

**Abbreviations:** BRCA1/2 = breast cancer susceptibility genes; CVD = cardiovascular disease; HIV = human immunodeficiency virus; HCV = hepatitis C virus; HBV = hepatitis B virus; STI = sexually transmitted infection; USPSTF = U.S. Preventive Services Task Force; WPSI = Women's Preventive Services Initiative.

<sup>1</sup>Additional Bright Futures recommendations include: Periodic vision and hearing tests ages 13 to 21; screening for suicide risk ages 13 to 21; risk assessment for sudden cardiac arrest and sudden cardiac death ages 13 to 21; risk assessment for anemia ages 13 to 21; and fluoride supplementation if needed ages 13 to 16.

([https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)). Accessed February 17, 2026.

#### Criteria for selective screening

<sup>2</sup> Diabetes screening: Screen women with overweight or obese BMI ages 35 to 70 years; and women ages  $\geq 13$  years with previous gestational diabetes but not previously diagnosed with type 2 diabetes when not pregnant.

<sup>3</sup> Folic acid supplementation: Sexually active and planning or capable of pregnancy.

<sup>4</sup> Healthy diet and physical activity counseling: Overweight or obese BMI and additional CVD risk factors (hypertension, dyslipidemia, abnormal blood glucose levels, diabetes).

<sup>5</sup> Lipid screening: Lipid testing is needed to calculate 10-year CVD risk in adults. Screen adolescents ages 13 to 17 years with familial dyslipidemia, risk factors, or high-risk conditions.

<sup>6</sup> Osteoporosis screening: 10-year fracture risk equivalent to an average-risk 65-year-old woman based on specific risk factors (parental history of hip fracture, smoking, excess alcohol consumption, low body weight). For women 65 and older, screening can include DXA BMD, with or without fracture risk assessment.

<sup>7</sup> Statin use to prevent CVD: Ages 40 to 75 years, one or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking), and calculated 10-year risk of a CVD event  $\geq 10\%$ .

<sup>8</sup> Urinary incontinence screening: Screen all women ages  $\geq 18$  and younger women if postpartum.

<sup>9</sup> Chlamydia and gonorrhea screening: Screen women with a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has an STI; inconsistent condom use among persons who are not in mutually monogamous relationships; previous or coexisting STI; and when exchanging sex for money or drugs. Prevalence is also higher among incarcerated populations, military recruits, and patients receiving care at public STI clinics.

<sup>10</sup> Hepatitis B screening: Born in a country with a prevalence of HBV infection  $\geq 2\%$ ; lack of vaccination in infancy in U.S.-born persons with parents from a country or region with prevalence  $\geq 8\%$ ; HIV-positive; injection drug use; and household contacts or sexual partners of persons with HBV infection.

<sup>11</sup> Hepatitis C screening: One-time screening for asymptomatic adults ages 18 to 79 without known liver disease. Repeat screening and screen at other ages if past or current injection drug use.

<sup>12</sup> HIV preexposure prophylaxis (PrEP): Candidates include 1) heterosexually active women with a sexual partner who has HIV; or inconsistent or no use of condoms during sex with a partner whose HIV status is unknown and who is at high risk; or an STI with syphilis or gonorrhea within the past 6 months; 2) uses injection drugs and shared use of drug injection equipment; or has a drug-injecting partner who has HIV; 3) engaged in transactional sex, such as for money, drugs, or other.

<sup>13</sup> Immunizations should be administered according to the Advisory Committee on Immunization Practices (ACIP) recommendations (<https://www.cdc.gov/vaccines/imz-schedules/index.html>). Accessed November 14, 2024.

<sup>14</sup> Sexually transmitted infection prevention counseling: Risk factors for STIs include having an STI currently or within the past year, not consistently using condoms, having multiple sex partners, or having sex partners within populations with a high prevalence of STIs. Increased STI prevalence rates are found among women seeking STI testing or attending STI clinics; sexual and gender minorities; and among those with HIV, using injection drugs, exchanging sex for money or drugs, or residing in correctional facilities.

<sup>15</sup> Syphilis screening: Women with HIV; high prevalence communities or populations; history of incarceration; exchanging sex for money or drugs.

<sup>16</sup> Tuberculosis infection: Persons from countries with increased tuberculosis prevalence; living in high-risk congregate settings (e.g., homeless shelters, correctional facilities); exposure to individuals with active tuberculosis, such as health care workers and workers in high-risk congregate settings; immunosuppressed individuals; patients with silicosis.

