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 improvements 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 JS, 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. Copyright © 2019 by the American Academy of Pediatrics, updated March 2019. No part of this statement may be reproduced in any form or by any means without prior written permission from the American Academy of Pediatrics except for one copy for personal use.

### Recommendations for Preventive Pediatric Health Care

#### History and Physical Examination

**![Image](http://pediatrics.aappublications.org/content/120/5/1183.full) (Supplement).**

### Developmental and Behavioral Health

**![Image](http://pediatrics.aappublications.org/content/120/5/1183.full) (Supplement).**

### Tobacco, Alcohol, or Drug Use Assessment

**![Image](http://pediatrics.aappublications.org/content/120/5/1183.full) (Supplement).**

### Autism Spectrum Disorder Screening

**![Image](http://pediatrics.aappublications.org/content/120/5/1183.full) (Supplement).**

### Depressive Disorder Screening

**![Image](http://pediatrics.aappublications.org/content/120/5/1183.full) (Supplement).**

### Sensor Screening

**![Image](http://pediatrics.aappublications.org/content/120/5/1183.full) (Supplement).**

### Sensory Screening

**![Image](http://pediatrics.aappublications.org/content/120/5/1183.full) (Supplement).**

### Physical Examination

**![Image](http://pediatrics.aappublications.org/content/120/5/1183.full) (Supplement).**

### Procedures

**![Image](http://pediatrics.aappublications.org/content/120/5/1183.full) (Supplement).**

### Fluoride Varnish

**![Image](http://pediatrics.aappublications.org/content/120/5/1183.full) (Supplement).**

### Oral Health

**![Image](http://pediatrics.aappublications.org/content/120/5/1183.full) (Supplement).**

### Anticipatory Guidance

**![Image](http://pediatrics.aappublications.org/content/120/5/1183.full) (Supplement).**

---

1. If a child comes under care for the first time on any point on the schedule, the schedule should be brought up-to-date at the earliest possible time.

2. A prenatal visit is recommended for high-risk, first-time parents, 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, per "The Prenatal Visit" (http://pediatrics.aappublications.org/content/120/5/1183.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 and within 48 to 72 hours after discharge from the hospital to include evaluation for fever 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/120/5/1183.full). Newborns discharged less than 48 hours after delivery may be evaluated within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborns" (http://pediatrics.aappublications.org/content/120/5/1183.full).

5. Screen, per "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (http://pediatrics.aappublications.org/content/120/Supplement_A5/1).

6. Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents" (http://pediatrics.aappublications.org/content/120/5/1183.full). 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 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (http://pediatrics.aappublications.org/content/118/1/405.full) and "Procedure for the Evaluation of the Visual System by Pediatricians" (http://pediatrics.aappublications.org/content/117/1/26.full)

8. 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/120/5/1183.full).

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

10. Screen with audiometry including 6000 and 8000 Hz high 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).

11. See "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening" (http://pediatrics.aappublications.org/content/120/5/1183.full).

---

KEY: - to be performed = risk assessment to be performed with appropriate action to follow, if positive

(continued)
Summary of Changes Made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)

This schedule reflects changes approved in December 2018 and published in March 2019. For updates and a list of previous changes made, visit www.aap.org/periodicityschedule.

CHANGES MADE IN DECEMBER 2018

BLOOD PRESSURE

- Footnote 6 has been updated to read as follows: “Screening should occur per ‘Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents’” (http://pediatrics.aappublications.org/content/140/3/e20171904). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.”

ANEMIA

- Footnote 24 has been updated to read as follows: “Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP Pediatric Nutrition Policy of the American Academy of Pediatrics (Iron chapter).”

LEAD

- Footnote 25 has been updated to read as follows: “For children at risk of lead exposure, see ‘Prevention of Childhood Lead Toxicity’” (http://pediatrics.aappublications.org/content/138/1/e20161493) and “Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention” (https://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf).