

Preventive Services Guidelines

CAREFIRST BLUECROSS BLUESHIELD'S PREVENTIVE SERVICES GUIDELINES FOR CHILDREN

These recommendations are for asymptomatic children with no known risk factors for disease and do not indicate an exclusive course of treatment. Variations, taking into account individual circumstances, may be appropriate.

GUIDELINE	1-18 MONTHS	2-6 YEARS	7-10 YEARS	11-21 YEARS
WELL CHILD CARE VISIT SCHEDULE				
Well Child Care Visit Schedule	Prenatal ¹ , Newborn ² , 3-5 days ³ 1 mo, 2 mo, 4 mo, 6 mo, 9 mo, 12 mo, 15 mo, 18 mo	2 yr, 30 months, 3 yr, 4 yr, 5 yr, 6 yr	Every year	Every year
Height/Weight	Every visit	Every visit Calculate and record BMI once a year.		
Head Circumference	Every visit until 2 yr.			
Growth, development, behavior assessment	Every visit Developmental surveillance is recommended for all well-child visits, and standardized developmental screening is recommended at 9-, 18-, and 30-month (or 24-month) visits (AAP).	Every visit	Every visit	Every visit Recommend screening of adolescents (12- 18 years of age) for major depressive disorder. All positive screening tests should include a thorough assessment; followed by effective treatment and careful follow-up. (USPSTF 2009)
Autism Screening ⁴	Administer autism-specific screening tool on all children at the 18-month preventive care visit (AAP).			
Blood Pressure Screening		Every visit beginning age 3 yr.	Every visit	Every visit
SENSORY SCREENING				
Vision	Subjective screening at visits: newborn – 30 mo, 7 yr, 9 yr, 11 yr, 13 yr, 14 yr, 16 yr, 17 yr, 19 yr, 20 yr & 21 yr. Objective Screening at visits: 3 yr, 4 yr, 5 yr, 6 yr, 8 yr, 10 yr, 12 yr, 15 yr, 18 yr. At all well-child visits starting in the newborn period to 3 years, screening should include ocular history, vision assessment, external inspection of the eyes and lids, ocular motility assessment, pupil examination and red reflex examination. Prophylactic ocular topical medication for all newborns against gonococcal ophthalmia neonatorum (USPSTF). For children aged 3 to 5 years, screening should include all the above, in addition to age-appropriate visual acuity measurement (using HOTV or tumbling E tests) and ophthalmoscopy.			
Hearing	Subjective screening at visits: 2-4 days – 3 yr, 7 yr, 9 yr, 11 yr, 12 yr, 13 yr, 14 yr, 15 yr, 16 yr, 17 yr, 19 yr, 20 yr & 21 yr Objective screening at visits: Universal hearing screening for newborns, 4 yr, 5 yr, 6 yr, 8 yr, 10 yr, 18 yr.			