<sup>17</sup> Breast cancer screening: Women age 40 years and older at average risk of breast cancer; screening intervals (annual, biennial) and ages to initiate or discontinue screening are based on individual factors including risk (eg, family history of breast cancer; previous high risk breast lesion on biopsy), general health status, and preferences. Screening includes the initial mammography and subsequent imaging and biopsy as needed to rule out breast cancer.

<sup>18</sup> Lung cancer screening: 20 pack-year smoking history and currently smoke or have quit within the past 15 years.

<sup>19</sup> Medications to reduce breast cancer risk: Risk factors for breast cancer include increasing age, family history of breast or ovarian cancer (especially among first-degree relatives and onset before age 50 years), history of atypical hyperplasia or other nonmalignant high-risk breast lesions, previous breast biopsy, and extremely dense breast tissue. Models suggest that women with an estimated 5-year breast cancer risk of 3% or greater are likely to have more benefit than harm, although the balance of benefits and harms depends on age, the medication used, and whether the patient has a uterus.

<sup>20</sup> Skin cancer counseling: Fair skin, light hair and eye color, freckles, sunburn easily.

<sup>21</sup> Perinatal depression preventive interventions: Counseling interventions for women with one or more of the following: a history of depression, current depressive symptoms that may not reach a diagnostic threshold, socioeconomic risk factors such as low income or adolescent or single parenthood, recent intimate partner violence, or mental health-related factors such as elevated anxiety symptoms or a history of significant negative life events.

<sup>22</sup> Diabetes screening during pregnancy: Universal screening after 24 weeks' gestation (preferably 24 to 28 weeks); additionally, selective screening if risk factors before 24 weeks' gestation, ideally at the first prenatal visit (obese BMI; older maternal age; history of gestational diabetes; family history of diabetes; ancestry with increased risk for type 2 diabetes [Hispanic, Native American, South or East Asian, African American, or Pacific Islands descent]).

<sup>23</sup> Preeclampsia prevention with low-dose aspirin: History of preeclampsia, especially when accompanied by an adverse outcome; multifetal gestation; chronic hypertension; type 1 or 2 diabetes; renal disease; autoimmune disease (systemic lupus erythematosus, antiphospholipid syndrome).

<sup>24</sup> Diabetes screening after pregnancy: Previous gestational diabetes but not previously diagnosed with type 2 diabetes when not pregnant ages  $\geq 13$  years.

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# 2026 Recommendations for Women's Preventive Health Care: A Well-Woman Chart



**When women are healthy,  
communities thrive**

# Recommendations for Women's Preventive Care 2026

Preventive care visits provide an excellent opportunity for well-woman care including screening, evaluation of health risks and needs, counseling, and immunizations. *Recommendations for Well-Woman Care – A Well-Woman Chart* outlines preventive services recommended by the Women's Preventive Services Initiative (WPSI), U.S. Preventive Services Task Force (USPSTF), and Bright Futures based on age, health status, and risk factors. Additional recommendations for immunizations are provided by separate sources.

Clinical practice considerations, risk assessment methods, and the age and frequency to deliver services are described in the Clinical Summary Tables that accompany the chart.

The Well-Woman Chart provides a framework for incorporating preventive health services for women into clinical practice. These services may be completed at a single visit or as part of a series of visits that take place over time. This information is designed as an educational resource to aid clinicians in providing preventive health services for women, and use of this information is voluntary. This information should not be considered as inclusive of all proper treatments or methods of care or as a statement of the standard of care. It is not intended to substitute for the independent professional judgment of the treating clinician. Variations in practice may be warranted when, in the reasonable judgment of the treating clinician, such course of action is indicated by the condition of the patient, limitations of available resources, or advances in knowledge or technology. While every effort is made to present accurate and reliable information, this publication is provided "as is" without any guarantees or warranties of accuracy, reliability, or otherwise, either express or implied. The Chart and Tables are updated annually. The ACOG Foundation [www.acog.org/giving/programs](http://www.acog.org/giving/programs) has the most up-to-date version of the Chart and Clinical Summary Tables.

HEALTH CARE SERVICE	AGE (years)						
	13-17 <sup>1</sup>	18-21 <sup>1</sup>	22-39	40-49	50-64	65-75	>75
<b>GENERAL HEALTH</b>							
Alcohol use screening & counseling	●	●	●	●	●	●	●
Anxiety screening	●	●	●	●	●	●	●
Blood pressure screening	●	●	●	●	●	●	●
Contraception & contraceptive care	●	●	●	●	○		
Depression screening	●	●	●	●	●	●	●
Diabetes screening <sup>2</sup>	○	○	○	○	○	○	○
Fall prevention						●	●
Folic acid supplementation <sup>3</sup>	○	●	●	●	○		
Healthy diet & activity counseling <sup>4</sup>		○	○	○	○	○	○
Intimate partner & domestic violence screening and counseling	●	●	●	●	●	●	●
Lipid screening <sup>5</sup>	○	●	○	●	●	●	
Obesity prevention				●	●50-60		
Obesity screening & counseling	●	●	●	●	●	●	●
Osteoporosis screening <sup>6</sup>					○	●	●
Statin use to prevent CVD <sup>7</sup>				○	○	○	
Substance use screening & assessment	●	●	●	●	●	●	●
Tobacco screening & counseling	●	●	●	●	●	●	●
Urinary incontinence screening <sup>8</sup>	○	●	●	●	●	●	●
<b>INFECTIOUS DISEASES</b>							
Chlamydia & gonorrhea screening <sup>9</sup>	●	●	●≤24 ○>24	○	○	○	○
Hepatitis B screening <sup>10</sup>	○	○	○	○	○	○	○
Hepatitis C screening (at least once) <sup>11</sup>	○	●	●	●	●	●	●≤80
HIV preexposure prophylaxis <sup>12</sup>	○	○	○	○	○	○	○
HIV risk assessment	●	●	●	●	●	●	●
HIV screening (at least once)	●>15	●	●	●	●	○	○
Immunizations <sup>13</sup>	●	●	●	●	●	●	●
STI prevention counseling <sup>14</sup>	●	●	○	○	○	○	○
Syphilis screening <sup>15</sup>	○	○	○	○	○	○	○
Tuberculosis screening <sup>16</sup>	○	○	○	○	○	○	○
<b>CANCER</b>							
Breast cancer screening <sup>17</sup>				●	●	●	●
Cervical cancer screening		●○21	●	●	●	●≤65	
Colorectal cancer screening				●45-49	●	●	
Lung cancer screening <sup>18</sup>					○	○	○≤80
Medications to reduce breast cancer risk <sup>19</sup>				○	○	○	○
Patient navigation services for breast & cervical cancer screening		●○21	●	●	●	●	●
Risk assessment for BRCA1/2 genetic counseling & testing		●	●	●	●	●	●
Skin cancer counseling <sup>20</sup>	○	○	○≤24				

Prevention services for pregnancy and postpartum provided in addition to age-based services listed in the previous chart. Comprehensive recommendations for pregnant and postpartum women can be found in ACOG's practice guidelines [www.acog.org/clinical](http://www.acog.org/clinical) and other educational materials.

<b>PREGNANCY</b>	
Anxiety screening	●
Bacteriuria screening	●
Breastfeeding counseling, services & supplies	●
Chlamydia & gonorrhea screening	●
Contraception & contraceptive care	●
Depression screening & preventive interventions <sup>21</sup>	●
Diabetes screening <sup>22</sup>	●
Folic acid supplementation	●
Healthy weight & weight gain during pregnancy counseling	●
Hepatitis B screening	●
HIV screening (each pregnancy)	●
Hypertensive disorders of pregnancy screening	●
Intimate partner & domestic violence screening and counseling	●
Preeclampsia prevention with low-dose aspirin <sup>23</sup>	○
Rh(D) blood typing	●
Substance use screening & assessment	●
Syphilis screening	●
Tobacco screening & counseling	●

<b>POSTPARTUM</b>	
Anxiety screening	●
Breastfeeding counseling, services & supplies	●
Contraception & contraceptive care	●
Depression screening & preventive interventions <sup>21</sup>	●
Diabetes screening <sup>24</sup>	○
Folic acid supplementation	●
Intimate partner & domestic violence screening and counseling	●
Substance use screening & assessment	●
Tobacco screening & counseling	●

**Key:**

- Recommended by the USPSTF (A or B rating), WPSI, or Bright Futures
- Recommended for selected groups

Members of the Advisory Panel support The Well-Woman Chart

