

Women's Preventative Health

Routine Screening and Recommendations

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Purpose of the Annual OBGYN Exam

- Detect and treat any new or ongoing health problems as well as to help prevent future ones from developing
- No matter a woman's age, there are standard components of the annual ob-gyn exam
 - Current health status
 - Nutrition
 - Physical Activity
 - Sexual Practices
 - Tobacco, Alcohol and Drug Use
- The standard exam also includes height, weight, BMI, and blood pressure

Misconceptions

- The WVE is just a pap and pelvic exam
- If you do not need a pap, then you can skip the ob-gyn visit all together
- Every time you have a pelvic exam, a pap is included
- Every time you have a pelvic exam, cervical cultures for STD's are drawn

The First Visit to an OB-GYN

- Between the ages of 13 - 15
- Should include screening and provision preventive health care services and GUIDANCE
- Provides an excellent opportunity for the obstetrician-gynecologist to start a physician-patient relationship
- This visit does not necessarily include an internal pelvic exam and usually does NOT
- Any pelvic exam on a child this age should be referred to someone with training and expertise in adolescent gynecology

What should every visit include?

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

What should every visit include?

- Physical Exam
 - Height
 - Weight
 - BMI
 - Blood Pressure
- Evaluation and Counseling
 - Exercise – discussion of program
 - Dietary/nutrition assessment

What should every visit include?

- Psychosocial Evaluation
 - Interpersonal/family relationships
- Cardiovascular Risk Factors
 - Family History
 - Hypertension
 - Dyslipidemia
 - Obesity
 - Diabetes Mellitus

What should every visit include?

- Immunizations
 - DPT or Tdap vaccine booster
 - Varicella Vaccine (one series for those without evidence of immunity)
 - Influenza Vaccine (annually)

Age Specific Assessment

Ages 13-18 Years

- Screening
 - Abuse/Neglect
 - Sexual Practices
- Physical Exam
 - Tanner Staging
 - Pelvic Exam – when indicated by the medical history
 - Skin
- Laboratory Testing
 - GC and CT if sexually active
 - Can perform urine testing if necessary
 - HIV if sexually active

Age Specific Assessment

Ages 13-18 Years

- Evaluation and counseling
 - Development
 - High Risk behaviors
 - Preventing unwanted or unintended pregnancy
 - Postponing sexual involvement
 - Contraceptive options, including emergency contraception
 - STDs
 - Partner selection
 - Barrier selection

Age Specific Assessment

Ages 13-18 Years

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

Age Specific Assessment

Ages 13-18 Years

- Health/Risk Behaviors
 - Hygiene (including dental), fluoride supplementation
 - Injury prevention
 - Exercise/sports
 - Firearms
 - Hearing
 - Occupational and recreational hazards
 - Safe driving practices
 - Helmet use
 - Skin exposure to ultraviolet rays
 - Tobacco, alcohol and other drug use

Age Specific Assessment

Ages 13-18 Years

- Immunizations
 - Hepatitis B Vaccine series (one series for those not previously immunized)
 - MMR vaccine (for those not previously immunized)
 - Meningococcal vaccine (before entry into high school, or those not previously immunized)
 - HPV Vaccine
- High risk groups
 - Hepatitis A (asplenia, complement deficiencies, college dorm residents)
 - Pneumococcal vaccine (chronic illness, Alaskan natives, some American Indians)

Age Specific Assessment

Ages 19-39 Years

- Screening
 - History
 - Abuse/Neglect
 - Sexual History
 - Urinary or Fecal incontinence
 - Physical Exam
 - Neck: adenopathy, thyroid
 - Breasts
 - Abdomen
 - Pelvic Exam
 - For ages 19 – 20 when indicated by the medical history
 - For ages 21 and above, periodic examination

Age Specific Assessment

Ages 19-39 Years

- Laboratory Testing
 - Cervical Cytology
 - See Chart
 - Gonorrhea and Chlamydia testing (if ages 25 or younger and sexually active) – may consider urine testing if not needing a pap smear/pelvic for other reasons
 - HIV testing