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GUIDELINE	1-18 MONTHS	2-6 YEARS	7-10 YEARS	11-21 YEARS
PROCEDURES – GENERAL				
Hereditary - Metabolic Screening	By age one month: should be performed according to state law- e.g. thyroid, hemoglobinopathies, PKU, Galactosemia			
Hematocrit or Hemoglobin Screening ⁵	Screen for sickle cell disease in all newborns. Screen once between 9 -12 months	Screen for patients at risk between 15 months and 5 years.		<ul style="list-style-type: none"> • Screen once between 11 and 21 yrs; • Menstruating adolescents should be screened annually.
Urinalysis		Once at 5 yrs.		Between 11 to 21 yrs conduct annual dipstick urinalysis for leukocytes for sexually active male and female adolescents
Rubella Screening			10-21 yrs: Routine screening for rubella susceptibility by history of vaccination or by serology for all females of childbearing years.	
Diabetes Screening			Beginning at age 10 years or at onset of puberty, if puberty occurs at a younger age, fasting plasma glucose (FPG) recommended every 2 years for overweight individual (BMI > 85th percentile for age and sex, weight for height > 85th percentile, or weight > 120% of ideal for height) who also has any 2 of the following risk factors: <ul style="list-style-type: none"> • Family history of type 2 diabetes in first- or second-degree relative • Race/ethnicity (Native American, African American, Latino, Asian American, Pacific Islander) • Signs of insulin resistance or conditions associated with insulin resistance (acanthosis nigricans, hypertension, dyslipidemia, PCOS) • Maternal history of diabetes or GDM 	
GUIDELINE	1-18 MONTHS	2-6 YEARS	7-10 YEARS	11-21 YEARS
PROCEDURES – PATIENTS AT RISK				
Lead Screening ⁶	Lead risk assessment by questionnaire starting at 6 mos, blood lead test between 9-12 months	Insufficient evidence to recommend for or against routine screening for elevated blood lead levels in asymptomatic children aged 1 to 5 years who are at average or increased risk (USPSTF).		
Tuberculosis Screening ⁷	By age 12 months (Initial testing can begin as early as 3 months) – test by Mantoux (AAFP, AAP)	Assess annually for high-risk. If high-risk factors, i.e. medically underserved, immunocompromised close contact with TB cases, medical risk factors, immigrants from high prevalence areas, residents of long term care facilities, test by Mantoux.		
Cholesterol Screening ⁸		2 to 21 years: Risk assessment to be performed, with appropriate action to follow, if positive. If family history cannot be ascertained and other risk factors are present, blood test should be performed at the discretion of the practitioner. (AAP) Fasting lipid profile recommended at age 20 years (National Cholesterol Education Program).		

CareFirst Preventive Services Guidelines are for physician practice and patient care and do not define member benefits.

Approved: Quality Improvement
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GUIDELINE	1-18 MONTHS	2-6 YEARS	7-10 YEARS	11-21 YEARS
PROCEDURES – PATIENTS AT RISK (continued)				
Sexually Transmitted Diseases (STD) Screening	Infants born to mothers whose HIV status is unknown should be tested for HIV.			11-21 yr: All sexually active adolescents and other asymptomatic persons at high-risk for STDS should be routinely screened (includes gonorrhea, Chlamydia and HIV). In all health-care settings, screening for HIV infection should be performed routinely for all patients, beginning at age 13 years (CDC – MMWR 9/22/06).
Pelvic Exam (ACOG, AAP, ACS)				Initiate yearly screening by age 21 or within 3 years after sexual intercourse, whichever comes first. Then, if three consecutive exams are normal, Pap test may be performed every 1-3 years with either the conventional (regular) or liquid-based Pap test, based on patient risk factors and the discretion of the patient and physician. Annual gynecologic exams, including pelvic exams, should continue.
Nutritional Status	Age newborn to 21 months: Assess nutritional status; refer to appropriate programs for high-risk conditions.			
Counseling/ Education/Screening for high-risk factors	One or more of age-appropriate counseling should be discussed during periodic primary care physician visits. Additional screening and intervention may be necessary for individuals at high-risk. Anticipatory guidance, substance use (including tobacco, alcohol and drug use avoidance), diet and exercise, injury prevention, domestic violence, dental health, sexual behavior, use of alternative and complementary medicines, depression, risk for exposure to infectious diseases (HIV, Hep A, Hep B, Hep C). Parents and caregivers should be advised to place healthy infants on their backs when putting them to sleep ⁹ . Infants who are used to sleeping on their backs are at particularly high risk for SIDS when they are subsequently placed on their stomachs. Infants should not be put to sleep on waterbeds, sofas, soft mattresses or other soft surfaces. Soft materials such as pillows, quilts, comforters or sheepskin should not be placed under an infant (AAP, 2005). Counsel girls aged 11 years and older to maintain adequate calcium intake to prevent osteoporosis (AAFP).			
Dental Health		Ages 2 – 21 yr: Dental assessment and referral to dentist beginning age 2 yrs; should be seen by dentist twice yearly thereafter. At visits for 3 years and 6 years of age, it should be determined whether the patient has a dental home. If the patient does not have a dental home, a referral should be made to one. If the primary water source is deficient in fluoride, consider oral fluoride supplementation for infants and children age 6 months through 16 years. (AAFP).		

