



Preventive Health Care Guideline

The Clinical Practice Guideline for Preventive Health Care was reviewed and approved by Unity's Clinical Quality Improvement Committee (CQIC) on November 19, 2010. The guideline had previously been approved by CQIC on July 18, 2008, and annually since 2000.

The UW Medical Foundation, UW Hospital and Clinics, UW Health Department of Family Medicine and Internal Medicine, UW Health Department of Women's Health, UW Health Department of OB/GYN, UW Health Department of Pediatrics, Unity Health Insurance, Physicians Plus Insurance Corporation, and Group Health Cooperative participated in the development and revision of this guideline. The task force was a multidisciplinary work group comprised of physicians, health educators, and quality improvement staff.



PREVENTIVE HEALTH CARE GUIDELINE – 2010

Guidelines are designed to assist clinicians by providing a framework for the evaluation and treatment of patients. This guideline outlines the preferred approach for most patients. It is not intended to replace a clinician’s judgment or to establish a protocol for all patients. It is understood that some patients will not fit the clinical condition contemplated by a guideline and that a guideline will rarely establish the only appropriate approach to a problem.

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1. Preventive Health Guideline for Prenatal and Postpartum Care

FREQUENCY OF PRENATAL VISITS

GESTATIONAL AGE	FREQUENCY OF VISITS
4 - 32 weeks	Every 4 weeks
32 - 36 weeks	Every 2 weeks
37+ weeks	Every week

PRENATAL / POSTPARTUM PREVENTIVE CARE TIMELINE

	PRE-PREGNANCY	FIRST PRENATAL VISIT	DURING PREGNANCY	AFTER PREGNANCY
SCREENINGS	<ul style="list-style-type: none"> • Screen for HIV. • Screen for depression.⁵ 	<ul style="list-style-type: none"> • Screen for gonorrhea and chlamydia, syphilis, and HIV (if not done pre-conceptually). • Offer screen for cystic fibrosis to appropriate ethnic groups. • Screen for blood type and Indirect Coombs antibody testing. • Pap test. • African-American women should be tested for Sickle Cell Disease. • Screen for Iron deficiency. 	<ul style="list-style-type: none"> • Urine testing at 12 – 16 weeks with urinalyses to include leukocyte esterase and urine culture to screen for asymptomatic bacteriuria. • Screen for Group B Streptococcus late in pregnancy³ (36 weeks). • Screen for Indirect Coombs antibody testing if not previously done. • Screen for gestational diabetes at 26-30 weeks or sooner if risk factors.⁴ • Screen for depression.⁵ 	<ul style="list-style-type: none"> • Screen for postpartum depression.⁵
TREATMENT STANDARDS	Daily prenatal vitamin containing 0.4 – 0.8 mg folic acid for women planning pregnancy. ¹ Begin at least 1 month prior to conception and continue during		Provide Rh (D) immune globulin to all Rh negative women at 28 weeks.	<ul style="list-style-type: none"> • Administer Rh (D) immune globulin to unsensitized postpartum Rh negative women within 72 hours of birth, if fetus is Rh positive or unknown. • Check-up within 4 – 6 weeks after delivery.

	pregnancy.			
	PRE-PREGNANCY	FIRST PRENATAL VISIT	DURING PREGNANCY	AFTER PREGNANCY
VACCINATIONS	<ul style="list-style-type: none"> • Screen for rubella or vaccination if no previous immunity at least 4 weeks prior to becoming pregnant. • Screen for varicella or vaccination if no previous immunity 8 weeks prior to becoming pregnant. • Screen for Tdap. 	<ul style="list-style-type: none"> • Screen for rubella (if not done pre-conceptually). • Screen for hepatitis B² 	<ul style="list-style-type: none"> • During flu season offer vaccine to all women regardless of trimester. Pregnant women should only receive inactivated flu vaccine. • If never received Tdap, give it immediate post partum period. 	<ul style="list-style-type: none"> • Varicella vaccination if no previous immunity. • Rubella vaccination if no previous vaccination. • Screen for Tdap.

¹**Folic Acid** – Women with history of a prior child with a neural tube defect or family history of neural tube defect should be offered a higher dose of 4 mg per day of folic acid. All prescription prenatal vitamins have 1 mg folic acid. All OTC vitamins have 0.4 mg folic acid.

²**Hepatitis B** – Mothers who are at high risk of contracting hepatitis B and who are HBsAg negative may receive a hepatitis B immunization series anytime during pregnancy. Such mothers should be retested for hepatitis B prior to delivery.

³**Group B Strep** – Risk-based treatment is only appropriate if screening has not been done or culture results are not known.

⁴**Gestational Diabetes**-Screen sooner if macrosomia, maternal obesity or history of gestational diabetes.

⁵**Depression** – Screen for prenatal depression and assess medications for depression. Screen for depression during pregnancy and postpartum. Please refer to UW Health Depression Guideline at: <https://uconnect.wisc.edu> listed under Clinical Practice Guidelines.

PRENATAL/POSTPARTUM HEALTH EDUCATION AND COUNSELING

1. Discuss diet, substance abuse, domestic violence, safety and environment.
2. Reduce or stop tobacco use for those who use, and discuss availability of nicotine replacement therapies and medications as an adjunct to counseling.
3. Address alcohol use both prior to and during pregnancy. Assess alcohol use using the quantity-frequency questions. If any alcohol use exists, use the TWEAK questionnaire and advise to abstain from alcohol. Assist as appropriate; if necessary, arrange treatment or follow-up. For additional information on alcohol screening and the TWEAK questions, refer to the UW Health Alcohol Assessment and Intervention Guideline at: <https://uconnect.wisc.edu> listed under Clinical Practice Guidelines.
4. Discuss benefits of breastfeeding during prenatal visits.
5. Offer amniocentesis or chorionic villi sampling for women 35 years or older.
6. Offer genetic screening in first or second trimester. Offer quad marker screen to detect chromosome (Down syndrome), brain and spinal cord abnormalities. This screen should be offered in the 2nd trimester to everyone.
7. Recommend that all close family contacts and care givers of infants be up to date with immunizations, especially Tdap.
8. Recommend routine screening for iron deficiency anemia in asymptomatic pregnant women.

2. Preventive Health Guideline for Neonatal Care

- Administer ophthalmic antibiotic locally to eyes within 1 hour of birth.
- Administer intramuscular injection of vitamin K within 1 hour of birth to prevent hemolytic disease of the newborn.
- Follow the State of Wisconsin statutes for newborn screening. Screening is currently conducted for 48 disorders and diseases. The complete list is available at [Health Professionals Guide to Newborn Screening: Table of Contents](#). Testing should be conducted after 24 hours of life. Infants should be tested before discharge from the neonatal nursery, and if discharged before 24 hours of age, should be re-tested by 2 weeks of age. Premature infants and those with illnesses optimally should be tested at or near 7 days of age, but in all cases before discharge from the newborn nursery.
- Screen for hearing loss using current medical techniques.
- Provide support and follow-up on breastfeeding benefits.
- Recommend all exclusively breast-fed babies within first few days of life begin to receive vitamin D supplement 400IU for breast fed infants and infants receiving less than 1000 cc of formula per day. Vitamin supplementation is also recommended for breastfed babies who are receiving formula supplementation.
- Give hepatitis B vaccine within 12 hours of birth to infants born to HBsAg positive mothers or to whom mother's status is unknown.
- Give Hepatitis B Immune Globulin (HBIG) within 12 hours of birth to all infants born to HBsAg positive mothers and to infants under 2000 grams birth weight born to previously untested mothers whose Hepatitis B status is unlikely to be determined within 12 hours of birth. HBIG can be deferred up to 7 days in infants over 2000 grams birth weight born to previously untested mothers while awaiting the mother's HBsAg test results.
- Screen for postpartum depression at postpartum visits.

