Recommendations for Preventive Pediatric Health Care
Bright Futures/American Academy of Pediatrics

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the Bright Futures Guidelines (Hagan JF, Shaw J, Duncan PM, eds. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2017). The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up-to-date at the earliest possible time.

2. A prenatal visit is recommended for parents who are at high risk for first-trimester parental and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, see “The Prenatal Visit” (http://pediatrics.aappublications.org/content/124/1/274.full).

3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).

4. Newborns should have an evaluation within 3 to 5 days of birth andwithin 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in “Breastfeeding and the Use of Human Milk” (http://pediatrics.aappublications.org/content/123/4/845.full). Newborns discharged less than 48 hours after delivery must be evaluated within 48 hours of discharge, per “Hospital Stay for Healthy Term Newborns” (http://pediatrics.aappublications.org/content/123/3/582.full).


6. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.

7. A visual acuity screen is recommended at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See “Systematic Assessment in Infants, Children, and Young Adults by Pediatricians” (http://pediatrics.aappublications.org/content/137/1/t1515386).

8. Screening should occur per “Identification and Evaluation of Children With Autism Spectrum Disorders” (http://pediatrics.aappublications.org/content/137/1/199.full).

9. Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per “Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs” (http://pediatrics.aappublications.org/content/120/4/898.full).

10. Verify results as soon as possible, and follow up, as appropriate.

11. Screen with audiometry including 6000 and 8000 Hz high frequencies, and once between 15 and 17 years, and once between 18 and 21 years. See “The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies” (http://www.jahonline.org/article/S1054-139X(16)00048-3/fulltext).

12. Screening should occur per “Identification and Evaluation of Children With Autism Spectrum Disorders” (http://pediatrics.aappublications.org/content/137/1/199.full).

13. This assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. See “Promoting Optimal Development: Screening for Behavioral and Emotional Problems” (http://pediatrics.aappublications.org/content/115/2/296) and “Poverty and Child Health in the United States” (http://pediatrics.aappublications.org/content/127/1/1774.full).


16. Screening should occur per “Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice” (http://pediatrics.aappublications.org/content/127/1/173.full).

17. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See “Use of Chaperones During the Physical Examination of the Pediatric Patient” (http://pediatrics.aappublications.org/content/120/5/1183.full).

18. These may be modified, depending on entry point into schedule and individual need.

(continued)
Footnote 32 has been updated to read as follows: “Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See ‘Maintaining and Improving the Oral Health of Young Children’ (http://www.aap.org/en-us/about-the-aap/healthy-children/oral-health).”

Footnote 33 has been updated to read as follows: “Perform a risk assessment (https://www.aap.org/RiskAssessmentTool) and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See ‘Maintaining and Improving the Oral Health of Young Children’ (http://www.aap.org/en-us/about-the-aap/healthy-children/oral-health).”

26. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP Red Book Report of the Committee on Infectious Diseases. See “Screening for sexually transmitted infections—Adolescents” (http://www.uspreventiveservicestaskforce.org/uspstf/uspstfsi.htm) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.

27. See USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspsrpr.htm). Adolescents who are pregnant or breastfeeding, those who are active, participate in injection drug use, or are being tested for other STIs, should be screened for HIV and reassessed, as appropriate.


29. Adolescents should be screened for HIV according to the USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspsrpr.htm). Adolescents at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.


31. See USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Adolescents who are pregnant or breastfeeding, those who are active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed, as appropriate.

32. Adolescents should be screened for hypertriglyceridemia, as appropriate, based on universal screening recommendations for patients with Medicaid or in high-prevalence areas.

33. Adolescents should be screened for HIV according to the USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Adolescents at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.

34. For children at risk of lead exposure, see “Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention” (http://www.cdc.gov/lead/leadAGGPDF_Final.pdf).

35. Adolescents should be screened for HIV according to the USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm). Adolescents who are pregnant or breastfeeding, those who are active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed, as appropriate.

36. Adolescents should be screened for HIV according to the USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspsrpr.htm) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.

37. Adolescents should be screened for HIV according to the USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Adolescents at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.

38. Adolescents should be screened for HIV according to the USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Adolescents at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.

39. Adolescents should be screened for HIV according to the USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Adolescents at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.

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Summary of Changes Made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care

Periodicity Schedule

This schedule reflects changes approved in February 2017 and published in April 2017. For updates, visit www.aap.org/periodicityschedule

For further information, see the Bright Futures Guidance, 4th Edition, Evidence and Rationale chapter (https://brightfutures.aap.org/Bright%20Futures%20Documents%20Evidence%20Rationale%202017.pdf).

Changes Made in February 2017

HEARING

• Timing and follow-up of the screening recommendations for hearing during the infancy visits have been delineated. Adolescent risk assessment has changed to screening once during each time period.

• Footnote 8 has been updated to read as follows: “Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per ‘Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs’ (http://pediatrics.aapublications.org/content/120/4/898.full).”

• Footnote 9 has been added to read as follows: “Verify results as soon as possible, and follow up, as appropriate.”

• Footnote 10 has been added to read as follows: “Screen with audiometry including 6,000 and 8,000 Hz frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See ‘The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies’ (http://www.jahonline.org/article/S1054-139X(16)00048-3/fulltext).”

PSYCHOSOCIAL/Behavioral Assessment

• Footnote 13 has been added to read as follows: “This assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. See ‘Promoting Optimal Development: Screening for Behavioral and Emotional Problems’ (http://pediatrics.aapublications.org/content/135/2/384) and ‘Poverty and Child Health in the United States’ (http://pediatrics.aapublications.org/content/134/4/633).”

TOBACCO, ALCOHOL, OR DRUG USE ASSESSMENT

• The header was updated to be consistent with recommendations.