Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are not at high risk for preventable, having 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. 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.

Recommendations for Preventive Pediatric Health Care
Bright Futures/American Academy of Pediatrics

Refer to the specific guidance by age as listed in the Bright Futures Guidelines (Hagin, JF; Share JS, Duncan PM, eds. Bright Futures. Guidelines for Health Supervision of Infants, Children, and Adolescents. 4th ed. American Academy of Pediatrics, 2017). 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. 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 advanced to 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 antenatal guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per "The Perinatal Visit" (http://pediatrics.aappublications.org/content/129/3/527.full).
3. 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, their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk" (http://pediatrics.aappublications.org/content/131/1/195). Newborns discharged less than 48 hours after delivery must be evaluated within 3 to 5 days of birth.
4. Newborns should be examined 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 Use of Human Milk" (http://pediatrics.aappublications.org/content/131/1/195). Newborns discharged less than 48 hours after delivery must be evaluated within 3 to 5 days of birth.
7. This assessment should be performed, depending on entry points into schedule and individual need.
Screening for critical 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 Critical Congenital Heart Disease" ([USPSTF](https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening)) 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.

Adolescents should be screened for sexually transmitted infections (STIs) per [USPSTF](https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/sexually-transmitted-infections) recommendations ([Iron chapter]). Once teeth are present, fluoride varnish may be applied to all children every 3 to 6 months in the primary care or dental office. Fluoride varnish may also be applied to children every 6 to 12 months in the primary care or dental office. Indications for fluoride use are noted in "Fluoride Use in Caries Prevention in the Primary Care Setting" ([https://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf](https://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf)).

Adolescents should be screened for HIV according to the US Preventive Services Task Force (USPSTF) recommendations ([https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening]). At least once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of STIs, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.

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


Confirmed testing for HIV was accomplished, verify results, and follow-up, as appropriate.

21. Confirm initial screening was accomplished, verify results, and follow-up, as appropriate. See "Pneumococcal Vaccination in the Newborn (Letter)" ([https://www.cdc.gov/healthypeople/objectives2020.html](https://www.cdc.gov/healthypeople/objectives2020.html)).

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