

# Preventive Health Guidelines

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The power of prevention

# The power of prevention

**Put these preventive health guidelines into practice.  
Your family's health could depend on it.**

You've probably heard the old saying, "An ounce of prevention is worth a pound of cure." Your doctors know that preventive screenings and tests are often the best first steps in preventing illness. They also allow for rapid response during the early onset of health problems, when treatments can be most effective.

To take advantage of the power of prevention, you and your family need to stay current with the recommended screenings and tests appropriate for your age, gender, medical history, current health, and family history.

We have compiled the following best-practice guidelines to help you keep track of what's needed and when.

Guidelines are recommended for your health care and may or may not be covered by your benefits. Please review your *Evidence of Coverage (EOC)* for all covered services.

# For children ages 0 to 2

## Topics you may want to discuss with your doctor

### Safety

- Use a checklist to “babyproof” your home.
- Check your home for the presence of lead paint.

### Nutrition

- Breastfeeding and iron-enriched formula and food for infants.

### Dental health

- Do not put your baby or toddler to bed with a bottle containing juice, milk, or other sugary liquid. Do not prop a bottle in a baby’s or toddler’s mouth. Clean your baby’s gums and teeth daily.
- Use a clean, moist washcloth to wipe gums. Use a soft toothbrush with water only, beginning with eruption of first tooth.
- Age 6 months to preschool: Discuss with your dentist about taking an oral fluoride supplement if water is deficient in fluoride.
- Age 2: Begin brushing child’s teeth with pea-size amount of fluoride toothpaste.

### Autism

- Assessment at 18 and 24 months by your child’s doctor.

## Immunizations

Shot number in a series	1	2	3	4
<b>DTaP</b> (diphtheria, tetanus, acellular pertussis)	2	4	6	15–18 months
<b>Flu, annual</b>	For children 6 months and older <sup>2,18</sup>			
<b>Hepatitis A</b>	12–23 months (second dose at least 6 months after first)			
<b>Hepatitis B</b>	0 (birth)	1–2	6–18 months	
<b>Hib</b> (Haemophilus influenzae type b)	2	4	6	12–15 months
<b>IPV</b> (inactivated poliovirus vaccine)	2	4	6–18 months	
<b>Meningococcal</b> Age 2 months–18 months	For children with risk factors			
<b>MMR</b> (measles, mumps, rubella)	First dose at 12–15 months, second dose at ages 4–6			
<b>Pneumococcal</b> (pneumonia)	2	4	6	12–15 months
<b>Rotarix (rotavirus), or</b>	2	4 months		
<b>RotaTeq (rotavirus)</b>	2	4	6 months	
<b>Varicella</b> (chicken pox)	12–15 months, second dose at ages 4–6			

## Screenings/counseling/services

<b>Autism</b>	Screening for children 18 and 24 months old
<b>Blood tests</b>	24–48 hours after birth to screen for conditions such as phenylketonuria or hypothyroidism <sup>1</sup>
<b>Fluoride use</b>	Discuss use or prescribe supplement for age 6 months and older <sup>24</sup>
<b>Gonococcal ophthalmia</b>	Topical eye medication administered during initial newborn care
<b>Hearing loss</b>	One- or two-step screening process for newborns
<b>Height and weight</b>	Periodically
<b>Iron deficiency anemia</b>	Risk assessment or screening for children newborn to age 21
<b>Lead</b>	Risk assessment for children up to age 18 identified as at risk for lead poisoning
<b>Newborn Screening Panel</b>	Screening recommended for all disorders listed on the Recommended Uniform Screening Panel (RUSP) <sup>23</sup>
<b>Sickle cell disease screening</b>	Risk assessment and testing if risk identified
<b>Tuberculosis</b>	Risk assessment and testing if risk identified

## Injury prevention for infants and young children

### Decrease risk of SIDS

Sudden infant death syndrome (SIDS) is a leading cause of death for infants. Put infants to sleep on their backs to decrease the risk of SIDS.

### Protect your children with car seats

Use the right car seat for your vehicle and for your child’s weight. Read the car seat and vehicle manufacturer’s instructions about installation and use. Use a rear-facing car seat until your child is at least 1 year old and weighs at least 20 pounds.

### Babyproof your home

Take these steps to give your child a safe home environment:

- Keep medicines, cleaning solutions, and other dangerous substances in childproof containers, locked up and out of reach of children.
- Use safety gates across stairways (top and bottom) and guards on windows above the first floor.
- Keep hot-water heater temperatures below 120° F.
- Keep unused electrical outlets covered with plastic guards.
- Consider not placing your baby in a baby walker. If you do, provide constant supervision. Block the access to stairways and to objects that can fall (such as lamps) or cause burns (such as stoves or electric heaters).
- Keep objects and foods that can cause choking away from your child. This includes things like coins, balloons, small toy parts, hot dogs (whole or small bites), peanuts, and hard candy.
- Use fences that go all the way around pools and keep gates to pools locked.

# For children ages 3 to 10

## Topics you may want to discuss with your doctor

### Safety

- Use a checklist to "child-proof" your home.
- Check your home for the presence of lead paint.

### Exercise

- Participate in physical activity as a family, such as taking walks or playing at the playground.
- Limit screen time (such as mobile devices, computers, and television) to less than two hours a day.

### Nutrition

- Eat a healthy diet. Limit fat and calories. Eat fruits, vegetables, beans, and whole grains every day.

### Dental health

- Ask your dentist when and how to floss child's teeth.
- Age 5: Talk to your dentist about dental sealants.

### Other topics for discussion

- Well-child visits are a good time to talk to your doctor about any concerns you have with your child's health, growth, or behavior.

## Immunizations

<b>DTaP</b> (diphtheria, tetanus, acellular pertussis)	Ages 4–6 (Tdap for age 7 and above)
<b>Flu, annual</b>	Recommended <sup>2,18</sup>
<b>Hepatitis A</b>	For children not previously vaccinated and risk factors are present
<b>Hepatitis B</b>	For children who did not complete the immunization series between 0 and 18 months
<b>IPV</b> (inactivated poliovirus vaccine)	Fourth dose at ages 4–6
<b>MMR</b> (measles, mumps, rubella)	Second dose at ages 4–6
<b>Pneumococcal</b> (pneumonia)	For children with risk factors <sup>6</sup> or an incomplete schedule (ages 2–5)
<b>Varicella</b> (chicken pox)	Second dose at ages 4–6

## Screenings/counseling/services

<b>Height, weight, body mass index (BMI), vision, hearing</b>	At annual exam
<b>Flouride use</b>	Discuss use or prescribe supplement for age 5 and younger <sup>24</sup>
<b>Iron deficiency anemia</b>	Risk assessment or screening for children newborn to age 21
<b>Lead</b>	Risk assessment for children up to age 18 identified as at risk for lead poisoning
<b>Obesity</b>	Screening, counseling, and behavioral interventions for children age 6 and older
<b>Skin cancer</b>	Behavioral counseling for minimizing exposure to ultraviolet radiation for children age 10 and older at high risk
<b>Tuberculosis</b>	Risk assessment and testing if risk identified

Be aware of your child's recommended weight: Use our online tools to calculate your child's body mass index (BMI) by logging in to [blueshieldca.com](https://blueshieldca.com) and searching for BMI.

## Injury prevention:

### For older children

- Children should use a booster seat in the car's back seat until they are at least 8 years old or weigh at least 80 pounds.
- Older children should use car seat belts and sit in the back seat at all times.
- Teach your child traffic safety. Children under 9 years old need supervision when crossing streets.
- Make sure your child wears a helmet while rollerblading or riding a bicycle. Make sure your child uses protective equipment for rollerblading and skateboarding (helmet, wrist and knee pads).
- Warn your child about the risk of using alcohol and drugs. Many driving and sports-related injuries are caused by the use of alcohol and drugs.

### For all ages

- Use smoke and carbon monoxide alarms/detectors in your home. Change the batteries every year, and check once a month to see that they work.
- If you have a gun in your home, make sure that the gun and ammunition are locked up separately and kept out of children's reach.
- Never drive after drinking alcohol or after marijuana use.
- Use car seat belts at all times.
- Post the number for the Poison Control Center – (800) 222-1222 – near your phone. Also, add the Poison Control Center number to your home "Important Information" list. The number is the same in every U.S. location. Do not try to treat poisoning until you have called the Poison Control Center.

# For children ages 11 to 19

## Topics you may want to discuss with your doctor

### Exercise

- Regular physical activity (at least 30 minutes per day starting at age 11) can reduce the risks of coronary heart disease, osteoporosis, obesity, and diabetes.

### Nutrition

- Eat a healthy diet. Limit fat and calories. Eat fruits, vegetables, beans, and whole grains every day.
- Optimal calcium intake for adolescents and young adults is estimated to be 1,200 to 1,500 mg/day.

### Sexual health

- Sexually transmitted infection (STI)/HIV prevention;<sup>6</sup> practice safer sex (use condoms) or abstinence.
- Avoid unintended pregnancy; use contraception.

### Substance use disorder

- Use of alcohol, tobacco (cigarettes, vaping, or chewing), inhalants, and other drugs among adolescents is a major concern for parents. Let the doctor know if you have any concerns about your child.

### Dental health

- Floss and brush with fluoride toothpaste daily. Seek dental care regularly.

### Other topics for discussion

- It is a good idea to let your teenager have private time with the doctor to ask any questions he or she may not feel comfortable asking you.

## Immunizations

<b>Flu, annual</b>	Recommended <sup>2</sup>
<b>Hepatitis A</b>	For individuals not previously vaccinated and risk factors are present
<b>Hepatitis B</b>	For individuals not previously vaccinated
<b>HPV (human papillomavirus)</b>	Two- or three-dose series depending on age at initial vaccination. Recommended for all adolescents age 11-12 years and through 18 years of age.
<b>Meningococcal</b>	Routine vaccination two-dose series. First dose at ages 11-12, second dose at age 16.
<b>MMR (measles, mumps, rubella)</b>	At pre-adolescent visit (ages 11-12) if missing second dose
<b>Pneumococcal (pneumonia)</b>	For children with risk factors <sup>6</sup>
<b>Tdap booster (tetanus, diphtheria, pertussis)</b>	For children ages 11-12 who have completed the recommended DTaP immunization series <sup>17</sup>
<b>Varicella (chicken pox)</b>	At pre-adolescent visit (ages 11-12) if missing second dose

## Screenings/counseling/services

<b>Alcohol misuse</b>	Behavioral counseling
<b>Blood pressure, height, weight, BMI, vision, and hearing</b>	At annual exam
<b>Cervical cancer</b>	Screening for women who have been sexually active
<b>Chlamydia</b>	Screening for all sexually active women under age 25 and for women at increased risk for infection <sup>11</sup>
<b>Contraception</b>	FDA-approved contraceptive methods for females, education and counseling <sup>32</sup>
<b>Depression</b>	Screening for all adolescents for major depressive disorder (MDD)
<b>Domestic violence and abuse</b>	Screening for interpersonal and domestic violence for adolescents, women, and women of childbearing age <sup>34</sup>
<b>Gonorrhea</b>	Screening for all sexually active women who are at increased risk for infection <sup>11</sup>
<b>Healthy diet and physical activity</b>	Behavioral counseling <sup>27</sup>
<b>Hepatitis B</b>	Screening for HBV infection in persons at high risk of infection <sup>29</sup>
<b>Hepatitis C</b>	Screening for HCV infection in persons at high risk of infection <sup>30</sup>
<b>HIV</b>	Screening for all adolescents and adults ages 15-65
<b>Iron deficiency anemia</b>	Risk assessment or screening for children newborn to age 21
<b>Lead</b>	Risk assessment for children up to age 18 identified as at risk for lead poisoning
<b>Obesity</b>	Screening, counseling, and behavioral interventions
<b>Sexually transmitted infections</b>	Behavioral counseling as needed <sup>26</sup>
<b>Skin cancer</b>	Behavioral counseling for minimizing exposure to ultraviolet radiation for adolescents at high risk
<b>Syphilis</b>	Screening for individuals at increased risk for infection <sup>12</sup>
<b>Tobacco use and cessation</b>	Screening for tobacco use and cessation intervention
<b>Tuberculosis</b>	Risk assessment and testing if risk identified

## Promoting your preteen's and adolescent's social and emotional development

Parents need to offer open, positive communication while providing clear and fair rules and consistent guidance. Let your child find his or her own path while staying within the boundaries you have set.

- Be a good role model for handling disagreements – for example, talk calmly when disagreeing.
- Praise him or her for successfully avoiding a confrontation – for example, say, "I'm proud of you for staying calm."

- Supervise the websites and computer games that your child uses.
- Set limits on use of computers, telephones, texting, and TV after a set evening hour to help your child get regular sleep.
- Talk to your child about healthy relationships. Dating abuse does occur among preteens and teens.
- Be a role model for healthy eating and regular physical exercise.

# For women ages 20 to 49

## Topics you may want to discuss with your doctor

### Exercise

- Regular physical activity (at least 30 minutes per day) can reduce the risks of coronary heart disease, osteoporosis, obesity, and diabetes.
- Over 40: Consult physician before starting new vigorous physical activity.

### Nutrition

- Know your body mass index (BMI), blood pressure, and cholesterol level. Modify your diet accordingly.
- Eat a healthy diet. Limit fat and calories. Eat fruits, vegetables, beans, and whole grains every day.
- Optimal calcium intake for women between ages 25 and 50 is estimated to be 1,000 mg/day.
- Vitamin D is important for bone and muscle development, function, and preservation.

### Sexual health

- Sexually transmitted infection (STI)/HIV prevention;<sup>6</sup> practice safer sex (use condoms) or abstinence.
- Avoid unintended pregnancy; use contraception.

### Substance use disorder

- Stop smoking. Limit alcohol consumption. Avoid alcohol or drug use while driving.

### Dental health

- Floss and brush with fluoride toothpaste daily. Seek dental care regularly.

If you are pregnant, please refer to the “For pregnant women” page for pregnancy-related recommendations.

## Immunizations

<b>Flu, annual</b>	Recommended <sup>2</sup>
<b>Hepatitis A</b>	For individuals with risk factors; for individuals seeking protection <sup>3</sup>
<b>Hepatitis B</b>	For individuals with risk factors; for individuals seeking protection <sup>4</sup>
<b>HPV (human papillomavirus)</b>	For all women age 26 and younger if not previously immunized. Recommended for all sexually active women age 30 and older in conjunction with cervical cancer screening (Pap smear).
<b>Meningococcal</b>	College-bound students living in a dorm if not previously immunized <sup>8</sup>
<b>MMR (measles, mumps, rubella)</b>	Once, without proof of immunity or if no previous second dose <sup>5</sup>
<b>Pneumococcal (pneumonia)</b>	For individuals with risk factors <sup>7</sup>
<b>Td booster (tetanus, diphtheria)</b>	Recommended once every 10 years <sup>15</sup>
<b>Varicella (chicken pox)</b>	Recommended for adults without evidence of immunity; should receive 2 shots <sup>10</sup>

## Screenings/counseling/services

<b>Alcohol misuse</b>	Behavioral counseling
<b>Blood pressure, height, weight, BMI, vision, and hearing</b>	At well visit, annually
<b>BRCA risk assessment and genetic counseling/testing</b>	Women with a positive result on the risk assessment tool or have a family history of breast, ovarian, tubal, prostate, pancreatic, or peritoneal cancer are recommended to receive genetic counseling and/or genetic testing. <sup>20</sup>
<b>Breast cancer</b>	Recommend mammogram every 1–2 years beginning at age 40
<b>Breast cancer chemoprevention</b>	Recommended for women at high risk for breast cancer and low risk for adverse effects from chemoprevention
<b>Cardiovascular disease</b>	Statin use for primary prevention in adults <sup>35</sup>
<b>Cervical cancer</b>	Screening for women who have been sexually active and have a cervix
<b>Chlamydia</b>	Screening for all sexually active women under age 25 and for women at increased risk for infection <sup>11</sup>
<b>Contraception</b>	FDA-approved female contraceptive methods, education and counseling <sup>32</sup>
<b>Depression</b>	Screening for all adults
<b>Diabetes</b>	Screening for overweight or obese adults ages 40–70 <sup>22</sup>
<b>Domestic violence and abuse</b>	Screening for interpersonal and domestic violence for adolescents, women, and women of childbearing age <sup>34</sup>
<b>Gonorrhea</b>	Screening for all sexually active women who are at increased risk for infection <sup>11</sup>
<b>Healthy diet and physical activity</b>	Behavioral counseling <sup>27</sup>
<b>Hepatitis B</b>	Screening for HBV infection in persons at high risk of infection <sup>29</sup>
<b>Hepatitis C</b>	Screening for HCV infection in persons at high risk of infection <sup>30</sup>
<b>HIV</b>	Screening for all adolescents and adults ages 15–65
<b>Latent tuberculosis infection (LTBI)</b>	Screening for asymptomatic adults at increased risk for infection <sup>33</sup>
<b>Lipid disorder</b>	Screening for individuals at increased risk <sup>9</sup>
<b>Obesity</b>	Screening, counseling, and behavioral interventions
<b>Osteoporosis</b>	Screening for women at increased risk
<b>Sexually transmitted infections</b>	Behavioral counseling as needed <sup>26</sup>
<b>Skin cancer</b>	Behavioral counseling for minimizing exposure to ultraviolet radiation for young adults to age 24 at high risk
<b>Syphilis</b>	Screening for pregnant women and individuals at increased risk for infection <sup>12</sup>
<b>Tobacco use and cessation</b>	Screening for tobacco use and cessation intervention

# For men ages 20 to 49

## Topics you may want to discuss with your doctor

### Exercise

- Regular physical activity (at least 30 minutes per day) can reduce the risks of coronary heart disease, osteoporosis, obesity, and diabetes.
- Men over 40: Consult physician before starting new vigorous physical activity.

### Nutrition

- Know your body mass index (BMI), blood pressure, and cholesterol level. Modify your diet accordingly.
- Vitamin D is important for bone and muscle development, function, and preservation.

### Sexual health

- Sexually transmitted infection (STI)/HIV prevention;<sup>16</sup> practice safer sex (use condoms) or abstinence.

### Substance use disorder

- Stop smoking. Limit alcohol consumption.
- Avoid alcohol or drug use while driving.

### Dental health

- Floss and brush with fluoride toothpaste daily. Seek dental care regularly.

"Know your numbers."  
We encourage you to learn your "numbers" at your doctor visit and work toward the optimal goals through exercise and a healthy diet.

