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ACOG Recommends Initial Ob.Gyn. Visit At Ages 13–15: Committee opinion outlines topics, coding.

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Article Outline

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WASHINGTON — Teenage girls should have their first visit with an ob.gyn. between the ages of 13 and 15, according to a recommendation from the American College of Obstetricians and Gynecologists.

This initial visit should be focused on preventive services and education, and may include a discussion on topics such as adolescent development, normal menses, sexual orientation, healthy eating, injury prevention, and prevention of pregnancy and sexually transmitted diseases, according to an opinion from the ACOG Committee on Adolescent Health Care (Obstet. Gynecol. 2006:107:1215).

“The goal of this key visit is to help teens identify an ob.gyn. and then get acquainted with their ob.gyn. before they need to seek care for a specific health issue,” Dr. Marc R. Laufer, chief of gynecology at Children’s Hospital Boston, said at the annual meeting of the American College of Obstetricians and Gynecologists. Dr. Laufer is the immediate past chair of the ACOG Committee on Adolescent Health Care.

Officials at ACOG have been advocating for an initial reproductive health visit around age 13–15 years for a number of years, but the new committee opinion provides details on what topics should be included in the visit and coding suggestions for payment of the visit.

The initial visit does not need to include an internal pelvic exam and may not even include a physical exam, Dr. Laufer said. An “age-appropriate pelvic examination” can be performed if problems are identified during the medical history such as abnormal menstrual bleeding or pelvic pain, according to the committee opinion. In cases where a speculum or bimanual exam is needed, physicians should first give the patient a full explanation of the exam and obtain consent.

The initial visit is generally more of an “information session,” Dr. Laufer said. For example, the visit is a chance for teens to get a better understanding of normal development and menstruation. It also is an opportunity to talk about issues that may need early intervention such as weight and body image, blood pressure problems, mental health problems, and physical and sexual abuse.

This initial visit also allows an ob.gyn. to discuss family history with teens. For example, the ob.gyn. can provide information about the impact of a family history of polycystic ovarian syndrome, endometriosis, or familial gynecologic malignancies, Dr. Laufer said.

“With accurate information, we can work to make sure that gynecologic myths and medical inaccuracies are not perpetuated in locker rooms and on school buses,” he said.

The widespread acceptance of this routine health visit will give teens a way to get answers to questions that they may be too embarrassed to bring up with parents, friends, or a primary care physician, Dr. Laufer said.

But the initial visit to the ob.gyn. is not meant to replace the role of the primary care physician. It is meant to be a complement to that care, said Dr. Laufer.

But how this care is provided will be physician dependent, he said. In many cases, the primary care physician and the ob.gyn. each would be handling somewhat different aspects of preventive health.

However, some gynecologists are taking on the full role of preventative health care and vaccination, and some pediatricians are more active in counseling on reproductive issues.

While the initial reproductive health visit is focused on building a relationship with the teen and the physician, it's also important to involve the parents, said Dr. Lesley Breech of the division of adolescent medicine at Cincinnati Children's Hospital Medical Center. Dr. Breech is the new chair of ACOG's Committee on Adolescent Health Care.

Dr. Breech advised that during the initial visit, ob.gyns. should greet the parent and teen together and discuss what will happen during the visit and confidentiality issues; clinical and counseling portions of the visit then can occur once the parent has excused herself, she said.

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