Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital. Breastfeeding newborns should receive formal breastfeeding counseling and instruction along with support. Regular breastfeeding visits separate from preventive care visits are indicated, and these breastfeeding visits should be offered in a family-centered fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may manifest during this period. 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 JS, Duncan PM, eds. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. 4th ed. Elk Grove Village, Ill: American Academy of Pediatrics; 2012). These recommendations do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Copyright © 2017 by the American Academy of Pediatrics, updated February 2017. 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**

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1. Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital. Breastfeeding newborns should receive formal breastfeeding counseling and instruction along with support. Regular breastfeeding visits separate from preventive care visits should be encouraged (and instruction and support should be offered).

2. A prenatal visit is recommended by parents who are at high risk for, high risk for, and for those who request a visit. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per “The Prenatalvisit” [http://pediatrics.aappublications.org/content/124/4/1227.full].

3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered). 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 the Use of Human Milk” [http://pediatrics.aappublications.org/content/120/1/108.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/118/1/404.full].

4. 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/135/2/384.full].

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

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 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/135/2/384.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/119/5/986.full].

9. Verify results as soon as possible, 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/119/5/986.full].

10. Screen newborns with audiometry including 6,000 and 8,000 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 Improved by Adding High Frequencies” [http://www.prosae.org/article/1254-3991(2006)10426-hull].

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/118/1/455.full].

12. Screening should occur per “Identification and Evaluation of Children With Autism Spectrum Disorders” [http://pediatrics.aappublications.org/content/137/1/215.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/125/2/399.full], and “Children and Youth in Foster Care: Developing Competency in Child Welfare Practice” [http://pediatrics.aappublications.org/content/151/1/17.full].


15. Recommended screening using the Patient Health Questionnaire (PHQ-2) or other tools is available, including “GLAD-PC Toolkit” and “Mental Health in Primary Care: Tools for Clinicians and Researchers” [http://www.nimh.nih.gov/health/publications/mental-health-in-primary-care-tools-for-clinicians-and-researchers/index.shtml].

16. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See “Use of Disposables During the Physical Examination of the Pediatric Patient” [http://pediatrics.aappublications.org/content/132/3/565.full].

17. These may be modified, depending on entry point into schedule and individual need.
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 Guidelines, 4th Edition, Evidence and Rationale chapter (https://brightfutures.aap.org/Bright%20Futures%20Evidence%20Rationale.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 been changed to screening once during each time period. See 'Hyperbilirubinemia in the Newborn Infant ≥35 Weeks' Gestation: An Update With Clarifications' (http://pediatrics.aappublications.org/content/134/6/1224).

- 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 Program' (http://pediatrics.aapublications.org/content/124/3/583.full)."

- Footnote 9 has been added to read as follows: "Verify results as soon as possible, and follow up, as appropriate." (Continued)


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.

- Footnote 16 was added to read as follows: "Screening should occur per Incorporating Recognition and Management of Postnatal and Postpartum Depression Into Pediatric Practice (http://pediatrics.aappublications.org/content/126/5/1012)."

NEWBORN BLOOD

- Timing and follow-up of the newborn blood screening recommendations have been delineated. See "Screening for bilirubin concentration at the newborn visit has been added."

- Footnote 21 has been added to read as follows: "Confirm initial screen was accomplished, verify results, and follow up, as appropriate." See "Hyperbilirubinemia in the Newborn Infant ≥35 Weeks' Gestation: An Update With Clarifications" (http://pediatrics.aappublications.org/content/134/6/1224)."

- Footnote 22 has been updated to read as follows: "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 "Enforcement of Time Limitation for Critical Congenital Heart Disease (Hypoxemia) Confirmation for Adolescents in the Pediatric Office Setting" (http://pediatrics.aappublications.org/content/129/1/190.full)."

- Footnote 24 has been updated to read as follows: "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 "Enforcement of Time Limitation for Critical Congenital Heart Disease (Hypoxemia) Confirmation for Adolescents in the Pediatric Office Setting" (http://pediatrics.aappublications.org/content/129/1/190.full)."

- Footnote 26 has been added for fluoride supplementation, with a recommendation from the 6-month through 12-month and 18-month through 6-year visits. A subheading has been added to screen for "Assessing for a dental home has been updated to occur at the 12-month and 18-month through 6-year visits. A subheading has been added for fluoride supplementation, with a recommendation from the 6-month through 12-month and 18-month through 6-year visits."