## Immunizations

<b>Flu, annual</b>	Recommended <sup>2</sup>
<b>Hepatitis A</b>	For individuals with risk factors; for individuals seeking protection <sup>3</sup>
<b>Hepatitis B</b>	For individuals with risk factors; for individuals seeking protection <sup>4</sup>
<b>HPV (human papillomavirus)</b>	For all men age 21 and younger if not previously immunized. Males ages 22–26 may be vaccinated based on clinical decision.
<b>Meningococcal</b>	College-bound students living in a dorm if not previously immunized <sup>8</sup>
<b>MMR (measles, mumps, rubella)</b>	Once, without proof of immunity or if no previous second dose <sup>5</sup>
<b>Pneumococcal (pneumonia)</b>	For individuals with risk factors <sup>7</sup>
<b>Td booster (tetanus, diphtheria)</b>	Recommended once every 10 years <sup>15</sup>
<b>Varicella (chicken pox)</b>	Recommended for adults without evidence of immunity; should receive two shots <sup>10</sup>

## Screenings/counseling/services

<b>Alcohol misuse</b>	Behavioral counseling
<b>Blood pressure, height, weight, BMI, vision, and hearing</b>	At annual exam
<b>Cardiovascular disease</b>	Statin use for primary prevention in adults <sup>35</sup>
<b>Depression</b>	Screening for all adults
<b>Diabetes</b>	Screening for overweight or obese adults ages 40–70 <sup>22</sup>
<b>Healthy diet and physical activity</b>	Behavioral counseling <sup>27</sup>
<b>Hepatitis B</b>	Screening for HBV infection in persons at high risk of infection <sup>29</sup>
<b>Hepatitis C</b>	Screening for HCV infection in persons at high risk of infection <sup>30</sup>
<b>HIV</b>	Screening for all adolescents and adults ages 15–65
<b>Latent tuberculosis infection (LTBI)</b>	Screening for asymptomatic adults at increased risk for infection <sup>33</sup>
<b>Lipid disorder</b>	Screening periodically, starting at age 35; age 20 if at increased risk <sup>9</sup>
<b>Obesity</b>	Screening, counseling, and behavioral interventions
<b>Prostate cancer</b>	Beginning at age 40 if at increased risk <sup>25</sup>
<b>Sexually transmitted infections</b>	Behavioral counseling as needed <sup>26</sup>
<b>Skin cancer</b>	Behavioral counseling for minimizing exposure to ultraviolet radiation for young adults to age 24 at high risk
<b>Syphilis, chlamydia, and gonorrhea</b>	Routine screening for individuals at increased risk for infection <sup>11,12</sup>
<b>Tobacco use and cessation</b>	Screening for tobacco use and cessation intervention

## Heart health factors

Total cholesterol

LDL "bad" cholesterol

HDL "good" cholesterol

Triglycerides

Blood pressure

Fasting glucose

Body mass index (BMI)

Exercise

## Optimal goals

Less than 200 mg/dL

Less than 100 mg/dL

50 mg/dL or higher

Less than 150 mg/dL

Less than 120/80 mmHg

Less than 100 mg/dL

Less than 25 kg/m<sup>2</sup>

Minimum of 30 minutes most days of the week

# For men and women age 50 and older

## Topics you may want to discuss with your doctor

### Nutrition

- Eat a healthy diet. Limit fat and calories. Eat fruits, vegetables, beans, and whole grains every day.
- Optimal calcium intake is estimated to be 1,500 mg/day for postmenopausal women not on estrogen therapy.
- Vitamin D is important for bone and muscle development, function, and preservation.

### Sexual health

- Sexually transmitted infection (STI)/HIV prevention;<sup>6</sup> practice safer sex (use condoms) or abstinence.

### Substance use disorder

- Stop smoking. Limit alcohol consumption. Avoid alcohol or drug use while driving.

### Dental health

- Floss and brush with fluoride toothpaste daily. Seek dental care regularly.

### Other topics for discussion

- Fall prevention.
- Possible risks and benefits of hormone replacement therapy (HRT) for postmenopausal women.
- Risks for and possible benefits of prostate cancer screening in men to determine what is best for you.
- The dangers of drug interactions.
- Physical activity.
- Glaucoma eye exam by an eye care professional (i.e., an ophthalmologist, optometrist) for those age 65 and older.

For heart health, adults should exercise regularly (at least 30 minutes a day on most days), which can help reduce the risks of coronary heart disease, osteoporosis, obesity, and diabetes. Consult your physician before starting a new vigorous physical activity.

## Immunizations

<b>Flu, annual</b>	Recommended <sup>2</sup>
<b>Hepatitis A</b>	For individuals with risk factors; for individuals seeking protection <sup>3</sup>
<b>Hepatitis B</b>	For individuals with risk factors; for individuals seeking protection <sup>4</sup>
<b>Meningococcal</b>	Booster every five years if risk remains.
<b>MMR (measles, mumps, rubella)</b>	Once, without proof of immunity or if no previous second dose <sup>5</sup>
<b>Pneumococcal (pneumonia)</b>	Recommended for individuals age 65 and older; and individuals under age 65 with risk factors <sup>7</sup>
<b>Td booster (tetanus, diphtheria)</b>	Recommended once every 10 years <sup>15</sup>
<b>Varicella (chickenpox)</b>	Recommended for adults without evidence of immunity; should receive two shots <sup>10</sup>
<b>Zoster (shingles)</b>	Two doses of RZV for all adults age 50 and older. ZVL may be used as an alternative for adults age 60 and older.

