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.

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.

## MEASUREMENTS

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## DEVELOPMENTAL/BEHAVIORAL HEALTH

### SCREENING

- Autism Spectrum Disorder Screening
- Critical Congenital Heart Defect
- Developmental Surveillance
- Psychosocial/Behavioral Assessment
- Tobacco, Alcohol, or Drug Use Assessment
- Vision
- Hearing
- Developmental Milestones
- Child Abuse

### PROCEDURES

- Immunizations
- Newborn Blood Spot
- Critical Congenital Heart Defect
- Infant Blood Spot
- Lead
- Tuberculosis
- Dyslexia
- Sexually Transmitted Infection
- HIV
- Cervical Dysplasia
- Oral Health
- Fluorescein Staining
- Fluorescein Supplementation

### ANTICIPATORY GUIDANCE

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2. Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per “Year 2000 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs” (http://pediatrics.aappublications.org/content/104/4/968.full).

3. Please see http://pediatrics.aappublications.org/content/126/5/1032.full.

4. Newborns discharged less than 48 hours after delivery must be screened within 48 hours of discharge, per "Healthy Steps for Healthy Term Newborns" (http://pediatrics.aappublications.org/content/135/2/384.full).


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/126/5/1032.full). Blood pressure measurement in infants and children with risk factors 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 cooperation with a 3-year-old, instrument-based screening may be used to assess risk at ages 12 and 18 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/127/5/991.full) and “Funduscopy: A Practical Approach” (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4362230/).

8. Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per “Year 2000 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs” (http://pediatrics.aappublications.org/content/104/4/968.full).

9. Newborns discharged less than 48 hours after delivery must be screened within 48 hours of discharge, per "Healthy Steps for Healthy Term Newborns” (http://pediatrics.aappublications.org/content/135/2/384.full).


11. Please see http://pediatrics.aappublications.org/content/126/5/1032.full.

12. Screening should occur per “Identification and Evaluation of Children With Autism Spectrum Disorders” (http://pediatrics.aappublications.org/content/127/5/991.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/117/1/188) and “Poverty and Child Health in the United States” (http://pediatrics.aappublications.org/content/117/1/188.full).


16. Screening should occur per “Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice” (http://pediatrics.aappublications.org/content/126/1/1932).

17. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See “Use of Disability During the Physical Examination of the Pediatric Patient” (http://pediatrics.aappublications.org/content/127/5/991.full).

18. These may be modified, depending on entry point into schedule and individual need.
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://pediatrics.aappublications.org/content/138/1/e20161493). From 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 retested annually.

31. See USPSTF recommendations (https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/adult-rate-pelvic-exam.aspx) 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://pediatrics.aappublications.org/content/134/3/626) 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://pediatrics.aappublications.org/content/134/3/626)

32. Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment (https://www.ada.org/en/member-center/quality-and-safety/surgical-prevention) 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://pediatrics.aappublications.org/content/134/3/626).


34. See USPSTF recommendations (https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/adult-rate-pelvic-exam.aspx) and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See “Maintenance and Improving the Oral Health of Young Children” (http://pediatrics.aappublications.org/content/134/3/626)

35. If primary water source is deficient in fluoride, consider oral fluoride supplementation. See “Fluoride Use in Caries Prevention on the Primary Care Setting” (http://pediatrics.aappublications.org/content/134/3/626)