

Women's Preventive Services Initiative Draft Recommendations

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Women's Preventive Services Initiative Draft Recommendations

Breast Cancer Screening for Average Risk Women

WPSI recommendation

WPSI recommends discussions between women in their 40s at average risk of breast cancer and their health care providers regarding potential benefits and harms of screening mammography ([ACS](#), [USPSTF](#), [ACOG](#), [ACR](#), [NCCN](#), [ACP](#)). WPSI recommends screening mammography every 1 or 2 years for women at average risk, based on an informed decision-making process including discussion of the benefits and harms of annual and biennial screening, and incorporating patient values and preferences. Women at average risk of breast cancer who have not initiated screening in their 40s should begin screening mammography at age 50 and continue until at least age 75. Beyond age 75, the decision to discontinue screening mammography should be also based on a shared decision making process that includes the women's health status and longevity.

Clarification recommendations

Discussion about initiation and discontinuation of screening mammography should include an informed/shared decision making approach. The shared decision making process includes, but is not limited to, a discussion that communicates information about the risks and benefits of screening or not screening, elicits the woman's values and preferences, and assists the woman in making an informed decision.

Following the initial screen, the resulting sequence of follow-up imaging tests and interventions, including biopsies, necessary to complete the evaluation of breast cancer screening are also recommended.

A shared decision making process for when to discontinue screening takes into account factors such as life expectancy, comorbidities, health status, and a woman's willingness and ability to undergo additional testing (including biopsy and potential treatment), if indicated. WPSI recommends age alone should not be the basis to discontinue screening.

Implementation recommendations

Screening mammography for average risk women is recommended as a preventive service for women, beginning as early as age 40 and occurring as frequently as annually for some women. Ages to begin and end screening and intervals of screening (annual versus biennial) are based on individual considerations, although all women should be screened annually or biennially between ages 50 and 75 years. The resulting sequence of follow-up imaging tests and interventions, including biopsies, necessary to complete the evaluation of mammographic findings detected on screening is also recommended as an integral part of breast cancer screening.

Breastfeeding Services and Supplies

WPSI Recommendation

WPSI recommends comprehensive lactation support, including counseling, education, and breastfeeding equipment and supplies. A lactation care provider should deliver lactation support and provide services for as long as determined by the woman and her health care providers. Services and equipment should be provided in the antenatal, perinatal, and postpartum periods to ensure the successful initiation and maintenance of breastfeeding.

Clarification Recommendation

Breastfeeding equipment includes, but is not limited to manual and double-electric pumps (including pump-parts and maintenance) and breast-milk storage supplies. Lactation care providers include, but are not limited to lactation consultants, breastfeeding counselors, certified midwives, certified nurse midwives, nurses, advanced practice providers (e.g. physician assistants and nurse practitioners), and physicians.

Implementation Recommendation

Lactation support services, including counseling and education by lactation care providers defined above, are recommended as a preventive service for women. Breastfeeding equipment and supplies, as agreed upon by a patient and lactation care provider, including, but not limited to double-electric breast pumps (including pump-parts and maintenance) and breast-milk storage supplies are recommended as a preventive service for women. WPSI recommends access to double-electric pumps not be predicated on prior failure of a manual pump or subject to preauthorization. Services and equipment should be provided in the antenatal, perinatal, and postpartum periods to ensure the successful initiation and maintenance of breastfeeding.

Screening for Cervical Cancer

WPSI Recommendation

WPSI recommends cervical cancer screening for women aged 21 to 29 years using cervical cytology (Pap test) every 3 years. Co-testing with cytology and HPV testing is not recommended for women younger than 30 years. Women aged 30 to 65 years, should be screened with cytology and HPV testing every 5 years (preferred) or, if HPV testing is not available, cytology alone every 3 years (acceptable).

Cervical cancer screening is not recommended for women: younger than 21 years; older than 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer; and who have had a hysterectomy with removal of the cervix and who do not have a history of a high-grade precancerous lesion (cervical intraepithelial neoplasia [CIN] grade 2 or grade 3, or cervical cancer within the past 20 years). Women who have received the HPV vaccine should be screened according to the same guidelines as women who have not been vaccinated.