3. Preventive Health Guideline for Infant-Child Care

INFANT-CHILD CARE TIMELINE

	BIRTH TO 1 MO	2 MO	4 MO	6 MO	9 MO	12 MO	15 MO	18 MO	24 MO	30 MO ²	36 MO	4-6 YR	7-10 YR
WELL CHILD VISIT¹	1) At birth 2) 2-4 days and 3) 5 days-1 mo	Once	Once	Once	Once	Once	Once	Once	Once	Only for Badger Care Plus eligible children Once	Once	Annually	2 visits (at 8 and 10 years)
BLOOD LEAD SCREEN (FOR THOSE AT RISK)²						Once if at risk			Once if at risk		Once if at risk and not previously checked	Once if at risk and not previously checked	
IRON LEVEL SCREEN³				If at risk	If at risk	Once	If at risk	If at risk					
VISUAL SCREEN⁴	Once	Once	Once	Once	Once	Once	Once	Once	Once	Once	Once	Once	Once
HEARING SCREEN												Once at age 4,5,6	Once at age 8 and 10
BP SCREEN											Once	Annually	Annually
BMI⁵									Once	Annually	Annually	Annually	Annually
LIPIDS⁶									If at risk				

- Health Check** -All infants discharged on the first or second postpartum day need to be seen within 48 hours of discharge. Breastfeeding infants need to be seen within 48 hours of discharge. This is a State recommendation for children who are Medicaid or HealthCheck eligible. For the Medical Assistance (BadgerCare Plus) HealthCheck go to [ForwardHealth Portal](#)
- Blood Lead Screening** – Perform lead test on children at 12 and 24 months if the answer to any of the following is ‘yes’ or ‘don’t know’:

QUESTION	TEST IF THE ANSWER IS
1. Does the child live in or visit a building constructed before 1950? Has the child in the past?	Yes / Don't know
2. Does the child live in or visit a building constructed before 1978 with recent or ongoing renovation? Has the child in the past?	Yes / Don't know
3. Does the child have a brother, sister or playmates that has or has had lead poisoning?	Yes / Don't know
4. Is the child eligible for Medicaid, Health Check or WIC?	Yes / Don't know

For MA (Badge Care Plus) Lead Screening Guidelines go to <http://dhfs.wisconsin.gov/lead/doc/1pgScreeningRecom.pdf>

- Iron Level Screening** - (Hct/Hgb) at one year of age. At ages 9-12 months and at ages 15-18 months, assess infants and young children for risk factors for anemia. Screen the following children:
 - Preterm or low-birth weight infants
 - Infants fed a diet of non-iron-fortified infant formula for greater than 2 months
 - Infants introduced to cow's milk before age 12 months
 - Breast-fed infants who do not consume a diet adequate in iron after age 6 months (i.e., who receive insufficient iron from supplementary foods)
 - Children who consume greater than 24 oz daily of cow's milk
 - Children who have special health-care needs (e.g., children who use medications that interfere with iron absorption and children who have chronic infection, inflammatory disorders, restricted diets, or extensive blood loss from a wound, an accident, or surgery)
 Recommend routine iron supplementation for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia.
- Visual Screening** – Children should have an assessment for eye problems. These should be age-appropriate evaluations; visual acuity measurement is recommended for all children starting at 4 years of age. All children who are found to have an ocular abnormality or who fail vision screening should be referred to a pediatric ophthalmologist or an eye care specialist appropriately trained to treat pediatric patients.
- Obesity/BMI** – For CDC clinical growth charts with BMI go to <http://www.cdc.gov/growthcharts>. Screen individuals 2-17 for obesity. As appropriate, provide counseling for persons 6 years and older for nutrition and physical activity. Document BMI. Provide counseling for individuals who are greater than or equal to 85th percentile. Offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.

6. **Lipids Screening** - After 2 years of age but no later than 10 years of age for patients at risk. Recommend screening children with a positive family history of dyslipidemia or premature (55 years of age for men and 65 years of age for women) CVD or dyslipidemia. It is also recommended that pediatric patients for whom family history is not known or those with other CVD risk factors, such as overweight (BMI 85th percentile), obesity (BMI 95th percentile), hypertension (blood pressure 95th percentile), cigarette smoking, or diabetes mellitus, be screened with a fasting lipid profile.

INFANT-CHILD IMMUNIZATIONS

Please refer to the Recommended Childhood and Adolescent Immunization Schedule approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics and the American Academy of Family Physicians. The Schedule is provided in its entirety at the Centers for Disease Control website at <http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#hcp> for infants and children.

Recommend that families choosing not to immunize be required/requested to sign the declination/responsibility form.

INFANT-CHILD HEALTH EDUCATION AND COUNSELING

1. Advocate use of infant and child car seats, booster seats and seat belt. Caution against children in seats with air bags.
2. Encourage sun avoidance or use of protective clothing while in the sun. Use SPF 15 or greater when in the sun.
3. Review good dental hygiene at onset of tooth eruption. Suggest regular dental visits begin at age one. Include fluoride supplementation for children age 6 months to age 14 years in areas with inadequate water fluoridation.
4. Review household and recreational injury prevention. The following is a list of the most recommended preventions:
 - Fires and burns: smoking cessation, flame-retardant clothing, hot water heaters set to <120 degrees Fahrenheit, and properly installed and tested smoke detectors
 - Water safety: bathtub and pool supervision at all times and a barrier or fence Suggest CPR training for pool owners, parents, and caretakers – may reduce the likelihood of drowning or neurologic injury after submersion
 - Poisonings: child-proof containers kept out of reach and limit number of tablets per package
 - Falls: window guards in high-risk buildings
 - Firearm safety: firearms properly stored – locked up and not loaded – at all times
 - Bicycling: use of approved helmets
 - ATVs and Motorcycles: The American Academy of Pediatrics specific recommendation is that children under age 16 should not operate off-road motorized vehicles (i.e. ATV, personal watercraft, snowmobiles or mini bikes)
5. Promote a balanced diet high in fruits, vegetables, grains and fiber and encourage adequate calcium intake (4 or more servings per day). After age two recommend a diet low in saturated fat and cholesterol.
6. Promote an active lifestyle with regular exercise. Limit screen time to no more than two hours of quality programming per day for children two years and older. No screen time for children less than two years of age. (Screen time includes television, video games and computers)
7. Counsel parents not to smoke. Discuss availability of nicotine replacement therapies and medications as an adjunct to counseling.

4. Preventive Health Guideline for Adolescent Care

ADOLESCENT CARE TIMELINE

	WELL CHILD VISIT AND BP SCREENING ¹	PAP TEST ²	CHLAMYDIA GONORRHEA HIV SCREEN ³	ALCOHOL AND DRUG USE SCREEN ⁴	VISUAL IMPAIRMENT SCREEN	BP SCREENING	BMI ⁵	LIPIDS ⁶
11-17 YR	Annually	At risk	Annually based on risk factors	Annually	Once	Annually	Annually	At risk

1. **Health Check**-Screen adolescents for hypertension, eating disorders, sexual activity, abuse, and school performance annually. Screen adolescents (12-18 years of age) for major depressive disorder. Ensure systems are in place for accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal) and follow-up.

2. **Pap Test** – Risk factors for cervical carcinoma (multiple sex partners, history of human papillomavirus, human immunodeficiency virus, cervical dysplasia, smoking and immunosuppression) should be assessed on an ongoing basis. Start screening at age 21 regardless of onset of intercourse.

If immunocompromised or history of CIN 2-3 and completed post treatment follow up, annual pap is recommended. If hysterectomy and cervix was removed for benign disease, pap screening not indicated.

3. **Chlamydia and Gonorrhea Infection** – Screen at least annually for all sexually active adolescents and other asymptomatic persons at increased risk for infection. Risk factors include: having more than one sexual partner, having had a sexually transmitted infection in the past, or not using condoms consistently and correctly. Screen for human immunodeficiency virus (HIV) for all adolescents at increased risk for HIV infection.

4. **Alcohol and drug use** – Screen adolescents using the CRAFFT screening tool. If positive, have brief intervention using motivational interviewing techniques. Refer to specialist for treatment if indicated. Screen for tobacco use.

5. **Obesity/BMI** – For CDC clinical growth charts with BMI go to <http://www.cdc.gov/growthcharts> . Screen individuals 2-17 years of age for obesity. For persons six years and older, counsel for nutrition and physical activity as appropriate. Document BMI. Provide counseling for individuals who are greater than or equal to 85th percentile. Offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.

6. **Dyslipidemia** - Recommend screening adolescents with a positive family history of dyslipidemia or premature (55 years of age for men and 65 years of age for women) CVD or dyslipidemia. It is also recommended that pediatric patients for whom family history is not known or those with other CVD risk factors, such as overweight (BMI 85th percentile), obesity (BMI 95th percentile), hypertension (blood pressure 95th percentile), cigarette smoking, or diabetes mellitus, be screened with a fasting lipid profile. Those at risk for hyperlipidemia and adult coronary health disease also should have their cholesterol levels checked.

ADOLESCENT IMMUNIZATIONS

Please refer to the Recommended Childhood and Adolescent Immunization Schedule approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics and the American Academy of Family Physicians. The Schedule is provided in its entirety at the Centers for Disease Control website at <http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#hcp> for infants and children.

<http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#parentsteen> for adolescents

Recommend that families choosing not to immunize be required/requested to sign the declination/responsibility form.

ADOLESCENT HEALTH EDUCATION AND COUNSELING

1. Advocate use of seat belt.
2. Encourage sun avoidance or use of protective clothing while in the sun. Use SPF 15 or greater when in the sun.
3. Suggest regular dental visits. Include fluoride supplementation for children age 6 months to age 14 years in areas with inadequate water fluoridation.
4. Review household and recreational injury prevention. The following is a list of the most recommended preventions:
 - Fires and burns: smoking cessation, flame-retardant clothing, hot water heaters set to <120 degrees Fahrenheit, and properly installed and tested smoke detectors
 - Water safety: pool supervision at all times and a barrier or fence. Suggest CPR training for pool owners, parents, and caretakers – may reduce the likelihood of drowning or neurologic injury after submersion
 - Poisonings: child-proof containers kept out of reach and limit number of tablets per package
 - Falls: window guards in high-risk buildings
 - Firearm safety: firearms properly stored – locked up and not loaded – at all times
 - Bicycling: use of approved helmets
 - ATVs and Motorcycles: The American Academy of Pediatrics specific recommendation is that children under 16 should not operate off-road motorized vehicles (i.e. ATV, personal watercraft, snowmobiles or mini bikes).
5. Promote a balanced diet high in fruits, vegetables, grains and fiber and encourage adequate calcium intake (4 or more servings per day). Recommend a diet low in saturated fat and cholesterol.
6. Promote an active lifestyle with regular exercise. Limit screen time to no more than 2 hours of quality programming for children 2 years and older. (Screen time includes television, video games and computers.)
7. Advise tobacco users to stop; counsel non-smokers to never start. Counsel parents not to smoke. Discuss availability of nicotine replacement therapies and medications as an adjunct to counseling.
8. Discuss the hazards of alcohol and other substance use. Strongly advise against the use of alcohol, tobacco and other illicit drugs by youth.
9. Encourage sexual abstinence or monogamous sexual relationships, use of condoms, and avoidance of contaminated injection equipment to prevent HIV/sexually transmitted infections (STI) and pregnancy. Recommend high-intensity behavioral counseling to prevent STIs for all sexually active adolescents at increased risk of STIs.

