BlueCross BlueShield of Illinois

Preventive Care Guidelines

2023-2024

Our Preventive Care Guidelines for Blue Cross and Blue Shield of Illinois **Medicaid providers** focus on primary preventive services, such as immunizations, education and counseling, and screening tests. The Guidelines reflect the evidence-based recommendations of recognized sources. These include professional medical associations, specialty societies, professional consensus panels, national task forces and governmental entities.

BCBSIL shares the Guidelines to help:

- Improve provider awareness of and compliance with effective clinical preventive care
- Support member education
- Increase the number of members who receive recommended clinical preventive care services

Preventative care guidelines are reviewed no less than annually for **Blue Cross Community Health Plans℠** and **Blue Cross Community MMAI (Medicare-Medicaid Plan)℠**.

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About the Guidelines: Recommendations on Preventive Services

The Guidelines are a summary of basic preventive services. The Guidelines don't cover all possible circumstances. They are focused on primary prevention.

The Guidelines apply to **average risk, asymptomatic and otherwise healthy individuals**. Preventive care interventions appropriate for those with higher or lower levels of risk may vary by individual. We encourage providers to tailor the approach to these patients as needed. Additional guidelines are included for certain increased risk groups.

Expert groups may disagree on certain preventive interventions. However, consensus exists in many areas, which supports this set of guidelines.

Whenever possible, the Guidelines follow the U.S. Preventive Services Task Force "A" and "B" level recommendations. When USPSTF recommendations don't provide sufficient guidance, BCBSIL – with input from network providers – adopted the recommendations of other professional organizations that evaluate the value of clinical preventive services.

The Guidelines represent a **minimal set of recommended preventive health services**. Additional interventions may be indicated. Individual considerations for a given patient should dictate clinical decisions. We encourage providers to review the USPSTF statements on services that should not be routinely used (level "D"). These are available on the USPSTF website.

Be aware when using the Guidelines:

- The Guidelines are designed to help providers by providing a guide to clinical preventive care that is usually appropriate. **They're for informational/educational purposes only.** They aren't intended to replace a provider's judgment, establish a protocol for all patients or define standards of practice. The final decision about any service or treatment, including preventive care services, is between the member and their health care provider.

- The Guidelines document is **not a statement of coverage**. Coverage is based upon member eligibility, the member's specific benefit plan design and state or federal law. Coverage between benefit programs varies. **The fact that a service or treatment is described in the Guidelines does not imply that the service is necessarily a covered benefit and does not guarantee payment.** Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions.
- Because the Guidelines summarize a large amount of information, all details can't be provided. You may review the original sources for more complete discussion of indications and contraindications for specified preventive care services and to verify the accuracy of the summary.
- Sources are cited for each guideline. Where possible, the exact recommendation of the source is used. In some cases, we modify the recommendation or its periodicity to resolve conflicting recommendations by various sources, or to support practical usage of the guideline in clinical practice settings.

Key to Major Professional Organizations Referenced in the Guidelines

AAP American Academy of Pediatrics
ACIP Advisory Committee on Immunization Practices of the CDC
ACS American Cancer Society
ACOG American Congress of Obstetricians and Gynecologists
AAFP American Academy of Family Practice
ADA American Diabetes Association
AHA American Heart Association
AMA American Medical Association
CDC Centers for Disease Control and Prevention
HHS U.S. Department of Health and Human Services
HRSA Health Resources & Service Administration
IDPH Illinois Department of Public Health
NCI National Cancer Institute
RUSP Recommended Uniform Screening Panel
USPSTF U.S. Preventive Services Task Force

Preventive Health Guidelines for Children from Birth to 18 Years

Neonates (Birth to 1 Month)

History and Physical Examination (Reference 1 – AAP)
Perform newborn examination and at 3 to 5 days:

- History
- Physical exam
- Length and weight, weight for length
- Head circumference
- Development surveillance
- Psychosocial/behavioral assessment
- Newborn blood (state required screening panels)
- Newborn bilirubin (if indicated)
- Critical congenital heart defect (if indicated)
- Immunization

Screening Tests (References 2, 3 – AAP; 4, 5, 6 – USPSTF; 7 – State of Illinois)
Perform screening tests prior to discharge or transfer from the nursery, but no later than 7 days of age. The USPSTF is not updating the recommendation for screening for phenylketonuria, congenital hypothyroidism and sickle-cell disease and refers to the Health Resources & Service Administration and the Recommended Uniform Screening Panel. **However, state regulations define required screening.** See the state-specific list of required newborn screening on the state website.

Ocular Chemoprophylaxis (Reference 12 – USPSTF)
The USPSTF recommends prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum.

Immunizations (References 13, 19 – CDC)
Administer immunizations in accordance with ACIP Recommended Child and Adolescent Immunization Schedule for Ages 18 or Younger or in accordance with state law or mandates if they exist. The schedule is on Page 14.

Counseling/Anticipatory Guidance (Reference 1 – AAP)
Relevant topics include injury prevention, nutrition and sleep positioning.

Children Ages 1 Month through 17 Years – Average Risk Pediatric Population

General Recommendations (References 1 – AAP; 14, 16, 17, 18, 21, 22, 56, 66 – USPSTF)
Provide preventive services for children in accordance with AAP recommendations. The periodicity schedule and summary of current updates to the schedule are on the AAP website.

Immunizations (References 13 – CDC, 19 – ACIP)
Administer immunizations in accordance with ACIP Recommended Child and Adolescent Immunization Schedules for Ages 18 or Younger, or in accordance with state law or mandates, if such exist. The schedule is on Page 14.

Prevention of Dental Caries in Children from Birth through Age 5 Years (Reference 67 – USPSTF)
The USPSTF recommends that primary care providers:

- Prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride.
- Apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.

Anxiety in Children and Adolescents: Screening (Reference 3 – USPSTF)
Screen for anxiety in children and adolescents ages 8 to 18 years.

Recommendations for Select Populations at Risk

Iron Supplementation (Reference 15 – USPSTF)
The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for iron deficiency anemia in children ages 6 to 24 months.

Literature scans conducted in December 2020 in MEDLINE and the Cochrane Database of Systematic Reviews showed a lack of new evidence to support an updated systematic review on the topic at this time.

Hepatitis B Screening (Reference 68 – USPSTF)
Hepatitis B Virus (HBV) screening should be offered to:

- Persons born in countries with a prevalence of hepatitis B surface antigen (HBsAg) of 2% or greater
- Adolescents and adults born in the U.S. who did not receive the HBV vaccine as infants
- Persons who have injected drugs in the past or currently
- Men who have sex with men
- Persons with HIV

- Sex partners, needle-sharing contacts and household contacts of persons known to be HBsAg positive
- Patients with conditions requiring immunosuppressive therapy, predialysis, hemodialysis, peritoneal dialysis or home dialysis
- Patients who have elevated ALT levels of unknown etiology
- Developmentally disabled persons and staff in residential facilities

Behavioral Counseling to Prevent Skin Cancer (References 62 – USPSTF, 75 – AAP)
Counsel all children and adolescents ages 6 months to 24 years, especially those with fair skin types, about minimizing ultraviolet radiation to reduce risk for skin cancer.

Sexually Transmitted Infections (References 16, 17 and 18 – USPSTF)
- Screen for gonorrhea in sexually active adolescent females.
- Screen for chlamydia in sexually active adolescent females.
- Intensive behavioral counseling is recommended for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs).

