

C2.8 – REPRODUCTIVE HEALTH SCREENING

Policy

At the initial and annual visit, the health professional needs to review with the individual the importance of routine health screenings. These screens are not only for reproductive health but also for health in general. The purpose of periodic health screening include:

- Screen for diseases or infections, including sexually transmitted infections.
- Assess risk of future medical problems.
- Encourage a healthy lifestyle including a discussion of exercise, nutrition, smoking cessation and substance use avoidance, avoiding risky behaviors and disease prevention.
- Update vaccinations.
- Initiate discussion of a healthy lifestyle relative to reproductive outcomes, including pregnancy intention and reproductive life plan.

Procedure

Health Screens

The health screens to be addressed include the following:

1. Breast Cancer Screening Procedure for women including:
 - a. Breast Self-Exam (BSE) – Clinical Services Providers may counsel women that desire BSE how to perform it, the appropriate procedure may be demonstrated. Beginning in their early 20s, women should be told about the benefits and limitations of BSE. Regardless of whether an individual ever performs BSE, the importance of prompt reporting of any new breast symptoms to a health professional should be emphasized. Individuals who choose to do BSE should receive instruction and have their technique reviewed on the occasion of a periodic health examination.
 - b. Annual breast examination by a health care professional for cancer screening in women over 40 and at least every 3 years in women between the ages of 25 and 39.
 - Routine mammography screening should be discussed with each client even when the client is not yet of the age for the screening. Mammography using the USPSTF¹ criteria for “average risk” women should be encouraged:
 - Baseline Mammogram - Women who wish to begin screening earlier may choose to begin biennial screening between the ages of 40 and 49 years. Women with a parent, sibling or child with breast cancer may benefit from beginning screening in their 40s.
 - Mammogram Every One to Two Years - For women who are at average risk for breast cancer, most of the benefit of mammography results from biennial screening during ages 50 to 74 years.
2. Annual pelvic examination is not a routine part of the annual assessment in women unless medically indicated. The decision to perform a pelvic examination should be a shared decision between the patient and their gynecologic Clinical Services provider.
 - a. The pelvic exam typically includes the bimanual portion of the exam, assessing the vagina, cervix, uterus, bladder and adnexa. The pelvic exam may also include a speculum exam of the vagina and cervix and a rectovaginal exam, as appropriate.
3. Cervical Cytology as indicated.

¹ The U.S. Preventative Task Force (USPTF) updated its guidelines in 2018, advising women of average cancer risk to get screened every other year

- a. *Reference policies Pap Smear and Pelvic Exam and Abnormal Cervical Cytology Results.*
- 4. Men should have yearly prostate exams after the age of 50.
- 5. Clinicians should provide information about recommendations for periodic screening tests such as diabetes, thyroid and cholesterol.
- 6. Emphasize the importance of folic acid supplementation in all women who may/can get pregnant.

Date Revised	September 2023
References	Providing Quality Family Planning Services Recommendations of CDC and the U.S. Office of Population Affairs (QFP) [2014] https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html
Additional Resources	The U.S. Preventative Task Force (USPTF) updated its guidelines in 2018, advising women of average cancer risk to get screened every other year between ages 50-74 while high-risk women should begin at 40. Breast Cancer Risk Assessment and Screening in Average-Risk Women ACOG . Number 179 July 2017 (Reaffirmed 2021)