Age Specific Assessment

Ages 19-39 Years

- Laboratory Testing for high risk groups
 - BMD testing
 - Colorectal cancer screening
 - Fasting glucose testing
 - Genetic testing/counseling
 - Hemoglobin level assessment
 - Hep C virus testing
 - Lipid Profile assessment
 - Mammography
 - Rubella titer assessment
 - STD testing
 - TSH testing
 - TB skin testing

Age Specific Assessment

Ages 19-39 Years

- Sexuality and Reproductive Planning
 - Contraceptive options for prevention of unwanted pregnancy
 - Discussion of reproductive health plan
 - High risk behaviors
 - Preconception and genetic counseling
 - Sexual function
 - STDs
- Psychosocial Evaluation
 - Intimate partner violence
 - Date rape prevention
 - Work Satisfaction
 - Sleep Disorders

Age Specific Assessment

Ages 19-39 Years

- Cardiovascular Risk Factors
 - Family history
 - Diabetes mellitus
 - Lifestyle
- Health/Risk Behaviors
 - Breast Self Exam
 - Chemoprophylaxis for breast cancer for high risk women aged 35 years or older
 - Hygiene
 - Injury Prevention
 - Sun Exposure
 - Tobacco, alcohol and drug use,
 - Suicide: depressive symptoms

Age Specific Assessment

Ages 19-39 Years

- Immunizations
 - HPV vaccine (one series for those aged 26 or less and not previously immunized)
 - High Risk Groups
 - Hep A Vaccine
 - Hep B Vaccine
 - MMR
 - Meningococcal vaccine
 - Pneumococcal vaccine

Age Specific Assessment

Ages 40 - 64 Years

- Screening
 - History
 - Urinary and Fecal Incontinence
 - Menopausal symptoms
 - Pelvic organ prolapse
 - Physical Examination
 - Oral Cavity
 - Neck: adenopathy, thyroid
 - Breasts, axillae
 - Abdomen
 - Pelvic Exam
 - Skin

Age Specific Assessment

Ages 40 - 64 Years

- Laboratory Testing
 - Cervical Cytology
 - May screen every 3 years after three consecutive negative test results IF no history of CIN 2,3; HIV, or DES exposure OR every 3 years after negative HPV DNA test and negative cervical cytology
 - Colorectal cancer screening beginning at age 50 years for low risk patients – colonoscopy every 10 years is preferred
 - Fasting glucose (every 3 years after 45)
 - HIV
 - Lipid profile assessment (every 5 years beginning at age 45)
 - Mammography every 1 – 2 years beginning at age 40, then yearly (according to ACOG)
 - TSH every 5 years beginning at age 50

Age Specific Assessment

Ages 40 - 64 Years

- Evaluation and Counseling
 - Sexuality
 - High-Risk Behaviors
 - Contraceptive options for prevention of unwanted pregnancy
 - STD: partner selection and barrier protection
 - Psychosocial Evaluations
 - Intimate partner violence
 - Job satisfaction
 - Retirement planning
 - Lifestyles/stress
 - Sleep disorders

Age Specific Assessment

Ages 40 - 64 Years

- Health/Risk Behaviors
 - Aspirin prophylaxis to reduce the risk of stroke (ages 55 – 79 years)
 - Breast self examination
 - Chemoprophylaxis for breast cancer in high risk women
 - Hormone therapy
 - Hygiene
 - Injury prevention
 - Sun exposure
 - Suicide
 - Tobacco alcohol and drug abuse

Age Specific Assessment

Ages 40 - 64 Years

- Immunizations
 - Herpes Zoster (single dose in adults aged 60 or older)
 - High Risk Groups
 - Hep A vaccine
 - Hep B vaccine
 - MMR
 - Meningococcal vaccine
 - Pneumococcal vaccine

Age Specific Assessment

Ages 65 years and older

- Screening
 - History
 - Menopausal symptoms
 - Fecal and urinary incontinence
 - Pelvic prolapse
 - PE
 - Oral Cavity
 - Neck
 - Breasts/axillae
 - Abdomen
 - Pelvic exam
 - Skin

Age Specific Assessment

Ages 65 years and older

- Lab Testing
 - BMD in the absence of new risk factors, screen no frequently than every 2 years
 - Cervical Cytology
 - See Chart

Age Specific Assessment

Ages 65 years and older

- Lab Testing
 - Colorectal Cancer screening – colonoscopy every 10 years is preferred
 - Fasting glucose testing every 3 years
 - Lipid profile assessment every 5 years
 - Mammography
 - TSH every 5 years
 - Urinalysis
 - High Risk Groups
 - Hemoglobin level assessment
 - Hep C virus testing
 - HIV testing
 - STD testing
 - TB skin testing

Age Specific Assessment

Ages 65 years and older

- Evaluation and Counseling
 - Sexuality
 - Sexual function
 - Sexual behaviors
 - STD's
 - Psychosocial Evaluation
 - Neglect/abuse
 - Lifestyle/ stress
 - Depression/ sleep disorders
 - Work/retirement satisfaction
 - Sedentary lifestyle

Age Specific Assessment

Ages 65 years and older

- Health/Risk Behaviors
 - Aspirin Prophylaxis (for women aged 79 and younger)
 - BSE
 - Chemoprophylaxis for breast cancer (for high risk women)
 - Hearing
 - Hormone therapy
 - Hygiene
 - Injury Prevention
 - Sun exposure
 - Suicide/depression
 - Tobacco, alcohol and drug use
 - Visual acuity/glaucoma

Age Specific Assessment

Ages 65 years and older

- Immunizations
 - Herpes zoster
 - Pneumococcal vaccine
 - High Risk Groups
 - Hep A
 - Hep B
 - Meningococcal vaccine

Leading Causes of Death

Ages	13 - 18	19 - 39	40 - 64	65 and older
1	Accidents	Malignant neoplasm	Malignant neoplasm	Heart Disease
2	Malignant neoplasm	Accidents	Heart Disease	Malignant Neoplasm
3	Suicide	Heart Disease	Accidents	Cerebrovascular Disease
4	Assault	Suicide	Chronic Respiratory Disease	Chronic Respiratory Disease
5	Heart Disease	HIV	Cerebrovascular Disease	Alzheimer's
6	Congenital malformations	Assault	Diabetes Mellitus	Influenza/Pneumonia
7	Chronic Respiratory Disease	Cerebrovascular Disease	Chronic liver disease	Kidney Disease
8	Cerebrovascular Disease	Diabetes mellitus	Septicemia	Diabetes Mellitus
9	Influenza and Pneumonia	Chronic liver disease	Suicide	Accidents
10	In situ neoplasm	Chronic respiratory disease	HIV	Septicemia

Screening Methods for Cervical Cancer: Joint Recommendations of the American Cancer Society, the American Society for Colposcopy and Cervical Pathology, and the American Society for Clinical Pathology

Population	Recommended Screening Method	Comment
Women younger than 21 years	No screening	
Women aged 21–29 years	Cytology alone every 3 years	
Women aged 30–65 years	Human papillomavirus and cytology co-testing (preferred) every 5 years Cytology alone (acceptable) every 3 years	Screening by HPV testing alone is not recommended
Women older than 65 years	No screening is necessary after adequate negative prior screening results	Women with a history of CIN 2, CIN 3 or adenocarcinoma in situ should continue routine age-based screening for at least 20 years
Women who underwent total hysterectomy	No screening is necessary	Applies to women without a cervix and without a history of CIN 2, CIN 3, adenocarcinoma in situ, or cancer in the past 20 years
Women vaccinated against HPV	Follow age-specific recommendations (same as unvaccinated women)	

Abbreviations: CIN indicates cervical intraepithelial neoplasia; HPV, human papillomavirus.

