

PRENATAL CARE FOR LOW-RISK PREGNANCIES (AND SCREENING FOR HIGH RISK FACTORS)

SERVICE	PRECONCEPTION or FIRST VISIT	6 to 8 WEEKS	14 to 16 WEEKS	24 to 28 WEEKS	32 WEEKS	36 WEEKS	38 WEEKS and ONCE WEEKLY UNTIL BIRTH
Medical, genetic, vaccination, and psychosocial history	✓						
General exam	✓						
Counseling ¹	Throughout your pregnancy						
Blood pressure and weight	✓	✓	✓	✓	✓	✓	✓
Pelvic and breast exam	✓	✓					
Fundal height, fetal position and heart rate			✓	✓	✓	✓	✓
Fetal movement assessment						✓	✓
Cervical exam	As needed throughout pregnancy						
Influenza (flu shot)				Once before flu season for those in the second or third trimester			
Lab tests ²	✓	✓	✓	✓	✓	✓	✓
Genetic testing	If 35 years of age or older, or if there is a family history of inherited disease, chorionic villus sampling (CVS) at less than 13 weeks or amniocentesis at 15 to 18 weeks						
Triple screen ³			Once at 15 to 18 weeks				
Rubella, hepatitis B, RPR/VDRL, Chlamydia, and syphilis	✓						
HIV (testing offered)	✓	✓					
Gonococcal culture	✓	✓				✓	
Postpartum visit	4 to 6 weeks after delivery but may be modified according to the needs of the patient. A visit within 7 to 14 days after delivery may be advised for cesarean delivery or complicated gestation.						

¹ Counseling includes discussion about preconception, prenatal vitamins and folic acid, nutrition and weight gain, exercise, influenza vaccine, smoking counseling, effects of secondhand smoke, alcohol/other drug use, rubella, nutrition, breastfeeding, injury prevention, seat belt use, infant safety seats, STD prevention, newborn screening, and dental care in pregnancy.

² Lab tests include hemoglobin or hematocrit, D (Rh) type blood; antibody screenings for cervical cancer, diabetes, toxoplasmosis, and illicit drugs; group B Beta strep; folic acid; and urine.

³ Triple screen measures three hormones that help health care providers assess risk for chromosomal anomalies, like Down syndrome and neural tube defects.

Use this guide to help remind you to schedule well-care visits with your family doctor. This chart is not medical advice and does not imply specific benefit coverage. Always seek and follow the care and advice of your personal doctor. Please check your plan benefit language for coverage, limitations and exclusions.

Sources: The United States Preventive Services Taskforce; American Academy of Pediatrics (www.aap.org); American College of Obstetricians and Gynecologists



CHILD AND ADOLESCENT SCREENINGS AND IMMUNIZATIONS (AGES 3 to 18)¹

VACCINE/SERVICE	3 to 10 YEARS	11 to 12 YEARS	13 to 18 YEARS
Periodic exam (well-care – includes height, weight, blood pressure, and BMI)	Every year	Every year	Every year
Vision exam	Every year	Age 12	Ages 15 and 18
Hearing exam	Every year or as your doctor suggests		
Blood test (hematocrit or hemoglobin)	Every year for ages 3 to 5 or as your doctor suggests	Every year for menstruating patients	
Dental visit	Every year		
Urine test	Once at age 5	Every year for sexually active patients	
STD screening: pelvic exam (including Chlamydia screening)		Every year for sexually active patients	
Hepatitis B (Hep B)	If missed earlier		
Pneumococcal Conjugate Vaccine (PCV)	As your doctor suggests		
Haemophilus influenzae type B (Hib)	If missed earlier through age 5		
Tetanus, diphtheria, pertussis (Tdap)		✓	If missed between ages 11 and 12
Polio (IPV)	Once between ages 4 and 6	If missed earlier	
Measles, Mumps, Rubella (MMR)	Second dose between ages 4 and 6	If missed earlier	
Meningococcal (MCV4)	Between ages 2 and 6 (if at risk)	At preadolescent visit	If missed, at age 15 or high school entry
HPV (Gardasil)		For females only; 3 doses over a 6-month period	If missed between ages 11 and 12
Varicella/chickenpox	2 doses for ages younger than 13 years; catch up if missed earlier		
Influenza (flu shot)	Yearly for certain high-risk groups older than 24 months		
Hepatitis A (Hep A)	As your doctor suggests		
Counseling ²	Based on individual need		

¹ Depending on your doctor's advice and/or other risk factors, your child may need to receive lead and tuberculosis tests, among others.

² Counseling may include developmental/behavioral assessment, nutrition and exercise, weight, sexual health/development, tobacco use, substance abuse, and injury/violence prevention.

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INFANT SCREENINGS AND IMMUNIZATIONS (AGES 0 to 2)¹

VACCINE/SERVICE	BIRTH	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	9 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	24 MONTHS
Periodic exam (well-care)	✓		✓	✓	✓	✓	✓	✓	✓	✓ (and at 30 months)
Hearing exam	✓									
Family history/metabolic screening	✓	✓	✓	✓	✓		✓		✓	
Blood test (hematocrit or hemoglobin)						✓		Once each well-child checkup for those at risk between 15 months and 5 years old		
Lead screening						✓				✓
Dental visit ²							Begin between ages 1 and 3 or earlier as dentist suggests			
Hepatitis B (Hep B) – by 2 months if mother is not infected	1st dose	2nd dose				3rd dose				
Pneumococcal Conjugate Vaccine (PCV)			✓	✓	✓		✓			
Diphtheria, Tetanus, Pertussis (DTaP)			✓	✓	✓			✓		
Polio (IPV)			✓	✓			✓			
Haemophilus influenzae type b (Hib)			✓	✓	✓		✓		If missed earlier	
Measles, Mumps ³ , Rubella (MMR)							✓			
Varicella/chickenpox							✓			
RotaTeq – 3 doses (first dose by 12 weeks of age and all 3 doses by 32 weeks)			✓	✓	✓					
Hepatitis A (Hep A)								2 doses		
Influenza (flu shot)						Yearly for children 6 to 23 months				

¹ Depending on your doctor's advice and/or other risk factors, your infant may need to receive vision and tuberculosis tests, among others. You should receive counseling for sleep positioning, injury, violence prevention, and nutrition.

² Begin taking your child to the dentist between 12 months and 3 years old.

³ A second dose of mumps vaccine should be considered for children 1 to 4 years old who are in an outbreak setting.

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ADULT SCREENINGS AND IMMUNIZATIONS (AGES 19 AND OLDER)¹

VACCINE/SERVICE	19 to 39 YEARS	40 to 64 YEARS	65 AND OLDER
Health Maintenance Exam (HME) (height, weight, BMI, BP, depression screening)	Every 5 years	Every 2 to 3 years (40 to 49); after age 50 every 1 to 2 years	Every 1 to 2 years
Hearing screening		Every 10 years (40 to 49); after age 49 discuss with your doctor	
Vision screening	Every 5 to 10 years	Every 2 years for age 40 to 54; every 1 to 3 years for age 55 to 64	Every 1 to 2 years
Glucose		Beginning at age 45: every 2 years for women, every 3 years for men	Every 2 years for women, every 3 years for men
Cholesterol screening	Routine screening for men beginning at age 35, every 5 years	Routine screening for women beginning at age 40, every 5 years	Every 5 years
Colorectal cancer screening		Age 40 to 49: every 2 years if at high risk; beginning at age 50: fecal occult blood test (FOBT) every year, and/or flexible sigmoidoscopy or double-contrast barium enema every 5 years, or colonoscopy every 5 to 10 years	
Aspirin therapy to prevent heart disease		Discuss with your doctor at HME	
Hepatitis B (Hep B)		As your doctor suggests	
Hepatitis A (Hep A)		As your doctor suggests	
Tetanus, diphtheria (Td)		Every 10 years (booster, as your doctor suggests)	
Measles, Mumps, Rubella (MMR)	1 or 2 doses if no history of prior vaccination or infection	As your doctor suggests	
Pneumococcal Conjugate Vaccine (PCV)		As your doctor suggests	One booster, as your doctor suggests
Influenza (flu shot)	As your doctor suggests, based on risk factors	Once every year (fall or winter) beginning at age 50	Once every year (fall or winter)
Counseling/Education ²		At each HME or based on individual need	
Cervical cancer test		From age 18 or onset of sexual activity, every 1 to 3 years	Every 1 to 3 years
Bone Mineral Density (BMD)		Screening based on risk	Every 2 years
Chlamydia screening		Every 6 to 12 months through age 25 if sexually active; annually beginning at age 26 if high risk	
HPV (Gardasil) – 3 doses over a 6-month period	If missed between ages 11 and 12; recommended up to age 26		
Mammogram to check for breast cancer		Every 1 to 2 years, beginning at age 40; every year beginning at age 50	
Rectal exam/PSA test		Annually at age 50 and older; includes prostate test	
Abdominal ultrasonography			One time for those who have ever smoked

¹ Additional immunizations may be needed if you are at high risk or were not previously immunized.

² Counseling and education should be carried out at each health maintenance exam (HME) and when dictated by clinical need. Counseling/education topics may include discussion about mental health, substance abuse, nutrition (including calcium and folic acid), exercise, weight, sexual health, family planning, menopause (HRT therapy), tobacco use, injury/violence prevention, osteoporosis, dental health, medicine safety, and sun exposure. Additional recommended screening for depression and drug or alcohol use at each HME.

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