

C3.1 – RELATED PREVENTIVE HEALTH SERVICES

Policy

For many individuals, the Title X FP clinics are their only source of health care. Therefore, visits should include the provision of or referral for other preventive health services. For agencies without an infrastructure to provide comprehensive primary care services, a strong link to other community CSPs should be developed to ensure clients have access to services.

Procedure

Medical History

USPSTF recommends that women be asked about family history that would be suggestive of an *increased risk for deleterious mutations in BRCA1 or BRCA2 genes* (e.g., receiving a breast cancer diagnosis at an early age, bilateral breast cancer, history of both breast and ovarian cancer, presence of breast cancer in one or more female family members, multiple cases of breast cancer in the family, both breast and ovarian cancer in the family, one or more family members with two primary cases of cancer, and Ashkenazi background). Women with identified risk(s) should be referred for genetic counseling and evaluation for BRCA testing (Grade B). The USPSTF also recommends that women at increased risk for breast cancer should be counseled about risk-reducing medications (Grade B).

Cervical Cytology

Individuals seeking services at Title X clinics may expect/prefer to obtain cervical cancer screening services at that location, CSPs should provide cervical cancer screening to clients receiving related preventive health services. If CSP follow USPSTF (2018) recommendations, women should be screened with cervical cytology screening alone every three (3) years for women between the ages of 21 and 29 years, regardless of their sexual history or HPV vaccination. HPV testing should not be used for screening in this age group.

For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high risk HPV (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting), regardless of their sexual history or HPV vaccination.

Title X programs may choose to follow ACOG standards as well, which includes cervical cytology screening with reflex hrHPV testing for clients 21-29 years of age. Cervical cytology no longer is recommended on an annual basis. Further, it is not recommended (Grade D) for women aged <21 years. Women with abnormal test results should be treated in accordance with professional standards of care, which may include colposcopy. The need for cervical cytology should not delay initiation or hinder continuation of a contraceptive method. CSPs should also follow ACOG and AAP recommendations that a genital exam should accompany a cervical cancer screening to inspect for any suspicious lesions or other signs that might indicate undiagnosed STIs.

Clinical Breast Exam

Despite a lack of definitive data for or against, clinical breast examination has the potential to detect palpable breast cancer and can be recommended. Clients should be informed there is not enough evidence to balance the benefits and risks of screening. If a client requests a clinical breast exam, it should be performed.

ACOG recommends annual examination for all women aged >19 years. ACS recommends screening every 3 years for women aged 20–39 years, and annually for women aged ≥40 years. However, the USPSTF recommendation for clinical breast exam is insufficient evidence and patients should be informed that there is insufficient evidence to assess the balance of benefits and harms of the service.

Mammography

CSPs should follow USPSTF recommendations to screen low-risk women aged 50–74 years on a biennial basis; they should screen women aged <50 years if other conditions support providing the service to an individual patient.

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	