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Adapted from multiple sources including:

The American Academy of Pediatrics. *Recommendations for Preventive Health Care (RE9535) (2005)*

The American Academy of Family Physicians

The Maryland Healthy Kids Program. *Schedule of Preventive Health Care (9/06)*

American Cancer Society

Centers for Disease Control and Prevention.

The Guide to Clinical Preventive Services, 2006. Recommendations of the U.S. Preventive Services Task Force.

Footnotes:

- ¹ A prenatal visit is recommended for parents who are at high-risk, first time parents and those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history and a discussion of benefits of breastfeeding and planned method of feeding per AAP statement “The Prenatal Visit” (2001).
- ² Every infant should have a newborn evaluation after birth, breastfeeding encouraged, and instruction and support offered.
- ³ Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital, to include evaluation for feeding and jaundice. Breastfeeding infants should receive formal breastfeeding evaluation, encouragement, and instruction as recommended in AAP statement “Breastfeeding and the Use of Human Milk” (2005).
- ⁴ “Identification and Evaluation of Children With Autism Spectrum Disorders” *Pediatrics*, Volume 120, Number 5, November 2007.
- ⁵ Recommendations to Prevent and Control Iron Deficiency in the United States. *MMWR*.1998; 47 (RR-3): 1-29.
- ⁶ For children at risk of lead exposure, consult the AAP statement “Lead Exposure in Children: Prevention, Detection, and Management” (2005). Additionally, screening should be done in accordance with state law where applicable.
- ⁷ TB testing per recommendations of the Committee on Infectious Diseases, published in the current edition of RED BOOK: Report of the Committee on Infectious Diseases. Testing should be done upon recognition of high-risk factors.
- ⁸ Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) Final Report” (2002) and “The Expert Committee Recommendations on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity.” Supplement to *Pediatrics*. In press.
- ⁹ AAP Statement “The Changing Concept of Sudden Infant Death Syndrome: Diagnostic Coding Shifts, Controversies Regarding the Sleeping Environment, and New Variables to Consider in Reducing Risk.” (2005)

* To view the appropriate immunization schedule for children please visit: www.cdc.gov/vaccines

CAREFIRST BLUECROSS BLUESHIELD'S PREVENTIVE SERVICES GUIDELINES FOR ADULTS

These recommendations are for asymptomatic adults with no known risk factors for disease and do not indicate an exclusive course of treatment. Variations, taking into account individual circumstances, may be appropriate.

PERIODIC HEALTH EVALUATIONS	21-39 YEARS	40-49 YEARS	50-64 YEARS	65+ YEARS
Comprehensive Health Assessment ¹	Complete history and physical at discretion of practitioner and patient ✓ Blood Pressure – Screening every 2 years in persons with blood pressure less than 120/80 mm Hg and every year with systolic blood pressure of 120 to 139 mm Hg or diastolic blood pressure of 80 to 90 mm Hg. ✓ Height – Baseline and periodic as indicated ✓ Calculate BMI when indicated.			
Cholesterol Screening	Starting at age 20, screen every 5 years. Screening for lipid disorders includes measurement of total cholesterol and HDL-C. (NHLBI) If family history cannot be ascertained and other risk factors are present, lipid testing should be performed at the discretion of the practitioner.			
Colorectal Cancer Screening ²			✓ Colorectal cancer screening using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years. <ul style="list-style-type: none"> ■ Annual screening with high-sensitivity fecal occult blood testing ■ Sigmoidoscopy every 5 years, with high- sensitivity fecal occult blood testing every 3 years ■ Screening colonoscopy every 10 years 	
Counseling/ Education/Screening for Risk Factors	One or more of age-appropriate counseling should be discussed during periodic primary care physician visits. Additional screening and intervention may be necessary for individuals at high-risk. Substance use (including tobacco, alcohol and drug use avoidance), diet and exercise, injury prevention, dental health, sexual behavior, use of complementary and alternative medicines. Clinicians should screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss in obese adults. (USPSTF) The USPSTF found good evidence that body mass index (BMI) is reliable and valid for identifying adults at increased risk for mortality and morbidity due to overweight and obesity. Strongly recommend that clinicians discuss aspirin chemoprevention with adults who are at increased risk for coronary heart disease (men → 40 years old, postmenopausal women, and younger people with risk factors for coronary heart disease [e.g., hypertension, diabetes, or smoking]) – discussion should address both potential benefits and harms of aspirin therapy. (USPSTF) Healthy Diet: Recommends intensive behavioral dietary counseling for adult patients with hyper lipidemia and other know risk factors for cardiovascular and diet-related chronic disease. Intensive counseling by PCP or other qualified professionals (AAFP) Counsel smoking parents with children in the house regarding the harmful effects of smoking and children’s health. (AAFP)			
HIV	Strongly recommends that clinicians screen for HIV all adolescents and adults at increased risk for HIV infection.(USPSTF)			