Modified from Saslow D, Solomon D, Lawson HW, Killackey M, Kulasingam SL, Cain J, et al. American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology screening guidelines for the prevention and early detection of cervical cancer.

Management of Screening Results: Joint Recommendations by the American Cancer Society, the American Society for Colposcopy and Cervical Pathology, and the American Society for Clinical Pathology

Screening Method	Result	Management
Cytology screening alone	Cytology negative or ASC-US cytology and HPV negative	Screen again in 3 years
	All others	Refer to ASCCP guidelines*
Co-testing	Cytology negative, HPV negative or ASC-US cytology and HPV negative	Screen again in 5 years
	Cytology negative and HPV positive	Option 1: 12-month follow-up with co-testing Option 2: Test for HPV-16 or HPV-16/18 genotypes • If positive results from test for HPV-16 or HPV-16/18, referral for colposcopy • If negative results from test for HPV-16 or HPV-16/18, 12-month follow-up with co-testing
	All others	Refer to ASCCP guidelines*

Abbreviations: ASC-US indicates atypical squamous cells of undetermined significance; HPV, human papillomavirus.

*Wright TC Jr, Massad LS, Dunton CJ, Spitzer M, Wilkinson EJ, Solomon D. 2006 consensus guidelines for the management of women with abnormal cervical cancer screening tests. 2006 American Society for Colposcopy and Cervical Pathology-sponsored Consensus Conference. *Am J Obstet Gynecol* 2007;197:346–55.

Modified from Saslow D, Solomon D, Lawson HW, Killackey M, Kulasingam SL, Cain J, et al. American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology screening guidelines for the prevention and early detection of cervical cancer. *CA Cancer J Clin* 2012;62:147-172.

Management of Cytology Negative and HPV positive Co-testing Results – Option 1

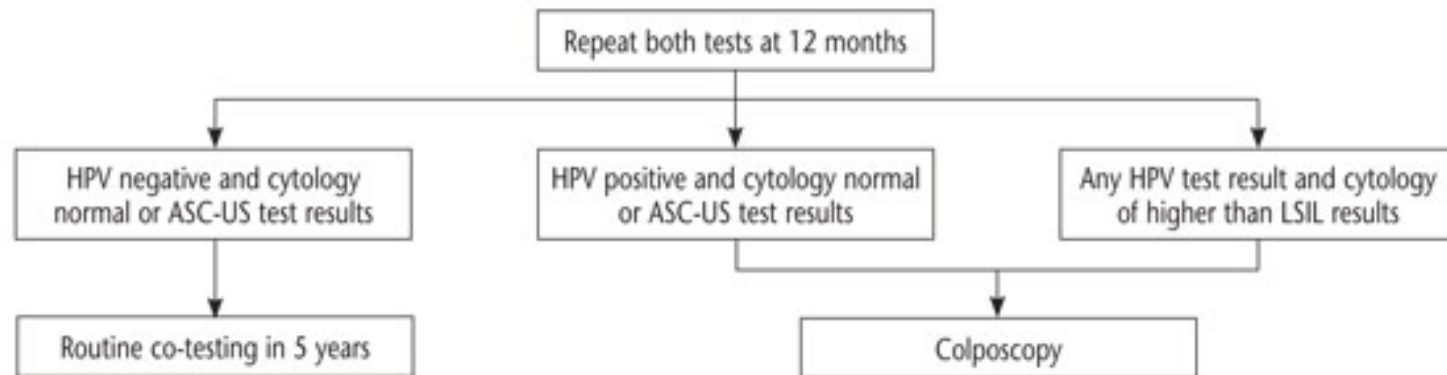


Fig. 1. Management of cytology negative and human papillomavirus positive co-testing results—option 1. (Saslow D, Solomon D, Lawson HW, Killackey M, Kulasingam SL, Cain J, et al. American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology screening guidelines for the prevention and early detection of cervical cancer. *CA Cancer J Clin* 2012;62:147–72.)

