

THE WOMEN'S PREVENTIVE SERVICES INITIATIVE (WPSI)

NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE (NASEM) NATIONAL ACADEMIES CONSENSUS STUDY

MAY 12, 2025

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SPEAKER INTRODUCTIONS



Kimberly Gregory, MD, MPH
WPSI Advisory Panel Chair



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WPSI Advisory Panel Member
WPSI Multidisciplinary Steering Committee Chair

DISCLAIMERS

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UHOMC29440, Bright Futures for Women's Health: Standard Practice Guidelines for Well Women Care.

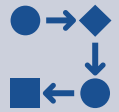
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Dr. Witkop is an employee of the Uniformed Services University of the Health Sciences (USU). This article does not necessarily reflect the views or policies of USU or the Department of Defense (DoD) and references to non-Federal entities or products do not constitute or imply endorsement by USU or the DoD.

CONFLICTS OF INTEREST

No conflict of interests

OBJECTIVES



Understand WPSI's structure and methodology in developing and updating recommendations



Review WPSI's current recommendations for women's preventive health



Discuss maternal morbidity and mortality related to hypertensive disorders in pregnancy as a topic for WPSI

WHY WPSI?



Guidance You Can Trust

Visit thewpsi.org/guidance

#WPSI



WOMEN'S PREVENTIVE SERVICES INITIATIVE (WPSI)

- Federal program supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS)
- Five-year cooperative agreement awarded to ACOG Foundation by HRSA's Maternal and Child Health Bureau
- March 1, 2021 – February 28, 2026

GOALS:

1. Identify and recommend evidence-based updates to the HRSA-supported Women's Preventive Services Guidelines
2. Raise awareness and knowledge of the Guidelines
3. Increase clinicians' adoption and utilization of the Guidelines.

COVERAGE

Under the ACA:

Over 150 million people with private insurance
– including 58 million women and 37 million children – are eligible to receive preventive services without cost-sharing

Most private plans must cover the following preventive services without charging a copayment or coinsurance:

- USPSTF “A” or “B” recommendations
- ACIP immunizations
- HRSA Women’s Preventive Services Guidelines (currently based on WPSI recommendations)
- AAP/Bright Futures for Children guidelines

COVERAGE

40 states and Washington DC have adopted the Medicaid expansion

- Women's Preventive Services are covered for all women eligible under Medicaid expansion
- Most states also cover women who qualify through other Medicaid eligibility pathways

States participating in the ACA's Medicaid Expansion program are required to provide the same level of preventive services for the expansion populations as private plans.

METHODOLOGY

Multidisciplinary Steering Committee (MSC)

- Methodologists, content experts, and providers with expertise across a woman's lifespan—adolescent, early, middle and late adulthood, including reproductive health and pregnancy
- Routinely review HRSA's Women's Preventive Services Guidelines
- Update and develop new recommendations
- Current members represent organizations such as AMCHP, ACNM, NWLC, ACPM, AAP, and more.

Dissemination and Implementation Steering Committee (DISC)

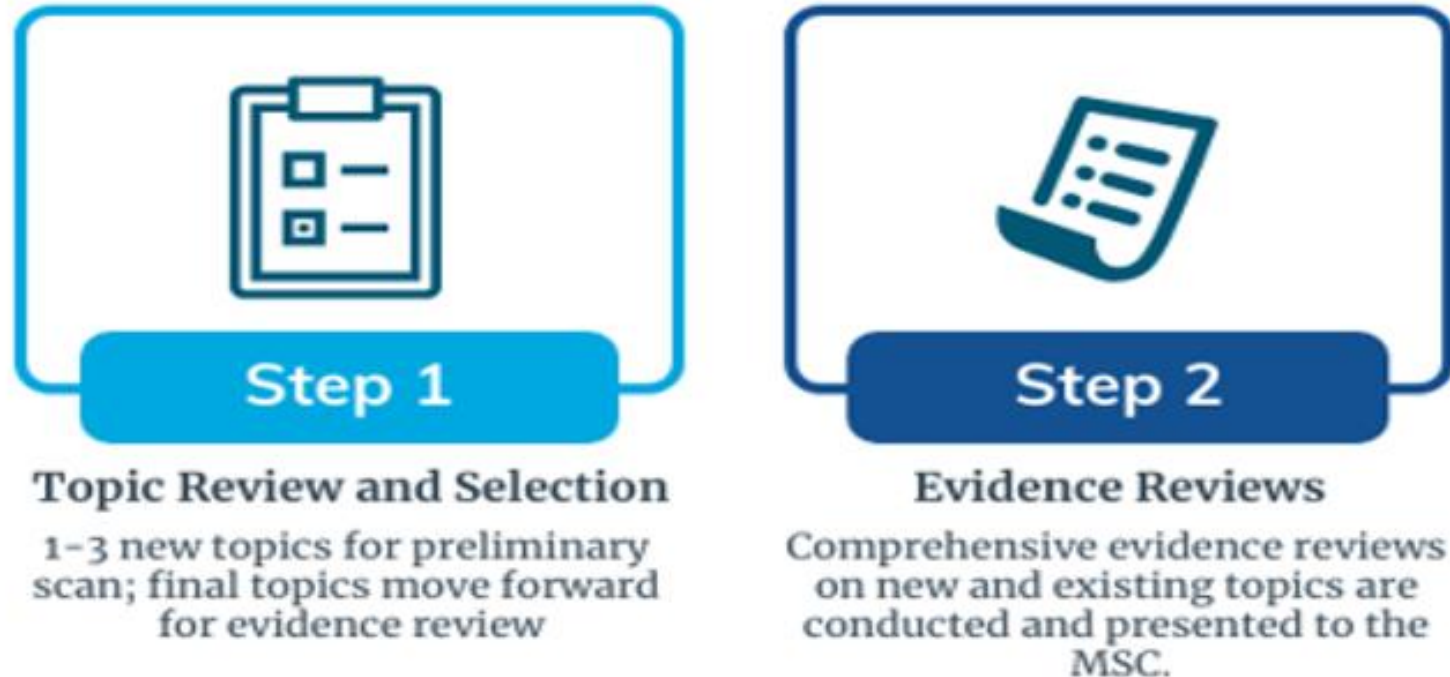
- The DISC supports efforts of the MSC through implementation and dissemination of new or revised clinical recommendations put forth by the WPSI.
- Implementation efforts build on currently existing programs and resources, and efforts are driven by a broad coalition of stakeholders.
- Current members represent organizations such as AWHONN, NACCHO, SGIM, NPWH, ACP, AOA, AMA, AAFP, and more.



WPSI FLOWCHART FOR DEVELOPING RECOMMENDED UPDATES TO THE WOMEN'S PREVENTIVE SERVICE GUIDELINES



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Convene Experts

Nominated yearly, committee members consists of a multidisciplinary group of national organizations with expertise in women's health.



Recommendation Development

The MSC convenes to draft and update recommendations. 75% approval required

WPSI FLOWCHART FOR DEVELOPING RECOMMENDED UPDATES TO THE WOMEN'S PREVENTIVE SERVICE GUIDELINES



Public Comment

Draft recommendation posted online for public comment. All public comments are considered and addressed by MSC.



Final Approval and Submission to HRSA

The MSC convenes to finalize and approve recommendations. Once approved by the MSC and AP, WPSI submits recommended updates to HRSA's Women's Preventive Services Guidelines.

WPSI FLOWCHART FOR DEVELOPING RECOMMENDED UPDATES TO THE WOMEN'S PREVENTIVE SERVICE GUIDELINES



Routine Review

Routinely review HRSA's Women's Preventive Services Guidelines topics for accuracy and new/emerging evidence.



Dissemination of the Guidelines

Promotion of the Guidelines through WPSI partner channels.

RECOMMENDATIONS

WPSI RECOMMENDATIONS THAT ARE COVERED BY INSURANCE WITHOUT COST SHARE :

1. Anxiety Screening
2. Breastfeeding Services and Supplies
3. Breast Cancer Screening for Women at Average Risk *(updated Dec 2024)*
4. Cervical Cancer Screening
5. Contraception
6. Diabetes in Pregnancy
7. Diabetes after Pregnancy
8. HIV Counseling
9. Screening and Counseling for Intimate Partner and Domestic Violence *(updated Dec 2024)*
10. Preventing Obesity in Midlife Women
11. STIs
12. Well-Woman Preventive Services Visit
13. Urinary Incontinence
14. Patient Navigation Services for Breast and Cervical Cancer Screening *(new Dec 2024)*

WPSI RECOMMENDATION COMPONENTS

Clinical Recommendations

- Evidence-based and supported by HRSA without cost-sharing for eligible plans.

Implementation Considerations

- Provide additional clarity on the implementation of the guidelines into clinical practice.
- They are considered informational and not included as part of the HRSA-supported guidelines, thus not considered part of the requirement for coverage without cost-sharing.

Research Recommendations

- Gaps in research areas that would strengthen the current evidence base.

Urinary Incontinence



Clinical Recommendations

The Women's Preventive Services Initiative recommends screening women for urinary incontinence annually. Screening should assess whether women experience urinary incontinence and whether it impacts their activities and quality of life. If indicated, facilitating further evaluation and treatment is recommended.



Implementation Considerations

Approximately 25% of women in the US experience urinary incontinence that can adversely affect health, quality of life, and function. Factors associated with urinary incontinence include increased parity, advancing age, and obesity; however, these factors are common and should not be used to limit screening. Because of the high prevalence of urinary incontinence in women and the potential benefits of early identification and intervention, education on urinary incontinence provided in the clinical setting may be appropriate.

Several screening tools demonstrate fair to high accuracy in identifying urinary incontinence in women. Although minimum screening intervals are unknown, given the prevalence of urinary incontinence, the fact that many women do not volunteer symptoms, and the multiple, frequently changing factors associated with incontinence, it is reasonable to screen annually.



Research Recommendations

1. Studies of the incidence and prevalence of urinary incontinence, including rates of screening and treatment, based on life stages (e.g., adolescence, reproductive age, postmenopausal, pregnant, postpartum) and population characteristics (e.g., race/ethnicity, age, socioeconomic status, gender identity, occupation).
2. Studies of the effectiveness and harms of screening for urinary incontinence to improve symptoms, including studies to determine the most effective frequency and methods of screening and follow-up.
3. Research on the effectiveness of behavior modification for conditions associated with urinary incontinence including alcohol and caffeine intake, constipation or vomiting, and weight loss for overweight or obese women, among others.
4. Research on the effectiveness of education and preventive strategies in reducing the development of urinary incontinence, identifying additional gynecological conditions, and preventing progression of symptoms.
5. Studies of the accuracy of screening tools and effectiveness of symptom management of urinary incontinence during the early postpartum and postpartum periods.

IMPLEMENTATION OF NEW AND UPDATED RECOMMENDATIONS

- Eligible (non-grandfathered) group health plans and health insurance issuers must cover **without cost-sharing** the services and screenings listed on the updated Women's Preventive Services Guidelines.
- This update will take effect in January 2026



BREAST CANCER SCREENING FOR WOMEN AT AVERAGE RISK

CLINICAL RECOMMENDATION *(UPDATED DEC 2024)*

Recently
updated



- Initiate mammography screening no earlier than age 40 years and no later than age 50 years.
- Screening should occur at least biennially and as frequently as annually.
- Additional imaging may be required to complete the screening process or to address findings on the initial screening mammography.

BREAST CANCER SCREENING FOR WOMEN AT AVERAGE RISK

CLINICAL RECOMMENDATION *(UPDATED DEC 2024)*

Recently
updated



- If additional imaging (eg, magnetic resonance imaging, ultrasound, mammography) and pathology evaluation are indicated, these services also are recommended to complete the screening process for malignancies.
- Continue screening through at least age 74 years
- Women at increased risk also should undergo periodic mammography screening, however, recommendations for additional services are beyond the scope of this recommendation.

PATIENT NAVIGATION SERVICES FOR BREAST AND CERVICAL CANCER SCREENING

CLINICAL RECOMMENDATION *(new as of December 2024)*

Newest
recommendation



- The WPSI recommends patient navigation services for breast and cervical cancer screening and follow-up, as relevant, to increase utilization of screening recommendations based on an assessment of the patient's needs for navigation services.
- Patient navigation services involve person-to-person (eg, in-person, virtual, hybrid models) contact with the patient.
- Components of patient navigation services should be individualized.

PATIENT NAVIGATION SERVICES FOR BREAST AND CERVICAL CANCER SCREENING CLINICAL RECOMMENDATION *(new as of Dec 2024)*

Newest
recommendation

Services include, but are not limited to,

- person-centered assessment and planning,
- health care access and health system navigation,
- referrals to appropriate support services
 - language translation
 - transportation
 - social services
- patient education



Please read the full recommendation including Implementation Considerations and Research Recommendations on our website

MATERNAL MORBIDITY AND MORTALITY RELATED TO CARDIOVASCULAR DISORDERS IN PREGNANCY

Potential topic for WPSI?

THE WELL-WOMAN VISIT AND THE WELL-WOMAN CHART

When women are healthy, communities thrive.

2023 RECOMMENDATIONS FOR WELL-WOMAN CARE

2023 RECOMMENDATIONS FOR WELL-WOMAN CARE

These recommendations are based on the most current evidence and are intended to guide clinical practice. They are not intended to replace clinical judgment or individualized care. For more information, visit www.womenpreventiveservices.org/.


WPSI
Women's Preventive Services Initiative

Recommendations for Well-Woman Care - A Well-Woman Chart

PREVENTION SERVICES	AGE (Years)						
	12-14*	15-17*	18-24	25-29	30-39	40-49	50-64
GENERAL HEALTH							
Annual history and physical examination	●	●	●	●	●	●	●
Annual depression screening	●	●	●	●	●	●	●
Annual cognitive function screening	●	●	●	●	●	●	●
Annual vision screening	●	●	●	●	●	●	●
Annual hearing screening	●	●	●	●	●	●	●
Annual dental examination	●	●	●	●	●	●	●
Annual skin examination	●	●	●	●	●	●	●
Annual breast examination	●	●	●	●	●	●	●
Annual pelvic examination	●	●	●	●	●	●	●
Annual Pap test	●	●	●	●	●	●	●
Annual STI screening	●	●	●	●	●	●	●
Annual HIV screening	●	●	●	●	●	●	●
Annual TB screening	●	●	●	●	●	●	●
Annual immunization	●	●	●	●	●	●	●
Annual influenza vaccination	●	●	●	●	●	●	●
Annual pneumococcal vaccination	●	●	●	●	●	●	●
Annual shingles vaccination	●	●	●	●	●	●	●
Annual tetanus/diphtheria/pertussis (Tdap) vaccination	●	●	●	●	●	●	●
Annual meningococcal vaccination	●	●	●	●	●	●	●
Annual hepatitis B vaccination	●	●	●	●	●	●	●
Annual hepatitis C screening	●	●	●	●	●	●	●
Annual syphilis screening	●	●	●	●	●	●	●
Annual gonorrhea screening	●	●	●	●	●	●	●
Annual chlamydia screening	●	●	●	●	●	●	●
Annual HIV screening	●	●	●	●	●	●	●
Annual TB screening	●	●	●	●	●	●	●
Annual immunization	●	●	●	●	●	●	●
Annual influenza vaccination	●	●	●	●	●	●	●
Annual pneumococcal vaccination	●	●	●	●	●	●	●
Annual shingles vaccination	●	●	●	●	●	●	●
Annual tetanus/diphtheria/pertussis (Tdap) vaccination	●	●	●	●	●	●	●
Annual meningococcal vaccination	●	●	●	●	●	●	●
Annual hepatitis B vaccination	●	●	●	●	●	●	●
Annual hepatitis C screening	●	●	●	●	●	●	●
Annual syphilis screening	●	●	●	●	●	●	●
Annual gonorrhea screening	●	●	●	●	●	●	●
Annual chlamydia screening	●	●	●	●	●	●	●
Annual HIV screening	●	●	●	●	●	●	●
Annual TB screening	●	●	●	●	●	●	●
Annual immunization	●	●	●	●	●	●	●
Annual influenza vaccination	●	●	●	●	●	●	●
Annual pneumococcal vaccination	●	●	●	●	●	●	●
Annual shingles vaccination	●	●	●	●	●	●	●
Annual tetanus/diphtheria/pertussis (Tdap) vaccination	●	●	●	●	●	●	●
Annual meningococcal vaccination	●	●	●	●	●	●	●
Annual hepatitis B vaccination	●	●	●	●	●	●	●
Annual hepatitis C screening	●	●	●	●	●	●	●
Annual syphilis screening	●	●	●	●	●	●	●
Annual gonorrhea screening	●	●	●	●	●	●	●
Annual chlamydia screening	●	●	●	●	●	●	●
Annual HIV screening	●	●	●	●	●	●	●
Annual TB screening	●	●	●	●	●	●	●
Annual immunization	●	●	●	●	●	●	●
Annual influenza vaccination	●	●					

- Summary of preventive services recommendations the [WPSI](#), [U.S. Preventive Services Task Force \(USPSTF\)](#) and [Bright Futures](#) based on age, health status& risk factors.
- Clinical Summary Tables -Clinical practice considerations, risk assessment methods, and the age and frequency to deliver services
- Divided into General Health Infectious Diseases, Cancer, Pregnancy and Postpartum

ORGANIZATION OF THE WELL-WOMAN CHART

PREVENTION SERVICES	AGE (Years)						
	13-17 ^a	18-21 ^a	22-39	40-49	50-64	65-75	>75
 GENERAL HEALTH							
Alcohol use screening & counseling	●	●	●	●	●	●	●
Anxiety screening	●	●	●	●	●	●	●
CVD & CRC prevention with aspirin ¹					○ ₅₀₋₅₉		
Blood pressure screening	●	●	●	●	●	●	●
Contraceptive counseling & methods	●	●	●	●	○		
Depression screening	●	●	●	●	●	●	●
Diabetes screening ²	○	○	○	○	○	○	○
Fall prevention						●	●
Folic acid supplementation ³	○	●	●	●	○		
Healthy diet & activity counseling ⁴	○	○	○	○	○	○	○
Interpersonal & domestic violence screening	●	●	●	●	●	●	●
Lipid screening ⁵	○	●	○	●	●	●	
Obesity screening & counseling	●	●	●	●	●	●	●
Osteoporosis screening ⁶					○	●	●
Statin use to prevent CVD ⁷				○	○	○	
Substance use screening & assessment	●	●	●	●	●	●	●
Tobacco screening & counseling	●	●	●	●	●	●	●
Urinary incontinence screening ⁸	○	●	●	●	●	●	●

🦠 INFECTIOUS DISEASES

Gonorrhea & chlamydia screening ⁹	●	●	● ≤24 ○ >24	○	○	○	○
Hepatitis B screening ¹⁰	○	○	○	○	○	○	○
Hepatitis C screening (at least once) ¹¹	○	●	●	●	●	●	● <80
HIV preexposure prophylaxis ¹²	○	○	○	○	○	○	○
HIV risk assessment	●	●	●	●	●	●	●
HIV screening (at least once)	● >15	●	●	●	●	○	○
Immunizations ^b	●	●	●	●	●	●	●
STI prevention counseling ¹³	●	●	○	○	○	○	○
Syphilis screening ¹⁴	○	○	○	○	○	○	○
Tuberculosis screening ¹⁵	○	○	○	○	○	○	○

🏥 CANCER

Breast cancer screening ¹⁶				○	●	●	○
Cervical cancer screening		● ≥21	●	●	●	● ≤65	
Colorectal cancer screening					●	●	
Lung cancer screening ¹⁷					○ 55-80	○	○ 55-80
Medications to reduce breast cancer risk ¹⁸				○	○	○	○
Risk assessment for BRCA 1/2 testing		●	●	●	●	●	●
Skin cancer counseling ¹⁹	○	○	○ ≤24				

