

PREVENTIVE HEALTHCARE GUIDE



From immunizations and routine check-ups to certain tests and screenings, routine preventive care is important. These charts reflect the preventive care guidelines supported by the medical community and Blue Cross and Blue Shield of Kansas City (Blue KC). Please note the guidelines set forth by the Centers for Disease Control and Prevention are updated periodically. Refer to **cdc.gov/vaccines** to access the most up to date immunization schedules.

An ounce of prevention leads to a lifetime of good health.

Pregnancy - Prenatal/Pos	stpartum Resources	For pregnancy resources and support, enroll in our Little Stars® prenatal care program. Call 816-395-3964 or toll free 1-800-892-6116, ext. 3964 .									
First Visit	Prior to 14 weeks	· ·									
Prenatal Visits	Monthly visits, 28 - 30 weeks	Biweekly visits up to 36 weeks	Weekly visits after 36 weeks, until delivery								
Postpartum Visits	Within 6 weeks from giving birth										

Dakina 0 Okildan			Children: 3 - 10 years																
	Babies & Children	Birth	1	2	4	6	9	12	15	18	24	3	4	5	6	7	8	9	10
	Well Child Exam	•	•	•	•	•	•	•	•	•	•	•	•	•	•		Every	1 - 2	/ears
xams	Lead Risk Assessment/Testing ¹							•			•								
Tests / E	Blood Pressure								Re	gularly	, as r	ecom	nmended by child's doctor						
	Anemia Screening					As reco	mmende l's docto												
	Hepatitis B (HepB)	HepB#1	HepB#2 Hep B#3, one time as recommended by child's doctor																
	Rotavirus (RV)			RV	RV	RV													
	Diphtheria, Tetanus, Pertussis (DTaP)			DTaP	DTaP	DTaP			DT	aP			[OTaP					
s S	Haemophilus Influenza (Hib) ²			Hib	Hib	Hib		Hi	b										
Immunizations	Pneumococcal Conjugate (PCV13)			PCV13	PCV13	PCV13		PC\	/13										
	Polio (IPV)			IPV	IPV	IPV				PV				IPV					
	Measles, Mumps, Rubella (MMR)							MN	ЛR				N	ИMR					
	Chicken Pox (Var)						Var		ar				Var						
	Hepatitis A (HepA) ³							Не	epA (2	dose	s)								
	Influenza						Annua	ally (IIV	Regularly, as recommended by child's doctor B by DTaP DTaP Hib PCV13 V IPV MMR MMR										

¹ Lead exposure risk assessment starting at 6 months. Blood Lead levels at 12 months and 24 months. Certain geographic regions may pose a greater risk to your child. Talk to your doctor to determine if additional testing is appropriate for your child through age 6.

 $^{^{\}rm 2}$ Some vaccine series require only 3 doses.

³ Administer two doses at least six months apart. Children not fully vaccinated by age two years can be vaccinated at subsequent visits. Hepatitis A is recommended for older children who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against Hepatitis A is desired.

_	eens & Adults	Teens: 11 - 18 years									Adults: 19 - 65+ years														
	cons & Addits	11	12	13	14	15	16	17	18	19	20	21-25	30	35	40	45	50	55	60		65+				
su	Physical Exam - Height, Weight, Blood Pressure and Skin Cancer Screen									Eve	ry 1 -	2 years													
Exams	Blood Pressure	Regularly, as recommended by your doctor																							
	Self Breast Exam									Monthly															
	Cholesterol Routine Screening	esterol Routine Screening Every												y 1 - 5	- 5 years										
Tests	Diabetes Screening ¹																Annually								
	Women – Mammogram																Biennial, ages 50-74								
	Women – Pelvic Exam/Pap Test											Ever	у 3 -	5 yea	ears, as recommended by your doctor										
	Colon Cancer Screening ²			•				•																	
	- Stool Occult Blood																Annually								
	- Sigmoidoscopy																Every 5 years								
	- Colonoscopy																Every 10 years								
	Thyroid Stimulating Hormone (TSH)																				Age 65				
	Diphtheria, Tetanus (Td/Tdap) ³	Tdap Every 10 years																							
2	Meningococcal (MenACWY)	M	lenACWY				Booster																		
Immunizations	HPV Females ⁴ and Males ⁴	HP	V (3 doses)							HPV (3 doses) (if not received as a child)															
	Pneumococcal (PCV13 and PPSV23)											,									1 dose				
	Zoster																1 dose								
	Influenza										Annu	ally													

These guidelines are based on recommendations from the following: U.S. Preventive Services Task Force, American Cancer Society, U.S. Centers for Disease Control, American Academy of Pediatrics, American Academy of Family Physicians and the American College of Obstetricians and Gynecologists, 2010.

For more information on prevention and wellness, visit our website at **BlueKC.com**.

¹ For higher-risk individuals (those with high blood pressure, elevated cholesterol, coronary artery disease or who are obese/overweight, earlier screening may be necessary).

² For those with family history of colorectal cancer, screening should begin by age 40.

 $^{^{\}rm 3}$ Substitute one-time dose of Tdap for Td booster. Boost with Td every 10 years.

⁴ A complete series consists of three doses. The second dose two months after first, the third six months after first, if you did not receive the 3-shot series as a child. If receiving as an adult male, three doses should be administered between the ages of 19-21.