Preventive Health Guidelines for Adults 18 Years and Older

Adults at Average Risk

Periodic Evaluations

- Height and weight measurement: Get baseline height at initial visit and weight at every visit (References 29 – AHA, 30 – USPSTF)
- Calculation of body mass index: At every visit (References 30 – USPSTF, 29 – AHA)
- Blood pressure measurement: At every visit (Reference 31 – USPSTF)
- Pulse rate and temperature measurement: At every visit (Reference 80 – National Center for Biotechnology Information, U.S. National Library of Medicine)

Counseling (References 18, 30, 34, 35, 37, 62 – USPSTF, 38 – ACS , 81 – AAFP, 82 – AMA)
Provide health counseling on the following topics:
- Avoidance of tobacco and/or tobacco cessation
- Weight loss for obese adults
- Promotion of healthy diet
- Benefits of physical activity
- Alcohol use
- Sexually transmitted infection prevention
- Risks and symptoms of endometrial cancer to women of average risk at the time of menopause. Strongly encourage women to report any unexpected bleeding or spotting to their providers.
- Minimizing exposure to ultraviolet radiation to reduce risk for skin cancer
- Assessment of social determinants of health, housing, transportation availability and employment
- Counseling for advanced directives (living will and health care power of attorney) and collection of those documents, if applicable

Screening Tests

- **Cholesterol** (References 39 – USPSTF, 40 – ADA, 70 – AHA)
  Recommendations from national entities vary. We encourage review of the detailed and nuanced language in the references.

- Adults ages 40 to 75: Providers should routinely assess traditional cardiovascular risk factors and calculate 10-year risk of ASCVD by using the pooled cohort equations.
- Adults ages 20 to 39: It is reasonable to assess traditional ASCVD risk factors at least every 4 to 6 years.
- Adults at borderline risk (5% to <7.5% 10-year ASCVD risk) or intermediate risk (≥7.5% to <20% 10-year ASCVD risk): It is reasonable to use additional risk-enhancing factors to guide decisions about preventive interventions (e.g., statin therapy).
- Adults at intermediate risk (≥7.5% to <20% 10-year ASCVD risk) or selected adults at borderline risk (5% to <7.5% 10-year ASCVD risk): If risk-based decisions for preventive interventions such as statin therapy remain uncertain, it is reasonable to measure a coronary artery calcium score to guide provider–patient risk discussion.
- Estimating lifetime or 30-year ASCVD risk may be considered for adults ages 20 to 59 who have <7.5% 10-year ASCVD risk.
- Children ages 10 to 19: Priority should be given to estimation of lifetime risk and promotion of lifestyle risk reduction.

- **Breast Cancer (female only)** (References 33, 41 – USPSTF, 32 – ACS)
  Recommendations from national entities vary. We encourage review of the detailed and nuanced language in the references.
  - Biennial screening mammography for women ages 40 to 74 years.
  - The USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA 1 and/or 2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing.
- **Cervical Cancer (Pap) (female only)** (References 25 – USPSTF, 26 – ACS; also see Reference 27 – ACOG)
  - The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women ages 21 to 29.
  - For women ages 30 to 65, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone or every 5 years with hrHPV testing in combination with cytology (cotesting).
- **Prostate Cancer (male only)** (Reference 42 – ACS; also see references 43 – USPSTF and 44 – AUA)
  Prostate cancer screening recommendations vary. We encourage review of the detailed language in the references.
  - The USPSTF recommends men ages 55 to 69 make an individual decision about prostate cancer screening with their provider.
  - The USPSTF recommends against routine screening for men ages 70 and older.
  - The American Cancer Society (ACS) and the American Urological Association (AUA) recommend an informed decision-making process for men ages 50 and older (ACS) or men ages 55 to 69 (AUA) who have at least a 10-year life expectancy. Among the potential considerations for informed decision making are the risks, benefits and uncertainties of screening, as well as individual values and preferences. ACS states that prostate cancer screening should not occur without an informed decision-making process.
- **Colorectal Cancer** (Reference 46 – USPSTF; also see References 45 – ACS and 47 – CDC)
  Screen adults ages 45 to 75 for colorectal cancer using:
  - Guaiac fecal occult blood test (gFOBT) annually or;
  - Fecal Immunochemical Testing (FIT) annually or;
  - Fecal Immunochemical Testing (FIT)-DNA every 3 years or;
  - Flexible sigmoidoscopy every 5 years or;
  - Flexible sigmoidoscopy every 10 years with FIT annually or;
  - Colonoscopy every 10 years or;
  - CT colonography every 5 years

The risks and benefits of different screening methods vary. For patients at high risk, an in-depth conversation is recommended for the patient and provider, including personal family history of colorectal disease or other hereditary syndromes.

Single–panel gFOBT performed in the medical office using a stool sample collected during a digital rectal examination is not a recommended option for CRC screening due to its very low sensitivity for advanced adenomas and cancer.

Some entities recommend annual colorectal cancer screening in the 45 to 49 age group. The decision to start colorectal cancer screening before the age of 50 should be an individual one and take into account patient context and disease risk. It should include the patient's preferences and values regarding specific benefit and harm.

- **Depression** (References 48, 74 – USPSTF)
  Screen for depression in the general adult population, including pregnant and postpartum women.
  Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment and appropriate follow-up.

  Provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions.
- **Alcohol Misuse** (Reference 35 – USPSTF)
  Screen for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women. Provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.
- **Unhealthy Drug Use** (Reference 79 – USPSTF)
  Screen by asking questions about unhealthy drug use in adults ages 18 or older. Screening should be implemented when services for accurate diagnosis, effective treatment and appropriate care can be offered or referred. Screening refers to asking questions about unhealthy drug use, not testing biological specimens.
- **Counseling and Interventions to Address Tobacco Use** (Reference 34 – USPSTF)
  Ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products. Provide augmented, pregnancy-tailored counseling for pregnant women who use tobacco.
- **Obesity** (Reference 30 – USPSTF)
  Screen all adults for obesity. Providers should offer or refer patients with a body mass index (BMI) of 30 kg/m2 or higher to intensive, multicomponent behavioral interventions.
- **HIV** (Reference 56 – USPSTF)
  Screen for HIV infections in:
  - Adolescents and adults ages 15 to 65
  - Younger adolescents and older adults who are at increased risk of infection
  - All pregnant persons, including those who present in labor or at delivery whose HIV status is unknown
- **Intimate Partner Violence** (Reference 59 – USPSTF)
  Screen for intimate partner violence in women of reproductive age. Provide or refer women who screen positive to ongoing support services.
- **Hepatitis C** (Reference 64 – USPSTF)
  Screen for hepatitis C virus (HCV) infection in adults ages 18 to 79. Most adults need to be screened only once. Persons with continued risk for HCV infection, such as persons who inject drugs, should be screened periodically.
- **Lung Cancer** (Reference 69 – USPSTF)
  Screen annually for lung cancer with low-dose computed tomography in adults ages 50 to 80 who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.
- **Hypertension in Adults** (Reference 51 – USPSTF)
  Screen for hypertension in adults ages 18 and older with office blood pressure measurement. Obtain blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.

- **Gestational Diabetes** (Reference 28 – USPSTF)
  Screen for gestational diabetes in asymptomatic pregnant persons at 24 weeks of gestation or after.
- **Healthy Weight and Weight Gain in Pregnancy: Behavioral Counseling Intervention** (Reference 36 – USPSTF)
  The USPSTF recommends that providers offer pregnant persons effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.

Immunizations (References 49, 50, 19 – ACIP)
Administer immunizations in accordance with the ACIP Recommended Adult Immunization Schedule or in accordance with state law or regulations. A copy of the schedule is on Page 15.

Preventive Treatment

- **Folic Acid** (Reference 52 – USPSTF)
  All women planning or capable of pregnancy should take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.
- **Chemoprevention of Breast Cancer** (Reference 53 – USPSTF)
  The USPSTF recommends that providers offer to prescribe risk-reducing medications – such as tamoxifen, raloxifene or aromatase inhibitors – to women who are at increased risk for breast cancer and at low risk for adverse medication effects.
- **Statins for Cardiovascular Disease Prevention** (Reference 39 – USPSTF, 20 ACC)
  The USPSTF recommends that providers prescribe a statin for the primary prevention of cardiovascular disease (CVD) for adults ages 40 to 75 years who have 1 or more CVD risk factors (such as dyslipidemia, diabetes, hypertension or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater.
- **Prevention of Human Immunodeficiency Virus (HIV) infection** (Reference 78 – USPSTF)
  The USPSTF recommends that providers offer pre-exposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition.

Recommendations for Select Adult Populations at Increased Risk

Screening for Diabetes (References 54 – USPSTF; 55 – ADA)
Screen for abnormal blood glucose as part of cardiovascular risk assessment in adults ages 40 to 70 who are overweight or obese. Providers should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.

Prevention or Delay of Type 2 Diabetes

Criteria for testing for diabetes or prediabetes in asymptomatic adults:

- Adults of any age with overweight or obesity, and who have one or more of the following risk factors:
  - First-degree relative with diabetes
  - High-risk race/ethnicity, such as African American, Latino, Native American, Asian American, Pacific Islander
  - History of CVD
  - Hypertension (≥140/90 mmHg or on therapy for hypertension)
  - HDL cholesterol level <35 mg/dL (0.90 mmol/L) and/or a triglyceride level >250 mg/dL (2.82 mmol/L)
  - Women with polycystic ovary syndrome
  - Physical inactivity
  - Other clinical conditions associated with insulin resistance, such as severe obesity or acanthosis nigricans
- Test patients with prediabetes yearly.
- Test all other adults, beginning at age 35, regardless of weight.
  - Test women with prior gestational diabetes mellitus

Refer patients with prediabetes to a program of intensive diet and physical activity with a behavioral counseling component:

- Target 5% body weight loss.
- Encourage at least 200 to 300 minutes a week of moderate-intensity high levels of physical activity.
- Offer follow-up, including counseling, diabetes self-management education and ongoing support.
- Offer follow-up to women with prior gestational diabetes mellitus.

Tuberculosis Testing (References 23, 24 – CDC)
Test persons at increased risk for developing TB, including:

- Persons who may have recent infection, including close contacts of persons with infectious pulmonary TB; persons who have recently immigrated from areas of the world with high rates of TB; or groups of people with high rates of TB transmission (homeless persons, those with HIV infections, injection drug use, persons who reside or work in institutional settings)
- Persons with clinical conditions that are associated with progression to active TB, including HIV infection, injections drug use, pulmonary fibrotic lesions on chest X-rays, underweight, silicosis, chronic renal failure on hemodialysis, diabetes, gastrectomy, jejunoileal bypass, renal and cardiac transplantation, head and neck cancer, other neoplasms, prolonged corticosteroid or immunosuppressive therapy

Syphilis Serology (References 57, 58 – USPSTF)
Screen for syphilis infection in persons who are at increased risk for infection. Perform early screening for all pregnant women.

Gonorrhea Screening (Reference 17 – USPSTF)
Screen for gonorrhea in sexually active women ages 24 and younger and in women 25 years or older who are at increased risk for infection.

Chlamydia Screening (Reference 16 – USPSTF)
Screen for chlamydia in sexually active women ages 24 and younger and in women 25 or older who are at increased risk for infection.

Counseling and Interventions to Address Tobacco Use (Reference 34 – USPSTF)
Ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products. Provide augmented, pregnancy-tailored counseling for pregnant women who use tobacco.

Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling (Reference 37 – USPSTF)
Offer or refer adults with CVD risk factors to behavioral counseling interventions to promote a healthy diet and physical activity.

Screening for Hepatitis B Virus Infection (Reference 68 – USPSTF)
Screen for Hepatitis B in adults at high risk for infection. Risk factors include country of origin, HIV positive persons, injection drug users, household contacts or sexual partners with HBV infection, and men who have sex with men.

Screening is also recommended for persons receiving hemodialysis or cytotoxic or immunosuppressive therapy.

Sexually Transmitted Infections: Behavioral Counseling (Reference 18 – USPSTF)
The USPSTF recommends intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs).

Additional Recommendations for Adults Ages 65 and Older

In addition to the services recommended above for adults, the following are recommended for individuals ages 65 and older:

Immunizations (Reference 49 – ACIP)
Administer immunizations in accordance with the ACIP Recommended Adult Immunization Schedule. A copy of the schedule is on Page 15.

Osteoporosis Screening (Reference 60 – USPSTF)
Screen for osteoporosis with bone measurement testing to prevent osteoporotic fractures:

- In women 65 and older
- In postmenopausal women younger than 65 who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool

Screening for Abdominal Aortic Aneurysm (Reference 61 – USPSTF)
Screen men ages 65 to 75 one time who have ever smoked for abdominal aortic aneurysm using ultrasonography.

Prevention of Falls in Community Dwelling Older Adults (Reference 63 – USPSTF)
The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 or older who are at increased risk for falls.

Perinatal Care

The following summarizes key aspects of the American College of Obstetricians and Gynecologists Guidelines for Preconception Care, Prenatal Care and Postpartum Care, as they apply in uncomplicated situations. It doesn't attempt to cover all details. We encourage providers to refer to the original source documents for the comprehensive guidelines. (References 49 – ACIP; 65, 73 – ACOG; 71, 72, 74, 76, 77 – USPSTF)

Preconception Care

Preconception care aims to optimize a woman's health, health behaviors and knowledge prior to conception. Recommended care includes:

- History
  - Gynecologic, obstetrical, medical, surgical and psychiatric histories
  - Family history and genetic history
  - Assessment of socioeconomic, educational and cultural context
  - Immunization status
  - Medications (prescription and nonprescription)
- Physical exam
- Preconception counseling and interventions, including:
  - Substance use (tobacco, alcohol and drugs)
  - Family planning
  - Sexually transmitted diseases including HIV
  - Nutritional counseling and folic acid use
  - Safety and social supports
  - Immunizations, as indicated
  - Evaluation of medications
  - Consideration of preconception genetic screening
- Management of medical conditions, including diabetes, hypertension, epilepsy, thyroid conditions, maternal phenylketonuria, asthma, history of bariatric surgery, hemoglobinopathies, inherited thrombophilias, obesity and other chronic diseases

Prenatal Care

Prenatal care involves an ongoing process of risk identification, assessment and management. Prenatal care visits should begin in the first trimester.

A typical visit schedule is every 4 weeks for the first 28 weeks of gestation, every 2 weeks until 36 weeks of gestation and weekly thereafter. The visit schedule may be altered for women requiring close surveillance, such as those with medical or obstetric problems or at the extremes of reproductive age.