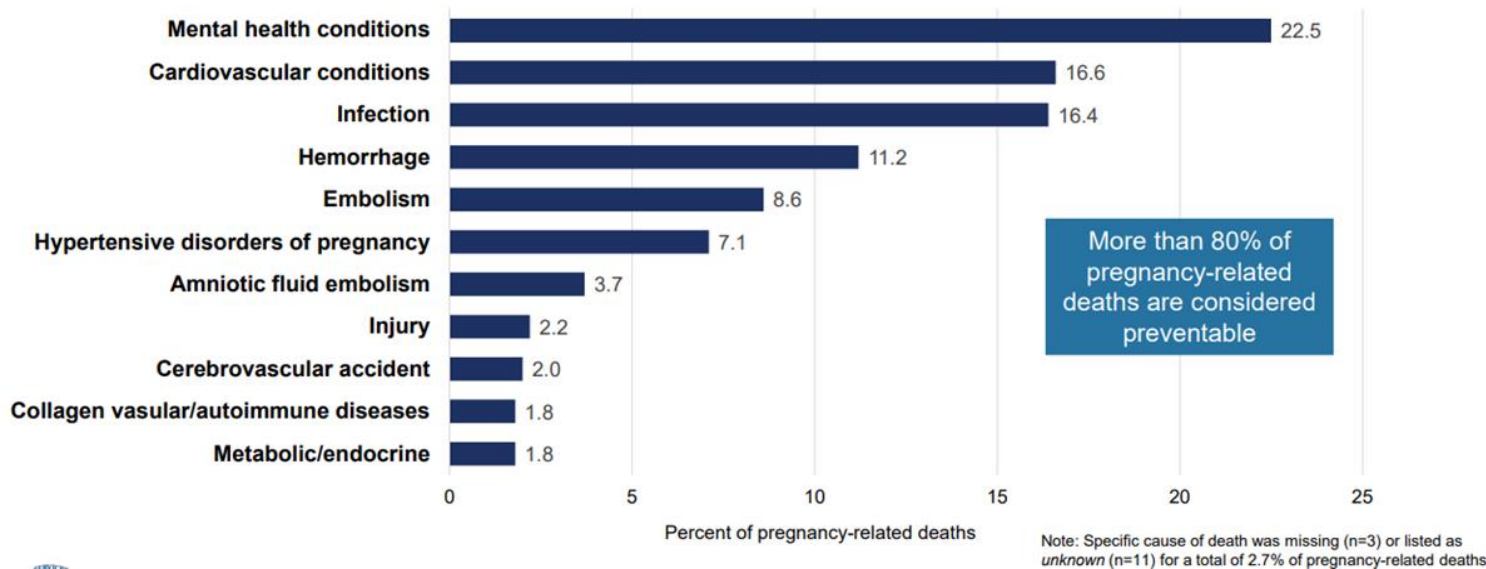
Pregnancy

PREVENTION SERVICES for pregnancy provided in addition to age-based services listed above.		
PREGNANCY		
Anxiety screening	●	✓
Bacteriuria screening	●	
Breastfeeding counseling, services & supplies	●	✓
Contraceptive counseling & methods	●	✓
Depression and Perinatal Depression Screening ²⁰	●	
Folic acid supplementation	●	
Gestational diabetes screening	●	
Gonorrhea & chlamydia screening	●	
Hepatitis B screening	●	
HIV screening (each pregnancy)	●	
Interpersonal violence screening	●	
Preeclampsia prevention with low-dose aspirin ²¹	○	
Preeclampsia screening	●	
Rh(D) blood typing	●	
Syphilis screening	●	
Tobacco screening & counseling	●	

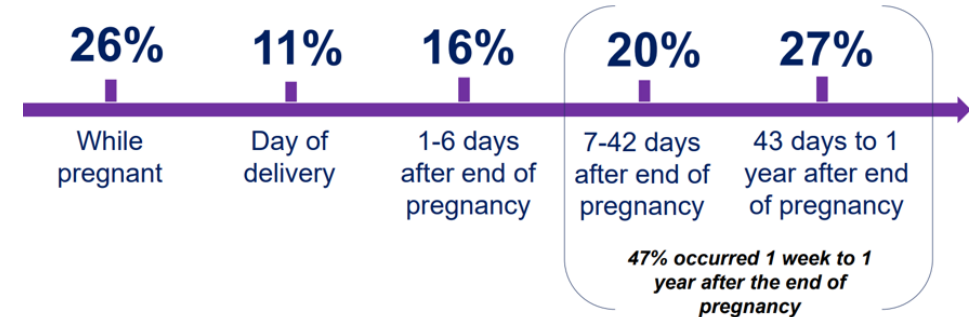
Postpartum

PREVENTION SERVICES for postpartum provided in addition to age-based services listed above.		
POSTPARTUM		
Anxiety screening	●	✓
Breastfeeding counseling, services & supplies	●	✓
Contraceptive counseling & methods	●	✓
Depression and Perinatal Depression Screening ²⁰	●	
Diabetes screening after gestational diabetes ²²	●	✓
Folic acid supplementation	●	
Interpersonal violence screening	●	
Tobacco screening & counseling	●	

Underlying Causes of Pregnancy-Related Mortality, 2020



Timing of Pregnancy-Related Deaths, 2020



Figures from "Introduction from HRSA" slides to NASEM, April 1, 2025

Source of data:

<https://www.cdc.gov/maternal-mortality/php/data-research/index.html>

COLLABORATIVE DISCUSSIONS

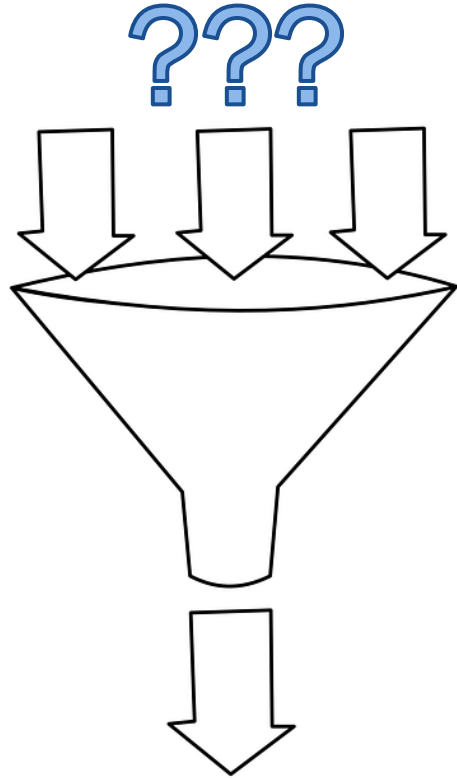
Collective expertise Advisory Panel and Evidence Review Team



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graph TD; A[Collective expertise Advisory Panel and Evidence Review Team] --> B[Consistent with WPSI charge, methodology, and potential evolving evidence]; B --> C[Proposed nominating two topics to vet through our process to address rising rates of preventable maternal morbidity & mortality];
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Consistent with WPSI charge, methodology, and potential evolving evidence

Proposed nominating two topics to vet through our process to address rising rates of preventable maternal morbidity & mortality



Postpartum screening and risk assessment for maternal hypertensive disorders (including methods of blood pressure monitoring and treatment)

Screening for urgent maternal warning signs for pregnancy-related death in the pregnancy and postpartum period

FORMATION OF NASEM COMMITTEE

Clinical Preventive
Services for Addressing
CVD Risk to Reduce
Pregnancy-related
Death Among Women

ADDITIONAL WPSI RESOURCES



WPSI's **free** CME course is now available!



The Women's Preventive Services Initiative: Recommendations for Women's Preventive Health Care

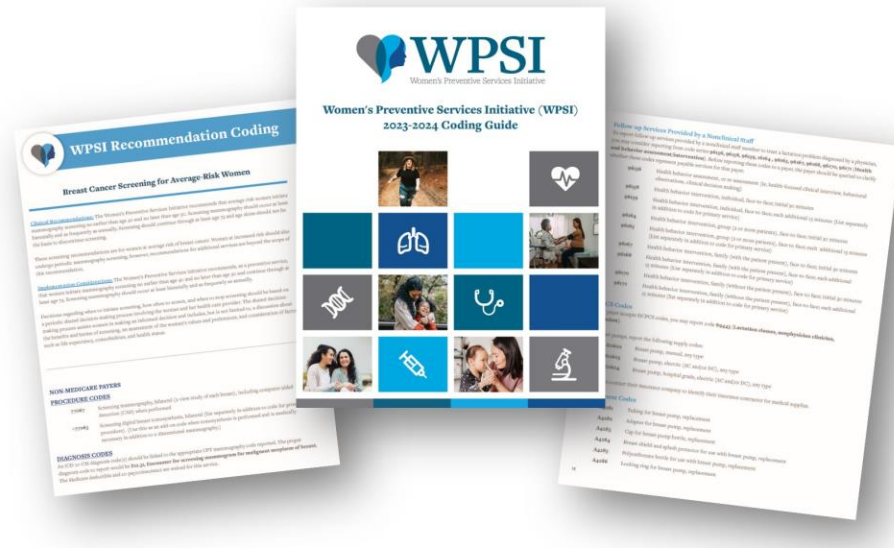
- Earn 2 credits AMA PRA Category 1
- Learn about WPSI's methodology in developing and updating recommendations
- Overview of WPSI's 13 recommendations
- Individual recommendation modules coming soon!



WPSI CME course

MORE RESOURCES

- Clinical Summary Tables
- Patient Palm Card & Pamphlet
- How I Practice Video Series
 - Screening for Anxiety
 - Screening for Interpersonal and Domestic Violence
 - Contraception
 - Screening for Urinary Incontinence
 - Diabetes in and after pregnancy
- Clinician Summaries
- Factsheet
- Social Media Toolkit





THANK YOU!

QUESTIONS?