5. Preventive Health Guideline for Adult Care

ADULT PREVENTIVE CARE TIMELINE

MEN AND WOMEN	18-29	30-39	40-49	50-64	65-69
Blood Pressure ¹	Every 1-2 years beginning at age 18				
Lipids ²	Every 5 years beginning at age 20				
Colorectal Screening ³				High Sensitivity Fecal Occult Blood Test annually or Sigmoidoscopy every 5 years or CT Colonography (Virtual) every 5 years or Optical Colonoscopy every 10 years 50-75 years of age	
Screening for Pre diabetes and Diabetes ⁴			Screen all people beginning at age 45. If normal and person has no risk factors, retest in 3 years.		
Tobacco	All adults				
BMI ⁵	All adults				
MEN ONLY	18-29	30-39	40-49	50-64	65-69
Abdominal Aortic Aneurysm ⁶					Once for 65 yrs or older men who have smoked.
Prostate Screening ⁷				Counsel regarding screening for prostate cancer	
WOMEN ONLY	18-29	30-39	40-49	50-64	65-69
Chlamydia and Gonorrhea Screening ⁸	Annually for all sexually active women age 24 and younger and others at increased risk				
Pap Test ⁹	Begin screening at age 21, screen every 2 years for women in their 20's and after 3 consecutive normal paps, screen every 3 years for women 30 and older				
Mammogram (with or without clinical breast exam) ¹⁰			Screening mammography every 1-2 years for women aged 50-74. Individualized screening for women 40-49 and 75-85.		

Screen for Osteoporosis ¹¹		60 if at risk	65 and older
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1. **Hypertension** – Please refer to the UW Health Guideline for the Treatment of Hypertension for detailed screening and treatment recommendations at <https://uconnect.wisc.edu> listed under Clinical Practice Guidelines
2. **Dyslipidemia** – Screen at age 20 every 5 years for men and women. Please refer to the UW Health Guideline for the Diagnosis and Management of Dyslipidemia for detailed screening recommendations at <https://uconnect.wisc.edu> listed under Clinical Practice Guidelines.
3. **Colorectal Screening** - Includes traditional and virtual colonoscopy. Traditional also known as endoscopic or optical colonoscopy is recommended every 10 years. Virtual is covered by several health plans in the UW Health system. Virtual is recommended every 5 years; follow-up is based on test findings. Recommend screening men and women age 50-75 years for colorectal cancer.
4. **Diabetes** – Please refer to the Wisconsin Essential Diabetes Mellitus Care Guidelines for specific screening, diagnosis and treatment recommendations for patients with diabetes. They are available through U-Connect at <https://uconnect.wisc.edu> listed under Clinical Practice Guidelines. Screen all people with BMI less than 25 beginning at age 45. If normal and person has no risk factors, retest in 3 years. If BMI is greater than or equal to 25 with no or at least one additional risk factor, begin screening sooner and perform annually. Screening can be done with a fasting plasma glucose or A1c. Recommend screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg
5. **Obesity/BMI** - Screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.
6. **Abdominal Aortic Aneurysm** - Recommend one time screening by ultrasonography in men aged 65-75 who have ever smoked.
7. **Prostate Screening** - Need to discuss the potential but uncertain benefits and the known harms of prostate cancer screening and treatment. Men should be informed of the gaps in the evidence and assisted in personal preferences before testing. Do not screen men > 75 years.
8. **Chlamydia and Gonorrhea Infection Screening** – At least annually for all sexually active woman age 24 and younger and for older non pregnant women who are at increased risk for infection. Risk factors include having more than one sexual partner, having had a sexually transmitted infection in the past, or not using condoms consistently or correctly. Recommends screening for human immunodeficiency virus (HIV) all adults at increased risk for HIV infection. Annual screening for men who have sex with men. Recommend screening all males whose partners have Chlamydia; those who attend sexually transmitted infection clinics or clinics in communities where prevalence rates are high. Males younger than 30 years of age who are in the military and those in jail should be screened; as should males in juvenile justice facilities or Job Corps. Or anyone who requests testing annually.
9. **Pap Test** – Risk factors for cervical carcinoma (multiple sex partners, history of human papillomavirus, human immunodeficiency virus, cervical dysplasia, smoking and

immunosuppression) should be assessed on an ongoing basis. Start screening at age 21 regardless of onset of intercourse, screen every 2 years for women in their 20s, and after 3 consecutive normal paps, screen every 3 years for women 30 and older. May stop screening at 65-70 years of age. If hysterectomy and cervix was removed for benign disease, pap screening not indicated. If immunocompromised or history of CIN 2-3 and completed appropriate post treatment follow up, annual pap is recommended.