First Prenatal Visit

- History
  - Obstetrical and medical histories
  - Family history and genetic history
  - History of substance use and abuse, including tobacco, alcohol, drugs
  - Assessment of socioeconomic, educational and cultural context
  - Immunization status
  - Medications (prescription and nonprescription) and allergies
- Physical exam including pelvic exam
- Education about the expected course of pregnancy, nausea and vomiting, signs and symptoms to report to the physician, laboratory tests to be done, costs, physician/midwife coverage for labor and delivery
- Education and counseling about safety practices (lap and shoulder belt use, infection prevention), counseling about substance use and abuse, psychosocial issues, nutrition, exercise, air travel
- Documentation of Last Menstrual Period (LMP) and assignment of Estimated Date of Delivery (EDD) / Estimated Date of Confinement (EDC)
- Recommend prenatal vitamins with folic acid and iron

Each Subsequent Prenatal Visit

- Blood pressure: Screen for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.
- Weight
- Uterine size for progressive growth and consistency with EDD
- Presence of fetal heart activity at appropriate gestational ages
- Ask about fetal movement (at appropriate gestational ages), leakage of fluid, vaginal bleeding
- Urine dipstick, as clinically indicated

Initial Testing

- Blood type, D(Rh) type, antibody screen
- Complete blood count
- Urinalysis
- Hepatitis B (HBsAg)
- Syphilis (VDRL/RDR)
- Rubella titer
- HIV
- Chlamydia
- For women at higher risk:
  - Gonorrhea
  - Tuberculin skin test
- Ultrasound, as indicated to address specific clinical questions

Antepartum Genetic Screening and Diagnosis

Family history and ethnic background are key considerations in the need for genetic testing. There are a variety of ways to screen for fetal birth defects or genetic abnormalities. Obstetric providers should provide recommended screening or establish referral sources for screening. Patients should be educated about available options.

Screening for aneuploidy should be offered to all women who seek prenatal care before 20 weeks gestation, regardless of maternal age, along with counseling to assist in informed decision-making.

Recommended Subsequent Testing

Testing recommended for all pregnant women:

- Hematocrit or hemoglobin – early in third trimester
- Diabetes screening – usually at 24-28 weeks with a plasma glucose one hour after a 50-g oral glucose challenge. A 3-hour oral glucose tolerance test should be performed for those with an abnormal screening test.
- Screening for asymptomatic bacteriuria using urine culture in pregnant persons
- Screening for Group B streptococcal disease at 35-37 weeks. Women with group B streptococcal bacteriuria during the current pregnancy and those who have previously given birth to a neonate with early-onset group B streptococcal disease don't need to be screened but should be treated with intrapartum prophylactic antibiotics.

Testing recommended when indicated:

- Ultrasound: The timing and type of ultrasound should be based on the clinical question being asked. The optimal timing for a single ultrasound examination in the absence of specific indications for a first trimester exam is 18-20 weeks of gestation.
- Antepartum tests of fetal well-being are indicated when there is increased risk of fetal demise. The type of test, when to start testing and frequency of testing are dependent upon the clinical situation.

Testing recommended only for women at increased risk:

- Antibody tests in unsensitized D-negative patients at 28-29 weeks
- Third trimester HIV, chlamydia, syphilis, gonorrhea testing
- Testing at time of hospital admission: Hepatitis B

Education and Counseling (After Initial Prenatal Visit)

- Working
- Childbirth education classes
- Newborn care provider
- Anticipating labor
- Preterm labor
- Trial of labor after cesarean delivery
- Elective deliveries are not recommended prior to 39 weeks of gestation without medical indication and documentation of term gestation
- Breastfeeding
- Postpartum contraception/sterilization/tubal ligation
- Psychosocial issues, including substance use or abuse, depression, intimate partner violence
- Discuss with new mothers, or their legal guardians, to enroll their newborns in Medicaid, and to identify a PCP for each newborn.

Treatment

- Anti-D immune globulin for unsensitized D-negative patients at 28-29 weeks and at the time of ectopic gestation, abortion, procedures associated with possible fetal-to-maternal bleeding, conditions associated with fetal-maternal hemorrhage, unexplained vaginal bleeding, delivery of a newborn who is D-positive

- Immunizations
  - Influenza vaccine for women who will be pregnant during the influenza season, using inactivated influenza vaccine
  - Tdap: Administer one dose of Tdap during each pregnancy, preferably between 27 and 36 weeks gestation, regardless of the interval since prior Td or Tdap vaccination
  - Other vaccines when specifically indicated: Hepatitis A, Hepatitis B, pneumococcal, meningococcal
- Use low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.

Postpartum Care

All women should ideally have contact with a maternal care provider within the first 3 weeks postpartum. This initial assessment should be followed up with ongoing care as needed, concluding with a comprehensive postpartum visit no later than 12 weeks after birth.

Postpartum Visit

Services should include:

- Interval History
- Physical Exam
  - Weight, blood pressure, breasts, abdomen, pelvic exam (including examination of episiotomy repair and evaluation of uterine involution)
  - Pap test if needed
- Testing
  - Women with gestational diabetes should be screened for diabetes 6-12 weeks postpartum
- Counseling
  - Breastfeeding
  - Screen for postpartum depression, postpartum blues
  - Discuss contraception and plans for future pregnancies
  - Discuss implication of any pregnancy complications on future pregnancies
  - Review immunizations and administer Tdap, rubella and/or varicella vaccines if indicated
  - Counseling regarding behaviors such as tobacco, alcohol and other substance use, with referrals for follow-up care if appropriate
  - Discuss with new mothers, or their legal guardians, to enroll their newborns in Medicaid, and to identify a PCP for each newborn.

