### Recommendations for Preventive Pediatric Health Care

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.


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 © 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.

---

**American Academy of Pediatrics**

**DEDICATED TO THE HEALTH OF ALL CHILDREN**

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.

---

### Table: Recommendations for Preventive Pediatric Health Care

<table>
<thead>
<tr>
<th>AGE</th>
<th>MEASUREMENTS</th>
<th>HISTORICAL/INFECTIONAL</th>
<th>PHYSICAL EXAMINATION</th>
<th>ORAL HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Length/Height and Weight</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
</tr>
<tr>
<td></td>
<td>Weight for Length</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
</tr>
<tr>
<td></td>
<td>Body Mass Index</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
</tr>
<tr>
<td></td>
<td>Blood Pressure</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
</tr>
<tr>
<td></td>
<td>Visual Circumference</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
</tr>
<tr>
<td></td>
<td>Hearing</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
</tr>
<tr>
<td></td>
<td>Developmental Description</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
</tr>
<tr>
<td></td>
<td>Immunization</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
</tr>
<tr>
<td></td>
<td>Developmental Screening</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
</tr>
<tr>
<td></td>
<td>Autism Spectrum Disorder Screening</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
</tr>
<tr>
<td></td>
<td>Psychosocial/Behavioral Assessment</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
</tr>
<tr>
<td></td>
<td>Tobacco, Alcohol, or Drug Use Assessment</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
</tr>
<tr>
<td></td>
<td>Lead</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
</tr>
<tr>
<td></td>
<td>Dyslexia</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
</tr>
<tr>
<td></td>
<td>Dysplasia</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
</tr>
<tr>
<td></td>
<td>Sensory Transmitted Infections</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
</tr>
<tr>
<td></td>
<td>HIV</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
</tr>
<tr>
<td></td>
<td>Cerebral Palsy</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
</tr>
<tr>
<td></td>
<td>Oral Health</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
</tr>
<tr>
<td></td>
<td>Developmental Surveillance and Screening</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
<td>° ° ° ° ° ° ° ° ° ° ° ° °</td>
</tr>
</tbody>
</table>

**ANTICIPATORY GUIDANCE**

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 patients who are at high risk for, 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/129/3/e687.full).

3. Neuroblast 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 feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding assessment, and their mothers should receive encouragement and instruction, as recommended in “Breastfeeding and the Use of Human Milk” (http://pediatrics.aappublications.org/content/130/3/e827.full).

5. Neuroblast 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 assessment, and their mothers should receive encouragement and instruction, as recommended in “Breastfeeding and the Use of Human Milk” (http://pediatrics.aappublications.org/content/130/3/e827.full).

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

7. A vision screen is recommended 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 Pedionom” (http://pediatrics.aappublications.org/content/137/1/15568/6) and “Procedures for the Evaluation of the Visual System by Pediatricians” (http://pediatrics.aappublications.org/content/137/1/15575/6).

8. A hearing screening should be done at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See “Identification and Evaluation of Children With Autism Spectrum Disorders” (http://pediatrics.aappublications.org/content/120/4/898.full).

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

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

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

12. Screening should occur per “Identification and Evaluation of Children With Autism Spectrum Disorders” (http://pediatrics.aappublications.org/content/120/4/898.full).

13. See “Sleeping Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening” (http://pediatrics.aappublications.org/content/118/1/145.full).


17. At each visit, age-appropriate physical examination is essential, with infant routinely undressed and suitably draped. See “Use of Chaperones 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.

(continued)
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 Program’ (http://pediatrics.aappublications.org/content/120/4/899.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/S1054-1396(16)30048-3/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.aappublications.org/content/113/3/384) and Poverty and Child Health in the United States” (http://pediatrics.aappublications.org/content/137/6/20160339).

TOBACCO, ALCOHOL, OR DRUG USE ASSESSMENT

• The header was updated to be consistent with recommendations.

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 Perinatal 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. The Recommended Uniform Newborn Screening Panel (http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritaldisorders/recommendedpanel/uniformscreeningpanel.pdf), as 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/states/gens-r-u/files/obsdisorders.pdf) establish the criteria for and coverage of newborn screening procedures and programs.”

• Footnote 20 has been added to read as follows: “Verify results as soon as possible, and follow up, as appropriate.”

NEWBORN BILIRUBIN

• Screening for bilirubin concentration at the newborn visit has been added.

• Footnote 21 has been updated to read as follows: “Confirm initial screening 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/134/3/626).”

SCREENING FOR HIV

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