



## PREVENTATIVE HEALTH GUIDELINES FOR CHILDREN AND ADULTS

The Preventive Health Guidelines in no way constitute benefit coverage. Members should refer to their individual plan for benefit coverage.

<b>Birth through 24 Months</b>		
<b>Screening/Counseling Recommendations</b>	<b>Member/Frequency</b>	<b>Source</b>
	Visits at 2-3 days after discharge; 1, 2, 4, 6, 9, 12, 15, and 18 months.	AAP**
<b>Screening:</b>		
Height/Weight	At each visit	AAP
Blood pressure risk assessment	At each visit	AAP
Developmental Surveillance	At each visit	AAP
Developmental Screen	At 9 and 18 months	AAP
Autism screen	At 18 months	AAP
Head circumference, including percentiles	At each visit	AAP
Exam of skin, head, (ears, eyes, nose, and throat); respiratory, cardiovascular, gastrointestinal, reproductive, musculoskeletal and neurological systems;	At each visit	AAP
Dental assessment	At 6,9,12, and 18 mo. At 12 and 18 months refer to dental home if available. If drinking water is fluoride deficient, consider oral fluoride supplementation.	ODJFS
Vision risk assessment	At each visit	AAP
Hearing Screening	Newborn	AAP
Hearing risk assessment	At each visit	AAP
Psychosocial assessment	At each visit	AAP
<b>High Risk/Early Detection Screening:</b>		
Hemoglobin and/or hematocrit risk assessment	At 4 and 18 months	AAP
Metabolic Hemoglobinopathy screening	Newborn to age 2 months per state law	AAP
TB risk assessment	At 1, 6, 12, 18 months	AAP
Lead risk assessment	At 6.9.12.18	AAP
Fluoride supplements	At 6 months dependent on flouride content of drinking water	
<b>Lab/Screening Procedure:</b>		
Hemoglobin and/or Hematocrit	Once, at about 1 year of age	AAP
Lead level	At 12 and 24 mo. If high risk	AAP
<b>Education/Counseling/Anticipatory Guidance:</b>	At each visit there should be education or counseling on any/all of the issues as	

appropriate.		
Breast Feeding		USPSTF
Diet		USPSTF
Safety Seats		USPSTF
Smoke Detectors		USPSTF
Hot Water Heaters		USPSTF
Stairway, window guards, pool fence		USPSTF
Storage of drugs, chemicals		USPSTF
Syrup of Ipecac, Poison Control telephone number		USPSTF
Baby bottle tooth decay		USPSTF
Immunizations:		
DTaP	4 doses (2; 4; 6; 15-18 mos.)	CDC/ACIP **
IPV	3 doses (2; 4; 6-18 mos.)	CDC/ACIP
HiB	4 doses (2; 4; 6; 12-15 mos.) conjugate type	CDC/ACIP
MMR	1 dose (12-15 mos.)	CDC/ACIP
Hepatitis B (HebB)	3 doses (birth-2mos.; 1-4mos.; 6-18 mos.)	CDC
Varicella	Two doses, the first dose beginning at age 12 -15 months. The second dose at ages 4-6 years or before with a least 3 months between doses.	CDC/ACIP AAFP AAP
PCV7 (Prevnar)	4 doses (2, 4, 6, 12-15 mos.)	CDC/ACIP
Rotavirus Vaccine	2 or 3 doses depending on vaccine at 2, 4 and 6 months if needed. The first dose may be given as early as 6 weeks of age, and should be given by age 14 weeks 6 days. The last dose should be given by 8 months of age.	CDC/ACIP
Influenza Vaccine	All children aged 6 mo to 18 years.	CDC
Hepatitis A	1 dose (between 12 and 24 months) of 2 dose series	CDC/ACIP
TB test	If high risk	AAP
Age 2 through 6		
	Visits at 24, 30, and 36 months. Then annual.	AAP
Screening:		
Height/Weight	At each visit	USPSTF
Blood Pressure	At each visit, age 3-6	ODJFS
Developmental Screen	At 18 and 30 months	USPSTF
Autism Screen	At 24 mo.	
Obesity/BMI	At each visit	AAP
Dental Assessment	At 24 and 30 mo., 3 and 6 years. At 30 mo, months refer to dental home if available. At 3 and 6 yrs., referral to dental home should be made if not previously done. If drinking water is fluoride deficient, consider oral fluoride supplementation	
Exam of skin, head, (ears, eyes, nose, and throat); respiratory, cardiovascular,	At each visit	AAP