Clarification Recommendation

These recommendations are for routine screening in average-risk women and do not apply to women infected with HIV, otherwise immunocompromised (such as those who have received solid organ transplants), exposed to diethylstilbestrol in utero, or treated for CIN 2 or higher within the past 20 years. These high-risk women may need more frequent screening. Adequate prior negative screening test results are defined as documentation or reliable patient report of three consecutive negative cytology results or two consecutive negative co-test results within the previous 10 years, with the most recent test performed within the past 5 years. Women who are average risk should not be screened more often than every three years. In appropriately counseled women 25 years and older, FDA-approved primary HPV screening tests can be considered as an acceptable alternative to current cytology-based cervical cancer screening methods.

Implementation Recommendation

For women aged 21 to 29 years, testing with cervical cytology alone and screening every 3 years is recommended as a preventive service for woman. For women aged 30 to 65 years, screening with a combination of cytology and HPV testing every 5 years, or if HPV testing is not available, cytology alone every 3 years is recommended as a preventive service for women. Screening of high-risk women and continued screening past age 65 of inadequately screened average-risk women is recommended as a preventive service for woman. In women 25 years and older, FDA-approved primary HPV screening tests can be considered as alternatives to current cytology-based cervical cancer screening methods and are recommended to be included as preventive services. The resulting sequence of tests and interventions following screening that are necessary to prevent invasive cervical cancer, including colposcopy, treatment of precancerous lesions, and follow-up testing, are recommended as an integral part of cervical cancer screening.

Contraception and Contraceptive Counseling

WPSI Recommendation

WPSI recommends adolescent and adult women have access to the full range of family planning services to prevent unintended pregnancy and improve birth outcomes. Access should include contraceptive counseling, initiation of contraceptive use, and follow-up care (eg, management, evaluation, change in method, and removal or discontinuation of contraceptive method). WPSI recommends that the full range of Food and Drug Administration (FDA)-approved contraceptive methods, effective family planning practices, and sterilization procedures be included.

Clarification Recommendation

The full range of contraceptive and family planning services include the following:

- All contraceptive methods currently identified by the FDA, which include: (1) sterilization surgery for women and men; (2) surgical sterilization implant for women; (3) implantable rod; (4) copper intrauterine device (IUD); (5) IUD with progestin (all durations and doses); (6) shot/injection; (7) oral contraceptives (combined pill); (8) oral contraceptives (progestin only); (9) oral contraceptives (extended/continuous use); (10) patch; (11) vaginal contraceptive ring; (12) diaphragm; (13) sponge; (14) cervical cap; (15) female and male condoms; (16) spermicide; (17) emergency contraception (levonorgestrel); and (18) emergency contraception (ulipristal acetate); and additional methods as identified by the FDA.
- Instruction in fertility awareness-based methods, including the lactation amenorrhea method, for women desiring alternative, although less-effective methods
- Counseling that allows for discussion of the full range of contraceptive options and emphasizes patient-centered decision making. The most appropriate choice to prevent pregnancy for a woman might include a vasectomy for her partner or use of male condoms

Multiple visits may be necessary to identify appropriate contraceptive methods for a woman to optimize compliance and effectiveness, as determined by a woman and her healthcare provider.

Implementation Recommendation

WPSI recommends for consideration as a preventive service: the full range of FDA-identified contraceptive methods; counseling, initiation, and follow-up care (eg, for management, evaluation, change in method, and removal or discontinuation of contraceptive method) as often as needed, including postpregnancy contraception; over-the-counter contraceptive methods without a prescription; effective family planning practices; and patient-specific services or FDA-approved methods that may be required based on individual women's needs. WPSI recommends as a preventive service accommodation of an alternative contraceptive method for any individual for whom a particular drug (generic or brand name) would be medically inappropriate, as determined by the individual's health care provider.

Research indicates that delayed initiation or disruption of contraceptive use increases the risk of unintended pregnancy, therefore WPSI recommends timely authorization. Effective family planning practices that reduce the risk of unintended pregnancy are included, including, but not limited to,

dispensation of 1-year supplies of contraceptives, use of copper IUD as emergency contraceptives, and continuous or extended use of hormonal contraceptives.