CAREFIRST BLUECROSS BLUESHIELD'S PREVENTIVE SERVICES GUIDELINES FOR ADULTS

PERIODIC HEALTH EVALUATIONS (continued)	21-39 YEARS	40-49 YEARS	50-64 YEARS	65+ YEARS
Hepatitis C	The Hepatitis C virus test is recommended as a routine lab test for high-risk groups (history of injecting illegal drugs; received blood transfusions or organ transplant before July 1992; children born to HCV-positive women; received clotting factor concentrates before 1987; history of long-term dialysis; healthcare, emergency medical, and public safety workers after needlesticks, sharps, or mucosal exposures to HCV-positive blood; or evidence of chronic liver disease). Persons with HIV infection should be offered HCV counseling and testing (CDC – MMWR 8/4/06). Testing should be accompanied by appropriate counseling and referral for medical follow-up.			
Depression ³	<p>Recommends screening adults for depression. Use a screening tool that best fits the patient population served, and the practice setting. All positive screening tests should trigger full diagnostic interviews that use standard diagnostic criteria to determine the presence or absence of specific depressive disorders; followed by effective treatment and careful follow -up.</p> <p>Five (or more) of the symptoms present during the same 2-week period, a change from previous functioning and at least one of the symptoms is either depressed mood or loss of interest/pleasure may represent an episode of depression.</p>			
Tuberculosis Screening (AAFP)	Review social and medical history and results of physical examination. Screen if risk identified; e.g. HIV-positive, close contacts of persons with known history or suspected TB, health care workers, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), alcoholics, injection drug users and residents of long-term facilities. Test by Mantoux for high-risk individuals.			
Diabetes Mellitus	<p>Insufficient evidence to recommend for or against routinely screening asymptomatic adults for type 2 diabetes, impaired glucose tolerance, or impaired fasting glucose. (USPSTF) Consider testing patients who meet the following criteria (ADA, 2006 and USPSTF 2008):</p> <ul style="list-style-type: none"> ✓ Body mass index ≥ 25 ✓ 1st degree relative with diabetes ✓ High-risk ethnic group (African American, Latino, Native American, Asian American, Pacific Islander) ✓ Delivery of a baby weighing > 9 pounds or gestational DM ✓ Hypertension and asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg. ✓ Plasma high-density lipoprotein cholesterol level < 35 mg/dl or triglyceride level > 250 mg/dl ✓ History of impaired glucose tolerance or impaired fasting glucose level (110-125 mg/dl) ✓ Polycystic ovary syndrome (PCOS) or acanthosis nigricans ✓ History of vascular disease ✓ Habitually physically inactive 			
Osteoporosis	Counsel women aged 21 years and older to maintain adequate calcium intake to prevent osteoporosis. (AAFP)		Begin screening for men and women at increased risk for osteoporotic fractures.	Routine screening recommended for women 60 years and older (USPSTF)

