervical intraepithelial neoplasia 2 or 3, immunosuppression, human immunodeficiency virus (HIV) infection, or diethylstilbestrol exposure in utero; or
  - Option 2: screen every 3 years after negative human papillomavirus DNA test and negative cervical cytology
- Chlamydia and gonorrhea testing (if aged 25 years or younger and sexually active)
- Human immunodeficiency virus (HIV) testing‡

*High-Risk Groups**

- Bone mineral density screening
- Colorectal cancer screening
- Fasting glucose testing
- Genetic testing/counseling
- Hemoglobin level assessment
- Hepatitis C virus testing
- Lipid profile assessment
- Mammography
- Rubella titer assessment
- Sexually transmitted disease testing
- Thyroid-stimulating hormone testing
- Tuberculosis skin testing

Evaluation and Counseling

Sexuality and Reproductive Planning

- Contraceptive options for prevention of unwanted pregnancy, including emergency contraception
- Discussion of a reproductive health plan§
- High-risk behaviors
- Preconception and genetic counseling
- Sexual function
- Sexually transmitted diseases
  - —Partner selection
  - —Barrier protection

Fitness and Nutrition

- Exercise: discussion of program
- Dietary/nutrition assessment
- Folic acid supplementation
- Calcium intake

Psychosocial Evaluation

- Interpersonal/family relationships
- Intimate partner violence
- Date rape prevention
- Work satisfaction
- Lifestyle/stress
- Sleep disorders

Cardiovascular Risk Factors

- Family history
- Hypertension
- Dyslipidemia
- Obesity
- Diabetes mellitus
- Lifestyle

Health/Risk Behaviors

- Breast self-examination‖
- Chemoprophylaxis for breast cancer (for high-risk women aged 35 years or older)¶
- Hygiene (including dental)
- Injury prevention
  - —Exercise and sports involvement
  - —Firearms
  - —Hearing
  - —Occupational hazards
  - —Recreational hazards
  - —Safety belts and helmets
- Skin exposure to ultraviolet rays
- Suicide: depressive symptoms
- Tobacco, alcohol, other drug use

Immunizations

Periodic

- Diphtheria and reduced tetanus toxoids and acellular pertussis vaccine (substitute one-time dose of Tdap for Td booster; then boost with Td every 10 years)#
- Human papillomavirus vaccine (one series for those aged 26 years or less and not previously immunized)
- Influenza vaccine (annually)
- Varicella vaccine (one series for those without evidence of immunity)

*High-Risk Groups**

- Hepatitis A vaccine (consider combination vaccine for those at risk for hepatitis A and B)
- Hepatitis B vaccine (consider combination vaccine for those at risk for hepatitis A and B)
- Measles–mumps–rubella vaccine
- Meningococcal vaccine
- Pneumococcal vaccine

*Leading Causes of Death***

1. Malignant neoplasms
2. Accidents (unintentional injuries)
3. Diseases of the heart
4. Intentional self harm (suicide)
5. Human immunodeficiency virus (HIV) disease
6. Assault (homicide)
7. Cerebrovascular diseases
8. Diabetes mellitus
9. Chronic liver diseases and cirrhosis
10. Chronic lower respiratory diseases

*See Table 1.

†For a more detailed discussion of cervical cytology screening, including the use of human papillomavirus DNA testing and screening after hysterectomy, see Cervical cytology screening. ACOG Practice Bulletin No. 109. American College of Obstetricians and Gynecologists. Obstet Gynecol 2009:114;1409–20.

‡Physicians should be aware of and follow their states' HIV screening requirements. For a more detailed discussion of HIV screening, see Branson BM, Handsfield HH, Lampe MA, Janssen RS, Taylor AW, Lyss SB, et al. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. Centers for Disease Control and Prevention (CDC). MMWR Recomm Rep 2006;55(RR-14):1–17; quiz CE1–4. See also Routine human immunodeficiency virus screening. ACOG Committee Opinion No. 411. American College of Obstetricians and Gynecologists. Obstet Gynecol 2008;112:401–3.

§For a more detailed discussion of the reproductive health plan, see The importance of preconception care in the continuum of women's health care. ACOG Committee Opinion No. 313. American College of Obstetricians and Gynecologists. Obstet Gynecol 2005;106:665–6.

