The Women’s Preventive Services Initiative (WPSI) is a five-year cooperative agreement with The American College of Obstetricians and Gynecologists (ACOG) and the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA). The purpose of WPSI is to update and implement recommendations for women’s preventive health care over the course of their lifespan. The WPSI is a collaborative and multidisciplinary effort consisting of over 20 member organizations who are experts in women’s health.

The WPSI’s newly released Recommendations for Well-Woman Care – A Well-Woman Chart is a resource that summarizes age-based preventive service recommendations for women from adolescence into maturity. The services listed in the chart are a summary of clinical preventive service recommendations from the WPSI, the United States Preventive Services Task Force (USPSTF), and Bright Futures/American Academy of Pediatrics and is available NOW FOR FREE DOWNLOAD.

Download the new Well-Woman Chart today!

Questions? Contact: wpsi@acog.org

Participation in WPSI does not constitute organizational endorsement of the recommendations.
Additional Bright Futures recommendations include: Periodic vision and hearing tests for ages 13-21; risk assessment for anemia for ages 13-21; and fluoride supplements if needed for ages 13-16 (https://brightfutures.aap.org/Bright%20Futures%20Documents/Screening.pdf). Recommendations on services for adolescents under the age of 13 can be found at https://brightfutures.aap.org/Bright%20Futures%20Documents/Screening.pdf.

Abbreviations:
ACIP = Advisory Committee on Immunization Practices; BRCA = breast cancer susceptibility gene; CRC = colorectal cancer; 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.

**Criteria for selective screening**
1. Low-dose aspirin to prevent cardiovascular disease and colorectal cancer: Calculated 10-year risk of a CVD event ≥10% not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.
2. Diabetes screening and management: Overweight or obese for age 40-70 years, previous gestational diabetes but not previously diagnosed with diabetes mellitus when not pregnant for age 23 years.
3. Folic acid supplementation: Sexually active and planning or capable of pregnancy.
4. Healthy diet and physical activity counseling: Overweight or obese and have additional CVD risk factors (hypertension, dyslipidemia, abnormal blood glucose levels, diabetes).
5. Lipid screening: Familial dyslipidemia, risk factors, or high-risk conditions for age 13-16 years; universal screening once between age 17-21 years; clinical judgement for age 22-39 years.
7. Statin use to prevent CVD: Age 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 ≥10%.
8. Urinary incontinence screening: Screen all women age 18 and older and younger women if postpartum.
9. Gonorrhea and chlamydia screening: 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 exchanging sex for money or drugs. Prevalence is also higher among incarcerated populations, military recruits, and patients receiving care at public STI clinics.
10. Hepatitis B screening: Born in a country with a prevalence of HBV infection ≥2%; lack of vaccination in infancy in U.S.-born persons with parents from a country or region with prevalence ≥2%; HIV-positive persons; injection drug users; and household contacts or sexual partners of persons with HBV infection.
11. Hepatitis C screening: One-time screening for adults born between 1945 and 1965. Criteria for others includes past or current injection drug use; receipt of a blood transfusion before 1992; long-term hemodialysis; born to an HCV-infected mother; incarceration; intranasal drug use; getting an unregulated tattoo; and other percutaneous exposures (e.g., healthcare workers).
12. Latent 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 healthcare workers and workers in high-risk congregate settings; immunosuppressed individuals.
13. Sexually transmitted infection prevention counseling: 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 exchanging sex for money or drugs. Prevalence is also higher among incarcerated populations, military recruits, and patients receiving care at public STI clinics.
14. Syphilis screening: Women with HIV; high prevalence communities or populations; history of incarceration; exchanging sex for money or drugs.
15. Breast cancer screening: No specific criteria, decisions about screening are made on an individual basis through a shared-decision making process.
16. Lung cancer screening: 30-pack-year smoking history and currently smoke or have quit within the past 15 years.
17. Medications to reduce breast cancer risk: Major 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 depends on age, race or ethnicity, the medication used, and whether the patient has a uterus.
18. Skin cancer counseling: Fair skin, light hair and eye color, freckles, sunburn easily.
19. Low-dose aspirin to prevent preeclampsia: History of preeclampsia, especially when accompanied by an adverse outcome; multifetal gestation; chronic hypertension; type 1 or 2 diabetes mellitus; renal disease; autoimmune disease (systemic lupus erythematosus, antiphospholipid syndrome).
20. Diabetes screening after pregnancy: Previous gestational diabetes but not previously diagnosed with diabetes mellitus when not pregnant.
**PREVENTION SERVICES**

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 was developed by the Women's Preventive Services Initiative (WPSI). The Well-Woman Chart outlines preventive services recommended by the WPSI, US Preventive Services Task Force (USPSTF), and Bright Futures based on age, health status, and risk factors. Additional recommendations for immunizations are provided in a separate table from the Advisory Committee on Immunization Practices. 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 Recommendations for Well-Woman Care – A 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. The recommendations are not intended as a statement of the standard of care, and do not comprise all proper treatments or methods of care. Providers should use clinical judgment in applying these recommendations to individual patient care, taking into account the needs and resources particular to the locality, the institution, or the type of practice. The Chart is updated annually. The WPSI website (www.womenspreventivehealth.org) has the most up-to-date version of the Chart and Clinical Summary Tables.

