These recommendations reflect 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. 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.

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**NEWBORN**

1. 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/137/1/e20153596) and "Procedures for the Evaluation of the Visual System by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/e20153596).

2. Dyslipidemia measurement in infants and children with specific risk conditions should be performed at visits before age 3 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).

3. Blood pressure 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 "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (http://www.jahonline.org/article/S1054-139X(16)00048-3/fulltext). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.

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**ANTICIPATORY GUIDANCE**

1. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of the benefits of breastfeeding and planned method of feeding, per "Breastfeeding and Tobacco, Alcohol, or Drug Use Assessment" (http://pediatrics.aappublications.org/content/124/4/1227.full).

2. Immunization 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 "Perinatal and Postpartum Depression Into Pediatric Practice" (http://pediatrics.aappublications.org/content/126/5/1032).

3. **Screening should occur per “Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents” (http://pediatrics.aappublications.org/content/137/1/e20153596).** Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 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).

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 feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and theUse of Human Milk" (http://pediatrics.aappublications.org/content/129/3/e827.full). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborns" (http://pediatrics.aappublications.org/content/137/4/e20160339).

5. **Screening should occur per “Identification and Evaluation of Children With Autism Spectrum Disorders” (http://pediatrics.aappublications.org/content/137/1/e20153596).**

6. **Screening should occur per “Identification and Evaluation of Children With Autism Spectrum Disorders” (http://pediatrics.aappublications.org/content/137/1/e20153596).**

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/137/1/e20153596) and "Procedures for the Evaluation of the Visual System by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/e20153596).

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/120/4/898.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. **Screening should occur per “Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice” (http://pediatrics.aappublications.org/content/126/5/1032).**

11. **Screening should occur per “Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice” (http://pediatrics.aappublications.org/content/126/5/1032).**

12. **Screening should occur per “Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice” (http://pediatrics.aappublications.org/content/126/5/1032).**
19. Confirm initial screen was accomplished, verify results, and follow-up, as appropriate. The Recommended Uniform Screening Panel (https://www.acponline.org/sections/screening/docs/Changing-Keys.pdf) is determined by the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (http://genes-r-us.uthscsa.edu/hpo/) establish the criteria for and coverage of newborn screening procedures and programs. Verify results as soon as possible, and follow up as appropriate.

20. Confirm initial screening was accomplished, verify results, and follow-up, as appropriate. See “Hypothyroidism in the Newborn Infant: 2–5 Weeks’ Gestation: An Update With Clarifications” (http://pediatrics.aappublications.org/content/124/1/132).

21. Confirm initial screening was accomplished, verify results, and follow up, as appropriate. See “Hypothyroidism in the Newborn Infant: 2–5 Weeks’ Gestation: An Update With Clarifications” (http://pediatrics.aappublications.org/content/124/1/132).

22. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per “Endorsement of Health and Human Services Recommendation for Fetal Hypoxemia Screening for Critical Congenital Heart Disease” (http://pediatrics.aappublications.org/content/121/6/1180).

23. Schedules, per the AAP Committee on Infectious Diseases, are available at http://redbook.solutions.aap.org/SS/Immunization_Schedules.aspx. Every visit should be an opportunity to update and complete a child’s immunizations. See “Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents” (http://pediatrics.aappublications.org/content/138/1/e20161493) and “Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention” (http://pediatrics.aappublications.org/content/138/1/e20161493).

24. 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).

25. For children at risk of lead exposure, see “Prevention of Childhood Lead Toxicity” (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. “Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention” (http://pediatrics.aappublications.org/content/138/1/e20161493).

26. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas. 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/140/3/e20171904). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.”

27. Tuberculosis testing per recommendations of the AAP Committee on Infectious Diseases, published in the current edition of the AAP Red Book: Report of the Committee on Infectious Diseases. Testing should be performed on recognition of high-risk factors.


29. 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.

30. Adolescents should be screened for HIV according to the USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspsdnch.htm) once between the ages of 15 and 24, making every effort to provide care within 6 months 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.


32. Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment (http://www2.aap.org/oralhealth/docs/Oral-Health-Practice-Tools.aspx) and refer to a dental home. Recommended screening with fluoride mouthwash at the proper dosage for age. See “Maintaining and Improving the Oral Health of Young Children” (http://pediatrics.aappublications.org/content/134/6/1224).


34. See USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspsdnch.htm). Once teeth are present, fluoride varnish may be applied to all children every 3–6 months in the primary care or dental office. Indications for fluoride use are noted in “Fluoride Use in Caries Prevention in the Primary Care Setting” (http://pediatrics.aappublications.org/content/134/6/1224).

35. If primary water source is deficient in fluoride, consider oral fluoride supplementation.

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’ (http://pediatrics.aappublications.org/content/138/1/e20161493).”