Abbreviations: ASC-US indicates atypical squamous cells of undetermined significance; HPV, human papillomavirus; LSIL, low-grade squamous intraepithelial lesion.

Management of Cytology Negative and HPV Positive Testing Results – Option 2

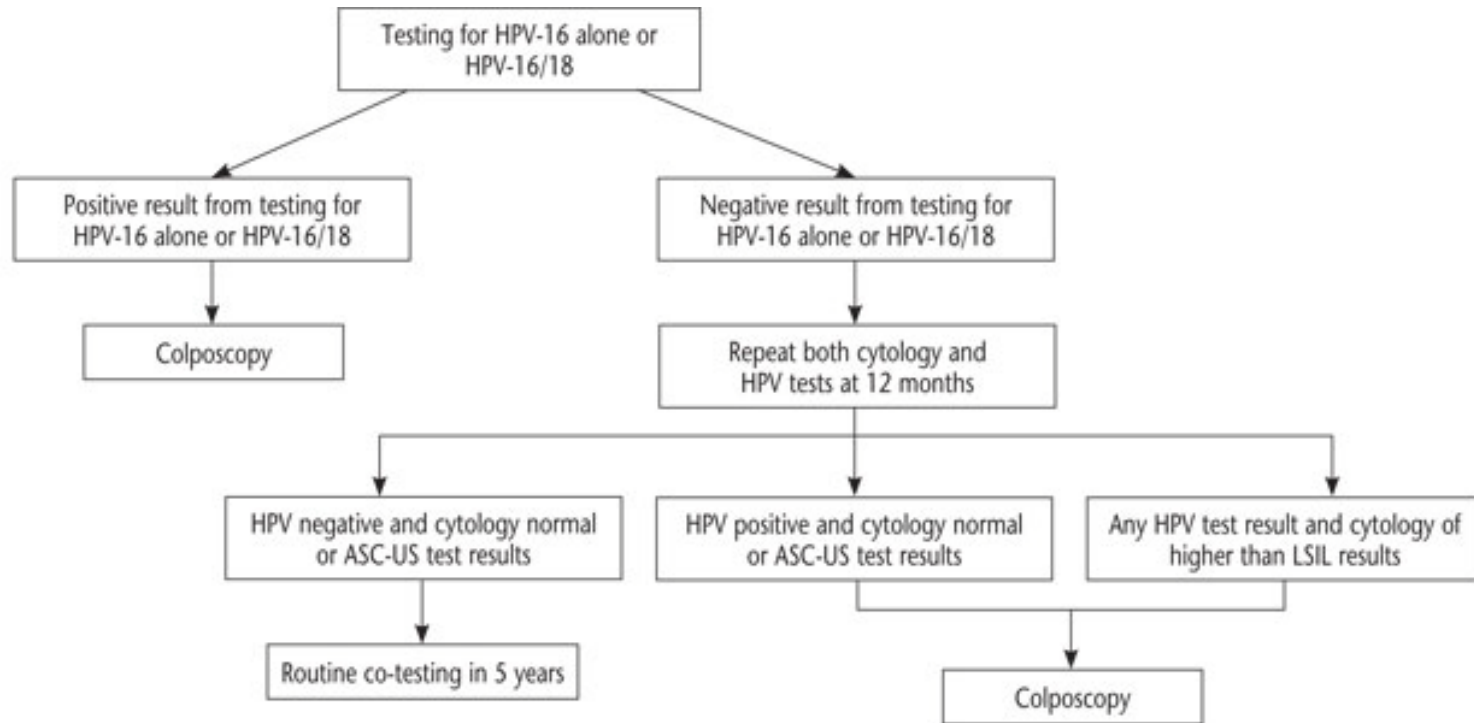


Fig. 2. Management of cytology negative and human papillomavirus positive testing results—option 2. (Saslow D, Solomon D, Lawson HW, Killackey M, Kulasingam SL, Cain J, et al. American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology screening guidelines for the prevention and early detection of cervical cancer. *CA Cancer J Clin* 2012;62:147–72.)

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