



Ten 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

Due to [recently-published evidence](#) related to induction of labor between 39 and 41 weeks gestation, the ACOG has withdrawn this recommendation.

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 of 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.



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6

Avoid using robotic assisted laparoscopic surgery for benign gynecologic disease when it is feasible to use a conventional laparoscopic or vaginal approach.

Robotic-assisted and conventional laparoscopic techniques are comparable with respect to perioperative outcomes, intraoperative complications, length of hospital stay and rate of conversion to open surgery. However, evidence shows that robotic-assisted laparoscopic surgery has similar or longer operating times and higher associated costs.

7

Don't perform prenatal ultrasounds for non-medical purposes, for example, solely to create keepsake videos or photographs.

Prenatal ultrasounds are an integral part of a woman's prenatal care. While obstetric ultrasound has an excellent safety record, the U.S. Food and Drug Administration considers keepsake imaging as an unapproved use of a medical device. The American Institute of Ultrasound in Medicine also discourages the non-medical use of ultrasound for entertainment purposes. Keepsake ultrasounds are not medical tests and should not replace a clinically performed sonogram.

8

Don't routinely transfuse stable, asymptomatic hospitalized patients with a hemoglobin level greater than 7–8 grams.

Multiple factors need to be considered in transfusion decisions, including the patient's clinical status and oxygen delivery ability. Arbitrary hemoglobin or hematocrit thresholds should not be used as the only criterion for transfusions of packed red blood cells.

9

Don't perform pelvic ultrasound in average risk women to screen for ovarian cancer.

Although the mortality rate associated with ovarian cancer is high, the disease occurs infrequently in the general U.S. population, with an age-adjusted incidence of 13 cases per 100,000 women. As a result, the positive predictive value of screening for ovarian cancer is low, and most women with a positive screening test result will have a false-positive result. Annual screening with transvaginal ultrasonography in women does not reduce the number of ovarian cancer deaths.

10

Don't routinely recommend activity restriction or bed rest during pregnancy for any indication.

Bed rest or activity restriction has been commonly recommended for a variety of conditions in pregnancy including multiple gestation, intrauterine growth restriction, preterm labor, premature rupture of membranes, vaginal bleeding and hypertensive disorders in pregnancy. However, information to date does not show an improvement in birth outcome with the use of bed rest or activity restriction, but does show an increase in loss of muscle conditioning and thromboembolic disease.

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*[®] 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. A list of the second set of “five items” was selected by the Committee on Patient Safety and Quality Improvement before submission to the College's Executive Board for approval. Any comments received from the Executive Board were incorporated into the final list that was approved.

The College's disclosure and conflict of interest policy can be found at www.acog.org.

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