gastrointestinal, reproductive, musculoskeletal and neurological systems;		
Vision Screening	Annually age 3-6, then every other year until age 12, then every third year	AAP
Hearing Screening	Annually age 4-6, then every other year until age 10	ODJFS
<b>High Risk/Early Detection Screening:</b>		
TB risk assessment	Annually	AAP
Fluoride supplements	IF indicated	-
<b>Lab/Screening Procedure:</b>		
Lead level	At age 2 If high risk	AAP
<b>Education/Counseling/Anticipatory Guidance:</b>	At each visit there should be education or counseling on any/all of the issues as appropriate.	
Nutrition		USPTF
Exercise		
Sun exposure		USPTF
Safety belts/Child safety seats		USPTF
Smoke detectors		USPTF
Hot water temperature		USPTF
Window guards, pool fence		USPTF
Bicycle helmet		USPTF
Drug: chemical; matches, firearm storage		USPTF
Poison Control telephone number		USPTF
<b>Immunizations:</b>		
DTaP	Age 4-6	CDC/ACIP
MMR	Age 4-6	CDC/ACIP
Hepatitis A series	For those not previously vaccinated	CDC/ACIP
Hepatitis B series	For those not previously vaccinated	ODJFS
IPV	Age 4-6	CDC/ACIP
Influenza Vaccine	Annually for children aged 6 months to 18 years.	CDC/ACIP
Varicella Vaccine	Between 4 and 6 years, second dose if not previously given.	CDC/ACIP AAFP AAP
<b>Age 7 through 12</b>		
	There should be annual visits.	
<b>Screening:</b>		
Height/Weight	At each visit	AAP
Blood Pressure	At each visit	AAP
Obesity/BMI	At each visit	AAP
Exam of skin, head, (ears, eyes, nose, and throat); respiratory, cardiovascular, gastrointestinal, reproductive, musculoskeletal and neurological systems;	At each visit	ODJFS
Vision Screening	At age 8, 10, and 12	AAP
Hearing Screening	At age 8,10, and 12	AAP
<b>High Risk/Early Detection Screening:</b>		

Sexually transmitted disease	Annually starting at age 11 if sexually active.	AAP
TB risk assessment	Annually	AAP
Fluoride supplements	At age 6 months to 16 years depending on the fluoride content of drinking water.	USPSTF AAP
<b>Education/Counseling/Anticipatory Guidance:</b>		
	At each visit there should be education or counseling on any/all of the issues as appropriate.	
Nutrition		USPTF
Exercise		USPTF
Sun exposure		USPTF
Safety belts		USPTF
Smoke detectors		USPTF
Bicycle helmet		USPTF
Dental health		USPTF
<b>Immunizations:</b>		
MMR	Second dose if not yet given.	CDC/ACIP
Varicella	Susceptible children who lack reliable history of chicken pox and not previously vaccinated.	CDC/ACIP
Hepatitis B series	For those not previously vaccinated	CDC/ USPSTF
Human Papilloma Virus Vaccine	Females age 11-12 years (may be started as early as age 9 in high risk). Catch up is recommended for ages 13-26 years who have not been vaccinated. Administered in a 3 dose schedule.	
Influenza Vaccine	Annually	CDC/ACIP
Quadrivalent Meningococcal Vaccine (MCV4)	Age 11-12 years of age	AAP
Tetanus, Diphtheria, Pertussis (Tdap) Booster	<ul style="list-style-type: none"> <li>▪ Adolescents 11-12 years of age (in place of Td)</li> <li>▪ Beginning at age 11 adolescents who have received Td are encouraged to receive a single dose of Tdap to further protect against Pertussis</li> </ul>	ACIP/CDC
<b>Age 13 through 20</b>		
	There should be annual visits.	
<b>History Screening:</b>		
Physical Activity	At each visit	USPSTF
Tobacco/alcohol/drug use	At each visit	USPSTF
Sexual activity	At each visit	USPSTF
<b>Physical Screening:</b>		
Height/Weight	At each visit	USPSTF
Blood Pressure	At each visit	USPSTF
Obesity/BMI	At each visit	AAP
Exam of skin, head, (ears, eyes, nose, and throat); respiratory, cardiovascular, gastrointestinal, reproductive,	At each visit	AAP

