## Recommendations for Preventive Pediatric Health Care

**Bright Futures/American Academy of Pediatrics**

Each child and family is unique, therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving nurturing 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 more frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest concern.

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 serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

**Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care** are updated annually.

### Anticipatory Guidance

| Age | Preventive/Screening | Prenatal | Newborn | 2 mo | 4 mo | 6 mo | 9 mo | 12 mo | 15 mo | 18 mo | 24 mo | 30 mo | 3 y | 4 y | 5 y | 6 y | 7 y | 8 y | 9 y | 10 y | 11 y | 12 y | 13 y | 14 y | 15 y | 16 y | 17 y | 18 y | 19 y | 20 y | 21 y |
|-----|-----------------------|----------|---------|------|------|------|------|------|------|------|------|------|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 0-1 mo | **Prenatal** | **Newborn** | 3-5 d | **By 1 mo** | **2 mo** | **4 mo** | **6 mo** | **9 mo** | **12 mo** | **15 mo** | **18 mo** | **24 mo** | **30 mo** | **3 y** | **4 y** | **5 y** | **6 y** | **7 y** | **8 y** | **9 y** | **10 y** | **11 y** | **12 y** | **13 y** | **14 y** | **15 y** | **16 y** | **17 y** | **18 y** | **19 y** | **20 y** | **21 y** |

### DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH

**Tobacco, Alcohol, or Drug Use Assessment**

**Autism Spectrum Disorder Screening**

**Sudden Cardiac Arrest/Death**

**Fluoride Supplementation**

**DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH**

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### PHYSICAL EXAMINATION

- **Newborn Bilirubin**
- **Length/Height and Weight**
- **Blood Pressure**
- **Newborn Blood**
- **ORAL HEALTH**
- **Tuberculosis**
- **Anemia**
- **HIV**
- **Hearing**
- **Vision**
- **Lead**
- **Hypothyroidism**
- **Hypertension**
- **Chronic Heart Disease**
- **Immunizations**
- **Rheumatic Fever**
- **Congenital Heart Defect**
- **Sexually Transmitted Infections**
- **TB**
- **Hepatitis B**
- **Gastroesophageal Reflux Disease (GERD)**
- **Sudden Cardiac Arrest/Death**
- **Cerebral Palsy**
- **Seizures**
- **Recurrent Infections**
- **Drug Use Prevention**

### ANTI-CIGARETTE 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 next available visit.

2. A general visit is recommended by parents at any age to discuss the child’s development and parenting.

3. Recommendations should be made to the patient’s primary care provider.

4. Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital.

5. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).


7. Aural and visual screening should occur at age 19 and 24 months, and once every 3 years thereafter. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (https://doi.org/10.1542/peds.2019-3447).


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" (https://doi.org/10.1542/peds.2019-3447).

11. Screening should occur per "Identifying and Managing Tobacco Use in Children and Adolescents" (https://doi.org/10.1542/peds.2018-0346).

12. Screening should occur per "Identifying Infants and Young Children With Developmental Delays Through Nurturing and Screening, With Referral to Early Intervention Services" (https://doi.org/10.1542/peds.2018-0346).

14. *Screen for Behavioral and Social-emotional problems per “Promoting Optimal Development: Screening for Behavioral and Emotional Problems” (https://doi.org/10.1542/peds.2014-3716), ‘Mental Health Competencies for Pediatric Practice’ (https://doi.org/10.1542/peds.2021-055207). The Psychosocial/Behavioral Assessment recommendation has been updated to Behavioral/Social-Emotional Screening (annually from newborn to 21 years) to align with recommendations of the US Preventive Services Task Force and AAP policy (“Adolescents and Young Adults: The Pediatrician’s Role in HIV Testing and Pre- and Postexposure HIV Prophylaxis”).* Footnote 33 has been added to read as follows: “Perform a risk assessment, as appropriate, per ‘Sequelae of Traumatic Brain Injury’ in the Information for the Primary Care Provider.”

Note: Footnote 37 has been updated to read as follows: “The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-anxiety-in-adolescent-and-adult-women-a-recommendation-from-the-us-preventive-services-initiative) and in the 2021–2024 edition of the AAP Red Book (https://doi.org/10.1542/peds.2021-052582).”

Note: Footnote 38 has been updated to read as follows: “Footnote 28 has been added to read as follows: ‘Suicide and Suicide Attempts in Adolescents’ (https://doi.org/10.1542/peds.2016-1420), and ‘The 21st Century Cures Act & Adolescent Depression in Primary Care (GLAD-PC): Part I. Practice Preparation, Identification, Assessment, and Initial Interventions’ (https://doi.org/10.1542/peds.2019-2757).’

Note: Footnote 39 has been updated to read as follows: “Screening for depression should be family centered and may include asking about caregiver depression and anxiety in adolescent and adult patients (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6145014/).”

Note: Footnote 40 has been added to read as follows: “The use of repeat screening at age 21 years (to account for the range in which the risk assessment can take place) to be consistent with recommendations of the USPSTF and the 2021–2024 edition of the AAP Red Book (https://doi.org/10.1542/peds.2021-052582).”

15. Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Psychosocial/Behavioral Assessment recommendation has been updated to Behavioral/Social-Emotional Screening (annually from newborn to 21 years) to align with recommendations of the US Preventive Services Task Force and AAP policy (“Adolescents and Young Adults: The Pediatrician’s Role in HIV Testing and Pre- and Postexposure HIV Prophylaxis”).

16. Perform a risk assessment, as appropriate, per “Sequelae of Traumatic Brain Injury” in the Information for the Primary Care Provider.”

Note: Footnote 41 has been added to read as follows: “Footnote 33 has been added to read as follows: “Perform a risk assessment, as appropriate, per ‘Sequelae of Traumatic Brain Injury’ in the Information for the Primary Care Provider.”

Note: Footnote 42 has been added to read as follows: “Footnote 33 has been added to read as follows: “Perform a risk assessment, as appropriate, per ‘Sequelae of Traumatic Brain Injury’ in the Information for the Primary Care Provider.”