‖Despite a lack of definitive data for or against breast self-examination, breast self-examination has the potential to detect palpable breast cancer and can be recommended.

¶For a more detailed discussion of risk assessment and chemoprevention therapy, see Selective estrogen receptor modulators. ACOG Practice Bulletin No. 39. American College of Obstetricians and Gynecologists. Obstet Gynecol 2002;100:835–43.

#For more information on the use of Td and Tdap, see Kretsinger K, Broder KR, Cortese MM, Joyce MP, Ortega-Sanchez I, Lee GM, et al. Preventing tetanus, diphtheria, and pertussis among adults: use of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine recommendations of the Advisory Committee on Immunization Practices (ACIP) and recommendation of ACIP, supported by the Healthcare Infection Control Practices Advisory Committee (HICPAC), for use of Tdap among health-care personnel. Centers for Disease Control and Prevention; Advisory Committee on Immunization Practices; Healthcare Infection Control Practices Advisory Committee. MMWR Recomm Rep 2006;55(RR-17):1–37.

**Leading causes of mortality are provided by the Mortality Statistics Branch at the National Center for Health Statistics. Data are from 2004, the most recent year for which final data are available. The causes are ranked.

Periodic Assessment
Ages 40–64 Years

Screening

History

- Reason for visit
- Health status: medical, surgical, family
- Dietary/nutrition assessment
- Physical activity
- Use of complementary and alternative medicine
- Tobacco, alcohol, other drug use
- Pelvic prolapse
- Menopausal symptoms
- Abuse/neglect
- Sexual practices
- Urinary and fecal incontinence

Physical Examination

- Height
- Weight
- Body mass index (BMI)
- Blood pressure
- Oral cavity
- Neck: adenopathy, thyroid
- Breasts, axillae
- Abdomen
- Pelvic examination
- Skin*

Laboratory Testing

Periodic

- Cervical cytology (may screen every 3 years after three consecutive negative test results if no history of cervical intraepithelial neoplasia 2 or 3, immunosuppression, human immunodeficiency virus infection (HIV), or diethylstilbestrol exposure in utero, or every 3 years after negative human papillomavirus DNA test and negative cervical cytology)†
- Colorectal cancer screening (beginning at age 50 years‡: colonoscopy every 10 years [preferred])
- Fasting glucose testing (every 3 years after age 45 years)
- Human immunodeficiency virus (HIV) testing§
- Lipid profile assessment (every 5 years beginning at age 45 years)
- Mammography (every 1–2 years beginning at age 40 years, yearly beginning at age 50 years)
- Thyroid-stimulating hormone testing (every 5 years beginning at age 50 years)

*High-Risk Groups**

- Bone mineral density screening
- Colorectal cancer screening
- Fasting glucose testing
- Hemoglobin level assessment
- Hepatitis C virus testing
- Lipid profile assessment
- Sexually transmitted disease testing
- Thyroid-stimulating hormone testing
- Tuberculosis skin testing

Evaluation and Counseling

Sexuality‖

- High-risk behaviors
- Contraceptive options for prevention of unwanted pregnancy, including emergency contraception
- Sexual function
- Sexually transmitted diseases
- — Partner selection
- — Barrier protection

Fitness and Nutrition

- Exercise: discussion of program
- Dietary/nutrition assessment
- Folic acid supplementation
- Calcium intake

Psychosocial Evaluation

- Family relationships
- Intimate partner violence
- Work satisfaction
- Retirement planning
- Lifestyle/stress
- Sleep disorders

Cardiovascular Risk Factors

- Family history
- Hypertension
- Dyslipidemia
- Obesity
- Diabetes mellitus
- Lifestyle

Health/Risk Behaviors

- Aspirin prophylaxis to reduce the risk of stroke (ages 55–79 years)¶
- Breast self-examination#
- Chemoprophylaxis for breast cancer (for high-risk women)**
- Hormone therapy
- Hygiene (including dental)
- Injury prevention
- — Exercise and sports involvement
- — Firearms
- — Hearing
- — Occupational hazards
- — Recreational hazards
- — Safety belts and helmets
- Skin exposure to ultraviolet rays
- Suicide: depressive symptoms
- Tobacco, alcohol, other drug use