musculoskeletal and neurological systems;		
Testicular exam	At each visit starting at age 15	ACS**
Vision Screening	At age 15 and 18.	AAP
<b>High Risk/Early Detection Screening:</b>		
TB risk assessment		AAP
Fluoride	IF indicated	USPSTF
Skin Exam	Every 3 years, starting at age 20	ACS
Rubella titre		USPSTF
VDRL/RPR		USPSTF
Gonorrhoea	Annually after onset of sexual activity	USPSTF
Chlamydia	Female under age 26 if sexually active	AAFP
<b>Lab/Screening Procedure:</b>		
Hemoglobin and/or Hematocrit	At least once	ODJFS
HIV Routine Screening	Annually after onset of sexual activity	ACOG
Routine screening for rubella susceptibility by history of vaccination or by serology	For all women of childbearing age	USPSTF
Fasting Lipoprotein Profile	Once every five (5) years, starting at age 20	AHA**
<b>Education/Counseling/Anticipatory Guidance:</b>	At each visit there should be education or counseling on any/all of the issues as appropriate.	
Nutrition		USPSTF
Calcium intake	Women 18 years and older	USPSTF
Multivitamin with folic acid	Women of childbearing age	USPSTF
Sun exposure		USPSTF
Tobacco		USPSTF
Alcohol/drug use		USPSTF
Sexual development/behavior		USPSTF
Sexual disease; pregnancy; contraception		USPSTF
Safety Belts		USPSTF
Safety helmets		USPSTF
Violence		USPSTF
Firearms		USPSTF
Smoke Detector		USPSTF
Tooth care		USPSTF
<b>Immunizations:</b>		
MMR	Two doses at least a month apart if not previously immunized.	CDC/ACIP
Hepatitis B series	For those not previously vaccinated	CDC/ACIP
Human Papilloma Vaccine	Catch up is recommended for females ages 13-26 years who have not been vaccinated. Administered in a 3 dose schedule.	CDC/ACIP
Varicella	Susceptible persons age 13+ should receive 2 doses at least 4 weeks apart.	CDC/ACIP
Influenza Vaccine	Annually for High Risk Patients – inactivated influenza vaccine for persons with compromised immune systems and to those likely to transmit influenza to persons at high risk	CDC/ACIP
Quadrivalent Meningococcal Vaccine (MCV4)	<ul style="list-style-type: none"> <li>▪ Adolescents at high school entry or 15 years of age (whichever comes</li> </ul>	AAP

	<ul style="list-style-type: none"> <li>first), if not previously vaccinated <ul style="list-style-type: none"> <li>▪ All college freshmen living in dormitories</li> </ul> </li> </ul> <p>Others at high risk (underlying medical conditions or travelers to areas with high rates of meningococcal disease)</p>	
Tetanus, Diphtheria, Pertussis (Tdap) Booster	<ul style="list-style-type: none"> <li>▪ Ages 13-18 who have not yet received a Td booster, should receive Tdap in place of Td</li> <li>▪ Through age 18 those who have received Td are encouraged to receive a single dose of Tdap to further protect against Pertussis.</li> </ul>	ACIP/CDC

### Age 21 through 39

History Screening:		
Nutrition	At each visit	USPSTF
Exercise	At each visit	USPSTF
Tobacco/alcohol/drug use	At each visit	USPSTF
Depression screen	Periodically (recurrent screening may be most productive in patients with a history of depression, unexplained somatic symptoms, comorbid psychological conditions, substance abuse, or chronic pain)	USPSTF
Physical Screening:		
Height/Weight	At each visit	USPSTF
Obesity/BMI	At each visit	USPSTF
Blood Pressure	At each visit	USPSTF
Clinical Breast Exam	About every three years, at physicians discretion	ACS
Testicular exam	At each visit through age 35	ACS
High Risk/Early Detection Screening:		
Fasting glucose (obese; family history)		USPSTF
Rubella testing		USPSTF
VDRL/RPR		USPSTF
Urine bacteria		USPSTF
HIV		USPSTF
Gonorrhea	Females if sexually active	AAFP
Chlamydia	Females under age 26 if sexually active	AAFP
Hearing screening		USPSTF
TB skin test		USPSTF
ECG (pilots)		USPSTF
Mammogram (at physician's discretion for women with higher than average risk and age < 40)		USPSTF NCI**
Colorectal cancer screening	Persons known to be at increased risk need to begin screening at an early age and may need more frequent screening. See screening recommendations in the age 40-64 lab/screening section of this guideline	USPSTF/ ACS
Skin exam	Every year	ACS
Oral cavity exam		USPSTF

Thyroid nodules (irradiated)		USPSTF
<b>Lab/Screening Procedure:</b>		
Fasting Lipoprotein Profile	Once every five years	AHA
HIV Routine Screening	Once if not previously done	CDC
Routine screening for rubella susceptibility by history of vaccination or by serology	All women of childbearing age	USPSTF
Pap smear	Every two years between ages 21 and 29 yrs. Women 30 yrs. and over who have had 3 consecutive neg. results and are not high risk may extend to every 3 yrs. Screening may be stopped for women who had had a total hysterectomy for benign conditions and have no prior history of high-grade CIN.	ACOG
TSH	Women age 35 at physician's discretion	USPSTF
<b>Education/Counseling:</b>		
At each visit there should be education or counseling on any/all of the issues as appropriate.		
Nutrition		USPSTF
Calcium intake	Women	USPSTF
Tobacco		USPSTF
Alcohol		USPSTF
Exercise		USPSTF
Multivitamin with folic acid	Women of childbearing age	USPSTF
Sun Exposure		USPSTF
Sexual disease; pregnancy; contraceptives		USPSTF
Safety belts		USPSTF
Safety helmets		USPSTF
Polypharmacy		USPSTF
Violent behaviors/firearms		USPSTF
Smoke detector/smoking behaviors		USPSTF
Tooth care		USPSTF
<b>Immunizations:</b>		
Td	Every 10 years. Preference should be given to Tdap, if not previously given in individual's lifetime.	CDC/ACI P
Measles; Mumps. Rubella	One dose if MMR vaccination history is unreliable or if born after 1956; 2 doses for persons with occupational or other indications*	CDC/ACI P
Varicella	Susceptible persons, 2 doses 4-8 weeks apart	USPSTF/ ACIP
Hepatitis B	For those previously unvaccinated	USPSTF
Human Papilloma Vaccine	Catch up is recommended for females ages 13-26 years who have not been vaccinated. Administered in a 3 dose schedule.	CDC/ACI P
Influenza	Annually for High Risk Patients – inactivated influenza vaccine for persons with compromised immune systems and to those likely to transmit influenza to persons at high risk	CDC/ACI P
Quadrivalent Meningococcal Vaccine	For those at high risk (underlying medical	10.5

(MCV4)	conditions or travelers to areas with high rates of meningococcal disease).	
<b>Age 40 through 64</b>		
<b>History Screening:</b>		
Nutrition	At each visit	USPSTF
Exercise	At each visit	USPSTF
Tobacco/alcohol/drug use	At each visit	USPSTF
Depression Screening	Periodically (recurrent screening may be most productive in patients with a history of depression, unexplained somatic symptoms, comorbid psychological conditions, substance abuse, or chronic pain)	USPSTF
Sexual practices	At each visit	USPSTF
<b>Physical Screening:</b>		
Height/Weight	At each visit	USPSTF
Obesity/BMI	At each visit	USPSTF
Blood Pressure	At each visit	USPSTF
Baseline ECG	Once	ACC*
Clinical Breast Exam	At Each visit for women	ACS
<b>High Risk/Early Detection Screening:</b>		
Oral cavity exam	All tobacco and heavy alcohol users	AAFP**, ACS, NCI
Discuss breast cancer chemoprevention	Women	USPSTF
Carotid artery stenosis screening	Discuss the potential benefits of screening with physical exam or carotid ultrasound with persons over age 60 at risk for vascular diseases	USPSTF
Type 2 diabetes screening	Adults with hypertension or hyperlipidemia	USPSTF
Glaucoma screening, refer for evaluation by an eye specialist	At physicians discretion	USPSTF
VDRL/RPR		USPSTF
Chlamydia/gonorrhea/HIV		USPSTF
TB skin testing		USPSTF
Colorectal cancer screening	Persons known to be at increased risk for colorectal cancer need to begin screening at an earlier age and may need more frequent screening. See the lab/screening section of this age group for screening recommendations	ACS
Prostate specific antigen blood test and digital rectal exam	Offered annually, with information on potential risks & benefits, to men starting between age 40-50 (depending on risk factors) with at least a 10 year life expectancy	ACS
Hearing screening		USPSTF
ECG	If suspected cardiac disease, increased risk of cardiac disease, history of cocaine, amphetamines, illicit drugs known to have cardiac effects, overdose of drug known to have cardiac effects	ACC
Bone mineral content (peri-menopausal at	Women	USPSTF

high risk)		
Skin exam	At each visit for those 40 and older	ACS
Aspirin therapy		USPSTF
Hepatitis B vaccine		USPSTF
<b>Lab/Screening Procedure:</b>		
Fasting Lipoprotein Profile	Once every five years	AHA
HIV Routine Screening	Once if not previously done	CDC
Pap smear	Every two years between ages 21 and 29 yrs. Women 30 yrs. and over who have had 3 consecutive neg. results and are not high risk may extend to every 3 yrs. Screening may be stopped for women who had had a total hysterectomy for benign conditions and have no prior history of high-grade CIN	ACOG
Mammogram	Every 1-2 years	USPSTF NCI
Routine screening for rubella susceptibility by history of vaccination or by serology	All women of childbearing age	USPSTF
Fecal occult blood test <b>and</b> Flexible sigmoidoscopy (preferred over FOBT or flexible sigmoidoscopy only) <b>or</b>	Annually, from age 50 Every five years, from age 50	ACS
Fecal occult blood test <b>or</b>	Annually from age 50	ACS
Colonoscopy <b>or if</b> colonoscopy not available,	Every 10 years from age 50	ACS
Flexible sigmoidoscopy <b>or</b>	Every 5 years from age 50	ACS
Double-contrast barium enema	Every five years from age 50	ACS
PSA screening and digital rectal exam	Offered annually to men beginning at age 40-50 depending on risk factors with at least a 10 year life expectancy, along with information on potential risks and benefits. The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years.	ACS
<b>Education/Counseling:</b>		
At each visit there should be education or counseling on any/all of the issues as appropriate.		
Nutrition		USPSTF
Calcium intake	Women	USPSTF
Multivitamin with folic acid	Women of childbearing age	USPSTF
Tobacco		USPSTF
Alcohol		USPSTF
Exercise		USPSTF
Sun exposure		USPSTF
Post-menopausal hormone therapy	All peri-menopausal women regarding the individualized short- and long-term benefits and risks	USPSTF
Iron for women		USPSTF
Polypharmacy		USPSTF
Sexual disease; pregnancy;		USPSTF

Contraceptives		
Safety belts		USPSTF
Safety helmets		USPSTF
Smoke detectors/smoking behavior		USPSTF
Tooth care		USPSTF
<b>Immunizations:</b>		
Td.	Every 10 years up through age 64. Preference should be given to Tdap, if not previously given in individuals lifetime.	USPSTF
Varicella	2 doses, 4-8 weeks apart for susceptible persons	ACIP, USPSTF
MMR	One dose if MMR vaccination history is unreliable or if born after 1956; 2 doses for persons with occupational or other indications* to age 49	CDC/ACIP
Influenza	Annually age 50 and over and High Risk Patients – inactivated influenza vaccine for persons with compromised immune systems and to those likely to transmit influenza to persons at high risk	USPSTF/ CDC
Hepatitis B	For those previously unvaccinated	USPSTF
Pneumococcal	High Risk Patients	USPSTF
Quadrivalent Meningococcal Vaccine (MCV4)	For those at high risk (underlying medical conditions or travelers to areas with high rates of meningococcal disease). MCV4 is not recommended for adults older than 55 years.	AAP
Zostavax	Age ≥ 60	ACIP
<b>Ages 65 and over</b>		
	There should be annual visits.	
<b>History Screening:</b>		
Nutrition	At each visit	USPSTF
Exercise	At each visit	USPSTF
Tobacco/alcohol/drug use	At each visit	USPSTF
Depression Screening	Periodically (recurrent screening may be most productive in patients with a history of depression, unexplained somatic symptoms, comorbid psychological conditions, substance abuse, or chronic pain)	USPSTF
Changes in cognitive function	At each visit	USPSTF
Medications that increase risk of falls	At each visit	USPSTF
Home status – level of independence with ADL's/IADL's	At each visit	USPSTF
<b>Physical Screening:</b>		
Height/Weight	At each visit	USPSTF
Obesity/BMI	At each visit	USPSTF
Blood Pressure	At each visit	USPSTF
Clinical Breast Exam	At each visit	ACS
Glaucoma screening, refer for evaluation by an eye specialist	At physicians discretion	USPSTF

Skin examination	At each visit	ACS
Vision	At each visit	USPSTF
Hearing	At each visit	USPSTF
<b>High Risk/Early Detection Screening:</b>		
Oral cavity exam	Tobacco and heavy alcohol users	AAFP/ ACS/NCI
Carotid artery stenosis screening	Discuss the potential benefits of screening with physical exam or carotid ultrasound with persons over age 60 at risk for vascular disease	USPSTF
Glaucoma screening, refer for evaluation by an eye specialist	At physicians discretion	USPSTF
Discuss breast cancer chemoprevention	Women	USPSTF
Type 2 diabetes screening	Adults with hypertension or hyperlipidemia	USPSTF
Aspirin therapy		USPSTF
TB skin testing		USPSTF
Colorectal Cancer Screening	Persons' known to be at increased risk for colorectal cancer may need more frequent screening. See screening recommendations in the lab/screening section for this age group	ACS
ECG	If suspected cardiac disease, increased risk of cardiac disease, history of cocaine, amphetamines, illicit drugs known to have cardiac effects, or overdose of drug known to have cardiac effects	ACC
AAA screening - ultrasonography	One between age of 65-75, for men with history of smoking	USPSTF
<b>Lab/Screening Procedure:</b>		
Fecal occult blood test <b>and</b> Flexible sigmoidoscopy (preferred over FOBT or flexible sigmoidoscopy only) <b>or</b>	Annually Every 4 years	ACS ACS
Fecal occult blood test; <b>or</b>	Annually	ACS
Colonoscopy; <b>or</b> if colonoscopy not available:	Every 10 years	ACS
Flexible sigmoidoscopy; <b>or</b>	Every 4 years	CMS
Double-contrast barium enema	Every 4 years	CMS
Fasting lipoprotein profile	Every 5 years	AHA
Mammogram	Every 1-2 years	USPSTF NCI
Pap smear	May be discontinued at age 65 if 3 or more neg. Pap tests in a row and no abnormal Pap tests in the last 10 years and if no history of cervical intraepithelial neoplasia 2 or 3, immunosuppression, HIV infection, or diethylstilbestrol exposure in utero or other risk factors. Pelvic exams should continue. ACS recommends no Pap smears at age 70 if above criteria apply. Not required in women with total hysterectomy unless the surgery was done for treatment of cancer or pre-cancerous lesions.	ACS ACOG**
Bone mineral density testing	Women	USPSTF/

		NOF** ACS
PSA screening and digital rectal exam	Offered annually to men with at least a 10 year life expectancy along with information on potential risks and benefits. The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than 75 years  The USPSTF recommends against screening for prostate cancer in men 75 years or older.	
<b>Education/Counseling:</b>		
At each visit there should be education or counseling on any/all of the issues as appropriate.		
Nutrition		USPSTF
Calcium intake	Women	USPSTF
Tobacco		USPSTF
Alcohol		USPSTF
Exercise		USPSTF
Post-menopausal hormone replacement therapy	All peri-menopausal women regarding short- and long-term benefits and risks	USPSTF
Sun exposure		USPSTF
Polypharmacy		USPSTF
Fall prevention		USPSTF
Safety belts		USPSTF
Dental		USPSTF
Safety helmets		USPSTF
Smoke detector/smoking behavior		USPSTF
Hot water temperature		USPSTF
<b>Immunizations:</b>		
Td	Every 10 years	USPSTF
Varicella	2 doses, 4-8 weeks apart for susceptible persons	ACIP*/ USPSTF
Influenza	Annually each Fall – inactivated influenza vaccine for persons with compromised immune systems and to those likely to transmit influenza to persons at high risk	USPSTF/ CDC
Pneumococcal		USPSTF
Hepatitis B	For those previously unvaccinated	USPSTF
<b>Pregnancy</b>		
<b>Prenatal Visits</b>	Uncomplicated pregnancy: every 4 weeks for the first 28 weeks of gestation, every 2 weeks until 36 weeks of gestation and weekly thereafter.	
<b>History Screening:</b>		
Genetic/OB history	Initial screening for all	ACOG
Nutrition/exercise	Initial screening for all	ACOG
Tobacco/alcohol/drug use	Initial screening for all	ACOG
Risk factors/IUGR/low BW	Initial screening for all	ACOG

Prior genital herpes	Initial screening for all	USPSTF
<b>Physical Screening:</b>		
Blood Pressure	Initial screening for all	ACOG
Weight and height	Initial screening for all	ACOG
Urine for sugar and protein	Initial screening for all	ACOG
<b>Routine Care at Each Visit</b>		
Blood pressure	Every 4 weeks until 28 weeks gestation	ACOG
Weight	Every 4 weeks until 28 weeks gestation	ACOG
Urine for sugar and protein	Every 4 weeks until 28 weeks gestation	ACOG
Fetal heart tones	Every 4 weeks until 28 weeks gestation after 10 weeks	ACOG
Fundal height	Every 4 weeks until 28 weeks gestation after 20 weeks	ACOG
<b>Routine Care at Each Visit</b>		
Blood Pressure	Every 2 weeks between 28 and 36 weeks for all	ACOG
Weight	Every 2 weeks between 28 and 36 weeks for all	ACOG
Urine for sugar and protein	Every 2 weeks between 28 and 36 weeks for all	ACOG
Fetal heart tones	Every 2 weeks between 28 and 36 weeks for all	ACOG
Measure growth of uterus	Every 2 weeks between 28 and 36 weeks for all	ACOG
<b>Routine Care at Each Visit</b>		
Blood pressure	Every week from 36 weeks until delivery for all	ACOG
Weight	Every week from 36 weeks until delivery for all	ACOG
Urine for sugar and protein	Every week from 36 weeks until delivery for all	ACOG
Fetal heart tones	Every week from 36 weeks until delivery for all	ACOG
Measure growth of uterus	Every week from 36 weeks until delivery for all	ACOG
<b>Lab/Screening Procedures</b>		
	In early pregnancy for all unless otherwise indicated	
Hemoglobin and hematocrit	Repeat at 24 - 28 weeks	ACOG
ABO/Rh antibody	Repeat at 24-28 weeks for Rh negative	ACOG
Antibody screen		ACOG
Syphilis screen	If at risk, then repeat in third trimester	ACOG
Hepatitis B (HbsAg) surface antigen	Repeat in third trimester if at risk	ACOG
Urine culture		ACOG
Gonorrhea culture	If at risk, then repeat in third trimester	ACOG
HIV	Offer and counsel as needed	ACOG
Chlamydia culture	If at risk, then repeat in third trimester	ACOG
Rubella antibody	For any women lacking evidence of immunity	ACOG
Multiple markers	Between 16-18 weeks	ACOG
Influenza vaccine (inactivated)	During flu season	CDC
Pap screen	If needed	ACOG
TB test	In high risk areas including health care workers	ACOG
Group B strep infection	Screen and/or treat at 35-37weeks	ACOG
<b>High Risk/Early Detection Screening:</b>		
Screening for gestational diabetes	Between 24 and 28 weeks or first visit if high risk	ACOG
Ultrasound	Only when there is diagnostic information to be obtained	ACOG
Traditional amniocentesis (15-17 weeks)	All age 35 + or who are at high risk of giving birth to a baby with a genetic disorder	USPSTF