### Precautions

**PREVENTION SERVICES**

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Recommendations from the WPSI and the USPSTF for preventive services for pregnant and postpartum women are also provided in the Well-Woman Chart. Providers should use clinical judgment in applying these recommendations to individual patient care, and variations in the course of treatment may be appropriate. The recommendations are not intended as a statement of the standard of care, and do not comprise all proper treatments or methods of care. Comprehensive recommendations for pregnant and postpartum women can be found in ACOG’s practice guidelines and other educational materials.
FREQUENTLY ASKED QUESTIONS

The Women's Preventive Services Initiative (WPSI) is a 5-year cooperative agreement led by the American College of Obstetricians and Gynecologists (ACOG). ACOG is engaging a coalition of national health professional organizations and consumer and patient advocates with expertise in women's health across the life span to develop, review, and update recommendations for women's preventive health care services, including women's preventive services guidelines sponsored by the Health Resources and Services Administration.

*For this FAQ, the Women's Preventive Services Initiative’s (WPSI) Recommendations for Well-Woman Care—a Well-Woman Chart will be referred to as the Well-Woman Chart.

**WHAT IS A WELL-WOMAN VISIT?**
A well-woman visit, often referred to as a wellness visit, regular checkup, or periodic health examination, is a clinical encounter that promotes health over the course of a woman’s lifetime through preventive health care.\(^1\) Well-woman preventive services may include, but are not limited to: assessment of physical and psychosocial function, primary and secondary prevention and screening, risk factor assessments, immunizations, counseling, education, prepregnancy care, and many services necessary for prenatal and interpregnancy care.\(^2,3\) \(^1\)The selection of a health care provider for the well-woman visit will be determined by the woman’s needs and preferences, access to health services, plan, and age category.\(^1\) A well-woman visit may be conducted over one visit or over numerous encounters.\(^1\)

**WHAT IS THE DIFFERENCE BETWEEN A WELL-WOMAN VISIT AND A SICK VISIT?**
A well-woman visit focuses on promoting and maintaining health over the course of a woman’s lifetime through preventive health care, and a sick or problem visit focuses on diagnosis and treatment of new or existing symptoms or problems.

**WHAT IS THE GOAL OF THE WELL-WOMAN CHART?**
The Well-Woman Chart is designed as a tool and a starting point for providing well-woman care and implementing the WPSI-recommended well-woman preventive visits. The chart should be adapted as necessary to meet a woman’s needs.

**DOES THE WELL-WOMAN CHART ONLY COVER WPSI RECOMMENDATIONS?**
No, the Well-Woman Chart is a compilation of preventive service recommendations for women from the WPSI, U.S. Preventative Services Taskforce (USPSTF), and Bright Futures.

**IS THE WELL-WOMAN CHART A STAND-ALONE DOCUMENT?**
No, the Well-Woman Chart includes corresponding clinical summaries with the appropriate age and frequencies in which the preventive services should be performed, considerations for clinical practice, and any relevant risk assessments.

**HOW IS THE WELL-WOMAN CHART STRUCTURED?**
The Well-Woman Chart is a summary chart of preventive services recommendations for women from the WPSI, the USPSTF, and Bright Futures. The chart is separated by age group, and services are broken into the categories of general health, infectious diseases, and cancer. These services are also listed in alphabetical order for ease of use. When the recommendations overlap between the various groups, the chart uses the most inclusive recommendation. Recommendations from the WPSI and the USPSTF for preventive services for pregnant and postpartum women are also provided in the Well-Woman Chart.

**WHO SHOULD BE USING THE WELL-WOMAN CHART?**
The Well-Woman Chart can be used by any health care provider who is providing preventive well-woman care, including family physicians, internists, ob–gyns, physician assistants, nurse practitioners, and certified nurse–midwives.

**HOW DO I ACCESS THE WELL-WOMAN CHART?**
The Well-Woman Chart and its accompanying clinical summaries can be found on the WPSI website.

**MY ORGANIZATION’S GUIDELINES CONFLICT WITH THE RECOMMENDATIONS IN THE WELL-WOMAN CHART. WHAT DO I DO?**
Please defer to your clinical institutional authority in the event of conflicting guidance.
DO WOMEN NEED A WELL-WOMAN VISIT EVERY YEAR?
The WPSI recommends that women receive at least one preventive care visit per year beginning in adolescence and continuing across the life span to ensure that the recommended preventive services are obtained.