Immunizations

Periodic

- Diphtheria and reduced tetanus toxoids and acellular pertussis vaccine booster (substitute one-time dose of Tdap for Td booster; then boost with Td every 10 years)††
- Herpes zoster (single dose in adults aged 60 years or older)
- Influenza vaccine (annually)
- Varicella vaccine (one series for those without evidence of immunity)

*High-Risk Groups**

- Hepatitis A vaccine (consider combination vaccine for those at risk for hepatitis A and B)
- Hepatitis B vaccine (consider combination vaccine for those at risk for hepatitis A and B)
- Measles–mumps–rubella vaccine
- Meningococcal vaccine
- Pneumococcal vaccine

Leading Causes of Death‡‡

1. Malignant neoplasms
2. Diseases of the heart
3. Accidents (unintentional injuries)
4. Chronic lower respiratory diseases
5. Cerebrovascular diseases
6. Diabetes mellitus
7. Chronic liver disease and cirrhosis
8. Septicemia
9. Intentional self harm (suicide)
10. Human immunodeficiency virus (HIV) disease

*See Table 1.

†For a more detailed discussion of cervical cytology screening, including the use of human papillomavirus DNA testing and screening after hysterectomy, see Cervical cytology screening. ACOG Practice Bulletin No. 109. American College of Obstetricians and Gynecologists. Obstet Gynecol 2009:114;1409–20.

‡Other methods include: 1) fecal occult blood testing or fecal immunochemical test, annual patient-collected (fecal occult blood testing and fecal immunochemical testing require two or three samples of stool collected by the patient at home and returned for analysis. A single stool sample obtained by digital rectal examination is not adequate for the detection of colorectal cancer.); 2) flexible sigmoidoscopy every 5 years; 3) double contrast barium enema every 5 years; 4) computed tomography colonography every 5 years; and 5) stool DNA. The American College of Gastroenterology recommends that African Americans begin screening at age 45 years with colonoscopy because of increased incidence and earlier age of onset of colorectal cancer. (Agrawal S, Bhupinderjit A, Bhutani MS, Boardman L, Nguyen C, Romero Y, et al. Colorectal cancer in African Americans. Committee of Minority Affairs and Cultural Diversity, American College of Gastroenterology [published erratum appears in Am J Gastroenterol 2005;100:1432]. Am J Gastroenterol 2005;100:515,523; discussion 514.)

§Physicians should be aware of and follow their states' HIV screening requirements. For a more detailed discussion of HIV screening, see Branson BM, Handsfield HH, Lampe MA, Janssen RS, Taylor AW, Lyss SB, et al. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. Centers for Disease Control and Prevention (CDC). MMWR Recomm Rep 2006;55(RR-14):1–17; quiz CE1–4. See also Routine human immunodeficiency virus screening. ACOG Committee Opinion No. 411. American College of Obstetricians and Gynecologists. Obstet Gynecol 2008;112:401–3.

‖Preconception and genetic counseling is appropriate for certain women in this age group.

¶The recommendation for aspirin prophylaxis must weigh the benefits of stroke prevention against the harm of gastrointestinal bleeding. See Aspirin for the prevention of cardiovascular disease: U.S. Preventive Services Task Force recommendation statement. U.S. Preventive Services Task Force. Ann Intern Med 2009;150:396–404.

#Despite a lack of definitive data for or against breast self-examination, breast self-examination has the potential to detect palpable breast cancer and can be recommended.

**For a more detailed discussion of risk assessment and chemoprevention therapy, see Selective estrogen receptor modulators. ACOG Practice Bulletin No. 39. American College of Obstetricians and Gynecologists. Obstet Gynecol 2002;100:835–43.

††If Tdap not previously given, give one time, then Td every 10 years thereafter. If Tdap previously given, give Td every 10 years. For more information on the use of Td and Tdap, see Kretsinger K, Broder KR, Cortese MM, Joyce MP, Ortega-Sanchez I, Lee GM, et al. Preventing tetanus, diphtheria, and pertussis among adults: use of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine recommendations of the Advisory Committee on Immunization Practices (ACIP) and recommendation of ACIP, supported by the Healthcare Infection Control Practices Advisory Committee (HICPAC), for use of Tdap among health-care personnel. Centers for Disease Control and Prevention; Advisory Committee on Immunization Practices; Healthcare Infection Control Practices Advisory Committee. MMWR Recomm Rep 2006;55(RR-17):1–37.