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PERIODIC HEALTH EVALUATIONS (continued)	21-39 YEARS	40-49 YEARS	50-64 YEARS	65+ YEARS
FOR MEN ONLY				
Prostate Assessment ⁴	Current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years. Recommends against screening for prostate cancer in men age 75 years or older. This includes African- American men. Given the uncertainties and controversy surrounding this topic, a clinician should not order the PSA test without first discussing with the patient 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 should be assisted in considering their personal preferences before deciding whether to be tested. (USPSTF 2008).			
Testicular Cancer Screening	Recommend against routine screening for testicular cancer in asymptomatic adult males – no evidence that teaching young men how to do TSE improves health outcomes, even among men at high risk – efforts to promote prompt assessment and better evaluation of testicular problems may be more effective than widespread screening as a means of promoting early detection (USPSTF – Feb. 2004, and AAFP)			
Aortic Abdominal Aneurysm (AAA) Screening (USPSTF, AAFP)				One-time screening by ultrasonography recommended in men aged 65 to 75 who have ever smoked (current and former smokers).
FOR WOMEN ONLY				
Cervical Cancer Screening	Recommend initiating screening 3 years after onset of sexual activity but no later than age 21. Annual screening with conventional Pap tests, or screening every 2 years if liquid-based cytology is used, until age 30; thereafter, the screening interval can be extended to 2-3 years based on past screening results and risk factors. Beginning at age 30, women who have had 3 normal Pap test results in a row may get screened every 2 to 3 years. Women over 30, can get screened every 3 years with either the conventional or liquid-based pap test, plus the HPV DNA test. Women who have certain risk factors such as diethylstilbestrol (DES) exposure before birth, HIV infection, or a weakened immune system due to organ transplant, chemotherapy, or chronic steroid use should continue to be screened annually. (ACS) Recommend against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer. (USPSTF) Recommend against routine Pap smear screening in women who have had a total hysterectomy for benign disease. (USPSTF)			
Breast Cancer Screening	Starting at age 40, screening mammography every 1-2 yrs with or without clinical breast examination ⁶ . (Recommendations from USPSTF, ACS and NCCN).			
Counseling Regarding Menopause	Women who are peri-menopausal should be counseled regarding menopause, risks and benefits of estrogen replacement, and treatment and lifestyle modifications which may be available.			
Chlamydia Screening	Recommend screening for all sexually active non- pregnant young women aged 24 and younger and for older non- pregnant women who are at increased risk. (USPSTF, AAFP)			
Preconception Planning (ACOG)	Obese patients who are planning to conceive should have preconception consultation and weight-loss counseling. Encourage women of childbearing age to develop a reproductive health plan to assess desire to have or not have children. Women who can become pregnant should take 0.4 mg of folic acid daily to reduce the risk of birth defects of the brain and spine. Pregnant women should also have at least 0.4 mg folic acid daily during the first 3 months of pregnancy. Women who have had a child with a spine or skull defect should take 4 mg of folic acid daily. Any woman who might become pregnant is encouraged to receive a single dose of Tdap.			

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Approved: Quality Improvement
Council – April 2009

Sources: Sources: United States Preventive Services Task Force (USPSTF), American Diabetes Association (ADA), American Cancer Society (ACS), American College of Obstetrics and Gynecology (ACOG), American Academy of Family Physicians (AAFP), American College of Radiology (ACR), American College of Physicians (ACP). The National Guideline Clearing House, The National Comprehensive Cancer Network (NCCN).

Footnotes:

1. Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services, Evidence Report/Technology Assessment, Number 136, April 2006.
2. Recommendations for colon cancer screening established by the United States Preventive Services Task Force (USPSTF).
3. Agency for Healthcare Policy & Research: Screening for Depression 2002
4. NCCN recommends certain guidelines to make PSA testing as accurate as possible and to avoid retesting: abstain from sexual activity for 2 days before testing; PSA testing should not be done if a man has a urinary tract infection or has benign prostatic hyperplasia (BPH) or prostatitis, because these conditions can lead to a higher test result. Certain herbal supplements, such as saw palmetto, and certain medicines such as finasteride, dutasteride, and androgen-receptor blockers such as flutamide, bicalutamide and nilutamide also affect PSA levels and physicians should inquire about these medications before testing.
5. Evidence-based data indicate that both liquid-based and conventional methods of cervical cytology are acceptable for use in testing – ACOG.
6. USPSTF recommends that women should be informed of potential benefits, limitations and possible harms of mammography in making decisions about when to begin screening.