10. **Mammography Screening** - For average risk women age 50-74, recommend screening one to two years. For women 40-49 and 75-85 inform women about the potential benefits (reduced chance of dying from breast cancer), potential harms (for example, false-positive results, unnecessary biopsies), and limitations of the test that apply to women their age.
11. **Osteoporosis** - Recommend women aged 65 and older be screened routinely. Recommend routine screening begin at age 60 for women at increased risk for osteoporotic fractures.

ADULT IMMUNIZATIONS

Please refer to the Recommended Adult Immunization Schedule, by Vaccine and Medical and Other Indications approved by the Advisory Committee on Immunization Practices, and the American Academy of Family Physicians and the American College of Obstetricians and Gynecologists. The Schedule is provided in its entirety at the Centers for Disease Control website at: <http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm#hcp>

ADULT HEALTH EDUCATION AND COUNSELING

1. Advise tobacco users to stop; counsel non-smokers to never start. Discuss availability of nicotine replacement therapies and medications as an adjunct to counseling. Please refer to the UW Health Tobacco Cessation Guideline at <https://uconnect.wisc.edu> listed under Clinical Practice Guidelines.
2. Ask about alcohol use using the "quantity-frequency" questions; if the patient is at risk for developing alcohol-related problems ask the AUDIT, ASSIST, SIP-AD or SDS questions. SIP-AD and SDS questions need to be administered together. Assess answers to determine the severity of the problem and advise and assist as appropriate; if necessary, arrange treatment or follow-up. For additional information on alcohol screening, please refer to the UW Health Alcohol Assessment and Intervention Guideline at: <https://uconnect.wisc.edu> listed under Clinical Practice Guidelines. Recommend avoidance of heavy alcohol consumption.
3. Promote a balanced diet high in fruits, vegetables, grains and fiber while low in fat and cholesterol, and encourage adequate, age-appropriate calcium intake. Maintain caloric balance.
4. Recommend an active lifestyle with regular exercise.
5. Urge avoidance of driving after use of alcohol, illicit drugs or non-prescribed addictive drugs.
6. Advocate use of seat belts and air bags while driving, as well as a helmet when biking or motorcycling.
7. Suggest regular dental visits and regular brushing and flossing.
8. Encourage avoidance of sun, or use of protective clothing and sunscreen (at least SPF 15) while in the sun.
9. Recommend the use of aspirin for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage. Recommend the use of aspirin for women age 55 to 79 years when the potential benefit due to a reduction in stroke outweighs the potential harm due to an increase in gastrointestinal hemorrhage.

10. Recommend women whose family history is associated with an increased risk (breast or ovarian cancer) for deleterious mutations in BRCA1 or BRCA2 genes are referred for genetic counseling and evaluations for BRCA testing. Additional information under Clinical Considerations
<http://www.uspreventiveservicestaskforce.org/uspstf05/brcagen/brcagenrs.htm#clinical>
11. Recommend screening adults for depression when staff-assisted depression care supports are in place to ensure accurate diagnosis, effective treatment, and follow-up.
12. Recommend high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adults at increased risk of STIs.

WEB SITES

If you are unable to access the UW Health intranet (U-Connect), you can also find this guideline on these Web sites:

Physicians Plus Insurance Corporation: <http://www.pplusic.com/> under Providers, Care Guidelines

Unity Health Insurance: <http://www.unityhealth.com/> under Providers, Practitioner Resources, Clinical Guidelines

Group Health Cooperative: https://ghcscw.com/clinical_practice_guidelines.asp

ACKNOWLEDGEMENT

This guideline was initially developed and produced through partnership between Unity Health Insurance and Physicians Plus Insurance Corporation in 2002. Since 2005 this document has been produced as a collaborative effort between clinicians and quality improvement staff of Unity Health Insurance, Physicians Plus Insurance Corporation, University of Wisconsin Medical Foundation, the Department of Family Medicine and Group Health Cooperative. The guidelines are reviewed, revised and approved on an annual basis. This version was reviewed and approved in November 2010. Questions and requests for additional information should be directed to Cheryl Schutte, Center for Clinical Knowledge Management, UW Hospital and Clinics at cschutte2@uwhealth.org or at 608.890.6403.

Preventive Health Care Guideline Changes From 2008 to 2010*

1. Preventive Health Guidelines for Prenatal and Postpartum Care

Frequency of prenatal visits, 0-32 weeks every 4 weeks and 32-36 weeks every 2 weeks.

Screen for Tdap pre-pregnancy and after pregnancy.

If never received Tdap, give it immediate post partum period.

Screen for iron deficiency at first prenatal visit.

Screen for gestational diabetes at 26-30 weeks of pregnancy or sooner if risk factors.

Screen sooner for gestational diabetes if macrosomia, maternal obesity or history of gestational diabetes.

Prenatal/Postpartum Health Education and Counseling

If any alcohol use exists, use the TWEAK questionnaire

Offer genetic screening in first or second trimester. Offer quad marker screen to detect chromosome (Down syndrome), brain and spinal cord abnormalities. This screen should be offered in the 2nd trimester to everyone.

Recommend routine screening for iron deficiency anemia in asymptomatic pregnant women.

2. Preventive Health Guideline for Neonatal Care

Recommend all exclusively breast-fed babies within first few days of life begin to receive vitamin D supplement 400IU for breast fed infants and infants receiving less than 1000 cc of formula per day. Vitamin supplementation is also recommended for breastfed babies who are receiving formula supplementation.

3. Preventive Health Guideline for Infant-Child Care

Screen for iron level if at risk and once at 12 months.

Screen for blood lead if at risk and once at three to six years if not done prior.

Screen for hearing impairment at age four, five and six.

Screen for lipids at two years if at risk.

Recommend BMI starting at two years of age.

Infant Child Immunizations

Recommend that families choosing not to immunize be required/requested to sign the declination/responsibility form.

Infant Child Health Education and Counseling

Limit screen time to no more than 2 hours of quality programming per day for children 2 years and older. No screen time for children less than two years of age.

4. Preventive Health Guideline for Adolescent Care

Screen adolescents (12 - 18 years of age) for major depressive disorder

Pap test start at 21 unless meet risk criteria. Screen for HIV if at risk.

Alcohol and drug use –Screen adolescents using the CRAFFT screening tool. If positive, refer to specialist if indicated.

Screen for obesity from 2-17 years of age. Refer to nutrition counseling as appropriate.

Screen for dyslipidemia for adolescents with positive family history of CVD or dyslipidemia.

Adolescent Immunizations

Recommend that families choosing not to immunize be required/requested to sign the declination/responsibility form.

Adolescent Health Education and Counseling

Limit screen time to no more than 2 hours of quality programming for children 2 years and older.

Recommend high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents at increased risk of STIs.

5. Preventive Health Guideline for Adult Care

Screen for dyslipidemia at age 20 every 5 years for men and women.

Stop screening for colorectal at age 75 years for men and women.

Screen for diabetes at age 45 with BMI less than 25. If BMI greater than or equal to 25 or risk factor, begin screening sooner

Screen for obesity and offer counseling to promote sustained weight loss.

Screen for abdominal aortic aneurysm from men 65-75 years of age who have smoked.

Screen for Chlamydia, Gonorrhea and HIV if at increased risk.

Screen for cervical cancer at age 21 regardless of onset of intercourse.

Screen for breast cancer at age 50-74. For women 40-49 and 75-85, inform women of benefits and risks.

Screen for osteoporosis at age 65 and older. Begin at age 60 if at increased risk.

Adult Health Education and Counseling

Use the AUDIT, ASSIST, SIP-AD or SDS questions if patient is at risk for alcohol related problems.

Recommend the use of aspirin if benefit outweighs the harm.

Recommend women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be referred for genetic counseling.

Recommend screening adults for depression.

Recommend high-intensity behavioral counseling to prevent sexually transmitted infections.

* Not all inclusive

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