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

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 parents who are at high risk, for first-time parents, and for those who request a conference.
3. Newborns 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 nursery problems. Newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in “Policy Statement: Breastfeeding and the Use of Human Milk” (https://doi.org/10.1542/peds.2022-20448). Newborns discharged less than 48 hours after delivery must be rescheduled within 48 hours of discharge, per “Hospital Stay for Healthy Term Newborn Infants.”

6. Screening should occur per “Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents” (https://doi.org/10.1542/peds.2017-3302.). 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 Adolescents by Pediatricians” (https://doi.org/10.1542/peds.2015-3596) and “Procedures for the Evaluation of the Visual System by Pediatricians” (https://doi.org/10.1542/peds.2005-5907).
8. Confirm referral screen was completed, verify results, and follow-up as appropriate. Newborns should be screened, per “Year 2007 Pincer Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs” (https://doi.org/10.1542/peds.2007-2332).

1. Key:

- ≤ to be performed
- ≥ risk assessment to be performed with appropriate action to follow, if positive
- ( ) = range during which a service may be provided

<table>
<thead>
<tr>
<th>MEASUREMENTS</th>
<th>Length/Height and Weight</th>
<th>Head Circumference</th>
<th>Weight for Length</th>
<th>Body Mass Index</th>
<th>Blood Pressure</th>
<th>Sensory Screening</th>
<th>Developmental, Social, Behavioral, Mental Health</th>
<th>Physical Examination</th>
<th>Preventive Health Care</th>
<th>Anticipatory Guidance</th>
<th>Immunization</th>
<th>TB/PPD</th>
<th>Lead</th>
<th>Tuberculosis</th>
<th>Dyslexia</th>
<th>Sexually Transmitted Infections</th>
<th>HIV</th>
<th>Hepatitis B Virus Infection</th>
<th>Hepatitis C Virus Infection</th>
<th>Sudden Cardiac Arrest/Death</th>
<th>Cerebral Palsy</th>
<th>Oral Health</th>
<th>Fluoride Supplementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborns</td>
<td>1-5 d</td>
<td>8 d 1 mo</td>
<td>12 mo</td>
<td></td>
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<td>After the age of 18 months (before 2 years)</td>
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<tr>
<td>Adolescents</td>
<td>1-2 y</td>
<td>2-3 y</td>
<td>4-5 y</td>
<td>6-7 y</td>
<td>8-10 y</td>
<td>11-14 y</td>
<td>15-17 y</td>
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Screening for behavioral and emotional problems per “Promoting Positive Development: Screening for Behavioral and Emotional Problems” ([https://doi.org/10.1542/peds.2021-1793]; “Mental Health Competencies for Pediatric Practice” ([https://doi.org/10.1542/peds.2021-1296]; “Clinical Practice Guidelines for the Assessment and Treatment of Children and Adolescents With Anxiety Disorders” ([https://doi.org/10.1542/peds.2023-2644]).

“Screening for Anxiety in Adolescent and Adult Women: A Recommendation From the Women’s Preventive Services Initiative” ([https://pubmed.ncbi.nlm.nih.gov/32439401]; “Screening for Anxiety in Adolescent and Adult Women: A Renewed Call for Primary Prevention” ([https://doi.org/10.1542/peds.2016-0339]; after initial screening, [Image 40x29 to 132x121]).

“Screening for Anxiety in Adolescent and Adult Women: A Renewed Call for Primary Prevention” ([https://doi.org/10.1542/peds.2016-1493]).

24. Perform risk assessment or screening, as appropriate, based on universal screening requirements for patients with Medical on High-priority areas.

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 features.


19. Confirm initial screen was accomplished, verify results, and follow up, as appropriate.

20. Verify results as soon as possible, and follow up, as appropriate.

17. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See “Confidentiality of the Adolescent” ([https://doi.org/10.1542/peds.2022-060417]).

14. Screen for behavioral and social-emotional problems per “Promoting Positive Development: Screening for Behavioral and Emotional Problems” ([https://doi.org/10.1542/peds.2021-1793]; “Mental Health Competencies for Pediatric Practice” ([https://doi.org/10.1542/peds.2021-1296]; “Clinical Practice Guidelines for the Assessment and Treatment of Children and Adolescents With Anxiety Disorders” ([https://doi.org/10.1542/peds.2023-2644]).

36. Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment to determine if fluoride varnish or topical fluoride should be applied to the primary teeth of all infants and children starting at the age of primary tooth eruption. Indications for topically applied fluoride are noted in “Fluoride Use in Caries Prevention for Critical Congenital Heart Disease” ([https://doi.org/10.1542/peds.2020-034637]).

30. Screen adolescents for HIV at least once between the ages of 15 and 21, making every effort to preserve confidentiality of the adolescent, as per “Human Immunodeficiency Virus (HIV) Infection Screening” ([https://www.aap.org/en/patient-care/oral-health/oral-health-consent-forms}).

31. Perform risk assessment for hepatitis B (HBV) infection according to recommendations per the USPSTF ([https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-a-screening}).

32. Perform risk assessment for hepatitis C (HCV) infection according to recommendations per the USPSTF ([https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening]).

33. Perform risk assessment for human papillomavirus (HPV) infection according to recommendations per the USPSTF ([https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening]).

34. See USPSTF recommendations ([https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-b-virus-infection-screening]).

35. Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment to determine if fluoride varnish or topical fluoride should be applied to the primary teeth of all infants and children starting at the age of primary tooth eruption. Indications for topically applied fluoride are noted in “Fluoride Use in Caries Prevention for Critical Congenital Heart Disease” ([https://doi.org/10.1542/peds.2020-034637]).

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37. 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. Indications for fluoride varnish use are noted in “Fluoride Use in Caries Prevention for Critical Congenital Heart Disease” ([https://doi.org/10.1542/peds.2020-034637]).

Footnotes:

14. Screen for behavioral and social-emotional problems per “Promoting Positive Development: Screening for Behavioral and Emotional Problems” ([https://doi.org/10.1542/peds.2021-1793]; “Mental Health Competencies for Pediatric Practice” ([https://doi.org/10.1542/peds.2021-1296]; “Clinical Practice Guidelines for the Assessment and Treatment of Children and Adolescents With Anxiety Disorders” ([https://doi.org/10.1542/peds.2023-2644]).

24. Perform risk assessment or screening, as appropriate, based on universal screening requirements for patients with Medical on High-priority areas.

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 features.


19. Confirm initial screen was accomplished, verify results, and follow up, as appropriate.

20. Verify results as soon as possible, and follow up, as appropriate.

17. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See “Use of Chaparral During the Physical Examination of the Pediatric Patient” ([https://doi.org/10.1542/peds.2022-11852G]).

18. These may be modified, depending on entry point into schedule and individual need.

21. Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Recommended Uniform Screening Panel ([https://www.aap.org/en/patient-care/oral-health/oral-health-consent-forms}) is recommended by The Secretary’s Advisory Committee on Heritable Disorders in Newborns and Children, and advisory-committees/heritable-disorders/rusp/index.html.


19. Confirm initial screen was accomplished, verify results, and follow up, as appropriate. See “Oximetry Screening for Critical Congenital Heart Disease” ([https://doi.org/10.1542/peds.2011-0322]; “Preventing Childhood Tobacco Use: Strengthening Links Among Communities and Families to Promote Relational Health” ([https://doi.org/10.1542/peds.2021-255282]).

A recommended tool kit exists, as per “Screening, Brief Interventions, and Referrals, and other substations, including options available at [https://www.cdc.gov/tobacco/data_statistics/index.htm]. If there is a concern for substance or other use, providers should consider referring or prescribing Naloxone (see [https://www.cdc.gov/tobacco/data_statistics/index.htm] and [https://www.healthychildren.org/English/healthtips/adolescence/Pages/Screening.aspx]).


All visits, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See “Use of Chaparral During the Physical Examination of the Pediatric Patient” ([https://doi.org/10.1542/peds.2022-11852G]; [https://doi.org/10.1542/peds.2011-0322]).

The HIV screening recommendation has been updated to extend the upper age limit from 18 to 21 years (to account for the range in which the screening can take place) 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 30 has been updated to read as follows: “Screen adolescents for HIV at least once between the ages of 15 and 21, making every effort to preserve confidentiality of the adolescent, as per ‘Human Immunodeficiency Virus (HIV) Infection Screening’ ([https://www.aap.org/en/patient-care/oral-health/oral-health-consent-forms}).

This schedule reflects changes approved in December 2023 and published in June 2024. For updates and a list of previous changes made, visit [www.aap.org/periodicityschedul]