## Screenings/counseling/services

<b>AAA (abdominal aortic aneurysm)</b>	For ages 65–75 who have ever smoked, one-time screening for AAA by ultrasonography
<b>Alcohol misuse</b>	Behavioral counseling
<b>Aspirin</b>	Visit to discuss potential benefit of use <sup>19</sup>
<b>Blood pressure, height, weight, BMI, vision, and hearing</b>	At annual exam
<b>BRCA risk assessment and genetic counseling/testing</b>	Women with a positive result on the risk assessment tool or have a family history of breast, ovarian, tubal, prostate, pancreatic, or peritoneal cancer are recommended to receive genetic counseling and/or genetic testing. <sup>20</sup>
<b>Breast cancer</b>	Recommend mammogram every 1–2 years beginning at age 40; BRCA/BART testing is covered if medically necessary <sup>20</sup>
<b>Breast cancer chemoprevention</b>	Covered for individuals at high risk for breast cancer and low risk for adverse effects from chemoprevention
<b>Cardiovascular disease</b>	Statin use for primary prevention in adults <sup>35</sup>
<b>Cervical cancer</b>	At least every 3 years if cervix present; after age 65, Pap tests can be discontinued if previous tests have been normal
<b>Colorectal cancer</b>	Screening for adults ages 50–75 <sup>21</sup>
<b>Depression</b>	Screening for all adults
<b>Diabetes</b>	Screening for overweight or obese adults ages 40–70 <sup>22</sup>
<b>Domestic violence and abuse</b>	Screening for interpersonal and domestic violence for adolescents, women, and women of childbearing age <sup>34</sup>
<b>Fall prevention</b>	Age 65 or older <sup>28</sup>
<b>Gonorrhea and chlamydia</b>	Screening for individuals who are at increased risk for infection <sup>11</sup>
<b>Healthy diet and physical activity</b>	Behavioral counseling <sup>27</sup>
<b>HIV</b>	Screening for all adolescents and adults ages 15–65
<b>Latent tuberculosis infection (LTBI)</b>	Screening for asymptomatic adults at increased risk for infection <sup>33</sup>
<b>Lipid disorder</b>	Screening periodically
<b>Lung cancer</b>	Screening for lung cancer in persons with smoking history <sup>31</sup>
<b>Mammography</b>	Biennial mammography recommended for women age 50 and older
<b>Obesity</b>	Screening, counseling, and behavioral interventions
<b>Osteoporosis</b>	Routine screening for women age 65 and older and for men age 70 and older – beginning age can be reduced for individuals at increased risk <sup>13</sup>
<b>Prostate cancer</b>	Prostate-specific antigen (PSA) test and digital rectal exam may or may not be appropriate. Discuss with your doctor to see if it is more beneficial than harmful in your case.
<b>Sexually transmitted infections</b>	Behavioral counseling as needed <sup>26</sup>
<b>Syphilis</b>	Screening for individuals at increased risk for infection <sup>12</sup>
<b>Tobacco use and cessation</b>	Screening for tobacco use and cessation intervention



# For pregnant women

## Screenings/counseling/services

<b>Alcohol misuse</b>	Behavioral counseling
<b>Aspirin</b>	Low-dose aspirin use for the prevention of morbidity and mortality from preeclampsia <sup>14</sup>
<b>Asymptomatic bacteriuria</b>	12–16 weeks' gestation or first prenatal visit if after 16 weeks' gestation
<b>Breast-feeding counseling</b>	Promote breast-feeding to pregnant or postpartum women. Provide comprehensive lactation support and breast-feeding equipment.
<b>Chlamydia</b>	During first prenatal visit and second screening during the third trimester for those at increased risk <sup>11</sup>
<b>Depression</b>	Refer pregnant and postpartum persons who are at increased risk of depression to counseling interventions
<b>Folic acid</b>	Discuss use of 0.4 to 0.8 mg daily
<b>Gestational diabetes</b>	Women between 24- to 28-week gestations and the first prenatal visit for pregnancy. Women identified to be at increased risk for diabetes.
<b>Gonorrhea</b>	First prenatal visit and second screening during the third trimester if at increased risk <sup>11</sup>
<b>Hepatitis B</b>	First prenatal visit <sup>29</sup>
<b>HIV</b>	First prenatal visit <sup>23</sup>
<b>Preeclampsia</b>	Screening with blood pressure measurements
<b>Rh (D) incompatibility</b>	First prenatal visit and repeat testing at 24- to 28-week gestation unless the biological father is known to be Rh (D) negative for unsensitized Rh (D) negative pregnant women
<b>Syphilis</b>	First prenatal visit, second screening during the third trimester, and at delivery for those at increased risk <sup>12</sup>
<b>Tdap</b>	One dose of Tdap is recommended during each pregnancy, preferably in the early part of the gestational weeks 27–36
<b>Tobacco use and cessation</b>	Screening for tobacco use and tobacco-cessation intervention

Having a baby? Be aware that while almost all women get the “baby blues” after childbirth, as many as 10% will get postpartum depression. For more information, visit our website, [blueshieldca.com](http://blueshieldca.com), and search “postpartum depression” or see your healthcare provider.

## Recommendations for a healthy pregnancy

### Prenatal care

Begin within 14 days of confirming pregnancy.

### Dietary supplements

Women of childbearing age should take 0.4 to 0.8 mg of folic acid daily to decrease the risk of fetal brain and spinal cord birth defects. The recommended calcium intake for pregnant or nursing women is 1,000 milligrams daily.

### Screenings and diagnostics

Blood pressure and weight check at all visits; urine test; obstetrical history and physical; screenings for asymptomatic bacteriuria; chlamydia; gestational diabetes; Group B streptococcal bacteria; hepatitis B; syphilis; gonorrhea; hematocrit; rubella; varicella; Rh (D) incompatibility; HIV counseling and screening; ultrasonography;

screening for alpha fetoprotein; chorionic villus screening (CVS) or amniocentesis (for women age 35 and older); blood tests for certain birth defects; fundal height; fetal heart tones.

### Discussion topics at prenatal care visits

Prior vaccinations (including flu shots), history of genital herpes, nutrition, smoking cessation, other medication and drug use, preterm labor risk, domestic abuse, mental health as an initial intervention service after screening for interpersonal and domestic violence, and other medication and drug use.

### Postpartum care

To be performed within three to seven weeks following delivery. Postpartum exam to include weight, blood pressure, breast and abdomen exam, or pelvic exam.

