

Female Health Care Along Women's Lifetime

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Salud Preventiva Primaria

- **“La salud es un estado de completo bienestar físico, mental y social, y no solamente la ausencia de afecciones o enfermedades” (O.M.S.)**
- La intervención primaria preventiva ha cautivado la atención de los sistemas mundiales de salud y asociaciones medicas.

Salud Preventiva Primaria

- El Colegio/Congreso Americano de Ginecólogos y Obstetras (ACOG) dividió el **ciclo de vida de la mujer** en cuatro intervalos para proveer una estructura organizada de:
 - exámenes físicos
 - pruebas de laboratorio
 - pruebas de *tamizaje* (“*screening*”)
 - inmunizaciones
 - consejería que se recomiendan para el bienestar de la mujer



Well-Woman Care: Assessments & Recommendations

Annual assessments provide an excellent opportunity to counsel patients about preventive care and to provide or refer for recommended services. These assessments should include screening, evaluation and counseling, and immunizations based on age and risk factors. The interval for individual services varies.

These recommendations, based on age and risk factors, serve as a framework for care which may be provided by a single physician or a team of health care professionals. The scope of services provided by obstetrician-gynecologists in the ambulatory setting will vary from practice to practice. The recommendations should serve as a guide for the obstetrician-gynecologist and others providing health care for women and should be adapted as necessary to meet patients' needs. ***This information should not be construed as dictating an exclusive course of treatment or procedure to be followed.***

[Click here for a PDF version of the entire set of recommendations](#) (ages 13 years–65 and older)

Or, access recommendations on screening, laboratory testing, evaluation & counseling, or immunizations for a specific age range below:

Ages 13–18:

- [Screening](#)
- [Laboratory and other Tests](#)
- [Evaluation & Counseling](#)
- [Immunizations](#)

Ages 19–39:

- [Screening](#)
- [Laboratory and other Tests](#)
- [Evaluation & Counseling](#)
- [Immunizations](#)

Ages 40–64:

- [Screening](#)
- [Laboratory and other Tests](#)
- [Evaluation & Counseling](#)
- [Immunizations](#)

Ages 65 Years & Older

- [Screening](#)
- [Laboratory and other Tests](#)
- [Evaluation & Counseling](#)
- [Immunizations](#)

Adolescentes: Edades de 13-18 años

- primera visita al ginecólogo
- NO se necesita examen pélvico
- **estado completo de la salud**
- historial menstrual (dolor)
- índice masa corporal (obesidad)
- hábitos alimenticios
- desarrollo físico, psicosocial y sexual
- **conductas sexuales responsables** (anticoncepción, enfermedades de transmisión sexual)
- sustancias con potencial de ser adictivas o abusadas
- **comportamientos con consecuencias negativas**
 - “Bullying”
 - violencia doméstica, abuso sexual y enfermedades mentales
- ***Inmunizaciones:***
 - MMR
 - Varicella
 - Tetano
 - VPH (Virus del Papilloma Humano)
 - **Influenza !!!**



Mujeres jóvenes: 19-39 años



- **Plan de Vida Reproductiva**

- **Cuando, cuantos, con quien???**
- 60 % mujeres más de 20 años son obesas; control de peso /ejercicio
- métodos anticonceptivos
- embarazo (acido folico)
- infertilidad (preservacion de fertilidad)
- enfermedades transmisión sexual

- enfermedades autoinmunes:
lupus, artritis reumatoidea y
desordenes de tiroides

- violencia doméstica, abuso
sexual y enfermedades mentales

- **Inmunizaciones:**

- **Influenza especialmente Embarazadas**
- VPH hasta los 26 años
 - Pap SIGUE IGUAL

- **cáncer cervical (cuello de la matriz) - prueba de Papanicolaou:**

- comienza a los 21 años y luego cada tres (3) años hasta los 29
- después de 30 años hasta 65:
 - se puede realizar cada tres (3) anos en pacientes de bajo riesgo o
 - cada cinco (5) años en combinacion con prueba de VPH
- después 65 años, histerectomia (pacientes sin Pap anormal):
SE DESCONTINUA el Pap!

Mujeres Maduras:

40-64 años

- transición a la menopausia
- calidad de sueño / insomnio
- violencia doméstica, abuso sexual y enfermedades mentales
- Inmunizaciones:
 - Influenza, Varicella, Tdap
- pruebas de cernimiento
 - **Colonoscopia:** Comienza a los 50 años y luego cada diez (10) años
 - **Glucosa en ayuna:** Comienza a los 45 años y luego cada cinco (5) años
 - **Panel de lípidos:** Comienza a los 45 años y luego cada cinco (5) años
 - **Mamografía:** Comienza a los 40 años y hasta los 49 años cada dos (2) años
 - Luego de los 50 años se realiza anualmente



Las recomendaciones para el uso de terapia hormonal en las mujeres postmenopáusicas es:
solo para tratar síntomas vasomotores y resequedad vaginal
uso limitado tratando de utilizar la menor dosis efectiva por el menor tiempo posible

Mujeres Mayores: 65 años o más

- Los **factores ambientales y de conducta** que promueven una vejez **mas saludable** incluyen:
 - ausencia de:
 - trauma (caídas)
 - diabetes
 - asma
 - enfermedad del corazón
 - derrame cerebral
 - depresión
 - uso de cigarrillo
 - consumo moderado de alcohol
 - frecuentes visitas al médico primario
 - realización de ejercicio
- **Inmunizaciones**
Influenza, Varicella, Tdap, Pneumococcal



- Función cognitiva – Alzheimer- **2x** más común en mujeres
- Osteoporosis- **5x** más frecuente en mujeres
 - DEXA –Densitometría Ósea:
 - Se comienza a la edad de 65 años y luego se realiza cada dos (2) años
- violencia doméstica, abuso sexual y enfermedades mentales

New Guidelines for Pap Smear Screening

Population [†]	ACS/ASCCP/ASCP [§]
Younger than 21 years	Women should not be screened regardless of the age of sexual initiation or other risk factors. [?]
21–29 years	Screening with cytology alone every 3 years is recommended.
30–65 years	Screening with cytology and HPV testing (“co-testing”) every 5 years (preferred) or cytology alone every 3 years (acceptable) is recommended.
Older than 65 years	Women with evidence of adequate negative prior screening [¶] and no history of CIN2+ within the last 20 years should not be screened. Screening should not be resumed for any reason, even if a woman reports having a new sexual partner.
After hysterectomy	Women of any age following a hysterectomy with removal of the cervix who have no history of CIN2+ should not be screened for vaginal cancer. Evidence of adequate negative prior screening is not required. Screening should not be resumed for any reason, including if a woman reports having a new sexual partner.
HPV vaccinated	Recommended screening practices should not change on the basis of HPV vaccination status.

Summary of Recommendations

An **annual visit** provides an excellent opportunity to counsel patients about maintaining a healthy lifestyle and minimizing health risks.

The **annual health assessment** should include screening, evaluation and counseling, and immunizations based on age and risk factors.

Speculum examinations for cervical cancer screening should begin at age 21 years, irrespective of sexual activity of the patient.

A pelvic examination always is an appropriate component of a comprehensive evaluation of any patient who reports or exhibits symptoms suggestive of female genital tract, pelvic, urologic, or rectal problems.

The decision to receive an internal examination can be left to the patient if: - she is asymptomatic and has undergone a total hysterectomy and bilateral salpingo-oophorectomy for benign indications
- and has **NO** history of :

VIN

CIN3 or cancer

Infected with HIV

Immunocompromised

Exposed to diethylstilbestrol in utero.

Cytology testing is not recommended in this select population.

Annual examination of the external genitalia should continue.



COMMITTEE OPINION

Well-Woman Visit

Number 534, August 2012
(Reaffirmed 2014)

Committee on Gynecologic Practice



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Summary of Recommendations

Breast self-awareness, which for many patients also may include performing breast self-examination, is recommended.

The patient should immediately report changes in her breast to her physician.

Based on available evidence, the College, ACS, and the National Comprehensive Cancer Network recommend that a **clinical breast examination be performed annually in women aged 40 years and older.**

In women aged **20–39 years**, the College, ACS, and the National Comprehensive Cancer Network continue to recommend a clinical breast examination **every 1–3 years.**

The decision to perform any type of pelvic or breast examination should always be made with the **consent of the patient.**

Female Immunizations Schedule according to Age Group

I. Immunizations Ages 13–18 Years

The following immunizations are recommended for girls in this age group:

Immunization	What and Why	When
Diphtheria and reduced tetanus toxoids and acellular pertussis vaccine booster (Tdap) or tetanus-diphtheria booster (Td)	A shot to immunize against the diseases tetanus, diphtheria, and pertussis	Tdap once between the ages of 11 years and 18 years if you have not received Tdap, followed by Td booster shot every 10 years
Hepatitis B vaccine	A series of shots to immunize against the disease hepatitis B	One series if not previously immunized
Human papillomavirus vaccine	A series of three shots to immunize against certain types of human papillomavirus	One series if not previously immunized, ages 9–26 years
Influenza vaccine	A shot to help prevent influenza (the flu)	Yearly
Measles–mumps–rubella vaccine	A shot to immunize against measles, mumps, and rubella	If not previously immunized
Meningococcal vaccine	A shot to immunize against meningococcal disease	One dose if not previously immunized; if you received your first dose at age 13–15 years, you should get another dose at age 16–18 years
Varicella vaccine	A series of two shots to help prevent chickenpox	One series if not previously immunized or never had chicken pox

Female Immunizations Schedule according to Age Group

II. Immunizations Ages 19-39 Years

The following immunizations are recommended for women in this age group:

Periodic

[Diphtheria and reduced tetanus toxoids and acellular pertussis vaccine](#) (substitute one-time dose of Tdap for Td booster; then boost with Td every 10 years)

[Human papillomavirus vaccine](#) (one series for those aged 26 years or younger and not previously immunized)

Influenza vaccine (annually)

Measles-mumps-rubella vaccine (for those not previously immunized)

Varicella vaccine (one series for those without evidence of immunity)

High-Risk Groups

Hepatitis A vaccine (consider combination vaccine for those at risk for hepatitis A and B)

Hepatitis B vaccine (consider combination vaccine for those at risk for hepatitis A and B)

Meningococcal vaccine

Pneumococcal vaccine

(For High Risk Groups definitions and further information please go to www.immunizationforwomen.org)

Female Immunizations Schedule according to Age Group

III. Immunizations Ages 40-64 Years

Periodic

Diphtheria and reduced tetanus toxoids and acellular pertussis vaccine booster (substitute one-time dose of Tdap for Td booster; then boost with Td every 10 years) (See CDC for more information.)

Herpes zoster (single dose in adults aged 60 years or older)

Influenza vaccine (annually)

Measles-mumps-rubella vaccine (for those born in 1957 or later and not previously immunized)

Varicella vaccine (one series for those without evidence of immunity)

High-Risk Groups

Hepatitis A vaccine (consider combination vaccine for those at risk for hepatitis A and B)

Hepatitis B vaccine (consider combination vaccine for those at risk for hepatitis A and B)

Measles-mumps-rubella vaccine (for those born before 1957)

Meningococcal vaccine

Pneumococcal vaccine

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Female Immunizations Schedule according to Age Group

IV. Immunizations Ages 65 Years and Older

Periodic

Herpes zoster (single dose, if not previously immunized)

Influenza vaccine (annually)

Pneumococcal vaccine (once)

Diphtheria and reduced tetanus toxoids and acellular pertussis vaccine booster (substitute one-time dose of Tdap for Td booster; then boost with Td every 10 years)

Varicella vaccine (one series for those without evidence of immunity)

High-Risk Groups

Hepatitis A vaccine (consider combination vaccine for those at risk for hepatitis A and B)

Hepatitis B vaccine (consider combination vaccine for those at risk for hepatitis A and B)

Meningococcal vaccine

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