Women’s Preventative Health

Routine Screening and Recommendations

Mary Claire Haver, MD
Assistant Professor
Associate Residency Director
Department of Obstetrics and Gynecology
University of Texas Medical Branch
Galveston, Texas
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 WWE 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 more 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

<table>
<thead>
<tr>
<th>Ages</th>
<th>13 - 18</th>
<th>19 - 39</th>
<th>40 - 64</th>
<th>65 and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accidents</td>
<td>Malignant neoplasm</td>
<td>Malignant neoplasm</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>2</td>
<td>Malignant neoplasm</td>
<td>Accidents</td>
<td>Heart Disease</td>
<td>Malignant Neoplasm</td>
</tr>
<tr>
<td>3</td>
<td>Suicide</td>
<td>Heart Disease</td>
<td>Accidents</td>
<td>Cerebrovascular Disease</td>
</tr>
<tr>
<td>4</td>
<td>Assault</td>
<td>Suicide</td>
<td>Chronic Respiratory Disease</td>
<td>Chronic Respiratory Disease</td>
</tr>
<tr>
<td>5</td>
<td>Heart Disease</td>
<td>HIV</td>
<td>Cerebrovascular Disease</td>
<td>Alzheimer’s</td>
</tr>
<tr>
<td>6</td>
<td>Congenital malformations</td>
<td>Assault</td>
<td>Diabetes Mellitus</td>
<td>Influenza/Pneumonia</td>
</tr>
<tr>
<td>7</td>
<td>Chronic Respiratory Disease</td>
<td>Cerebrovascular Disease</td>
<td>Chronic liver disease</td>
<td>Kidney Disease</td>
</tr>
<tr>
<td>8</td>
<td>Cerebrovascular Disease</td>
<td>Diabetes mellitus</td>
<td>Septicemia</td>
<td>Diabetes Mellitus</td>
</tr>
<tr>
<td>9</td>
<td>Influenza and Pneumonia</td>
<td>Chronic liver disease</td>
<td>Suicide</td>
<td>Accidents</td>
</tr>
<tr>
<td>10</td>
<td>In situ neoplasm</td>
<td>Chronic respiratory disease</td>
<td>HIV</td>
<td>Septicemia</td>
</tr>
<tr>
<td>Population</td>
<td>Recommended Screening Method</td>
<td>Comment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>-------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women younger than 21 years</td>
<td>No screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women aged 21–29 years</td>
<td>Cytology alone every 3 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women aged 30–65 years</td>
<td>Human papillomavirus and cytology co-testing (preferred) every 5 years</td>
<td>Screening by HPV testing alone is not recommended</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cytology alone (acceptable) every 3 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women older than 65 years</td>
<td>No screening is necessary after adequate negative prior screening results</td>
<td>Women with a history of CIN 2, CIN 3 or adenocarcinoma in situ should continue routine age-based screening for at least 20 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women who underwent total hysterectomy</td>
<td>No screening is necessary</td>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women vaccinated against HPV</td>
<td>Follow age-specific recommendations (same as unvaccinated women)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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


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


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

![Flowchart showing the management process for HPV testing results.]


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