## Endnotes

1. Blood tests for newborns may include congenital hypothyroidism, phenylketonuria and sickle cell disease.
2. Annual vaccination against influenza is recommended for all persons age 6 months and older, including all adults. Healthy, nonpregnant adults under age 50 without high-risk medical conditions can receive either intranasally administered live, attenuated influenza vaccine, or inactivated vaccine. Other persons should receive the inactivated vaccine. Adults age 65 and older can receive the standard influenza vaccine or the high-dose influenza vaccine.
3. Risk factors for hepatitis A should be discussed with your provider.
4. Risk factors for hepatitis B should be discussed with your provider.
5. Measles component: Adults born before 1957 can be considered immune to measles. Adults born on or after 1957 should receive one or more doses of MMR, depending on their immune status. Also, a second dose of MMR may be necessary if exposed, traveling internationally, and other factors. Rubella component: Women with unreliable vaccination history should check with their provider. Check with your doctor for details regarding pregnancy.
6. Administer pneumococcal vaccine to children with certain underlying medical conditions, including a cochlear implant. A single revaccination should be administered after five years to children with functional or anatomic asplenia or an immunocompromising condition.
7. One dose for adults at risk, including those with chronic lung diseases (including asthma and COPD); cardiovascular diseases, diabetes mellitus, chronic liver disease, chronic renal failure, sickle cell disease, and immunocompromising conditions. Vaccination is also recommended in adults who smoke cigarettes and residents of nursing homes and long-term care facilities. Vaccination is not recommended in Alaska Native or American Indian persons unless they have another risk factor present. A second pneumococcal dose may be necessary for people age 65 and older who received the vaccine more than five years previously and were younger than 65 at the time of the primary vaccination. A one-time revaccination is recommended after five years for people with certain medical conditions, including immunosuppressive conditions and people who have undergone chemotherapy.
8. Individuals at risk for meningococcal disease include international travelers, college-bound students or anyone with a damaged or removed spleen or with terminal complement component deficiency. These individuals should discuss the risks and benefits of vaccination with their doctor.
9. Lipid disorders risk factors for men ages 20–35 or women age 20 and older include diabetes, previous personal history of congestive heart disease or non-coronary atherosclerosis, family history of cardiovascular disease before age 50 in male relatives and age 60 in female relatives, tobacco use, and obesity (BMI > 30).
10. Individuals at risk for varicella infection include those who have close contact with persons at high risk for severe disease (healthcare workers and family contacts of immunocompromised persons) or are at high risk for exposure or transmission (e.g., teachers of young children; childcare employees; residents and staff members of institutional settings, including correctional institutions; college students; military personnel; adolescents and adults living in households with children; nonpregnant women of childbearing age; and international travelers).
11. Risk factors for chlamydia and gonorrhea infection include history of chlamydial or other sexually transmitted infections, new or multiple sexual partners, inconsistent condom use, commercial sex work and drug use.
12. Risk factors for syphilis infection include all adolescents and adults who receive health care in a high-prevalence or high-risk clinical setting, men who have had sex with men, commercial sex workers, and those in adult correctional facilities. Individuals being treated for sexually transmitted diseases may be more likely than others to engage in high-risk behavior.
13. Increased risks for osteoporosis include women ages 60 to 64 with all of the following risks for osteoporotic fractures: lower body weight (weight < 70 kg) and no current use of estrogen therapy.
14. Pregnant women who are at high risk for preeclampsia should use low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation.
15. People in contact with infants under 12 months of age and healthcare personnel can be given the Td vaccine as soon as feasible. It is recommended that Tdap should replace a single dose of Td for adults under age 65 if they have not previously received a dose of Tdap.
16. Sexually transmitted infections, also known as sexually transmitted diseases, include chlamydia, gonorrhea, herpes, HIV, HPV, syphilis and others. See infection-specific notes for information on risk factors for sexually transmitted infections.
17. The Tdap (tetanus, diphtheria, acellular pertussis) booster is recommended in children ages 11 to 12 who have completed the childhood DTaP immunization series and have not yet received a tetanus and diphtheria (Td) booster dose.
18. Children through age 9 getting flu vaccine for the first time – or who received flu vaccine – should get two doses, at least four weeks apart.
19. Low-dose aspirin use for the primary prevention of cardiovascular disease (CVD) and colorectal cancer (CRC) in adults ages 50 to 59 years who have a 10% or greater 10-year CVD risk, are 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.
20. For breast cancer screening, BRCA mutation referral for genetic risk assessment and evaluation for breast and ovarian susceptibility is recommended for women with family history associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes. Please see Blue Shield of California medical policy on Genetic Testing for Hereditary Breast and/or Ovarian Cancer.
21. Colorectal cancer screenings include fecal occult blood annually, sigmoidoscopy every five years, and colonoscopy every 10 years. Beginning age and screening interval can be reduced for patients at increased risk. Multi-targeted stool DNA testing every three years.
22. Diabetes screening should be performed for adults ages 40 to 70 who are overweight and obese. Intensive behavioral counseling interventions to promote a healthful diet and physical activity for patients with abnormal blood glucose. Diabetes Prevention Program – Blue Shield's lifestyle medicine program focused on diabetes prevention.
23. Selection of conditions based on "Newborn Screening: Toward a Uniform Screening Panel and System" as authored by the American College of Medical Genetics (ACMG) and commissioned by the Health Resources and Service Administration (HRSA).
24. Fluoride oral supplement should be discussed at preventive care visit if primary water source is deficient in fluoride.
25. Risk factors for prostate cancer include African-American men and men with family history of prostate cancer.
26. Behavioral counseling to prevent sexually transmitted infections is for sexually active adolescents and adults who meet the following criteria: current sexually transmitted infections, sexually transmitted infections within the past year, multiple current sexual partners, and in non-monogamous relationships if they reside in a community with a high rate of sexually transmitted infections.
27. Intensive behavioral counseling to promote healthy diet and physical activity is recommended for all adults who have hyperlipidemia or have any known risk factors for cardiovascular and diet-related chronic disease. Diabetes Prevention Program – Blue Shield's lifestyle medicine program focused on diabetes prevention.
28. Falls prevention counseling for older adults to exercise or physical therapy to prevent falls in community-dwelling adults age 65 and older who are at increased risk for falls.
29. Hepatitis B screening for non-pregnant adolescents and adults for hepatitis B virus infection at high risk for infection; pregnant women at their first prenatal visit.
30. Hepatitis C screening for adults for hepatitis C virus infection at high risk for infection.
31. Lung cancer screening for adults ages 55 to 80 who have a smoking history.
32. For self-administered hormonal contraceptives, you may receive up to a 12-month supply.
33. Tuberculosis and latent tuberculosis infection (LTBI) for asymptomatic adults at increased risk for infection.
34. Screening and counseling for interpersonal and domestic violence is a covered service for adolescents, women, and women of childbearing age at least annually, and, when needed, those who screen positive are provided or referred to initial intervention services. Mental health is an initial intervention service after screening for interpersonal and domestic violence.
35. Statin use for the primary prevention of cardiovascular disease in adults – The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are ages 40 to 75; 2) they have one or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75. Statin medications are a pharmacy benefit.

The Diabetes Prevention Program is provided by Solera Health, an independent company.

These are Blue Shield of California's Preventive Health Guidelines, which are based on nationally recognized guidelines. Members must refer to their *Evidence of Coverage* or *Certificate of Insurance* or Policy for plan/policy coverage of preventive health benefits.

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