The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision from preventive care visits. Additional visits also may become necessary if circumstances suggest concern. Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and should be offered). The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding age, the schedule should be brought up to date at the earliest possible time. 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 evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Human Milk Reference \\

<table>
<thead>
<tr>
<th>AGE</th>
<th>INFANT</th>
<th>EARLY CHILDHOOD</th>
<th>MIDDLE CHILDHOOD</th>
<th>ADOLESCENCE</th>
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<td>0-1 mo</td>
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**MEASUREMENTS**
- Length/Height and Weight
- Head Circumference

**SENSORY SCREENING**
- Hearing

**DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH**
- Tobacco, Alcohol, or Drug Use Assessment
- Maternal Depression Screening
- Behavioral/Social/Emotional Screening
- Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, once between 18 and 21 years. See "Screening should occur per "Identification, Evaluation, and Management of Children With Autism Spectrum Disorder Through Developmental Surveillance and Screening" (https://doi.org/10.1542/peds.2019-3449)."

**ANTICIPATORY GUIDANCE**
- Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborns/Infants" (https://doi.org/10.1542/peds.2015-0696).

1. If a child comes under care for the first time at any point on the schedule, or if items are not accomplished at the suggested age, the schedule should be brought up to date in 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. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per "The PrenatalVisit" (https://doi.org/10.1542/peds.2018-1529).
3. Newborns should have an examination within 3 to 5 days of birth and at 6 to 12 days after birth from the hospital to include evaluation for feeding and jaundice. Newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk Reference \\

6. Screening should occur per "Clinical Practice Guidelines for Screening and Management of High Blood Pressure in Children and Adolescents" (https://doi.org/10.1542/peds.2017-2598). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 10 years.
7. A visually-acuity screen is recommended at ages 4 and 6 years, as well as in the International practice of pediatricians may be a child’s risk of age 7 and 24 months, in addition to the well visits 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (https://doi.org/10.1542/peds.2016-3456).
8. Confirm initial screen was completed, verify results, and follow up; if appropriate. Newborns should be screened, per "Year 2017 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (https://doi.org/10.1542/peds.2017-3338).
9. Verify results as soon as possible, and follow up as appropriate.
10. Screen with audiometry including 6,000 and 8,000 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 Screen Significantly Improves by Adding High Frequencies" (https://www.sciencedirect.com/science/article/abs/pii/S0022341715312178).

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 recommendations presented here are updated annually.
Summary of Changes Made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)

This schedule reflects changes approved in November 2021 and published in July 2022. For updates and a list of previous changes made, visit www.aap.org/periodichygiene.

CHANGES MADE IN NOVEMBER 2021

HEPATITIS B VIRUS INFECTION

Footnote 31 has been added to read as follows: “Perform a risk assessment for hepatitis B virus (HBV) infection according to recommendations per the USPSTF (https://www.uspreventiveservicestaskforce.org/uspptf-recommendation/hepatitis-b-virus-infection-screening) and in the 2021–2024 edition of the AAP Red Book Report of the Committee on Infectious Diseases.”

Depression and Suicide Risk

Screening for suicide risk has been added to the existing depression screening recommendation to be consistent with the GLAD-PC and AAP policy.

FLUORIDE VARNISH

Footnote 37 has been updated to read as follows: “The USPSTF recommends that primary care clinicians apply fluoride varnish to all children every 3 to 6 months in the primary care or oral health setting. Consider fluoride varnish use in children who are at risk for developing dental caries. This includes those who are at high risk of caries, those who are migratory, or those who are at high risk of dental caries due to socio-economic factors.”

FLUORIDE SUPPLEMENTATION

Footnote 38 has been updated to read as follows: “If primary water source is deficient in fluoride, consider oral fluoride supplementation. See “Fluoride Use in Caries Prevention in the Primary Care Setting””

CHANGES MADE IN NOVEMBER 2020

DEVELOPMENTAL

Footnote 33 has been added to read as follows: “Screening should occur per ‘Promoting Optimal Development: Identifying Infant and Young Children With Developmental Disorders Through Developmental Surveillance and Screening’”

AUTISM SPECTRUM DISORDER

Footnote 33 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’”

HEPATITIS C VIRUS INFECTION

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