<b>Education/Counseling:</b>		At each visit there should be education or counseling on any/all of the issues as appropriate.
Alcohol, tobacco and drugs		ACOG
Safety belts		ACOG
Common discomforts during pregnancy		ACOG
Nutrition and exercise		ACOG
Prenatal vitamins		ACOG
Risk factors		ACOG
Safety and injury prevention		ACOG
Signs and symptoms of preterm labor		ACOG
Labor and delivery		ACOG
Postpartum birth control		ACOG
Diagnostic testing and options		ACOG
Breast feeding		ACOG
<b>After Delivery:</b>		
Treatment of Rh negative women		ACOG
MMR, VZV	If susceptible	ACOG
<b>Postpartum Follow-up:</b>		
Weight	4-6 weeks after delivery	ACOG
Blood pressure	4-6 weeks after delivery	ACOG
Breast, abdomen and pelvic exam	4-6 weeks after delivery	ACOG
Pap test	4-6 weeks after delivery if needed	ACOG
Discuss birth control	4-6 weeks after delivery	ACOG

\*A second dose of MMR recommended for adults who: plan to travel internationally, are students in post-secondary education institutions, are recently exposed to measles or in an outbreak setting, were vaccinated with killed measles vaccine, or were vaccinated with an unknown vaccine between 1963 and 1967.

**Sources:**

**\*\*KEY:**

Guidelines are based upon peer reviewed medical literature and the recommendation of the U.S. Preventive Services Task Force (USPSTF), American Academy of Pediatrics (AAP), American Academy of Family Practice (AAFP), Centers for Disease Control (CDC), American Cancer Society (ACS), Advisory Committee on Immunization Practices (ACIP), American College of Obstetricians and Gynecologists

(ACOG), National Cancer Institute (NCI), Scoliosis Research Society (SRS), American College of Cardiology (ACC) National Osteoporosis Foundation (NOF), Ohio Department of Job and Family Services (ODJFS) and American Heart Association (AHA).

***The Preventive Health Guidelines in no way constitute benefit coverage. Members should refer to their individual plan for benefit coverage.***

**Reviewed and Approved:**

Guideline reviewed and updated: 5/25/04  
 Addendum update (AAA & Influenza Vaccine): 6/2/05  
 Addendum update (MCV4 & Tdap): 8/24/05  
 Guideline reviewed and updated: 4/6/06  
 Addendum update (Rotavirus Vaccine): 8/3/06

Guideline reviewed and updated 11/14/06  
Guideline reviewed and updated 2/1/07  
Guideline reviewed and updated 4/2/09  
Guideline reviewed and updated 7/9/09  
Guideline reviewed and updated 10/1/09  
Guideline reviewed and updated 2/4/2010