* To view the appropriate immunization schedule for adults please visit: www.cdc.gov/vaccines

CAREFIRST BLUECROSS BLUESHIELD'S PERINATAL SERVICES GUIDELINES FOR NORMAL PREGNANCY

These guidelines are meant to assist the primary care and obstetrical practitioner in monitoring the patient during the prenatal, perinatal and post-partum periods to prevent undesirable outcomes.

SERVICES	FIRST TRIMESTER 0-13 WEEKS	SECOND TRIMESTER 14-26 WEEKS	THIRD TRIMESTER 27-42 WEEKS	POSTPARTUM 4-6 WEEKS AFTER DELIVERY
Routine Office Visits	<ul style="list-style-type: none"> ✓ Initial visit: as early in pregnancy as possible ✓ Every 4-5 weeks through 28 weeks gestation 	<ul style="list-style-type: none"> ✓ Every 4-5 weeks through 28 weeks gestation 	<ul style="list-style-type: none"> ✓ Every 4-5 weeks through 28 weeks gestation ✓ Every 2-3 weeks until 36 weeks gestation ✓ Every week after 36 weeks gestation 	<ul style="list-style-type: none"> ✓ 4-6 weeks after delivery or 7-14 days after a C-section or complicated gestation
Obstetrical Evaluations	<p>Each visit includes:</p> <ul style="list-style-type: none"> ✓ Weight ✓ Body Mass Index (BMI) ✓ Blood Pressure ✓ Urine screen for glucose and protein ✓ Physical findings including: fetal heart rate (after 12 weeks) and fundal height (after 12 weeks) <p>Initial visit includes:</p> <ul style="list-style-type: none"> ✓ Physical examination ✓ High-risk identification and intervention (HepA, HepB, HepC, Diabetes, TB exposure, HIV, STDs, Cystic Fibrosis, etc.) ✓ Family/social/genetic history ✓ Past/current OB and medical history, including use of complementary and alternative medicines, hypertension, and thyroid disease ✓ Past/current psychiatric and substance abuse history, including pre-existing and recent onset depression 	<p>Each visit includes:</p> <ul style="list-style-type: none"> ✓ Weight ✓ Blood Pressure ✓ Urine screen for glucose and protein ✓ Physical findings, including fetal heart rate and fundal height ✓ Fetal movement, leakage of fluid, contractions, vaginal bleeding assessed after patient reports quickening ✓ Signs and symptoms of depression 	<p>Each visit includes:</p> <ul style="list-style-type: none"> ✓ Weight ✓ Blood pressure ✓ Urine screen for glucose and protein ✓ Physical findings, including fetal heart rate and fundal height ✓ Fetal movement, leakage of fluid, contractions, vaginal bleeding assessed after patient reports quickening ✓ Signs and symptoms of depression 	<p>Visit includes:</p> <ul style="list-style-type: none"> ✓ Physical exam ✓ Weight ✓ Blood Pressure ✓ Signs and symptoms of depression ✓ Nutrition counseling including breastfeeding ✓ Review methods of birth control ✓ Preconceptional counseling