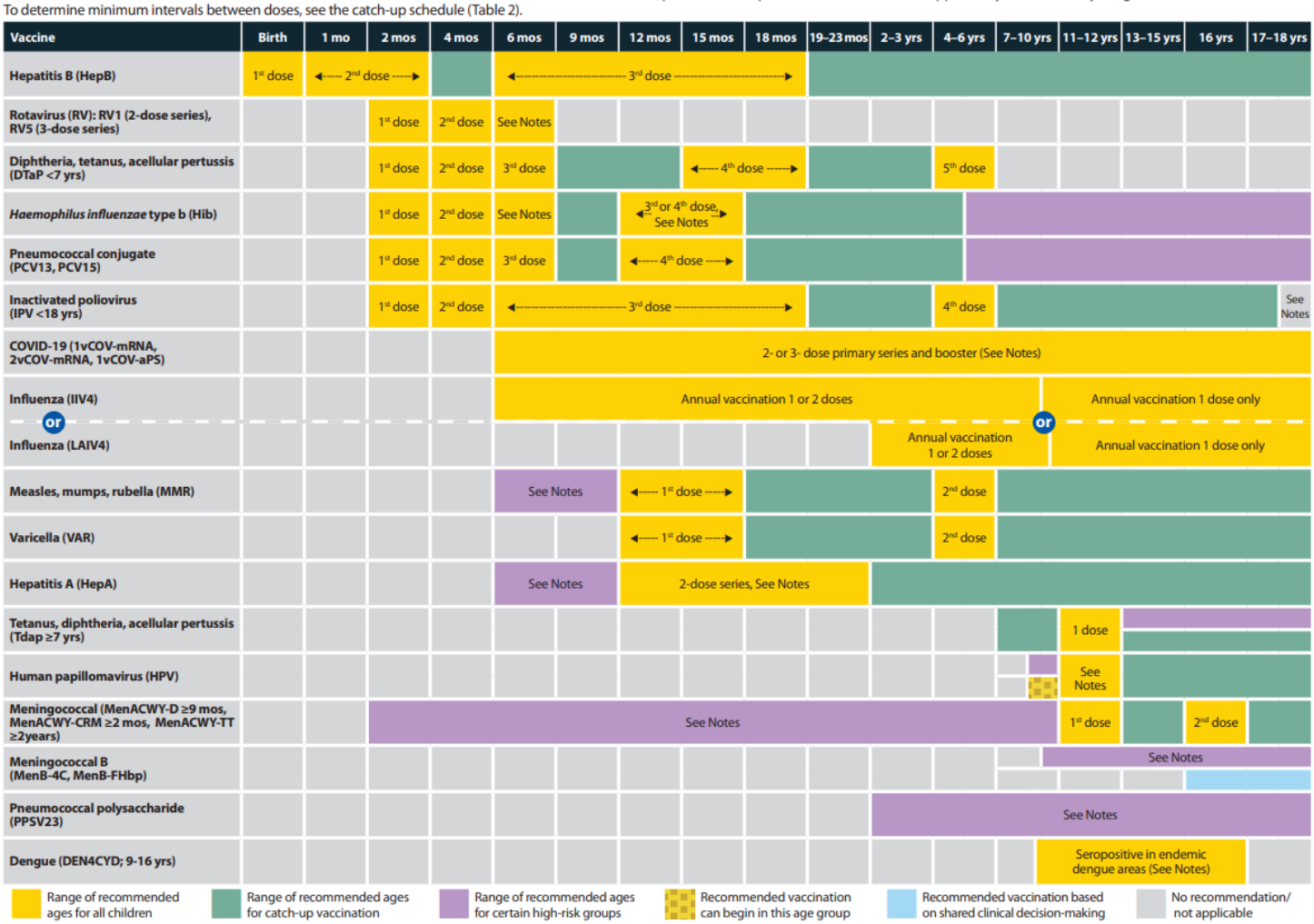
Immunization Schedules 2023

Child and Adolescent Immunization Schedule for 18 Years and Younger

Below is the ACIP Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger. The schedule is also on the CDC website. Administer vaccines in accordance with the schedule or with state law or mandates, if they exist.

Table 1 Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2023

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars.
To determine minimum intervals between doses, see the catch-up schedule (Table 2).



Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC. Learn about Immunization Schedule changes on the CDC website.

CDC Vaccine Notes

- See the Notes section on the CDC website for more details on the following vaccines, including catch-up vaccination and special situations: COVID-19, dengue, DTaP, Haemophilus influenzae type b, hepatitis A, hepatitis B, human papillomavirus, influenza, MMR, meningococcal, pneumococcal, poliovirus, rotavirus, Tdap and varicella.
- ACIP's detailed vaccine recommendations and guidelines are on the CDC website.
- For calculating intervals between doses, 4 weeks = 28 days. Intervals of ≥4 months are determined by calendar months.
- Within a number range (e.g., 12–18), a dash (–) should be read as "through."

Vaccine doses administered ≤4 days before the minimum age or interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum age or minimum interval should not be counted as valid and should be repeated as age appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For more details, see Table 3-2, Recommended and minimum ages and intervals between vaccine doses in General Best Practice Guidelines for Immunization.

- Information on travel vaccination requirements and recommendations is on the CDC website.

For vaccination of persons with immunodeficiencies, see Table 8-1, Vaccination of persons with primary and secondary immunodeficiencies in General Best Practice Guidelines for Immunization. See also Immunization in special clinical circumstances (In: Kimberlin DW, Barnett ED, Lynfield Ruth, Sawyer MH, eds. Red Book: 2021–2024 Report of the Committee on Infectious Diseases. 32nd ed. Itasca, IL: American Academy of Pediatrics; 2021:72–86).

- For information about vaccination in the setting of a vaccine-preventable disease outbreak, contact your state or local health department. The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All vaccines included in the child and adolescent vaccine schedule are covered by VICP except dengue, PPSV23 and COVID-19 vaccines. COVID-19 vaccines that are authorized or approved by the FDA are covered by the Countermeasures Injury Compensation Program (CICP). Learn more about VCIP and CICP from the Health Resources & Services Administration.

Adult Immunization Schedule for 19 Years and Older

Below is the ACIP Recommended Adult Immunization Schedule by Age Group for ages 19 and older. The schedule and more details are on the CDC website.

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2023

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	2- or 3- dose primary series and booster (See Notes)			
Influenza inactivated (IIV4) or Influenza recombinant (RIV4)	1 dose annually			
or	or			
Influenza live, attenuated (LAIV4)	1 dose annually			
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			For healthcare personnel, see notes
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)	1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)			See Notes
				See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
	19 through 23 years			
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination based on shared clinical decision-making

No recommendation/ Not applicable

Learn about Immunization Schedule changes and guidance on the CDC website.

See the Notes section on the CDC website for more details on the following vaccines, including routine vaccines and special situations: COVID-19, Haemophilus influenzae type b, hepatitis A, hepatitis B, human papillomavirus, influenza, MMR, meningococcal, pneumococcal, polio, Tdap, varicella and zoster.

References

1. American Academy of Pediatrics. Recommendations for preventive pediatric health care.
2. Kaye, C. I. and the Committee on Genetics, American Academy of Pediatrics. Introduction to the newborn screening fact sheets. Pediatrics 2006; 118:1304-1312.
3. U.S. Preventive Services Task Force. Anxiety in children and adolescents. Oct. 11, 2022.
   The USPSTF recommends screening for anxiety in children and adolescents ages 8 to 18 years.
4. U.S. Preventive Services Task Force. *Screening for phenylketonuria*. March 2008.
   The USPSTF isn't updating the recommendation for screening for phenylketonuria (PKU) in newborns. It is deferring to the Health Resources & Service Administration Recommended Uniform Screening Panel (RUSP), recommended screening for phenylketonuria (PKU).
5. U.S. Preventive Services Task Force. *Screening for congenital hypothyroidism*. March 2008.
   The USPSTF isn't updating the recommendation for screening for congenital hypothyroidism in newborns. It is deferring to the Health Resources & Service Administration Recommended Uniform Screening Panel (RUSP), recommended screening for hypothyroidism.
6. U.S. Preventive Services Task Force. *Screening for sickle cell disease in newborns*. September 2007.
   The USPSTF isn't updating the recommendation for screening for congenital hypothyroidism in newborns. It is deferring to the Health Resources & Service Administration Recommended Uniform Screening Panel (RUSP), recommended screening for sickle cell anemia.
7. Illinois Department of State Health Services. Newborn screening.
   All Illinois newborns are screened for the disorders listed on the site.
8. Texas Department of State Health Services. Newborn screening program.
   All Texas newborns are screened for the disorders listed on the site.
9. Oklahoma State Department of Health. Newborn screening.
   Every baby born in Oklahoma is required to have a blood test in the first week of life. The site links to a list of disorders included in the testing.
10. New Mexico Department of Health. New Mexico Newborn Screening Program.
    New Mexico mandates two newborn screens be collected on every newborn born in New Mexico.
11. Montana Public Health and Human Services. Montana's Newborn Screenings.
    The program's goal is to ensure every baby born in Montana receives three essential newborn screenings.
12. U.S. Preventive Services Task Force. Ocular prophylaxis for gonococcal ophthalmia neonatorum. Jan. 29, 2019.
    The USPSTF recommends prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum.
13. Centers for Disease Control and Prevention. Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger. United States, 2023.
    The 2023 Schedule for children 18 and younger summarizes the childhood immunization recommendations developed and approved by the ACIP, CDC, AAP, AAFP, ACOG, ACNM, AAPA and NAPNAP.
14. U.S. Preventive Services Task Force. Vision screening in children ages 6 months to 5 years. Sept. 5, 2017.
    The USPSTF recommends vision screening for all children at least once between the ages of 3 and 5 years to detect the presence of amblyopia or its risk factors.
15. U.S. Preventive Services Task Force. Iron deficiency anemia in young children: screening. Sept. 07, 2015.
    The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of

screening for iron deficiency anemia in children ages 6 to 24 months.
Literature scans conducted in December 2020 in MEDLINE and the Cochrane Database of Systematic Reviews showed a lack of new evidence to support an updated systematic review on the topic at this time. This recommendation is for informational purposes only since it is not an A or B recommendation.

