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*EDITORIAL*

PREVENTIVE AND SCREENING SERVICES

Medical curriculum and training the specialist in obstetrics and gynaecology focuses on aetiology, diagnosis and treatment of clinically apparent conditions. The schemes and investigative protocols for diagnosis and management are often lengthy, complicated and the diseases themselves often uncommon, so that the entire exercise is often not cost-effective.

In day to day clinical practice of obstetrics and gynaecology more than 60 - 70% of all office

visits are for non-illness and preventive care. Many women by choice consult their obstetrician-gynaecologist for periodic comprehensive health-care and evaluation, and for guidance in problems not strictly within the purview of obstetrics and gynaecology, but bordering on primary health care activities.

An understanding of preventive strategies and screening services is therefore imperative for contemporary practice.

### **Prevention and Preventive Strategies.**

It is well recognized that preventive health care can be divided into 3 classes:

**1. Primary Prevention :** This relates to actions taken prior to biologic origin of disease e.g. Immunization.

**2. Secondary Prevention :** This relates to actions taken when a disease is detectable, but has not caused actual sickness or disability. (Pap smear to detect cervical cancer or dysplasia).

**3. Tertiary Prevention :** Services undertaken to prevent further deterioration, after the illness becomes manifest.

Recently, a more operational approach to prevention has been proposed. It is particularly relevant to the present day practice of obstetrics and gynaecology.

**a) Universal :** This relates to preventive measures desirable for everyone. Benefits outweigh costs and risks involved. (e.g. Boiling drinking water, cessation of smoking, healthy diet, immunization in

childhood, exercise, inculcating habits of personal hygiene, avoiding drug abuse, limiting consumption of alcohol; providing satisfactory work environment, Family Planning services, Vaccinations).

**b) Selective :** This relates to preventive measures recommended for an individual who is at higher risk of illness because of one or more distinguishing characteristics or markers. Benefits outweigh costs for risk for this selective highrisk population. But these measures are not applicable to the general population at large. (e.g. Annual Pap test for sexually active women, and over the age of 35 years. Annual Breast examination and mammography for women with family history of breast cancer, or palpable lump in the breast.

Antenatal care, for all pregnant women. Endometrial Biopsy for all women with perimenopausal or post-menopausal women.

Hormone Replacement therapy for elderly women, together with Calcium supplementation. Genetic Counselling for all women who have given birth to a previous defective child, or are at risk to

having an abnormal baby, e.g. maternal age over 40 years, history of consumption of teratogenic drugs or exposed to teratogens, e.g. Rubella.

**c) Indicated :** Related to actions recommended for patients who on examination, demonstrate an abnormality or condition that places them at a level of risk-high enough to require a preventive intervention (e.g. control of hypertension, colposcopy for an abnormal Pap test.

To a large extent, clinical obstetrics and gynaecologic practice is in fact, preventive. It is mandatory that physicians play a role as educators, impart health knowledge and initiate preventive health measures.

Prenatal care deals largely with preventive care in obstetrics, it strengthens physician - patient relationships. Patient education is an integral part of this process.

**Screening services :** Screening constitutes the backbone of preventive care. Screening is an attempt to identify the presence of an inapparent disease or defect in asymptomatic individuals by applying tests and examinations to sort out

individuals who are likely to have the disease. Screening tests are not diagnostic, but their importance is gauged by their predictive accuracy. Unlike the false positive results (specificity) and false negative results (sensitivity), which are intrinsic to the test, predictive value is determined in part by the characteristics of the population being tested. Thus the predictive value of a pap smear would vary according to whether the population under consideration is a high-risk group or a lowrisk group.

The screening tests commonly employed in gynaecological practice include -

Pap smears, routine annual pelvic check-ups, and self-examination of breasts by patient, with annual examination by physician followed by mamography whenever indicated.

In obstetric practice - Routine screening for anaemia, diabetes, blood group, Rubella, HIV, pap smear, stools for parasitic infestation, and routine urine examination are part and parcel of routine prenatal care.

Counselling regarding diet, personal hygiene, exercise, smoking and alcohol, Iron, Calcium and Protein supplements, tetanus immunisation, family planning and contraceptive advice also form an integral part of preventive obstetric care.

Time spent by obstetricians and gynaecologists on patients education and preventive care yields rich dividends in community care in the long term perspective of patient care.

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