Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are not dependent on parental care. There are many manifestations of important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic conditions may occur, and medical visits may require frequent counseling and treatment under circumstances separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

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.

### Table: Recommendations for Preventive Pediatric Health Care

| AGE Range | History/Physical Exam | Immunization | MCHC | Developmental Surveillance | Psychosocial/Behavioral Assessment | Dental | Hearing | Vision | Auditory | Nutrition | Immunization | Injury Prevention | Tobacco Use | Sexually Transmitted Infections | Chlamydia | Gonorrhea | Syphilis | Immunization | Developmental Screening 

| 0-1 Mo | 2 Mo | 4 Mo | 6 Mo | 9 Mo 12 Mo | 15 Mo | 18 Mo | 24 Mo | 30 Mo | 3Y 4Y 5Y 6Y 7Y 8Y 9Y 10Y 11Y | 12Y 13Y 14Y 15Y 16Y 17Y 18Y 19Y | 20Y 21Y |
| Newborn | Newborn | Newborn | Newborn | Newborn | Newborn | Newborn | Newborn | Newborn | Newborn | Newborn | Newborn | Newborn | Newborn | Newborn | Newborn | Newborn | Newborn | Newborn | Newborn | Newborn |

**Refer to the specific guidance by age as listed in the Bright Futures Guide (Hagel, JF, Share JS, Duncan PM, eds. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. 4th ed. American Academy of Pediatrics; 2017).**

### Table: Anticipatory Guidance

1. **Recommendations for Preventive Pediatric Health Care**
2. **Bright Futures/American Academy of Pediatrics**
3. **American Academy of Pediatrics**
4. **Bright Futures**

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30. Adolescents should be screened for HIV according to the US Preventive Services Task Force (USPSTF) recommendations

27. Tuberculosis testing per recommendations of the AAP Committee on Infectious Diseases and Adolescents (http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm).


22. Screening for congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per “Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Congenital Heart Disease” (http://pediatrics.aappublications.org/content/129/3/583.full).

21. Confirm initial screening was accomplished, verify results, and follow up, as appropriate.


19. Adolescents should be tested for HIV and reassessed annually. Screening should occur per “Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice” (https://pediatrics.aappublications.org/content/143/1/e20183259).


10. Cervical cancer screening should not take place before the age of 21 years. Those at increased risk of HCV infection, including those who are persons with past or current injection drug use, should be tested for HCV infection and reassessed annually.

9. See USPSTF recommendations (https://www.cdc.gov/mmwr/volumes/69/rr/rr6902a1.htm)

8. The recommendations for screening are based on updated screening requirements for patients with Medicaid or on high prevalence areas.

7. Visit the ages of 18 and 79. Those at increased risk of HCV infection, including those who are persons with past or current injection drug use, should be tested for HCV infection and reassessed annually.

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/140/6/1224).

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

4. All individuals should be screened for hepatitis C virus (HCV) infection according to the USPSTF (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening).

3. Footnote 21 has been updated to read as follows: “Screening should occur per ‘Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice’ (https://pediatrics.aappublications.org/content/143/1/e20183259).”

2. Footnote 20 has been updated to read as follows: “Screening should occur per ‘Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice’ (https://pediatrics.aappublications.org/content/143/1/e20183259).”

1. Footnote 19 has been updated to read as follows: “Screening should occur per ‘Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice’ (https://pediatrics.aappublications.org/content/143/1/e20183259).”

Changes Made in NOVEMBER 2020

DEVELOPMENTAL

Footnote 11 has been updated to read as follows: “Screening should occur per ‘Promoting Optimal Development: Identifying Infant and Young Children With Developmental Disorders Through Developmental Surveillance and Screening’ (https://pediatrics.aappublications.org/content/145/1/e20193449).”

AUTISM SPECTRUM DISORDER

Footnote 12 has been updated to read as follows: “Screening should occur per ‘Promoting Optimal Development: Identifying Infant and Young Children With Autism Spectrum Disorder’ (https://pediatrics.aappublications.org/content/145/1/e20193447).”

HEPATITIS C VIRUS INFECTION

Screening for hepatitis C virus infection has been added to occur at least once between the ages of 18 and 79 years for (be consistent with recommendations of the USPSTF and CDC).”

Footnote 31 has been added to read as follows: “All individuals should be screened for hepatitis C virus (HCV) infection according to the USPSTF (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening) and Centers for Disease Control and Prevention (CDC) recommendations (https://www.cdc.gov/mmwr/volumes/69/rr/rr6902a1.htm) at least once between the ages of 18 and 79. Those at increased risk of HCV infection, including those who are persons with past or current injection drug use, should be tested for HCV infection and reassessed annually.”

Footnote 31 through 35 have been renumbered as footnotes 32 through 36.

Changes Made in October 2019

MATERNAL DEPRESSION

Footnote 16 has been updated to read as follows: “Screening should occur per ‘Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice’ (https://pediatrics.aappublications.org/content/143/1/e20183259).”

Changes Made in DECEMBER 2018

BLOOD PRESSURE

Footnote 6 has been updated to read as follows: “Screening should occur per ‘Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents’ (http://pediatrics.aappublications.org/content/140/6/1224).” Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.

ANEMIA

Footnote 24 has been updated to read as follows: “Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP Pediatric Nutrition: Policy of the American Academy of Pediatrics (Iron chapter).”

LEAD

Footnote 25 has been updated to read as follows: “For children at risk of lead exposure, see ‘Prevention of Childhood Lead Toxicity’ (http://pediatrics.aappublications.org/content/138/1/e20161493) and Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention (https://www.cdc.gov/nesh/lead/ACCLPP/Final_Document_030712.pdf).”