16. U.S. Preventive Services Task Force. Chlamydia and gonorrhea: screening. Sept.14, 2021.
The USPSTF recommends screening for chlamydia in all sexually active women, including pregnant persons 24 years or younger and in women 25 years or older, who are at increased risk for infection.
17. U.S. Preventive Services Task Force. Chlamydia and gonorrhea: screening. Sept. 14, 2021.
The USPSTF recommends screening for gonorrhea in all sexually active women, including pregnant persons 24 years or younger and in women 25 years or older, who are at increased risk for infection.
18. U.S. Preventive Services Task Force. Behavioral counseling to prevent sexually transmitted infections. Aug. 18, 2020.
The USPSTF recommends behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs).
19. Advisory Committee on Immunization Practices. General recommendations on immunizations. Jan. 28, 2022.
The CDC recommends routine vaccination to prevent 26 vaccine-preventable diseases that occur in infants, children, adolescents or adults.
20. American College of Cardiology and American Heart Association Task Force on Clinical Practice Guidelines. 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease. March 17, 2019.
Adults ages 40 to 75 who are being evaluated for cardiovascular disease prevention should undergo 10-year atherosclerotic cardiovascular disease (ASCVD) risk estimation and have a clinician–patient risk discussion before starting on pharmacological therapy, such as antihypertensive therapy, a statin or aspirin.
21. U.S. Preventive Services Task Force. Obesity in children and adolescents: screening. June 20, 2017.
The USPSTF recommends that providers screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.
22. U.S. Preventive Services Task Force. Depression and suicide risk in children and adolescents: screening. Oct. 11, 2022.
The USPSTF recommends screening for major depressive disorder (MDD) in adolescents ages 12 to 18.
23. American Thoracic Society and Centers for Disease Control and Prevention. Targeted tuberculin testing and treatment of latent tuberculosis infection. *Am J of Resp Crit Care Med 2000;* 161:S221-S247.
Targeted tuberculin testing programs should be conducted only among groups at high risk and discouraged in those at low risk.
24. Centers for Disease Control and Prevention. Controlling tuberculosis in the United States. MMWR 2005; 54 (RR12): 1-81.
The optimal approach is to perform tuberculin skin testing only on those children with specific risk factors for tuberculosis.
25. U.S. Preventive Services Task Force. Cervical cancer: screening. Aug. 21, 2018.
The USPSTF recommends:
    - For women ages 21 to 29, screen for cervical cancer every 3 years with cervical cytology alone
    - For women ages 30 to 65, screen every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting)
26. Fontham, ETH, Wolf, AMD, Church, TR, Etzioni, R, Flowers, CR, Herzig, A, Guerra, CE, Oeffinger, KC, Shih, Y-CT, Walter, LC, Kim, JJ, Andrews, KS, DeSantis, CE, Fedewa, SA, Manassaram-Baptiste, D, Saslow, D, Wender, RC, Smith, RA. Cervical cancer screening for individuals at average risk: 2020 guideline update from the American Cancer Society. *CA Cancer J Clin.* 2020: 70: 321- 346.
    - ACS and its partners recommend: For individuals with a cervix, initiate cervical cancer screening at age 25 and undergo primary human papillomavirus (HPV) testing every 5 years through age 65 (preferred).

- If primary HPV testing is not available, then individuals ages 25 to 65 should be screened with cotesting (HPV testing in combination with cytology) every 5 years or cytology alone every 3 years (acceptable) (strong recommendation).
- Discontinue all cervical cancer screening for individuals older than 65 years who have no history of cervical intraepithelial neoplasia grade 2 or more severe disease within the past 25 years, and who have documented adequate negative prior screening in the prior 10 years.

27. American College of Obstetricians and Gynecologists. ACOG Practice Bulletin number 157, 2016. Summary.
- Younger women should not be screened, except for women who are infected with HIV. More frequent screening is appropriate for certain women, including those infected with HIV.
- Cervical cytology alone should be used for women ages 21 to 29 years, and screening should be performed every three years.
- Women younger than 30 years should not undergo co-testing.
- Cytology and human papillomavirus (HPV) co-testing every five years is preferred for women ages 30 to 65 years; cytology alone every three years is acceptable.
- Screening should be discontinued after age 65 years in women with adequate negative prior screening test results.
- Routine cytology and HPV testing should be discontinued and not restarted for women who have had a total hysterectomy and never had cervical intraepithelial neoplasia 2 or higher.
- Acceptable screening methods include liquid-based and conventional methods of cervical cytology collection.

28. U.S. Preventive Services Task Force. Gestational diabetes: screening.
The USPSTF recommends screening for gestational diabetes in asymptomatic pregnant persons at 24 weeks of gestation or after.

29. 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease: Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines.
The AHA recommends measurement of height and weight and calculation of body mass index at least annually.

30. U.S. Preventive Services Task Force. Weight loss to prevent obesity-related morbidity and mortality in adults: behavioral interventions. Sept. 18, 2018.
The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions.

31. U.S. Preventive Services Task Force. Hypertension in adults: screening. April 27, 2021.
The USPSTF recommends:
- Screening for hypertension in adults 18 years or older with office blood pressure measurement
- Obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment

32. Smith, R.A., Andrews, K.S., Brooks, D., Fedewa, S.A., Manassaram-Baptiste, D., Saslow, D., Brawley, O.W. and Wender, R.C. (2019), Cancer screening in the United States, 2019: A review of current American Cancer Society guidelines and current issues in cancer screening. *CA: A Cancer Journal for Clinicians, 67: 100-121*.
- Women should undergo regular screening mammography starting at age 45
- Women ages 45 to 54 should be screened annually
- Women should have the opportunity to begin annual screening between ages 40 and 44
- Women 55 and older should transition to biennial screening or have the opportunity to continue screening annually
- Women should continue screening mammography as long as their overall health is good and they have a life expectancy of 10 or more years

33. U.S. Preventive Services Task Force. Breast Cancer: Screening. April 30, 2024.
The USPSTF recommends biennial screening mammography for women ages 40 to 74 years. The USPSTF again finds that the evidence is insufficient to assess the balance of benefits and harms of supplemental screening for breast

cancer using breast ultrasonography or MRI in women identified to have dense breasts on an otherwise negative screening mammogram and the balance of benefits and harms of screening mammography in women 75 years or older. Current evidence suggests that both digital mammography and digital breast tomosynthesis are effective primary screening modalities.

34. U.S. Preventive Services Task Force. Interventions for tobacco smoking cessation in adults, including pregnant persons. Jan. 19, 2021.
The USPSTF recommends that providers:
- Ask all adults about tobacco use, advise them to stop using tobacco and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to nonpregnant adults who use tobacco
- Ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco

35. U.S. Preventive Services Task Force. Unhealthy alcohol use in adolescents and adults: screening and behavioral counseling intervention. Nov. 13, 2018.
The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.

36. U.S. Preventive Services Task Force. Healthy weight and weight gain in pregnancy: behavioral counseling interventions. May 25, 2021.
The USPSTF recommends that providers offer pregnant persons effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.

37. U.S. Preventive Services Task Force. Healthy diet and physical activity for cardiovascular disease prevention in adults with cardiovascular risk factors: behavioral counseling interventions. Nov. 24, 2020.
The USPSTF recommends offering or referring adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity.

38. Smith, R.A., Andrews, K.S., Brooks, D., Fedewa, S.A., Manassaram-Baptiste, D., Saslow, D., Brawley, O.W. and Wender, R.C. (2019), Cancer screening in the United States, 2020: A review of current American Cancer Society guidelines and current issues in cancer screening.
The ACS recommends that at the time of menopause, women at average risk should be informed about the risks and symptoms of endometrial cancer and should be strongly encouraged to report unexpected bleeding or spotting to their providers.

39. U.S. Preventive Services Task Force. Statin use for the primary prevention of cardiovascular disease in adults: preventive medication. Aug. 23, 2022.
The USPSTF recommends that providers prescribe a statin for the primary prevention of CVD for adults ages 40 to 75 years who have 1 or more CVD risk factors (such as dyslipidemia, diabetes, hypertension or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater.

40. American Diabetes Association. Standards of medical care in diabetes 2023.
In adults not taking statins or other lipid-lowering therapy, it is reasonable to obtain a lipid profile at the time of diabetes diagnosis, at an initial medical evaluation and every 5 years thereafter if under the age of 40 years, or more frequently if indicated.

41. U.S. Preventive Services Task Force. BRCA-related cancer: risk assessment, genetic counseling and genetic testing. Aug. 20, 2019.
The USPSTF recommends that primary care providers assess women with a personal or family history of breast, ovarian, tubal or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing.

42. Smith, R.A., Andrews, K.S., Brooks, D., Fedewa, S.A., Manassaram-Baptiste, D., Saslow, D. , Brawley, O.W. and Wender, R.C. (2019), Cancer screening in the United States, 2019: A review of current American Cancer Society guidelines

and current issues in cancer screening. *CA: A Cancer Journal for Clinicians, 67: 100-121*.
Men who have at least a 10-year life expectancy should have an opportunity to make an informed decision with their health care provider about whether to be screened for prostate cancer, after receiving information about the benefits, risks and uncertainties associated with prostate cancer. Prostate cancer screening should not occur without an informed decision-making process.

43. U.S. Preventive Services Task Force. Prostate cancer: screening. May 8, 2018.
The USPSTF recommends men ages 55 to 69 make an individual decision about prostate cancer screening with their clinician. The USPSTF recommends against routine screening for men ages 70 and older.

44. American Urological Association. Early detection of prostate cancer. Published 2013; Reviewed and Validated 2018.
- The AUA recommends against screening for prostate cancer in men under age 40 years.
- It does not recommend routine screening in men ages 40 to 54 at average risk.
- It recommends shared decision-making for men ages 55-69 years who are considering PSA screening, and proceeding based on a man's values and preferences. A routine screening interval of two years or more may be preferred over annual screening in those who have decided on screening.
- Routine PSA screening is not recommended in men over 70 years of age or in any man with less than a 10- to 15-year life expectancy.

45. Smith, R.A., Manassaram-Baptiste, D., Brooks, D., Doroshenk, M., Fedewa, S., Saslow, D., Brawley, O.W. and Wender, R. (2019), Cancer screening in the United States, 2019: A review of current American Cancer Society guidelines and current issues in cancer screening. *CA: A Cancer Journal for Clinicians, 65: 30–54.* doi: 10.3322/caac.
- Adults ages 45-75, for all tests listed fecal immunochemical test (annual), or high-sensitivity guaiac-based fecal occult blood test (annual) or multitarget stool DNA test (every 3 years, per manufacturer's recommendation) or colonoscopy (every 10 years) or CT colonography (every 5 years) or flexible sigmoidoscopy (every 5 years):
  - Adults ages 45 and older should undergo regular screening with either a high-sensitivity, stool-based test or a structural (visual) examination, depending on patient preference and test availability.
  - As part of the screening process, all positive results on noncolonoscopy screening tests should be followed with timely colonoscopy.
  - Adults in good health with a life expectancy of greater than 10 years should continue screening through age 75.
- Adults ages 76 through 85: Decisions should be individualized based on patient preferences, life expectancy, health status and prior screening history. If a decision is made to continue screening, the patient should be offered options as listed above.
- Adults older than 85 should be discouraged from continuing screening

46. U.S. Preventive Services Task Force. Colorectal cancer: screening. May 18, 2021.
The USPSTF recommends screening for colorectal cancer starting at age 45 and continuing until age 75. The risks and benefits of different screening methods vary.

47. Centers for Disease Control and Prevention. Colorectal cancer screening tests.
Several screening tests can be used to find polyps or colorectal cancer. Providers should discuss when to begin screening, which test is right and how often to get tested with persons at an increased risk for colorectal cancer.

48. U.S. Preventive Services Task Force. Depression in adults: screening. Jan. 26, 2016.
The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment and appropriate follow-up.

49. Advisory Committee on Immunization Practices. Recommended adult immunization schedule.
The schedule summarizes the immunizations recommended by the ACIP for ages 19 and older.

50. Centers for Disease Control and Prevention. Prevention and control of seasonal influenza with vaccines, 2022-23. September 2022.
Routine annual influenza vaccination is recommended for all persons 6 months and older who do not have

contraindications. No preferential recommendation is made for one influenza vaccine product over another for persons for whom more than one licensed, recommended product is available.

51. U.S. Preventive Services Task Force. Screening for hypertension in adults. April 27, 2021.
The USPSTF recommends:

- Screening for hypertension in adults 18 years or older with office blood pressure measurement
- Obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment

52. U.S. Preventive Services Task Force. Folic acid for the prevention of neural tube defects: preventive medication. Jan. 10, 2017.
The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 (400 to 800 µg) of folic acid.

53. U.S. Preventive Services Task Force. Breast cancer: medication use to reduce risk. Sept. 3, 2019.
The USPSTF recommends that providers offer to prescribe risk-reducing medications – such as tamoxifen, raloxifene or aromatase inhibitors – to women who are at increased risk for breast cancer and at low risk for adverse medication effects.

54. U.S. Preventive Services Task Force: Prediabetes and Type 2 diabetes: screening. Aug. 24, 2021.
The USPSTF recommends screening for prediabetes and type 2 diabetes in adults ages 35 to 70 years who have overweight or obesity. Providers should offer or refer patients with prediabetes to effective preventive interventions.

55. American Diabetes Association. Standards of Medical Care in Diabetes 2023.
Prevention or delay of Type 2 diabetes
Criteria for testing for diabetes or prediabetes in asymptomatic adults:

- Adults of any age with overweight or obesity, and who have one or more of the following risk factors:
  - First-degree relative with diabetes
  - High-risk race/ethnicity, such as African American, Latino, Native American, Asian American, Pacific Islander
  - History of CVD
  - Hypertension (≥140/90 mmHg or on therapy for hypertension)
  - HDL cholesterol level <35 mg/dL (0.90 mmol/L) and/or a triglyceride level >250 mg/dL (2.82 mmol/L)
  - Women with polycystic ovary syndrome
  - Physical inactivity
  - Other clinical conditions associated with insulin resistance, such as severe obesity or acanthosis nigricans
- Test patients with prediabetes yearly
- Test all other adults, beginning at age 35, regardless of weight
  - Women with prior gestational diabetes mellitus

Refer patients with prediabetes to a program of intensive diet and physical activity with a behavioral counseling component:

- Target 5% body weight loss
- Encourage at least 200-300 minutes/week of high levels of physical activity
- Offer follow-up, including counseling, diabetes self-management education and ongoing support

56. U.S. Preventive Services Task Force. Human Immunodeficiency Virus (HIV) infection: screening. June 11, 2019.
The USPSTF recommends that providers screen for HIV infections in:

- Adolescents and adults ages 15 to 65
- Younger adolescents and older adults who are at increased risk of infection
- All pregnant persons, including those who present in labor or at delivery whose HIV status is unknown

57. U.S. Preventive Services Task Force. Syphilis infection in nonpregnant adults and adolescents: screening. Sept. 27, 2022.
The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.

58. U.S. Preventive Services Task Force. Syphilis infection in pregnant women: screening. Sept. 4, 2018.
The USPSTF recommends early screening for syphilis infection in all pregnant women.

59. U.S. Preventive Services Task Force. Intimate partner violence, elder abuse, and abuse of vulnerable adults: screening. Oct. 23, 2018.
The USPSTF recommends that providers screen for intimate partner violence (IPV) in women of reproductive age and provide or refer women who screen positive to ongoing support services.

