Preventive Health Guidelines for Children and Adults 2019-2020

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

The Preventative Health Guidelines are basic preventative care for the following populations:

- Infants up to 24 months, children/adolescents (ages 2-19 years)
- Adults (ages 20-64 years, 65 years and older)
- Pregnancy Care for Women (perinatal care)

Guidelines will follow recommendations from organizations, such as the United States Preventive Services Task Force (USPSTF), Center for Disease (CDC), American Academy of Pediatrics (AAP), American College of Obstetricians and Gynecologists (ACOG), American Cancer Society (ACS). Others as indicated.

### Infants, Children, Adolescents

**Recommended Immunization Schedule: 0-18 years (CDC)** (birth-23 months, 2-18 years)

**Recommendations for Preventative Pediatric Health Care (AAP/Bright Futures)** Infancy (newborn-9 months), 12 months- 4 years (early childhood), 5-10 years (middle childhood), 11 years to 21 years (adolescence)

**Dental Caries in Children from Birth Through Age 5 Years: Screening (USPSTF)**

**Screening for Depression in Children and Adolescents (USPSTF)** (ages 12- 18 years, 11 years and younger)

**Tobacco Use in Children and Adolescents: Primary Care Interventions (USPSTF)**

**Obesity in Children and Adolescents: Screening (USPSTF)**

### Adults

**Adult Immunization Schedule (CDC)** (ages 19-64 years, ≥ 65 years)
[https://www.cdc.gov/vaccines/acip/index.html](https://www.cdc.gov/vaccines/acip/index.html)

June 2019 ACIP (Advisory Committee on Immunization Practices) recommends HPV vaccination based on shared clinical decision making for individuals 27-45 years who are not adequately vaccinated.

**Breast Cancer Screening Guidelines (USPSTF)** (women, ages 40-49 years, 50-74 years)
**Colon Cancer Screening: (USPSTF)** (ages 50-75 years, 76-85 years)

**Depression Screening in Adults (USPSTF)**

**Glaucoma Screening (USPSTF)**

**Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions (USPSTF)**

**Hepatitis C Screening (USPSTF)**

**Aspirin Use to Prevent Cardiovascular Disease and Colorectal Cancer: Preventive Medication (USPSTF)**

**Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions (USPSTF)**

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### Cervical Cancer Screening Guidelines

<table>
<thead>
<tr>
<th>Age</th>
<th>Screening Recommendation</th>
<th>Source</th>
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<tbody>
<tr>
<td>Cervical cancer testing should start at age 21</td>
<td>Women under age 21 should not be tested (with the exception of women who are infected with HIV or who are otherwise immunocompromised)</td>
<td>ACS, ACOG</td>
</tr>
</tbody>
</table>
| Women ages of 21 to 29 years | Pap test every 3 years  
HPV Testing should not be used in this age group unless it’s needed after an abnormal Pap test result. | ACS |
<p>| Woman ages 30-65 years | Pap test plus an HPV test (called “co-testing” done every 5 years (preferred) or PAP test alone every 3 years | ACS |</p>
<table>
<thead>
<tr>
<th>Women over 65 years</th>
<th>Who have had regular cervical cancer testing in the past 10 years with normal results should not be tested for cervical cancer.*</th>
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<tbody>
<tr>
<td></td>
<td>Once testing is stopped, it should not be started again.</td>
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<tr>
<td></td>
<td>Women with a history of a serious cervical pre-cancer should continue to be tested for at least 20 years after that diagnosis, even if testing goes past age 65.</td>
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<tr>
<td></td>
<td>*Cervical cancer screening after age 65 years should be stopped if:</td>
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<td></td>
<td>There is no history of moderate or severe abnormal cervical cells or cervical cancer, and after 3 negative Pap test results in a row or 2 negative co-test results in a row within the past 10 years with the most recent test performed within the past 5 years.</td>
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<table>
<thead>
<tr>
<th>ACS</th>
<th></th>
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<td>ACOG</td>
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| Women of any age                      | Should NOT be screened every year by any screening method  
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<tr>
<th></th>
<th>Women who have been diagnosed with cervical cancer, cervical pre-cancer or HIV infection should have follow-up testing and screening as recommended by their health care team.</th>
<th>ACS</th>
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<td>A woman who has had her uterus and cervix removed (a total hysterectomy)</td>
<td>For reasons not related to cervical cancer and who has no history of cervical cancer or serious pre-cancer should not be tested.</td>
<td>ACS</td>
</tr>
<tr>
<td>A woman who has had a hysterectomy without removal of the cervix (a supra-cervical hysterectomy)</td>
<td>Should continue cervical cancer screening according to the guidelines</td>
<td>ACS</td>
</tr>
<tr>
<td>All women who have been vaccinated against HPV</td>
<td>Should still follow the screening recommendations for their age groups.</td>
<td>ACS</td>
</tr>
</tbody>
</table>

**Pregnancy Care for Women**

- [Breastfeeding Primary Care Interventions (USPSTF)]
- [Optimizing Postpartum Care (ACOG Committee Opinion)]

**Perinatal Guidelines**

<table>
<thead>
<tr>
<th>Visit/Screening/Counseling Recommendations</th>
<th>Frequency</th>
<th>Source</th>
</tr>
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</table>
| Folic Acid Supplementation                 | Folic acid (folate) should be recommended to all women who are planning, are able to, or become pregnant in order to improve the health of the woman and decrease the risk of certain birth defects (neural tube defects, congenital heart disease, and cleft lip and palate). Daily intake of 400 – 800 micrograms of folic acid is recommended for these women. The CDC recommends starting this daily intake at least 1 month prior to getting pregnant. | CDC  
ACOG  
USPSTF |
## Prenatal Visits Frequency

Uncomplicated pregnancy: Every 4 weeks for the first 28 weeks of gestation, every 2 weeks until 36 weeks of gestation, and weekly thereafter.

Women with medical or obstetric problems or extremes of reproductive age will require closer screening, the appropriate intervals determined by the nature and severity of the problems.

The frequency and regularity of scheduled prenatal visits should be sufficient to enable health care providers to accomplish the following activities:

- Assess the well-being of the woman and her fetus
- Provide ongoing, timely, and relevant prenatal education
- Complete recommended health screening studies and review results
- Detect medical and psychosocial issues and institute indicated interventions
- Reassure the woman

## Routine Visits

During each scheduled visit the health care provider should evaluate:

- Blood pressure
- Weight
- Uterine size for progressive growth and consistency with the estimated date of delivery
- Presence of fetal heart activity at appropriate gestational ages.
- After quickening reported, ask about fetal movement.
- Query about contraction, leakage of fluid, or vaginal bleeding
- Baseline screen for urine protein content to assess renal status is recommended however in the absence of risk factors or symptoms, routine urine dip-stick testing has not been shown to be beneficial

ACOG
Later in pregnancy discuss during routine visits:

- Childbirth education classes
- Choosing a newborn care provider
- Anticipating labor
- Preterm labor
- Options for intrapartum care
- Umbilical cord banking
- Breastfeeding
- Development of a postpartum care plan that addresses the transition to parenthood and well-woman care including plans for long-term management of chronic health conditions such as mental health, diabetes, hypertension, and obesity, including identification of a primary health care provider who will care for the patient beyond the postpartum period
- Choice of a postpartum contraception method
- Preparation for hospital discharge
- At least one screening during the perinatal period for depression and anxiety symptoms using a standardized, validated tool. Obstetric providers should be prepared to initiate treatment and refer patients as needed. Ensure follow-up for diagnosis and treatment.
| First Prenatal Visit General Information | The following general information should be discussed with each patient:  
• Scope of care that is provided in the office  
• Laboratory testing and indications  
• Expected course of pregnancy  
• Signs and symptoms to report to the health care team and how to do so (vaginal bleeding, rupture of membranes, decreased fetal movements)  
• Role of members of the health care team  
• Anticipated schedule of visits  
• Schedule of physician or midwife and labor and delivery coverage  
• Cost to the patient of prenatal care and delivery  
• Practices to promote health (use of safety restraints/lap and shoulder belts)  
• Risk counseling, including substance use and abuse  
• Psychosocial topics in pregnancy and postpartum period.  
• Review of family history and genetic testing options | ACOG |
<table>
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<tr>
<th><strong>Routine Laboratory Testing in Pregnancy</strong></th>
<th><strong>Diabetes screening: 24-28 weeks gestation</strong></th>
<th><strong>Antibody testing</strong></th>
<th><strong>Group B streptococcal infection</strong></th>
<th><strong>Varicella and Rubella immunity</strong></th>
<th><strong>Influenza Vaccination</strong></th>
<th><strong>Tdap Vaccination</strong></th>
<th><strong>Fetal Ultrasound Imaging</strong></th>
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<tr>
<td>Early in Pregnancy (first prenatal visit)</td>
<td>All pregnant women should be tested.</td>
<td>Repeat in unsensitized, D-negative patients at 28-29 weeks of gestation.</td>
<td>CDC recommends screening of all women at 35-37 weeks of gestation.</td>
<td>Pregnant women should be assessed for immunity.</td>
<td>All pregnant women, regardless of the stage of pregnancy, should get the inactivated flu vaccine anytime during the flu season which is October through May. Vaccination early in the flu season is optimal.</td>
<td>All pregnant women should receive a Tdap vaccine, preferably between 27 and 36 weeks gestation, during each pregnancy.</td>
<td>The optimal timing for a single ultrasound examination in the absence of specific indications for a first trimester examination is at 18-22 weeks of gestation.</td>
</tr>
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</table>
| **Progesterone Therapy for Prevention of Preterm Delivery** | 1. 250mg IM weekly injections of 17 alpha-hydroxyprogesterone caproate between 16 and 36 weeks of gestation are considered medically necessary in pregnant women with a history of previous spontaneous preterm singleton birth before 37 weeks gestation and absence of preterm labor in current pregnancy.  
2. 100 mg daily administered vaginally for women with a short cervix (<20mm) on ultrasound exam in current pregnancy. | **ACOG** |
| --- | --- | --- |
| **Postpartum Considerations** | Before discharge, the mother should receive information about the following normal postpartum events:  
- Changes in lochia pattern expected in the first few weeks  
- Range of activities that she may reasonably undertake  
- Care of the breasts, perineum and bladder  
- Dietary needs, particularly if she is breastfeeding  
- Recommended amount of exercise  
- “Baby blues”, emotional responses, and risk of postpartum depression  
- Signs of complications (eg., temperature elevation, chills, leg pains, episiotomy or wound drainage, or increased vaginal bleeding)  
- Contact information for community-based lactation support  
- Contact information for her postpartum care team and written instructions regarding the timing of follow-up postpartum care.  
- The length of convalescence that the woman can expect  
- Discussion of the resumption of coitus and contraception management  
- Contact information of maternal and infant care providers for questions or problems for either the mother or newborn  
- Arrangements should be made for a follow-up examination | **ACOG** |
### Postpartum Visits

4-6 weeks after delivery the mother should visit her physician for a postpartum review and examination. A visit 7-14 days after delivery is advised after a cesarean delivery or complicated gestation.

First postpartum visit should include:
- Full assessment of physical, social and psychological well-being
- Interval history and physical examination to determine patient’s current status and adaption to the newborn and role of being a mother
- Assess breastfeeding status
- Examination should include:
  - Weight
  - Blood pressure
  - Breasts (if not lactating or specific complaints in lactating women)
  - Abdomen/pelvic examination
  - Episiotomy repair
  - Evaluate uterine involution
  - Pap test, if needed
  - Methods of birth control reviewed or initiated
  - Postpartum depression screens should be conducted and appropriate referrals made in a timely manner, if needed identify who will assume primary responsibility for her ongoing care

Gestational diabetes screen at 6-12 weeks postpartum

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Guidelines for Perinatal Care Eighth Edition. September 2017
https://www.acog.org/Clinical-Guidance-and-Publications/Guidelines-for-Perinatal-Care

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