Screening for Gestational Diabetes Mellitus

WPSI Recommendation

WPSI recommends screening pregnant women for gestational diabetes mellitus (GDM) after 24 weeks of gestation, preferably between 24 and 28 weeks of gestation, in order to prevent adverse birth outcomes. Screening with the 50-g oral glucose challenge test (OCT), followed by the 3-hour 100-g oral glucose tolerance test (OGTT) for women with abnormal results on the initial OCT, is preferred.

Diabetes screening before 24 weeks of gestation, ideally at the first prenatal visit, is suggested for women with risk factors for diabetes mellitus. The 50-g OCT is the recommended modality for screening prior to 24 weeks of gestation. If early screening is normal, screening with 50-g OCT should be done at 24 to 28 weeks of gestation as described above.

In women diagnosed with diabetes mellitus during pregnancy, appropriate diabetes care (including education, nutrition counseling, medications, and supplies) is recommended.

Clarification Recommendation

Risk factors for diabetes mellitus that may identify women for early screening are determined by clinical expertise, and include, but are not limited to: previous GDM, known impaired glucose metabolism, a body mass index of 30 or greater, prior fetal macrosomia, unexplained stillbirth, and strong immediate family history of type 2 diabetes or GDM. The 50-g OCT is the recommended modality for screening prior to 24 weeks of gestation; however other options for detecting glucose abnormalities in nonpregnant women may be appropriate for women in early pregnancy based on clinical expertise.

Diabetes care supplies include, but are not limited to: test strips, glucose monitors, and lancets. Diabetes education and nutrition counseling services vary by patient needs, literacy, and compliance.

Implementation Recommendation

Diabetes screening during pregnancy and appropriate diabetes care for women diagnosed with diabetes mellitus or GDM as a result of screening are recommended as a preventive service for women for the duration of the pregnancy. Counseling and education may be provided by a team and/or more than one provider type including, but not limited to, physicians, physician assistants, registered nurses, nutritionists, or other individuals trained in the management of diabetes (eg, certified diabetes educators).

Screening for Human Immunodeficiency Virus Infection

WPSI Recommendation

WPSI recommends prevention education and risk assessment for human immunodeficiency virus (HIV) infection in adolescents and women at least annually throughout the lifespan. All patients should be tested for HIV at least once during their lifetime. Screening frequency should be based on risk, and frequent screening (annually or more frequent) may be appropriate for individuals with increased risk.

HIV screening is recommended for all pregnant women at the initiation of prenatal care, with retesting during pregnancy based on risk factors. Rapid HIV testing is recommended for pregnant women who present in active labor with unknown HIV status.

Clarification Recommendation

This recommendation refers to routine HIV screening, which is different from incident-based or exposure-based HIV testing. Risk factors for HIV infection in women include, but are not limited to, active injection drug use; unprotected vaginal or anal intercourse; multiple sexual partners; initiation of a new sexual relationship; sexual partners who are HIV-infected, bisexual, or injection drug users; exchanging sex for drugs or money; and having other sexually transmitted infections. Approximately 20–26% of infected patients are not identified by risk-based screening. Early detection and treatment improves outcomes for the patient and reduces transmission. Given these potential benefits, screening annually or more frequently may be reasonable. Screening during pregnancy enables prevention of vertical transmission.

Implementation Recommendation

After the initial HIV screen, the frequency of screening may be based on risk. More frequent screening for high-risk women, as determined by clinical judgment, is recommended as a preventive service for women.

Screening for Interpersonal and Domestic Violence

WPSI Recommendation

WPSI recommends screening and counseling adolescents and women for interpersonal and domestic violence and when needed, provision of, and/or referrals to, intervention services.