**CAREFIRST BLUECROSS BLUESHIELD'S
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SERVICES	FIRST TRIMESTER 0-13 WEEKS	SECOND TRIMESTER 14-26 WEEKS	THIRD TRIMESTER 27-42 WEEKS	POSTPARTUM 4-6 WEEKS AFTER DELIVERY
Diagnostic Procedures and Lab tests	<ul style="list-style-type: none"> ✓ Antibodies to hepatitis B surface antigen ✓ Determination of blood groups and CDE (rh) type ✓ Antibody screen (repeat at 26-28 weeks in unsensitized D-negative patient) ✓ Hemoglobin or hematocrit (screen for iron deficiency anemia) ✓ Pap smear ✓ Syphilis screen ✓ HIV test ✓ STD evaluation (VDRL, GC, Chlamydia cultures) ✓ Determination of immunity to rubella ✓ Urinalysis (including microscopic exam to detect asymptomatic bacteriuria) ✓ Urine culture ✓ Genetic risk assessment and teratology counseling for: sickle cell, Neural Tube Defect (NTD), congenital heart defect, Tay-Sachs, Hemophilia, muscular dystrophy, cystic fibrosis, Huntington's chorea, mental retardation, other inherited genetic or chromosomal disorder ✓ All pregnant women, regardless of age, should be offered screening for Down syndrome using triple/quadruple screening (alpha-fetoprotein (AFP), unconjugated estriol (uE₃), human chorionic gonadotropin (hCG), and inhibin A) at 15- 20 weeks or the nuchal fold test at 11- 13.8 weeks. ✓ Maternal metabolic disorder (e.g. Insulin-dependant diabetes, PKU, recurrent pregnancy loss or stillbirth) ✓ Street drugs/alcohol used since last menstrual period. ✓ Risk assessment for GDM should be undertaken at the 1st prenatal visit. Women with clinical characteristics consistent with a high risk for GDM (e.g., those with marked obesity, personal history of GDM or delivery of a previous large-for-gestation-age infant, glycosuria, polycystic ovary syndrome, or a strong family history of diabetes) should undergo glucose testing as soon as possible. 	<ul style="list-style-type: none"> ✓ AFP between 15 and 18 weeks, optimally at 16 weeks ✓ Diabetes screening at 24-28 weeks ✓ One hour glucose tolerance, 50gram glucose screening ✓ Three hour OGTT, if screen abnormal ✓ High-risk women not found to have GDM at the initial screening and average-risk women should be tested between 24 and 28 weeks gestation ✓ Antibody tests should be repeated in unsensitized, D-negative patient at 24-28 weeks, unless the biological father is known to be Rh (D) negative. She should also receive Anti-D immune globulin prophylactically at that time. ✓ Women found to be at increased risk of having a baby with Down syndrome with first-trimester screening should be offered genetic counseling and the option of chorionic villus sampling or mid-trimester amniocentesis. 	<ul style="list-style-type: none"> ✓ Repeat hemoglobin or hematocrit early in 3rd trimester ✓ Repeat evaluation for STDs at 32-36 weeks if indicated (VDRL, GC, Chlamydia) ✓ Group B strep screen at 35-37 weeks. Intrapartum antibiotic prophylaxis to women with positive results or clinical risk factors. ✓ A second HIV test during the 3rd trimester is recommended for women who receive health care in jurisdictions with elevated incidence of HIV or AIDS among women aged 15-45 years (DC, MD, VA, PA, and DE are included in this CDC listing). ✓ HSV counseling for exposed women with consideration of antiviral medication 	<ul style="list-style-type: none"> ✓ Women with GDM should be screened for diabetes 6-12 weeks postpartum and should be followed up with subsequent screening for the development of diabetes or prediabetes

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CAREFIRST BLUECROSS BLUESHIELD'S PERINATAL SERVICES GUIDELINES FOR NORMAL PREGNANCY