HOW DO I PRIORITIZE WELL-WOMAN EXAM SERVICES IN THE TIME ALLOTTED FOR EACH WOMAN?
Each woman is unique, as are her health care needs. Decisions regarding when to initiate screening, how often to screen, and when to stop screening should be based on a periodic shared decision-making process involving the woman and her health care provider. The shared decision-making process assists women in making an informed decision and includes, but is not limited to, a discussion about the benefits and harms of screening; an assessment of the woman's values and preferences; and consideration of factors such as life expectancy, comorbidities, and health status.

DO I NEED TO DO ALL THESE SERVICES IN ONE VISIT?
The services listed in the Well-Woman Chart should not be viewed as what is expected to be performed at every well-woman visit by every health care provider. Additional well-woman visits may be needed to obtain all necessary services depending on a woman's age, health status, reproductive health needs, pregnancy status, and risk factors.

WHAT ABOUT HEALTH INSURANCE COVERAGE?
All recommendations listed on the Well-Woman Chart include clinical preventive services that most private insurance plans and many Medicaid state programs cover without cost-sharing as required by the Affordable Care Act. For more information about federal coverage requirements for preventive services, refer to healthcare.gov and your insurance carrier.

DO YOU HAVE ANY RESOURCES TO ASSIST WITH BILLING?
The American College of Obstetricians and Gynecologists (ACOG) offers coding resources. You can also submit coding questions to the ACOG coding team through our Coding Ticket Database. This resource is available to both ACOG members and nonmembers.

WHAT ABOUT IMMUNIZATIONS?
Immunizations should be administered according to the most recent ACIP recommendations.

REFERENCES

Members of the advisory panel support WPSI

ACOG Foundation
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This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under a cooperative agreement (UH0MC29440).
What is preventive health?
Preventive health care is care that helps stop illness before it begins.

What are preventive health care services?
Preventive health services and screenings keep you healthy! These services also help find diseases and infections early, when they are most treatable. Some examples of preventive health services are screening tests, education, and counseling.

Preventive care includes:
- reproductive life planning
- healthy eating and exercise
- screening for chronic diseases
- immunizations
- screening for infectious diseases
- mental health

What is WPSI?
Women's Preventive Services Initiative (WPSI) is a group of experts in women’s health that make recommendations based on scientific evidence. Most insurance plans are required to cover WPSI recommendations without out-of-pocket costs.

Partner Organizations

Members of the advisory panel support WPSI

Where can you find preventive health services?
You can receive preventive health services and information from your doctor, nurse, physician-assistant, or other type of health care provider.
How can you talk with your health care provider about preventive health?

Talking with your health care provider about preventive health is important. Where do you start? What do you say? When you meet with your health care provider, remember that you are an expert on your body, health, and well-being. Here are some examples of how to begin a conversation with your provider:

1. What is important to you?
   
   Script: ______________ is very important to me.
   
   Example: “Checking my HIV status is very important to me.”

2. What’s working with your health?
   
   Script: I’m feeling really good about my _______.
   
   Example: “I’m feeling really good about my breastfeeding routine.”

3. What’s not working with your health?
   
   Script: I’m not feeling good about my _______.
   
   Example: “I’m not feeling really good about my current form of birth control.”

What are the WPSI Recommendations for preventive services for women?

WPSI currently has recommendations for care around the following eleven topics. New topics are added annually. You may want to talk with your health care provider about:

- **Breastfeeding**
  Are you thinking about breastfeeding? Are you breastfeeding now? Ask your provider why breastfeeding is important.

- **Screening for Breast Cancer**
  Talk with your health care provider about your risk of breast cancer. Ask your provider about when and how often to screen for breast cancer.

- **Screening for Cervical Cancer**
  Depending on your age and other risk factors, you may need this screening. Speak with your health care provider about when and how frequently.

- **Screening for Human Immunodeficiency Virus (HIV)**
  Your health care provider should talk with you about HIV at your checkup every year. You may or may not need to get tested, but it’s great to stay informed.

- **Screening for Interpersonal and Domestic Violence**
  Talk with your health care provider about healthy and safe relationships, and where to get help if needed.

- **Screening for Gestational Diabetes (GD)**
  GD is diabetes that arises during pregnancy. All pregnant women should be screened for GD after 24 weeks of pregnancy.

- **Screening for Diabetes Mellitus After Pregnancy**
  Talk to your provider about being screened for diabetes in the postpartum period if you have a history of GM and weren’t diagnosed with type 2 diabetes before pregnancy.

- **Contraception**
  Waiting to start a family? Talk with your provider about what type of birth control may be right for you. Timing is everything!

- **Counseling for Sexually Transmitted Infections (STIs)**
  Are you sexually active? If so, your provider can talk with you about your risk of STIs.

- **Well-Woman Preventive Visits**
  Every year, visit your health care provider for a well-woman checkup. This visit should address health issues that are important to you.

- **Screening for Urinary Incontinence**
  Are you experiencing involuntary loss of urine? Talk to your provider about how this impacts your activities and quality of life.

What can we do today to address these topics?

Checklist:

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Notes: