

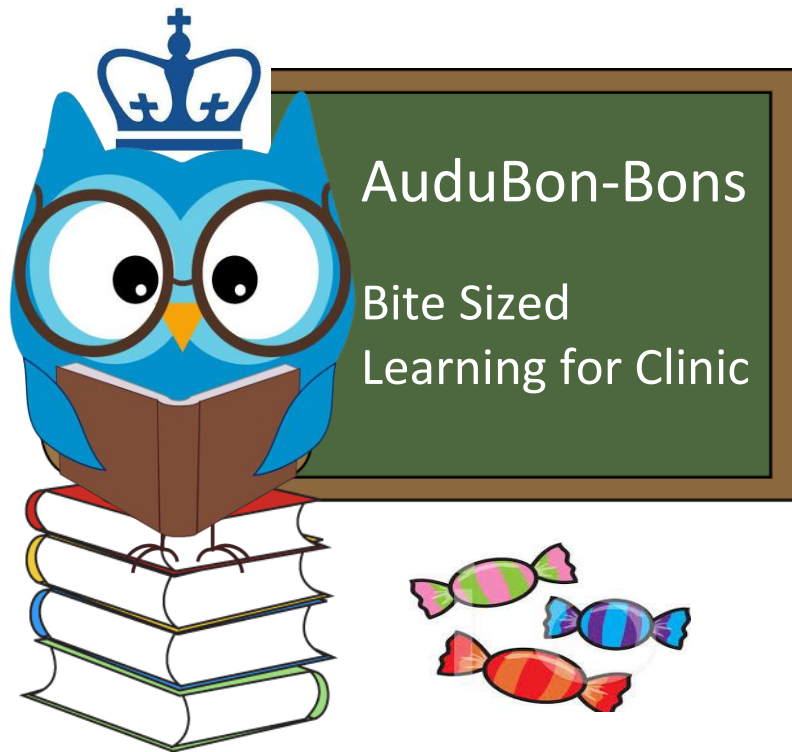
PERIODIC HEALTH ASSESSMENT: 13 – 18 YEARS

Week 52

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Reading Assignment:
ACOG Committee Opinion # 598
The Initial Reproductive Health Visit

Download CDC Vaccine Schedule app



LEARNING OBJECTIVES



- To understand the importance of the initial reproductive health visit and periodic health assessments for women
- To review when parental consent may be necessary for a minor to obtain healthcare services
- To provide a general overview of women's preventative services and care, particularly for the 13 – 18 year old young woman



GOALS OF THE WELL WOMAN VISIT

- To provide preventative health services
- To manage reproductive health care
- To provide counseling regarding maintenance of a healthy lifestyle
- To aid women in minimizing health risks
- Additionally, for women ages 13 – 15 years, to start a patient-physician relationship, build trust and dispel myths and fears



21 REASONS TO SEE A GYNECOLOGIST BEFORE AGE 21 YEARS

Although most young women don't need to have a pap test until they are 21 years old, there are at least 21 reasons why you should see a gynecologist before age 21 years:

Health

1. Stay at a healthy body weight and feel good about your body.
2. Start good habits for healthy bones.
3. Learn if you have a urinary tract infection and get treatment if you do.
4. Get treatment for vaginal itching, discharge, or odor.

Periods

5. Learn if your periods are normal.
6. Get relief if your periods are painful.
7. Find out why your periods are too heavy.
8. Find out why your periods are too close or too far apart or why bleeding happens in between your periods.
9. Learn ways to deal with premenstrual syndrome (PMS) problems.

Sexuality and Relationships

10. Have safe and healthy relationships with a boyfriend or girlfriend.
11. Know when a relationship is threatening or harmful.
12. Talk about lesbian, gay, bisexual, and transgender (LGBT) topics.
13. Think things through before you have sex for the first time.
14. Learn about safe sex.

Pregnancy

15. Get birth control so you can choose to become pregnant when the time is right for you.
16. Plan ahead for a safe and healthy pregnancy.
17. Get tested for pregnancy.
18. Know what your options are if you become pregnant.

Sexually Transmitted Infections

19. Protect yourself from sexually transmitted infections (STIs) and human immunodeficiency virus (HIV) and take steps to lower your risk of becoming infected.
20. Get the human papillomavirus (HPV) vaccine.
21. Get tested for STIs and HIV if you are sexually active.



The American College of
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WOMEN'S HEALTH CARE PHYSICIANS

www.acog.org/teen

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CONSENT TO REPRODUCTIVE HEALTH SERVICES

- The ability of people younger than 18 to consent to a range of sensitive health care services remains state dependent
- Most states explicitly PERMIT all or some* people younger than 18 to obtain contraception, prenatal and STI services without parental involvement
- Nearly all states permit parents younger than 18 to make important decisions regarding their children
- In **NY** state, people younger than 18 may consent to:
 - **ALL contraceptive services**
 - **ALL STI services**
 - **ALL prenatal care**
 - **ALL adoption**
 - **ALL medical care for minor's child**
 - **ALL abortion services**



CASE VIGNETTE

- Ms. Dulce Buho, a 15 yo girl, presents to GYN clinic with her mother.
- Her mother requests an examination for her daughter because she thinks she may have become sexually active recently.



FOCUSED HISTORY

- Do you proceed with taking the patient's history in the presence of her mother?
 - Start by discussing the issue of confidentiality with both the adolescent and her parent
 - Advise both on relevant state and local statutes
 - **Model office visit: initial consult with patient and parent together**
confidential visit between health care provider and patient **concluding consultation with the patient and parent again**
- What elements of the patient's history are most important?
 - Reason for visit
 - Pertinent symptoms



FOCUSED HISTORY

What elements of the patient's history are most important?

- POBH: Nulliparous
- PGYNH: Menses irregular, q2-3 months, lasting 5-6 days
Denies h/o fibroids, cysts
- PMH: Mild, intermittent asthma
- PSH: Tonsillectomy
- Meds: Albuterol prn
- Immunizations: UTD
- All: NKDA
- FamHx: Father with HTN



FOCUSED HISTORY

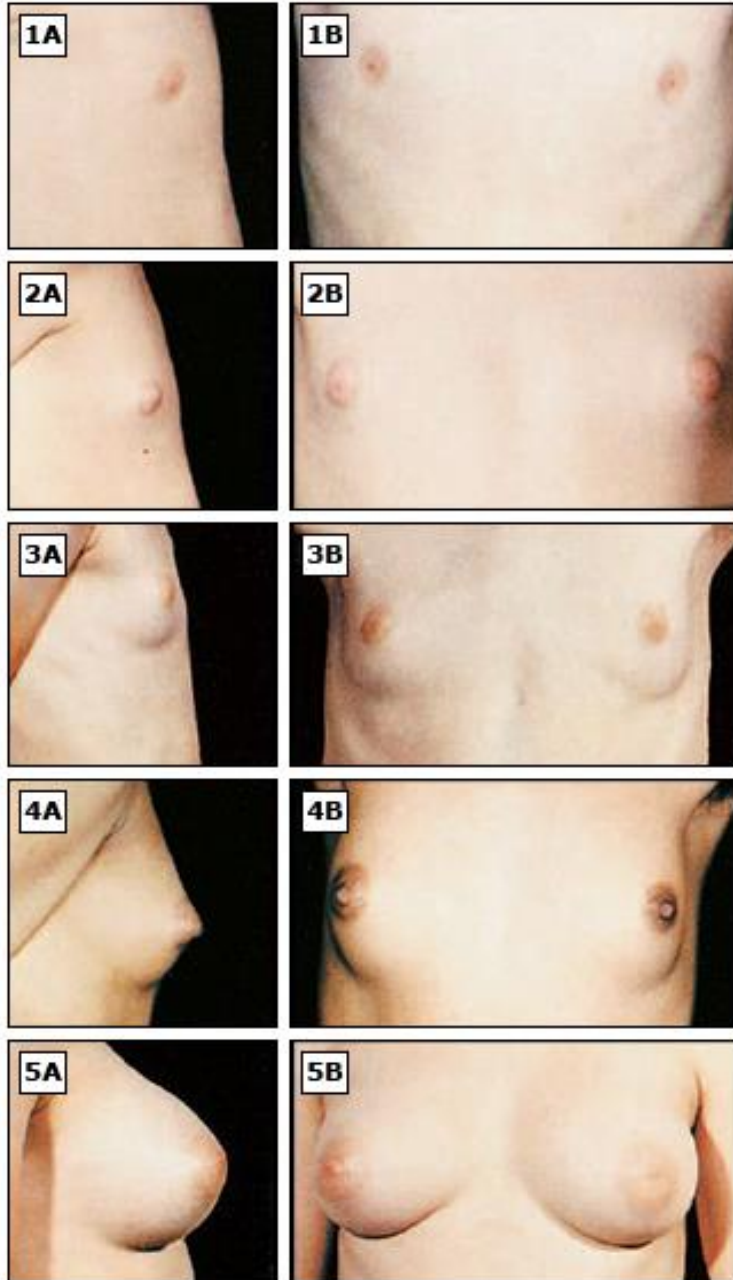
- SH:
 - Lives with her mother, father and 2 siblings
 - Never sexually active
 - Denies emotional, physical or sexual abuse
 - Attends high school
 - Denies use of tobacco, alcohol or illicit drugs
 - Eats mostly home cooked meals prepared by her mother
 - Plays on her high school volleyball team



PERTINENT PHYSICAL EXAM FINDINGS

- What elements of the patient's physical exam are most important?
 - Vitals: BP 112/70, 136lbs, 5'2", BMI 24.9
 - Breast: Symmetric, no masses, no skin changes, no nipple changes or discharge, Tanner stage 5
 - Abd: Non-distended, soft, nontender





Sexual Maturity Rating (Tanner staging) of Breast Development in Girls

Stage 1: Prepubertal, with no palpable breast tissue.

Stage 2: Development of a breast bud, with elevation of the papilla and enlargement of the areolar diameter.

Stage 3: Enlargement of the breast, without separation of areolar contour from the breast.

Stage 4: The areola and papilla project above the breast, forming a secondary mound.

Stage 5: Recession of the areola to match the contour of the breast; the papilla projects beyond the contour of the areola and breast.

Figure from: Roede MJ, van Wieringen JC. Growth diagrams 1980: Netherlands third nation-wide survey. Tijdschr Soc Gezondheids 1985; 63:1



LABORATORY TESTS

- Periodic
 - ± Gonorrhea and Chlamydia testing
 - HIV testing: at least once btween 13 and 64 years



EVALUATION AND COUNSELING

- Sexuality
 - Development
 - High-risk sexual behaviors
 - Number of partners, exchange of sex for drugs or money
 - Prevention of unwanted/unintended pregnancy
 - Postpone sexual activity
 - Contraception – including emergency contraception and LARC
 - STIs and barrier contraception
 - Internet and phone safety
- Fitness and nutrition
 - Physical activity
 - Dietary/nutritional assessment (obesity, eating disorders)
 - MVI with folic acid
 - Calcium intake



EVALUATION AND COUNSELING

- Psychosocial
 - Interpersonal and family relationships
 - Suicide/depressive symptoms
 - Sexual orientation and gender identity
 - Personal goal development
 - Behavioral/learning disorders
 - Emotional, physical, sexual abuse by family member or partner
 - School experience
 - Peer relationships
 - Bullying



EVALUATION AND COUNSELING

- Cardiovascular Risk Factors
 - Family history
 - Hypertension, dyslipidemia, diabetes mellitus
 - Obesity
 - Personal history of PEC, gHTN, GDM
- Health/Risk Assessment
 - Hygiene (including dental)
 - Injury prevention (exercise, firearms, hearing, occupational hazards, recreational hazards, safe driving practices, helmet use)
 - Skin exposure to ultraviolet rays
 - Tobacco, alcohol, other drug use
 - Piercings and tattooing



IMMUNIZATIONS

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Hepatitis B (HepB)	1 st dose	2 nd dose			← 3 rd dose →												
Rotavirus (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See Notes												
Diphtheria, tetanus, & acellular pertussis (DTaP: <7 yrs)		1 st dose	2 nd dose	3 rd dose				← 4 th dose →				5 th dose					
Haemophilus influenzae type b (Hib)		1 st dose	2 nd dose	See Notes		← 3 rd or 4 th dose, See Notes →											
Pneumococcal conjugate (PCV13)		1 st dose	2 nd dose	3 rd dose		← 4 th dose →											
Inactivated poliovirus (IPV: <18 yrs)		1 st dose	2 nd dose		← 3 rd dose →					4 th dose							
Influenza (IIV)					Annual vaccination 1 or 2 doses								Annual vaccination 1 dose only				
OR																	
Influenza (LAIV)											Annual vaccination 1 or 2 doses			Annual vaccination 1 dose only			
Measles, mumps, rubella (MMR)					See Notes		← 1 st dose →					2 nd dose					
Varicella (VAR)							← 1 st dose →					2 nd dose					
Hepatitis A (HepA)					See Notes		2-dose series, See Notes										
Meningococcal (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)			See Notes											1 st dose		2 nd dose	
Tetanus, diphtheria, & acellular pertussis (Tdap: ≥7 yrs)																	Tdap
Human papillomavirus (HPV)																	See Notes
Meningococcal B																	See Notes
Pneumococcal polysaccharide (PPSV23)																	See Notes



SOCIAL DETERMINANTS OF HEALTH

Factors contributing to young women's sense of preparedness for their first pelvic examination

Factors associated with greater perceived preparedness with pelvic exam:

- knowledge about the examination
- trust in provider
- comfort with one's body
- prior sexual debut

Factors associated with discomfort with pelvic exam:

- history of sexual abuse
- poor satisfaction with sexual relations
- feeling too young for exam

Action step: Patient-provider communication about the pelvic examination in the first visit (age 13–15) affords the opportunity to form a **strong patient-provider relationship** and **address key reproductive health education topics**, including the pelvic exam, in a controlled, less stressful setting.

Action step: **Allow patient to suggest ways to lessen fear** such as presence of friend or family, ability to stop exam at any time, talking through the steps. Maintain eye contact, allow pt to control the pace, allow pt to use mirror, or have pt assist during her examination, and always ask permission to touch pt.



EPIC .PHRASE

.BBonAdolescentPeriodicHealthAssessment

Description: adolescent periodic health assessment evaluation and counseling

A comprehensive health assessment was performed including physical exam, sexual history, fitness and nutrition, psychosocial history, cardiovascular risk factor, and health/risk assessment. Physical findings, diagnosis, and treatment options, if needed, were discussed with the patient. If patient is sexually active, or considering becoming sexually active, contraceptive options, including emergency contraception and long-acting reversible contraception were reviewed and provided. ***A mutually agreed-upon treatment plan was established, and the patient was encouraged to include her parent in treatment planning. The patient was asked what information about the visit, if any, was permitted to be shared with parent.



CODING AND BILLING

- Diagnostic Codes (ICD-10)
 - Z.01.419 Encounter for well women exam
 - Z30.09 Encounter for other general counseling and advice on contraception
 - Z71.89 Counseling for HPV vaccination
 - Z11.3 Encounter for screening examination for sexually transmitted disease
- Procedure Codes (CPT)
 - 99384 Initial comprehensive preventive medicine evaluation and management of a new patient aged 12 – 17 years
 - 99394 Periodic comprehensive medicine visit of an established patient aged 12 – 17 years
 - 99401 Preventative medicine, individual counseling services, 15 minutes



EVIDENCE

References

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