SERVICES			
Patient Education and Counseling	<p>Patient education and counseling should include the following, as appropriate, throughout pregnancy:</p> <ul style="list-style-type: none"> ✓ Use of OTC items, including herbal products ✓ Scope of care that is provided in the office ✓ Laboratory studies ✓ Expected course of the pregnancy ✓ Signs and symptoms to be reported ✓ Anticipated schedule of visits ✓ Practices to promote health maintenance ✓ Options for intrapartum care ✓ Availability of resources and referral made as necessary ✓ Pregnant asthmatic women should continue to use their asthma medication in the lowest dose possible to manage symptoms during pregnancy. Women with moderate or severe asthma should also be monitored throughout pregnancy for fetal growth restriction and signs of preterm labor. (ACOG 2008) 	<ul style="list-style-type: none"> ✓ Selection of pediatrician ✓ Anesthesia plans ✓ Analgesia plans ✓ Toxoplasmosis precautions ✓ Childbirth classes ✓ Physical/sexual activity ✓ Labor signs ✓ Nutrition counseling – explain recommendations for prenatal weight gain: 28-40 lbs for underweight women, 25-35 lbs for women of normal weight, 15-25 lbs for overweight women, and 15 lbs for obese women ✓ Pregnant women should have at least 0.4 mg of folic acid daily during the first 3 months of pregnancy ✓ Structured breastfeeding education and behavioral counseling programs to promote breastfeeding 	<ul style="list-style-type: none"> ✓ Newborn car seat ✓ Postpartum birth control ✓ HIV infection avoidance ✓ Environmental/ work hazards ✓ Tubal sterilization ✓ VBAC counseling ✓ Circumcision ✓ Travel ✓ Lifestyle, tobacco, drug, alcohol ✓ Depression ✓ Other patient requests

Carefirst BlueCross BlueShield's guidelines are adapted from multiple sources including: The American College of Obstetricians and Gynecologists. Guidelines for Perinatal Care, 5th Edition. (2002), the American Academy of Pediatrics, the American Diabetes Association, and the U.S. Preventive Services Task Force.

CAREFIRST BLUECROSS BLUESHIELD'S IMMUNIZATION RECOMMENDATIONS FOR NORMAL PREGNANCY

IMMUNIZATIONS

Tetanus/diphtheria/ pertussis (Td/Tdap)	If a pregnant woman received her last Td vaccination ≥ 10 years previously, administer Td during the 2nd or 3rd trimester. If she received her last Td vaccination < 10 years previously, administer Tdap during the immediate postpartum period. A one-time administration of 1 dose of Tdap with an interval as short as 2 years from a previous Td vaccination is recommended for postpartum women. Pregnant women who are not vaccinated or only partially immunized against tetanus should complete the primary series. Women for whom the vaccine is indicated but who have not completed the recommended 3-dose series during pregnancy should receive follow-up after delivery to ensure the series is completed.
Pneumococcal	Safe to be used during pregnancy if needed based on risk factors.
Influenza	Routine influenza vaccination is recommended for all women who will be pregnant (in any trimester) during influenza season - the inactivated influenza vaccine should be administered.
Measles/Mumps, Rubella (MMR)	Do not vaccinate women who are pregnant or who might become pregnant within 4 weeks of receiving the vaccine. Women who do not have evidence of immunity should receive the MMR vaccine upon completion of pregnancy and before discharge from the health-care facility.
Hepatitis A	Safe to be used during pregnancy if needed based on risk factors.
Hepatitis B	Safe to be used during pregnancy if needed based on risk factors.
Varicella	Do not vaccinate women who are pregnant or might become pregnant within 4 weeks of receiving the vaccine. Assess for evidence of varicella immunity. Women who do not have evidence of varicella immunity should receive dose 1 of varicella vaccine upon completion of pregnancy and before discharge from the health-care facility. Dose 2 should be administered 4-8 weeks after dose 1.
Meningococcal	Safe to be used during pregnancy if needed based on risk factors.
Human papillomavirus (HPV)	HPV vaccination is not recommended during pregnancy. If a woman is found to be pregnant after initiating the vaccination series, the remainder of the 3-dose regimen should be delayed until after completion of the pregnancy.
Polio (IPV)	May be administered in accordance with the recommended schedule for adults if a pregnant woman is at increased risk for infection and requires immediate protection against polio.

Sources: Centers for Disease Control (CDC); United States Preventive Services Task Force (USPSTF); American College of Obstetrics and Gynecology (ACOG); American Academy of Family Physicians (AAFP); Advisory Committee on Immunization Practices (ACIP); Recommended Adult Immunization Schedule, United States October 2006-September 2007

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