



## PREVENTIVE HEALTH CARE GUIDELINE – 2008

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
0 - 28 weeks	Every 4 weeks
29 - 36 weeks	Every 2 - 3 weeks
37+ weeks	Every week

## PRENATAL / POSTPARTUM PREVENTIVE CARE TIMELINE

	PRE-PREGNANCY	FIRST PRENATAL VISIT	DURING PREGNANCY	AFTER PREGNANCY
<b>SCREENINGS</b>	<ul style="list-style-type: none"> <li>Screen for rubella or vaccination if no previous immunity at least 4 weeks prior to becoming pregnant.</li> <li>Screen for varicella or vaccination if no previous immunity 8 weeks prior to becoming pregnant.</li> <li>Screen for HIV.</li> </ul>	<ul style="list-style-type: none"> <li>Screen for rubella (if not done preconceptually).</li> <li>Screen for hepatitis B<sup>2</sup>, gonorrhea and chlamydia, syphilis, and HIV (if not done preconceptually).</li> <li>Offer screen for cystic fibrosis to appropriate ethnic groups.</li> <li>Screen for blood type and Indirect Coombs antibody testing.</li> <li>Pap test.</li> <li>African-American women should be also be tested for Sickle Cell Disease.</li> </ul>	<ul style="list-style-type: none"> <li>Urine testing at 12 – 16 weeks with urinalyses to include leukocyte esterase and urine culture to screen for asymptomatic bacteriuria.</li> <li>Screen for gestational diabetes at 24 – 28 weeks or sooner if history of gestational diabetes.</li> <li>Screen for Group B Streptococcus late in pregnancy<sup>3</sup> (36 weeks).</li> <li>Screen for Indirect Coombs antibody testing if not previously done.</li> </ul>	
<b>TREATMENT STANDARDS</b>	Daily prenatal vitamin containing 0.4 – 0.8 mg folic acid for women planning pregnancy. <sup>1</sup> Begin at least 1 month prior to conception and continue during pregnancy.		Provide Rhogam to all Rh negative women at 28 weeks.	<ul style="list-style-type: none"> <li>Administer D immunoglobulin to unsensitized postpartum Rh negative women within 72 hours of birth, if fetus is Rh positive or unknown.</li> <li>Check-up within 4 – 6 weeks after delivery. Include postpartum depression screen.</li> </ul>
<b>VACCINATIONS</b>			<ul style="list-style-type: none"> <li>During flu season offer vaccine to all women regardless of trimester. Pregnant women should only receive inactivated flu vaccine.</li> <li>If received last Td vaccination ≥10 years previously, administer Tdap during 2nd or 3rd Trimester.</li> <li>If received last Td vaccination &lt;10 years administer 1 dose of Tdap during immediate postpartum period</li> </ul>	<ul style="list-style-type: none"> <li>Varicella vaccination if no previous immunity.</li> <li>Rubella vaccination if no previous vaccination.</li> </ul>

<sup>1</sup>**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.

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

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

## 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 CAGE 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 CAGE questions, please 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 quad marker screen to detect chromosome (Down syndrome), brain and spinal cord abnormalities. This screen should be offered in the 2nd trimester to everyone.

## 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 State of Wisconsin statutes for newborn screening. Screening is currently conducted for 48 disorders and diseases. The complete list is available at <http://www.slh.wisc.edu/wps/wcm/connect/extranet/newborn/>. 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 at 2 months of age begin to receive vitamin D supplement.
- Give hepatitis B vaccine within 12 hours of birth to infants born to HBsAg positive mothers or to whom mothers' 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-Adolescent Care

### INFANT-ADOLESCENT CARE TIMELINE

		BIRTH - 1 MO	2 MO	4 MO	6 MO	9 MO	12 MO	15 MO	18 MO	24 MO	30 MO <sup>2</sup>	36 MO	4-6 YR	7-10 YR	11-17 YR
<b>SCREENING</b>	<b>WELL CHILD VISIT</b>	1) At birth 2) 2-4 days <sup>1</sup> and 3) 5 days-1 mo	Once	Once	Once	Once	Once	Once	Once	Once	Only for Badger Care Plus eligible children	Once	Annually	2 visits (at 8 and 10 yrs)	Annually
	<b>BLOOD LEAD SCREEN (FOR THOSE AT RISK)<sup>3</sup></b>						Once			Once					
	<b>PAP TEST<sup>4</sup></b>														Annually based on risk factors (see below)
	<b>CHLAMYDIA &amp; GONORRHEA SCREEN<sup>5</sup></b>														Annually based on risk factors (see below)
	<b>VISUAL IMPAIRMENT SCREEN<sup>6</sup></b>	Once	Once	Once	Once	Once	Once	Once	Once	Once	Once	Once	Once	Once	Once
	<b>BP SCREENING</b>											Once	Annually	Annually	Annually
	<b>BMI<sup>7</sup></b>									Once	Annually	Annually	Annually	Annually	Annually

- 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.
- HealthCheck** – State recommendation for children who are Medicaid or HealthCheck eligible. For the Medical Assistance (BadgerCare Plus) HealthCheck periodicity table go to [http://dhfs.wisconsin.gov/medicaid6/handbooks/partd\\_d1/pdfs/appendix5.pdf](http://dhfs.wisconsin.gov/medicaid6/handbooks/partd_d1/pdfs/appendix5.pdf)
- 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 playmate who has or has had lead poisoning?	Yes / Don't know
4. Is the child eligible for Medicaid, HealthCheck or WIC?	Yes / Don't know

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

4. **Pap Test** – Begin testing 3 years after the onset of sexual activity. Risk factors for cervical carcinoma (race, sexual activity, history of human papillomavirus, human immunodeficiency virus, cervical dysplasia, smoking and immunosuppression) should be assessed on an ongoing basis.
5. **Chlamydia and Gonorrhea Infection Screening** – At least annually for all sexually active persons age 25 and younger 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.
6. **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.
7. **BMI** – For CDC clinical growth charts with BMI go to [http://www.cdc.gov/nchs/about/major/nhanes/growthcharts/clinical\\_charts.htm](http://www.cdc.gov/nchs/about/major/nhanes/growthcharts/clinical_charts.htm)

## INFANT-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/nip/recs/child-schedule.htm>.

## INFANT-ADOLESCENT 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 of 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 3. 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 <120-130 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 16 should not operate off-road motorized vehicles (i.e. ATV, personal watercraft, snowmobiles or minibikes).
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 2** recommend a diet low in saturated fat and cholesterol.
6. Promote an active lifestyle with regular exercise.
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. Advocate avoidance of alcohol or illicit drugs. Avoidance of driving after use of alcohol, illicit drugs or non-prescribed addictive drugs.
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.

## 4. Preventive Health Guideline for Adult Care

### ADULT PREVENTIVE CARE TIMELINE

MEN AND WOMEN		18-29	30-39	40-49	50-64	65-69	
<b>SCREENING</b>	Blood Pressure <sup>1</sup>	Every 1-2 years beginning at age 18					
	Lipids <sup>2</sup>	Every 5 years beginning at age 35 for men and age 45 for women					
	Colorectal Screening <sup>3</sup>				Fecal Occult Blood Test annually or Fecal Occult Blood Test annually with Sigmoidoscopy every 5 years or Double-Contrast Barium Enema every 5 years or CT Colonography (Virtual) every 5 years or Optical Colonoscopy every 10 years		
	Screening for Pre-diabetes and Diabetes <sup>4</sup>			Screen all people beginning at age 45. If normal and person has no risk factors, retest in 3 years.			
	<b>MEN ONLY</b>	<b>18-29</b>	<b>30-39</b>	<b>40-49</b>	<b>50-64</b>	<b>65-69</b>	
	Prostate and Rectal			Counsel for prostate screening and rectal exam			
	<b>WOMEN ONLY</b>	<b>18-29</b>	<b>30-39</b>	<b>40-49</b>	<b>50-64</b>	<b>65-69</b>	
	Chlamydia and Gonorrhea Screening <sup>5</sup>						
	Pap Test <sup>6</sup>	Begin screening 3 years after onset of sexual activity or age 21 (whichever comes first) and screen at least every 3 years					
	Mammogram (with or without clinical breast exam)			One Baseline at age 40 and then every 1 - 2 years			

<sup>1</sup>**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.

<sup>2</sup>**Dyslipidemia** – 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.

<sup>3</sup>**Colon Cancer Screening** includes traditional and virtual colonoscopy. Traditional 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. The USPSTF recommends screening men and women age 50 years and older for colorectal cancer. The appropriate age at which colon cancer screening should be discontinued is not known.

<sup>4</sup>**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.

<sup>5</sup>**Chlamydia and Gonorrhea Infection Screening** – At least annually for all sexually active persons age 25 and younger 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 or correctly.

<sup>6</sup>**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. ACOG and ACS suggest annual screening until age 30. After age 30, if women who have had three consecutive negative cervical cytology screening test results and without additional risk factors, the interval may be extended to every 2-3 years.

## 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 web-site at <http://www.cdc.gov/nip/recs/adult-schedule.htm>.

## 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 CAGE questions. 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 and the CAGE questions, please refer to the UW Health Alcohol Assessment and Intervention Guideline at: <https://uconnect.wisc.edu> listed under Clinical Practice Guidelines.
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. Recommend avoidance of heavy alcohol consumption.
6. Urge avoidance of driving after use of alcohol, illicit drugs or non-prescribed addictive drugs.
7. Advocate use of seat belts and air bags while driving, as well as a helmet when biking or motorcycling.
8. Suggest regular dental visits and regular brushing and flossing.
9. Encourage avoidance of sun, or use of protective clothing and sunscreen (at least SPF 15) while in the sun.
10. Counsel men of appropriate age for prostate screening and rectal exam.

## 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, Guidelines.

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