- Footnote 29 has been updated to read as follows: "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.

- Footnote 30 has been added to read as follows: "Confirm initial screen was accomplished, verify results, and follow up, as appropriate." See "Hyperbilirubinemia in the Newborn Infant ≥35 Weeks' Gestation: An Update With Clarifications" (http://pediatrics.aappublications.org/content/134/6/1224)."

- Footnote 33 has been updated to read as follows: "Perform a risk assessment (http://www2.aap.org/oralhealth/docs/RiskAssessmentTool.pdf) once between the ages of 15 and 18, making every effort to have the adolescent attend a dental visit. Once teeth are present, fluoride varnish may be applied in the proper dosage for age. See 'Maintaining and Improving the Oral Health of Young Children' (http://pediatrics.aappublications.org/content/134/6/1224).

- Footnote 34 has been added to read as follows: "Fluoride Use in Caries Prevention in the Primary Care Setting" (http://pediatrics.aappublications.org/content/134/6/1224)."

- Footnote 35 has been added to read as follows: "If primary water source is deficient in fluoride, consider oral fluoride supplementation. See 'Fluoride Use in Caries Prevention in the Primary Care Setting' (http://pediatrics.aappublications.org/content/134/6/1224)."

DEPRESSION SCREENING

- Adolescent depression screening begins routinely at 12 years of age (to be consistent with recommendations of the US Preventive Services Task Force [USPSTF]).

MATERNAL DEPRESSION SCREENING

- Screening for maternal depression at 1-, 2-, 4-, and 6-month visits has been added.

- Footnote 16 was added to read as follows: "Screening should occur per Incorporating Recognition and Management of Postnatal and Postpartum Depression Into Pediatric Practice (http://pediatrics.aappublications.org/content/126/5/1012)."

NEWBORN BLOOD

- Timing and follow-up of the newborn blood screening recommendations have been delineated.

- Footnote 19 has been updated to read as follows: "Confirm initial screen was accomplished, verify results, and follow up, as appropriate." See "Hyperbilirubinemia in the Newborn Infant ≥35 Weeks' Gestation: An Update With Clarifications" (http://pediatrics.aappublications.org/content/134/6/1224)."

- Footnote 21 has been added to read as follows: "Confirm initial screen was accomplished, verify results, and follow up, as appropriate." See "Hyperbilirubinemia in the Newborn Infant ≥35 Weeks' Gestation: An Update With Clarifications" (http://pediatrics.aappublications.org/content/134/6/1224).

SEXUALLY TRANSMITTED INFECTIONS

- Footnote 29 has been updated to read as follows: "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.

HIV

- A subheading has been added for the HIV universal recommendation to avoid confusion with STIs per selective screening recommendation.

- Screening for HIV has been updated to occur once between 15 and 18 years of age (to be consistent with recommendations of the USPSTF).

- Footnote 30 has been added to read as follows: "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 present 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.

ORAL HEALTH

- Assessing for a dental home has been updated to occur at the 12-month and 18-month through 6-year visits. A subheading has been added for fluoride supplementation, with a recommendation from the 6-month through 12-month and 18-month through 16-year visits.

- 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 (http://www2.aap.org/oralhealth/docs/RiskAssessmentTool.pdf) and refer to a dental home. Recommend considering brushing with fluoride toothpaste in the proper dosage for age. See 'Maintaining and Improving the Oral Health of Young Children' (http://pediatrics.aappublications.org/content/134/6/1224).

- Footnote 33 has been updated to read as follows: "Perform a risk assessment (http://www2.aap.org/oralhealth/docs/RiskAssessmentTool.pdf) once between the ages of 15 and 18, making every effort to have the adolescent attend a dental visit. Once teeth are present, fluoride varnish may be applied in the proper dosage for age. See 'Maintaining and Improving the Oral Health of Young Children' (http://pediatrics.aappublications.org/content/134/6/1224).

- Footnote 35 has been added to read as follows: "If primary water source is deficient in fluoride, consider oral fluoride supplementation. See 'Fluoride Use in Caries Prevention in the Primary Care Setting' (http://pediatrics.aappublications.org/content/134/6/1224)."