‡‡Leading causes of mortality are provided by the Mortality Statistics Branch at the National Center for Health Statistics. Data are from 2004, the most recent year for which final data are available. The causes are ranked.

Periodic Assessment
Ages 65 Years and Older

Screening

History

- Reason for visit
- Health status: medical, surgical, family
- Dietary/nutrition assessment
- Physical activity
- Pelvic prolapse
- Menopausal symptoms
- Use of complementary and alternative medicine
- Tobacco, alcohol, other drug use, and concurrent medication use
- Abuse/neglect
- Sexual practices
- Urinary and fecal incontinence

Physical Examination

- Height
- Weight
- Body mass index (BMI)
- Blood pressure
- Oral cavity
- Neck: adenopathy, thyroid
- Breasts, axillae
- Abdomen
- Pelvic examination*
- Skin†

Laboratory Testing

Periodic

- Bone mineral density screening (In the absence of new risk factors, screen no more frequently than every 2 years.)
- Cervical cytology: consider discontinuing at age 65 years or 70 years if patient has had three or more normal results in a row, no abnormal results in 10 years, no history of cervical cancer, no history of diethylstilbestrol exposure in utero, is human immunodeficiency virus (HIV) negative, is not immunosuppressed; if cervical cytology has been discontinued, annual review of risk factors to evaluate need for reinitiation of screening. If cervical cytology is needed: may screen every 3 years after three consecutive negative test results if no history of cervical intraepithelial neoplasia 2 or 3, immunosuppression, HIV infection, or diethylstilbestrol exposure in utero or every 3 years after negative human papillomavirus DNA test and negative cervical cytology.‡
- Colorectal cancer screening§: colonoscopy every 10 years (preferred)
- Fasting glucose testing (every 3 years)
- Lipid profile assessment (every 5 years)
- Mammography
- Thyroid-stimulating hormone testing (every 5 years)
- Urinalysis

High-Risk Groups†

- Hemoglobin level assessment
- Hepatitis C virus testing
- Human immunodeficiency virus (HIV) testing
- Sexually transmitted disease testing
- Thyroid-stimulating hormone testing
- Tuberculosis skin testing

Evaluation and Counseling

Sexuality

- Sexual function
- Sexual behaviors
- Sexually transmitted diseases
- —Partner selection
- —Barrier protection

Fitness and Nutrition

- Exercise: discussion of program
- Dietary/nutrition assessment
- Calcium intake

Psychosocial Evaluation

- Neglect/abuse
- Lifestyle/stress
- Depression/sleep disorders
- Family relationships
- Work/retirement satisfaction

Cardiovascular Risk Factors

- Hypertension
- Dyslipidemia
- Obesity
- Diabetes mellitus
- Sedentary lifestyle

Health/Risk Behaviors

- Aspirin prophylaxis (for women aged 79 years or younger)‖
- Breast self-examination¶
- Chemoprophylaxis for breast cancer (for high-risk women)#
- Hearing
- Hormone therapy
- Hygiene (including dental)
- Injury prevention
- —Exercise and sports involvement
- —Firearms
- —Occupational hazards
- —Prevention of falls
- —Recreational hazards
- —Safety belts and helmets
- Skin exposure to ultraviolet rays
- Suicide: depressive symptoms
- Tobacco, alcohol, other drug use
- Visual acuity/glaucoma

Immunizations

Periodic

- Herpes zoster (single dose, if not previously immunized)
- Influenza vaccine (annually)
- Pneumococcal vaccine (once)
- Tetanus–diphtheria booster (every 10 years)
- Varicella vaccine (one series for those without evidence of immunity)

High-Risk Groups†

- Hepatitis A vaccine (consider combination vaccine for those at risk for hepatitis A and B)
- Hepatitis B vaccine (consider combination vaccine for those at risk for hepatitis A and B)
- Meningococcal vaccine

*Leading Causes of Death***

1. Diseases of the heart
2. Malignant neoplasms
3. Cerebrovascular diseases
4. Chronic lower respiratory diseases
5. Alzheimer's disease
6. Influenza and pneumonia
7. Diabetes mellitus
8. Nephritis, nephrotic syndrome, and nephrosis
9. Accidents (unintentional injuries)
10. Septicemia

*When a woman's age or other health issues are such that she would not choose to intervene on conditions detected during the routine examination, it is reasonable to discontinue pelvic exams.

†See Table 1.

‡For a more detailed discussion of cervical cytology screening, including the use of human papillomavirus DNA testing and screening after hysterectomy, see Cervical cytology screening. ACOG Practice Bulletin No. 109. American College of Obstetricians and Gynecologists. Obstet Gynecol 2009:114;1409–20.

§Other methods include: 1) fecal occult blood testing or fecal immunochemical test, annual patient-collected (fecal occult blood testing and fecal immunochemical testing require two or three samples of stool collected by the patient at home and returned for analysis. A single stool sample obtained by digital rectal examination is not adequate for the detection of colorectal cancer.); 2) flexible sigmoidoscopy every 5 years; 3) double contrast barium enema every 5 years; 4) computed tomography colonography every 5 years; and 5) stool DNA. More frequent testing is recommended for those with other risk factors.

‖The recommendation for aspirin prophylaxis must weigh the benefits of stroke prevention against the harm of gastrointestinal bleeding. See Aspirin for the prevention of cardiovascular disease: U.S. Preventive Services Task Force recommendation statement. U.S. Preventive Services Task Force. Ann Intern Med 2009;150:396–404.

¶Despite a lack of definitive data for or against breast self-examination, breast self-examination has the potential to detect palpable breast cancer and can be recommended.

#For a more detailed discussion of risk assessment and chemoprevention therapy, see Selective estrogen receptor modulators. ACOG Practice Bulletin No. 39. American College of Obstetricians and Gynecologists. Obstet Gynecol 2002;100:835–43.

**Leading causes of mortality are provided by the Mortality Statistics Branch at the National Center for Health Statistics. Data are from 2004, the most recent year for which final data are available. The causes are ranked.

Table 1. High-Risk Factors

Intervention	High-Risk Factors
Bone mineral density screening*	Postmenopausal women younger than age 65 years: history of prior fracture as an adult; family history of osteoporosis; Caucasian; dementia; poor nutrition; smoking; low weight and BMI; estrogen deficiency caused by early (age younger than 45 years) menopause, bilateral oophorectomy, or prolonged (longer than 1 year) premenopausal amenorrhea; low lifelong calcium intake; alcoholism; impaired eyesight despite adequate correction; history of falls; inadequate physical activity All women: certain diseases or medical conditions and certain drugs associated with an increased risk of osteoporosis
Colorectal cancer screening†	Colorectal cancer or adenomatous polyps in first-degree relative younger than age 60 years or in two or more first-degree relatives of any ages; family history of familial adenomatous polyposis or hereditary nonpolyposis colon cancer; history of colorectal cancer, adenomatous polyps, inflammatory bowel disease, chronic ulcerative colitis, or Crohn disease
Diphtheria and reduced tetanus toxoids and acellular pertussis vaccine‡	Adults who have or who anticipate having close contact with an infant aged less than 12 months and health care providers. When possible, women should receive Tdap before becoming pregnant.
Fasting glucose testing§	Overweight (BMI greater than or equal to 25); first-degree relative with diabetes mellitus; habitual physical inactivity; high-risk race or ethnicity (eg, African American, Latina, Native American, Asian American, Pacific Islander); have given birth to a newborn weighing more than 9 lb or have a history of gestational diabetes mellitus; hypertension; high-density lipoprotein cholesterol level less than 35 mg/dL; triglyceride level greater than 250 mg/dL; history of impaired glucose tolerance or impaired fasting glucose; polycystic ovary syndrome; history of vascular disease; other clinical conditions associated with insulin resistance
Fluoride supplementation	Live in area with inadequate water fluoridation (less than 0.7 ppm)
Genetic testing/counseling	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
Hemoglobin level assessment	Caribbean, Latin American, Asian, Mediterranean, or African ancestry; history of excessive menstrual flow
HAV vaccination	Chronic liver disease, clotting factor disorders, illegal drug user, individuals who work with HAV-infected nonhuman primates or with HAV in a research laboratory setting, individuals traveling to or working in countries that have high or intermediate endemicity of hepatitis A
HBV vaccination	Hemodialysis patients; patients who receive clotting factor concentrates; health care workers and public safety workers who have exposure to blood in the workplace; individuals in training in schools of medicine, dentistry, nursing, laboratory technology, and other allied health professions; injecting drug users; individuals with more than one sexual partner in the previous 6 months; individuals with a recently acquired STD; all clients in STD clinics; household contacts and sexual partners of individuals with chronic HBV infection; clients and staff of institutions for the developmentally disabled; international travelers who will be in countries with high or intermediate prevalence of chronic HBV infection for more than 6 months; inmates of correctional facilities
HCV testing	History of injecting illegal drugs, recipients of clotting factor concentrates before 1987, chronic (long-term) hemodialysis, persistently abnormal alanine aminotransferase levels, recipients of blood from donors who later tested positive for HCV infection, recipients of blood or blood-component transfusion or organ transplant before July 1992, occupational percutaneous or mucosal exposure to HCV-positive blood
HIV testing	More than one sexual partner since most recent HIV test or a sexual partner with more than one sexual partner since most recent HIV test, have received a diagnosis of another STD in the past year, drug use by injection, history of prostitution, past or present sexual partner who is HIV positive or injects drugs, long-term residence or birth in an area with high prevalence of HIV infection, history of transfusion from 1978 to 1985, invasive cervical cancer, sexually active adolescent younger than age 19 years, adolescent entering detention facilities. Recommend to women seeking preconception evaluation.

