

# 2021 RECOMMENDATIONS FOR WELL-WOMAN CARE

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, U.S. 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 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 WPSI website ([www.womenspreventivehealth.org](http://www.womenspreventivehealth.org)) has the most up-to-date version of the Chart and Clinical Summary Tables.

PREVENTION SERVICES	AGE (Years)						
	13–17 <sup>a</sup>	18–21 <sup>a</sup>	22–39	40–49	50–64	65–75	>75
<b>GENERAL HEALTH</b>							
Alcohol use screening & counseling	●	●	●	●	●	●	●
Anxiety screening	●	●	●	●	●	●	●
CVD & CRC prevention with aspirin <sup>1</sup>					○ <sub>50-59</sub>		
Blood pressure screening	●	●	●	●	●	●	●
Contraceptive counseling & methods	●	●	●	●	○		
Depression screening	●	●	●	●	●	●	●
Diabetes screening <sup>2</sup>	○	○	○	○	○	○	○
Fall prevention						●	●
Folic acid supplementation <sup>3</sup>	○	●	●	●	○		
Healthy diet & activity counseling <sup>4</sup>	○	○	○	○	○	○	○
Interpersonal & domestic violence screening	●	●	●	●	●	●	●
Lipid screening <sup>5</sup>	○	●	○	●	●	●	
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>							
Gonorrhea & chlamydia screening <sup>9</sup>	●	●	● <sub>≤24</sub> ○ <sub>&gt;24</sub>	○	○	○	○
Hepatitis B screening <sup>10</sup>	○	○	○	○	○	○	○
Hepatitis C screening (at least once) <sup>11</sup>	○	●	●	●	●	●	● <sub>&lt;80</sub>
HIV preexposure prophylaxis <sup>12</sup>	○	○	○	○	○	○	○
HIV risk assessment	●	●	●	●	●	●	●
HIV screening (at least once)	● <sub>&gt;15</sub>	●	●	●	●	○	○
Immunizations <sup>b</sup>	●	●	●	●	●	●	●
STI prevention counseling <sup>13</sup>	●	●	○	○	○	○	○
Syphilis screening <sup>14</sup>	○	○	○	○	○	○	○
Tuberculosis screening <sup>15</sup>	○	○	○	○	○	○	○
<b>CANCER</b>							
Breast cancer screening <sup>16</sup>				○	●	●	○
Cervical cancer screening		● <sub>≥21</sub>	●	●	●	● <sub>≤65</sub>	
Colorectal cancer screening					●	●	
Lung cancer screening <sup>17</sup>					○ <sub>55-80</sub>	○	○ <sub>55-80</sub>
Medications to reduce breast cancer risk <sup>18</sup>				○	○	○	○
Risk assessment for BRCA 1/2 testing		●	●	●	●	●	●
Skin cancer counseling <sup>19</sup>	○	○	○ <sub>≤24</sub>				

Recommendations from the WPSI and the USPSTF for preventive services for pregnant and postpartum women are also provided in the Well-Woman Chart. Comprehensive recommendations for pregnant and postpartum women can be found in [ACOG’s practice guidelines](#) and other educational materials.

PREVENTION SERVICES for pregnancy provided in addition to age-based services listed above.	
<b>PREGNANCY</b>	
Anxiety screening	●
Bacteriuria screening	●
Breastfeeding counseling, services & supplies	●
Contraceptive counseling & methods	●
Depression screening & preventive interventions <sup>20</sup>	●
Folic acid supplementation	●
Gestational diabetes screening	●
Gonorrhea & chlamydia screening	●
Hepatitis B screening	●
HIV screening (each pregnancy)	●
Interpersonal & domestic violence screening	●
Preeclampsia prevention with low-dose aspirin <sup>21</sup>	○
Preeclampsia screening	●
Rh(D) blood typing	●
Substance use screening & assessment	●
Syphilis screening	●
Tobacco screening & counseling	●

PREVENTION SERVICES for postpartum provided in addition to age-based services listed above.	
<b>POSTPARTUM</b>	
Anxiety screening	●
Breastfeeding counseling, services & supplies	●
Contraceptive counseling & methods	●
Depression screening & preventive interventions <sup>20</sup>	●
Diabetes screening after gestational diabetes <sup>22</sup>	○
Folic acid supplementation	●
Interpersonal & domestic violence screening	●
Substance use screening & assessment	●
Tobacco screening & counseling	●

**KEY:**  
 ● Recommended by the USPSTF (A or B rating), WPSI, or Bright Futures  
 ○ Recommended for selected use



MEMBERS OF THE ADVISORY PANEL SUPPORT THE WPSI



The American College of Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS



\*Additional Bright Futures recommendations include: periodic vision and hearing tests for ages 13-21; risk assessment for anemia for ages 13-21; and fluoride supplementation if needed for ages 13-16 ([https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf))

<sup>b</sup>Immunizations should be administered according to the most recent ACIP recommendations (<https://www.cdc.gov/vaccines/schedules/index.html>).

#### 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 use

1. **Low-dose aspirin to prevent cardiovascular disease and colorectal cancer:** Calculated 10-year risk of a CVD event  $\geq 10\%$ ; 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  $\geq 13$  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). Specific anticipatory guidance for ages 13-17 may be found in the Bright Futures Guidelines.
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.
6. **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, white race, excess alcohol consumption, low body weight).
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  $\geq 10\%$ .
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  $\geq 2\%$ ; lack of vaccination in infancy in U.S.-born persons with parents from a country or region with prevalence  $\geq 8\%$ ; HIV-positive persons; injection drug users; and household contacts or sexual partners of persons with HBV infection.
11. **Hepatitis C screening:** One-time screening for asymptomatic adults age 18 to 79 without known liver disease. Repeat screening and screen at other ages if past or current injection drug use.
12. **HIV preexposure prophylaxis (PrEP):** Candidates for include 1) heterosexually active women with a serodiscordant sex partner (i.e., in a sexual relationship with a partner living with HIV); or inconsistent 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 risk of sexual acquisition of HIV based on above; 3) engaged in transactional sex, such as for money, drugs, or other.
13. **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.
14. **Syphilis screening:** Women with HIV; high prevalence communities or populations; history of incarceration; exchanging sex for money or drugs.
15. **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.
16. **Breast cancer screening:** No specific criteria, decisions about screening are made on an individual basis through a shared-decision making process.
17. **Lung cancer screening:** 30 pack-year smoking history and currently smoke or have quit within the past 15 years.
18. **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 of benefits and harms depends on age, race or ethnicity, the medication used, and whether the patient has a uterus.
19. **Skin cancer counseling:** Fair skin, light hair and eye color, freckles, sunburn easily.
20. **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.
21. **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 mellitus; renal disease; autoimmune disease (systemic lupus erythematosus, antiphospholipid syndrome).
22. **Diabetes screening after pregnancy:** Previous gestational diabetes but not previously diagnosed with diabetes mellitus when not pregnant.

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When women are **healthy**,  
communities **thrive**.



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