Choosing Wisely for Obstetrics and Gynecology

Five Things Physicians and Patients Should Question
This CME program was created by
Lucy Hammerberg M.D., CPE
For the Medical Staff of Northwest Community Healthcare
There are no financial disclosures
By completing the CME program you may receive up to one hour of CME category 1 credit

Northwest Community Hospital is accredited by the Illinois State Medical Society to provide Continuing Medical Education for physicians.

Northwest Community Hospital designates this activity for a maximum of (0.5) AMA PRA Category Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
Objectives

- To be familiar with the Choosing Wisely initiative from the American Board of Internal Medicine
- To learn the Five Choosing Wisely topics that have been reviewed by the American College of Obstetricians and Gynecologists
- To learn how to access patient information about Choosing Wisely
Choosing Wisely

The Choosing Wisely Project is an initiative of the American Board of Internal Medicine Foundation.
Choosing Wisely recommendations should not be used to establish coverage decisions or exclusions. Rather, they are meant to spur conversation about what is appropriate and necessary treatment.
Choosing Wisely

Choosing Wisely is working to spark conversations between providers and patients to ensure the right care is delivered at the right time.
Connect to Choosing Wisely

Click here to connect to Choosing Wisely

An initiative of the ABIM Foundation
Partner with Consumer Reports

The Choosing Wisely program has partnered with Consumer Reports to provide patient information about medical testing and treatment.
Link to Consumer Health Choices

Click [here](#) to link to Consumer Reports Health
As each patient situation is unique, providers and patients should use the recommendations as guidelines to determine an appropriate treatment plan together.
Source of Recommendations

These recommendations have been submitted by the American College of Obstetrics and Gynecology
1) Early Delivery

Don’t schedule elective, non-medically indicated inductions of labor or Cesarean deliveries before 39 weeks 0 days gestational age.
Early Elective Deliveries

Delivery prior to 39 weeks 0 days has been shown to be associated with an increased risk of learning disabilities and a potential increase in morbidity and mortality.
Early Elective Deliveries

There are clear medical indications for delivery prior to 39 weeks 0 days based on maternal and/or fetal conditions.
Early Elective Deliveries

A mature fetal lung test, in the absence of appropriate clinical criteria, is not an indication for delivery.
2) Elective Inductions

2) Don’t schedule elective, non-medically indicated inductions of labor between 39 weeks 0 days and 41 weeks 0 days unless the cervix is deemed favorable.
Elective Inductions

Ideally, labor should start on its own initiative whenever possible.
Elective Inductions

Higher Cesarean delivery rates result from inductions of labor when the cervix is unfavorable.
Elective Inductions

Health care practitioners should discuss the risks and benefits with their patients before considering inductions of labor without medical indications.
Click [here](#) to link to Patient Information from Consumer Reports about early elective delivery
References


Pap Tests

Don’t perform routine annual cervical cytology screening (Pap tests) in women 30–65 years of age.
Pap Tests

In average risk women, annual cervical cytology screening has been shown to offer no advantage over screening performed at 3-year intervals.
Pap Tests

However, a well-woman visit should occur annually for patients with their health care practitioner to discuss concerns and problems, and have appropriate screening with consideration of a pelvic examination.
References


References

4) Cervical Dysplasia

Don’t treat patients who have mild dysplasia of less than two years in duration.
Cervical Dysplasia

Mild dysplasia (Cervical Intraepithelial Neoplasia [CIN 1]) is associated with the presence of the human papillomavirus (HPV), which does not require treatment in average risk women.
Cervical Dysplasia

Most women with CIN 1 on biopsy have a transient HPV infection that will usually clear in less than 12 months and, therefore, does not require treatment.
References


5) Ovarian Cancer Screening

Don’t screen for ovarian cancer in asymptomatic women at average risk.
Ovarian Cancer Screening

In population studies, there is only fair evidence that screening of asymptomatic women with serum CA-125 level and/or transvaginal ultrasound can detect ovarian cancer at an earlier stage than it can be detected in the absence of screening.
Ovarian Cancer Screening

Because of the low prevalence of ovarian cancer and the invasive nature of the interventions required after a positive screening test, the potential harms of screening outweigh the potential benefits.
References


References


Summary

1) Don’t schedule elective, non-medically indicated inductions of labor or Cesarean deliveries before 39 weeks 0 days gestational age.

2) Don’t schedule elective, non-medically indicated inductions of labor between 39 weeks 0 days and 41 weeks 0 days unless the cervix is deemed favorable.
Summary

3) Don’t perform routine annual cervical cytology screening (Pap tests) in women 30–65 years of age.

4) Don’t treat patients who have mild dysplasia of less than two years in duration.

5) Don’t screen for ovarian cancer in asymptomatic women at average risk.
Reference

Choosing Wisely® is an initiative of the ABIM Foundation. © 2014.
510 Walnut Street, Suite 1700
Philadelphia, PA 19106

www.choosingwisely.org
Thank you for taking the time to complete this CME activity.

Click [here](#) to take the evaluation and earn 1 hour CME category 1 credit.

If you have found this presentation helpful or have suggestions for please contact:
Lucy Hammerberg, M.D., CPE
Chief Quality Officer
847-618-4384
lhammerber@nch.org