(continued)

Table 1. High-Risk Factors *(continued)*

Intervention	High-Risk Factors
Lipid profile assessment	Family history suggestive of familial hyperlipidemia; family history of premature cardiovascular disease (age younger than 50 years for men, age younger than 60 years for women); previous personal history of coronary heart disease or noncoronary atherosclerosis (eg, abdominal aortic aneurysm, peripheral artery disease, carotid artery stenosis); obesity (BMI greater than 30); personal and/or family history of peripheral vascular disease; diabetes mellitus; multiple coronary heart disease risk factors (eg, tobacco use, hypertension)
Mammography	Women who have had breast cancer or who have a first-degree relative (ie, mother, sister, or daughter) or multiple other relatives who have a history of premenopausal breast or breast and ovarian cancers
Meningococcal vaccination	Adults with anatomic or functional asplenia or terminal complement component deficiencies, first-year college students living in dormitories, microbiologists routinely exposed to *Neisseria meningitides* isolates, military recruits, travel to hyperendemic or epidemic areas
MMR vaccination	Adults born in 1957 or later should be offered vaccination (one dose of MMR) if there is no proof of immunity or documentation of a dose given after first birthday; individuals vaccinated in 1963–1967 should be offered revaccination (two doses); health care workers, students entering college, international travelers, and rubella-negative postpartum patients should be offered a second dose.
Pneumococcal vaccination	Chronic illness, such as cardiovascular disease, pulmonary disease, diabetes mellitus, alcoholism, chronic liver disease, cerebrospinal fluid leaks, Hodgkin disease, lymphoma, leukemia, kidney failure, multiple myeloma, nephrotic syndrome, functional asplenia (eg, sickle cell disease) or splenectomy; exposure to an environment where pneumococcal outbreaks have occurred; immunocompromised patients (eg, HIV infection, hematologic or solid malignancies, chemotherapy, steroid therapy); Alaskan Natives and certain Native American populations. Revaccination after 5 years may be appropriate for certain high-risk groups.
Rubella titer assessment	Childbearing age and no evidence of immunity
STD testing	History of multiple sexual partners or a sexual partner with multiple contacts; sexual contact with individuals with culture-proven STD; history of repeated episodes of STDs; attendance at clinics for STDs; women with developmental disabilities; annual screening for chlamydial infection for all sexually active women aged 25 years or younger; other asymptomatic women at high risk for infection and women older than age 25 years with risk factors (new sexual partner or multiple sexual partners); annual screening for gonorrheal infection for all sexually active adolescents and other asymptomatic women at high risk for infection; testing for syphilis for sexually active adolescents who exchange sex for drugs or money, use intravenous drugs, are entering a detention facility, or live in a high-prevalence area
Skin examination	Increased recreational or occupational exposure to sunlight; family or personal history of skin cancer; clinical evidence of precursor lesions; fair skin, freckling; light hair; immune suppression; age; xeroderma pigmentosum
Thyroid-stimulating hormone testing	Strong family history of thyroid disease; autoimmune disease (evidence of subclinical hypothyroidism may be related to unfavorable lipid profiles)
Tuberculosis skin testing	HIV infection; close contact with individuals known or suspected to have tuberculosis; medical risk factors known to increase risk of disease if infected; born in country with high tuberculosis prevalence; medically underserved; low income; alcoholism; intravenous drug use; resident of long-term care facility (eg, correctional institutions, mental institutions, nursing homes and facilities); health professional working in high-risk health care facilities; recent tuberculin skin test converter (individuals with baseline testing results who have an increase of 10 mm or more in the size of the tuberculin skin test reaction within a 2-year period); radiographic evidence of prior healed tuberculosis

(continued)

Table 1. High-Risk Factors *(continued)*

Intervention	High-Risk Factors
Varicella vaccination	Adults and adolescents aged 13 years or older; all adolescents and adults without evidence of immunity; students in all grade levels, and persons attending college or other postsecondary educational institutions; susceptible persons who have close contact with persons at high risk for serious complications, including health care workers; household contacts of immunocompromised individuals; teachers; day care workers; residents and staff of institutional settings, colleges, prisons, or military installations; adolescents and adults living in households with children; international travelers; nonpregnant women of childbearing age

Abbreviations: BMI, body mass index; HAV, hepatitis A virus; HBV, hepatitis B virus; HCV, hepatitis C virus; HIV, human immunodeficiency virus; MMR, measles–mumps–rubella; STD, sexually transmitted disease; Tdap, diptheria and reduced tetanus toxoids and acellular pertussis vacine.

*For a more detailed discussion of bone mineral density screening, see Osteoporosis. ACOG Practice Bulletin No. 50. American College of Obstetricians and Gynecologists. Obstet Gynecol 2004;103:203–16.

†For a more detailed discussion of colorectal cancer screening, see Levin B, Lieberman DA, McFarland B, Smith RA, Brooks D, Andrews KS, et al. Screening and surveillance for the early detection of colorectal cancer and adenomatous polyps, 2008: a joint guideline from the American Cancer Society, the US Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology. American Cancer Society Colorectal Cancer Advisory Group; US Multi-Society Task Force; American College of Radiology Colon Cancer Committee. CA Cancer J Clin 2008;58:130–60.

‡For more information, see Broder KR, Cortese MM, Iskander JK, Kretsinger K, Slade BA, Brown KH, et al. Preventing tetanus, diphtheria, and pertussis among adolescents: use of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccines recommendations of the Advisory Committee on Immunization Practices (ACIP). Advisory Committee on Immunization Practices (ACIP). MMWR Recomm Rep 2006;55(RR-3):1–34 *and* Kretsinger K, Broder KR, Cortese MM, Joyce MP, Ortega-Sanchez I, Lee GM, et al. Preventing tetanus, diphtheria, and pertussis among adults: use of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine recommendations of the Advisory Committee on Immunization Practices (ACIP) and recommendation of ACIP, supported by the Healthcare Infection Control Practices Advisory Committee (HICPAC), for use of Tdap among health-care personnel. Centers for Disease Control and Prevention; Advisory Committee on Immunization Practices; Healthcare Infection Control Practices Advisory Committee. MMWR Recomm Rep 2006;55(RR-17):1–37.

§For more information, see Postpartum screening for abnormal glucose tolerance in women who had gestational diabetes mellitus. ACOG Committee Opinion No. 435. American College of Obstetricians and Gynecologists. Obstet Gynecol 2009;113:1419–21.

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