Clarification Recommendation

Interpersonal and domestic violence includes violence, the threat of violence, abuse, and neglect. The frequency and intensity of screening may vary according to risk factors and life stage. Risk factors and vulnerable times may include, but are not limited to: pregnancy, younger and older age, periods of family stress, dependency, and institutionalization. Interventional services include, but are not limited to, counseling and education. Further information on domestic violence intervention and prevention is available at: <http://www.acf.hhs.gov/fysb/programs/family-violence-prevention-services/programs/centers#1>

Implementation Recommendation

Screening adolescents and women for interpersonal and domestic violence is recommended as a preventive service for women. WPSI recommends payment models be developed to cover the broad range of services that may be needed to help adolescents and women in these circumstances.

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Counseling for Sexually Transmitted Infections

WPSI Recommendation

WPSI recommends that a sexual history be incorporated into a routine wellness visit. For adolescents and adults not identified at high risk, annual counseling to reduce the risk of STIs should be considered. A periodic risk assessment is recommended to identify women at increased risk of STIs. WPSI recommends counseling by an appropriately trained individual for sexually active adolescent and adult women at increased risk.

Clarification Recommendation

A sexual history and assessment of risk factors may help identify women at increased risk of STIs. Risk factors include age younger than 25, recent history of STI, new sex partner, multiple partners, partner with concurrent partners, partner with an STI, and inconsistent condom use. For adolescents and adults not identified at high risk, annual counseling to reduce the risk of STI should be considered. In addition, providers should consult their state and local public health departments to identify populations and communities at increased risk for STI exposure to help guide counseling. More information about populations at high risk of STIs is available at:

<http://www.cdc.gov/std/prevention/screeningreccs.htm>

For women not identified at high risk, annual counseling to reduce the risk of STIs is recommended. More frequent and more intensive counseling may be indicated for some women, including, but not limited to the following: longer duration or multiple counseling sessions, motivational interviewing techniques, and goal setting. Some examples are available at:

<http://www.cdc.gov/hiv/research/interventionresearch/compendium/index.html>

Counseling is recommended regardless of whether screening for STIs takes place at the same visit and regardless of type of sexual activity or gender of partners. Counseling may be repeated over multiple encounters, ie, annually and as often as indicated. Further information on screening recommendations for specific STIs is available at:

<http://www.cdc.gov/std/tg2015/screening-recommendations.htm>

Implementation Recommendation

WPSI recommends as a preventive service for women: STI counseling at least annually and as often as clinically indicated, depending on risk. Individuals at increased risk are identified by the clinical provider. To be considered preventive, services need not be limited to those delivered in clinical settings and could include, for example, telephone support and care delivered in long-term care facilities and school-based clinics.

Well Woman Preventive Visits

WPSI Recommendation

WPSI recommends at least one annual preventive care visit for women beginning in adolescence and continuing across the lifespan to ensure that women obtain recommended preventive services. The purpose of these visits should be the delivery and coordination of recommended preventive services as determined by age and risk factors. These services can be delivered by health care providers who care for adolescents or women.

Clarification Recommendation

The well-woman visit promotes health over the course of a woman's lifespan through disease prevention and preventive health care. The goal of the well-women preventive care visit(s) is to promote health and wellness. More than one visit (potentially to more than one provider) may be needed to obtain all necessary recommended preventive services. The number of visits and services provided will vary by a woman's age, health status and needs, reproductive health needs and pregnancy status, and risk factors. Visits should allow sufficient time to address and coordinate services, and a team-based approach may facilitate delivery of services. These services include, but are not limited to, assessment of physical and psychosocial function, secondary prevention/screening, risk factor assessment, immunizations, counseling, and education. Recommended services are available from [USPSTF](#) and [ACIP](#); additional details on age-specific components of the well woman visit can be found at [AAFP](#), [ACP](#), [ACOG](#), [NPWH](#). The selection of a provider for well-woman care will be determined as much by a woman's needs and preferences as by her access to health services or health plan availability. Preconception, prenatal, and interconception care are part of well-women preventive services.

Implementation Recommendation

Preventive care visits that allow coordination and delivery of preventive services should occur at least annually and are recommended as a preventive service for women, regardless of whether any other medical problems are encountered or treated during the visit. Consideration of a well woman visit(s) as a preventive service should not preclude the management of medical issues. More than one visit, potentially to more than one provider, if needed, is recommended to achieve the full scope of recommended preventive services.