60. U.S. Preventive Services Task Force. Osteoporosis to prevent fractures: screening. June 26, 2018.
The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures:

- In women 65 years and older
- In postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool

61. U.S. Preventive Services Task Force. Abdominal aortic aneurysm: screening. Dec. 10, 2019.
The USPSTF recommends one-time screening for abdominal aortic aneurysm (AAA) by ultrasonography in men ages 65 to 75 who have ever smoked.

62. U.S. Preventive Services Task Force. Skin cancer prevention: behavioral counseling. March 20, 2018.
The USPSTF recommends counseling young adults, adolescents, children and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons ages 6 months to 24 years with fair skin types to reduce their risk of skin cancer.

63. U.S. Preventive Services Task Force. Falls prevention in community-dwelling older adults: interventions. April 17, 2018.
The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.

64. U.S. Preventive Services Task Force. Hepatitis C virus infection in adolescents and adults: screening. March 02, 2020.
The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults ages 18 to 79.

65. American Academy of Pediatrics, ACOG Committee on Obstetrics: Guidelines for perinatal care. 8th ed. Elk Grove Village, Ill: American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. September 2017.

66. U.S. Preventive Services Task Force. Prevention and cessation of tobacco use in children and adolescents: primary care interventions. April 28, 2020.
The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.

67. U.S. Preventive Services Task Force. Prevention of dental caries in children younger than 5 years: screening and interventions. Dec. 07, 2021.
The USPSTF recommends that primary care providers:

- Prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride
- Apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption

68. U.S. Preventive Services Task Force. Screening for Hepatitis B virus infection in adolescents and adults. Dec. 15, 2020.
The USPSTF recommends screening for hepatitis B virus (HBV) infection in adolescents and adults at increased risk for infection.

69. U.S. Preventive Services Task Force. Lung cancer: screening. March 9, 2021.
The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults

ages 55 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.

70. Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines 2018.
Primary prevention of ASCVD over the lifespan requires attention to prevention or management of ASCVD risk factors beginning early in life. One major ASCVD risk factor is elevated serum cholesterol, usually identified clinically as measured LDL-C. Screening can be performed with fasting or nonfasting measurement of lipids.

- In children, adolescents (10 to 19 years of age) and young adults (20 to 39 years of age), priority should be given to estimation of lifetime risk and promotion of lifestyle risk reduction. Drug therapy is needed only in selected patients with moderately high LDL-C levels (≥160 mg/dL [≥4.1 mmol/L]) or patients with very high LDL-C levels (190 mg/dL [4.9 mmol/L]).

Three major higher-risk categories are patients with severe hypercholesterolemia (LDL-C levels ≥190 mg/dL [≥4.9 mmol/L]), adults with diabetes mellitus and adults ages 40 to 75.

- Patients with severe hypercholesterolemia and adults ages 40 to 75 with diabetes mellitus are candidates for immediate statin therapy without further risk assessment. Adults with diabetes mellitus should start with a moderate-intensity statin, and as they accrue multiple risk factors, a high-intensity statin may be indicated.
- In other adults ages 40 to 75, 10-year ASCVD risk should guide therapeutic considerations. The higher the estimated ASCVD risk, the more likely the patient is to benefit from evidence-based statin treatment. The risk discussion should also consider several "risk enhancers" that can be used to favor initiation or intensification of statin therapy.

71. U.S. Preventive Services Task Force. Aspirin use to prevent preeclampsia and related morbidity and mortality: preventive medication. Sept. 28, 2021.
The USPSTF recommends the use of low-dose aspirin (81 mg/day) as preventive medication after 12 weeks of gestation in persons who are at high risk for preeclampsia.

72. U.S. Preventive Services Task Force. Preeclampsia: screening. April 25, 2017.
The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.

73. ACOG Committee Opinion Number 736: Optimizing Postpartum Care. Reaffirmed 2021.
This Committee Opinion has been revised to reinforce the importance of the "fourth trimester" and to propose a new paradigm for postpartum care.

It is recommended that all women have contact with their obstetrician–gynecologists or other obstetric care providers within the first 3 weeks postpartum. This initial assessment should be followed up with ongoing care as needed, concluding with a comprehensive postpartum visit no later than 12 weeks after birth.

The comprehensive postpartum visit should include a full assessment of physical, social and psychological well-being, including the following domains: mood and emotional well-being; infant care and feeding; sexuality, contraception and birth spacing; sleep and fatigue; physical recovery from birth; chronic disease management; and health maintenance.

Women with chronic medical conditions such as hypertensive disorders, obesity, diabetes, thyroid disorders, renal disease and mood disorders should be counseled regarding the importance of timely follow-up with their obstetrician–gynecologists or primary care providers for ongoing coordination of care.

74. U.S. Preventive Services Task Force. Perinatal depression: preventive interventions. Feb. 12, 2019.
The USPSTF recommends that providers provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions.

75. American Academy of Pediatrics. Ultraviolet radiation: a hazard to children and adolescents. March 2011.
People at highest risk of melanoma have light skin and eyes and sunburn easily. Risk of developing melanoma is increased for people with a first-degree relative who has had melanoma or those with a personal history of previous

melanoma. Those who freckle easily and those with a large number of typical or atypical moles (high nevus count) are also at higher risk of cutaneous malignancy. People with xeroderma pigmentosum (a condition in which there is a genetically determined defect in the repair of DNA damaged by UVR) and related disorders are at increased risk of melanoma.

76. U.S. Preventive Services Task Force. Asymptomatic bacteriuria in adults: screening. Sept. 24, 2019.
The USPSTF recommends screening for asymptomatic bacteriuria using urine culture in pregnant persons.

77. U.S. Preventive Services Task Force. Hepatitis B virus infection in pregnant women: screening. July 23, 2019.
The USPSTF recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit.

78. U.S. Preventive Services Task Force. Prevention of Human Immunodeficiency Virus (HIV) infection: preexposure prophylaxis. June 11, 2019.
The USPSTF recommends that providers offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition.

79. U.S. Preventive Services Task Force. Unhealthy drug use: screening. June 2020.
The USPSTF recommends screening by asking questions about unhealthy drug use in adults ages 18 or older. Screening should be implemented when services for accurate diagnosis, effective treatment and appropriate care can be offered or referred. Screening refers to asking questions about unhealthy drug use, not testing biological specimens.

80. National Center for Biotechnology Information, U.S. National Library of Medicine. Vital Sign Assessment.
In this article, vital signs consist of temperature, pulse rate, blood pressure and respiratory rate. It is noted that the first set of clinical examinations is an evaluation of the vital signs of the patient. The basis of patient triage in an urgent care/prompt care or an emergency room is on their vital signs as it tells the provider the degree of derangement that is happening from the baseline. In addition, it is noted that the degree of vital sign abnormalities may also predict the long-term patient health outcomes, return emergency room visits, frequency of readmission to hospitals and utilization of healthcare resources.

81. American Association of Family Physicians (AAFP). Addressing Social Determinants of Health in Primary Care: Team-Based Approach For Advancing Health Equity. 2018.
AAFP recommends the regular assessment of social determinants of health (SDOH), including socioeconomic status; racism and discrimination; poverty and income inequality; and the lack of community resources. SDOH can account for as much as 55% of health outcomes.

82. American Medical Association. Advanced Care Planning. June 2011.
The AMA recommends planning and discussing advanced directives regardless of current health status. This gives individuals the opportunity to reflect on and express the values they want to have govern their care, to articulate the factors that are important to them for quality of life, and to make clear any preferences they have with respect to specific interventions should they not have decision-making capacity.

Document links were accessed Aug. 1, 2023.