



## Five Things Physicians and Patients Should Question

1

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

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. There are clear medical indications for delivery prior to 39 weeks 0 days based on maternal and/or fetal conditions. A mature fetal lung test, in the absence of appropriate clinical criteria, is not an indication for delivery.

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.

Ideally, labor should start on its own initiative whenever possible. Higher Cesarean delivery rates result from inductions of labor when the cervix is unfavorable. Health care practitioners should discuss the risks and benefits with their patients before considering inductions of labor without medical indications.

3

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

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

4

### Don't treat patients who have mild dysplasia for less than two years in duration.

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. 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.

5

### Don't screen for ovarian cancer in asymptomatic women at average risk.

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. 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.

## How This List Was Created

As a national medical specialty society, the American College of Obstetricians and Gynecologists relies on the input of any number of its committees in the development of various documents. In the case of the items submitted for the *Choosing Wisely*<sup>®</sup> campaign, input from the following committees was solicited: the Committees on Patient Safety and Quality Improvement; Obstetric Practice; and Gynecologic Practice. A literature search was conducted related to the initial list of approximately ten items. We then sent this list to the College's Executive Board and asked them to select five of the items based on their potential to improve quality and reduce cost. We explained to them that the items were written to avoid complex or clinical terminology, but not at the risk of reducing the value and credibility of the recommendations made. In the case of the first two items on our list – “Don't schedule elective, non-medically indicated inductions of labor or Cesarean deliveries before 39 weeks 0 days gestational age” and “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” – we collaborated with the American Academy of Family Physicians in developing the final language.

The College's disclosure and conflict of interest policy can be found at [www.acog.org](http://www.acog.org).

## Sources

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