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.

The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

### Developmental/Behavioral/Mental Health

<table>
<thead>
<tr>
<th>Age (Years)</th>
<th>MEASUREMENTS</th>
<th>REFERRAL</th>
<th>PREVENTIVE CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1</td>
<td>Risks and Benefits of Immunization</td>
<td>Vaccine</td>
<td>Vaccine</td>
</tr>
<tr>
<td>1-2</td>
<td>Developmental/diagnostic screening</td>
<td>Screen</td>
<td>Screen</td>
</tr>
<tr>
<td>2-3</td>
<td>Behavioral/social/emotional screening</td>
<td>Screen</td>
<td>Screen</td>
</tr>
<tr>
<td>3-5</td>
<td>Tobacco, Alcohol, or Drug Use Assessment</td>
<td>Test</td>
<td>Test</td>
</tr>
<tr>
<td>5-12</td>
<td>Dental fluoride varnish</td>
<td>Application</td>
<td>Application</td>
</tr>
<tr>
<td>12-17</td>
<td>Vision screening</td>
<td>Screen</td>
<td>Screen</td>
</tr>
<tr>
<td>17-18</td>
<td>Hearing screening</td>
<td>Screen</td>
<td>Screen</td>
</tr>
<tr>
<td>18-20</td>
<td>Cervical dysplasia screening</td>
<td>Screen</td>
<td>Screen</td>
</tr>
<tr>
<td>20-25</td>
<td>HIV screening</td>
<td>Screen</td>
<td>Screen</td>
</tr>
<tr>
<td>25-30</td>
<td>Hepatitis B screening</td>
<td>Screen</td>
<td>Screen</td>
</tr>
<tr>
<td>30-40</td>
<td>Thyroid screening</td>
<td>Screen</td>
<td>Screen</td>
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<tr>
<td>40-50</td>
<td>Hypertension screening</td>
<td>Screen</td>
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<tr>
<td>50-60</td>
<td>Diabetes screening</td>
<td>Screen</td>
<td>Screen</td>
</tr>
<tr>
<td>60+</td>
<td>Cancer screening</td>
<td>Screen</td>
<td>Screen</td>
</tr>
</tbody>
</table>

### Key Points

1. Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital.
2. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
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.
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 breastfeeding and jaundice.
5. All newborns should receive a formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk.

### Recommendations for Preventive Pediatric Health Care

### Bright Futures/American Academy of Pediatrics

The American Academy of Pediatrics (AAP) and Bright Futures have established comprehensive health supervision guidelines for infants, children, and adolescents. The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually.
27. Tuberculosis testing per recommendations of the AAP Committee on Infectious Diseases.

26. Perform risk assessments or screenings as appropriate, based on universal screening for critical congenital heart disease using pulse oximetry should be an opportunity to update and complete a child’s immunizations.

22. Screening for critical congenital heart disease using pulse oximetry should be

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

16. Assessment of risk for sudden cardiac arrest and sudden cardiac death has been added to the primary care or dental office based on caries risk. Indications for fluoride use are noted in


14. Adolescents should have the screening for anxiety and depression included as part of the biennial pediatric health and dental care visits. (See “Screening for Anxiety and Depression in Adolescents” (https://doi.org/10.1542/peds.2017-2053).

13. Perform a risk assessment for hepatitis B and HIV infection according to recommendations per the USPSTF. See “Screening for Suicide Risk in Adults: Recommendations from the US Preventive Services Task Force” (https://doi.org/10.1542/peds.2021-052582).

12. All individuals should be screened for hepatitis C virus (HCV) infection according to recommendations per the USPSTF. See “Screening for Suicide Risk in Adults: Recommendations from the US Preventive Services Task Force” (https://doi.org/10.1542/peds.2021-052582).

11. Assess whether the medical history and dental health are identified, perform


9. The schedule reflects changes approved in December 2022 and published in April 2023. For updates on American Academy of Pediatrics (AAP) recommendations, go to www.aap.org/oralhealth.

8. The HIV screening recommendation has been updated to extend the upper age limit from 21 to 30 years (to account for the range in which the risk assessment can take place) to be consistent with recommendations of the US Preventive Services Task Force and AAP policy ("Adolescents and Young Adults: The Pediatrician’s Role in HIV Testing and Post-exposure Prophylaxis HIV Prophylaxis") (https://doi.org/10.1542/peds.2017-37506).

7. Footnote 30 has been updated to read as follows: “Screen adolescents for depression and suicide risk, and refer to providers as appropriate.

6. Footnote 33 has been added to read as follows: “Perform a risk assessment, as appropriate, for sudden cardiac arrest and sudden cardiac death has been added to the primary care or dental office based on caries risk. Indications for fluoride use are noted in

5. Footnote 30 has been updated to read as follows: “Screen adolescents for depression and suicide risk, and refer to providers as appropriate.

4. Footnote 28 has been updated to read as follows: “Fluoride varnish to all children every 3 to 6 months in the primary care or dental office based on caries risk. Indications for fluoride use are noted in

3. Footnote 30 has been updated to read as follows: “Screen adolescents for depression and suicide risk, and refer to providers as appropriate.

2. Footnote 30 has been updated to read as follows: “Screen adolescents for depression and suicide risk, and refer to providers as appropriate.

1. The Psychosocial/Social/Emotional Assessment recommendation has been updated to behavioral/emotional problems per the US Preventive Services Task Force. Screening for Behavioral and Emotional Problems” (https://doi.org/10.1542/peds.2019-2757).

BEHAVIORAL/SOCIAL/EMOTIONAL

Suicide

Fluoride

Summary of Changes Made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)

This schedule reflects changes approved in December 2022 and published in April 2023. For updates and a list of previous changes made, visit www.aap.org/oralhealth.

Changes Made In December 2022

HIV

Hepatitis B Virus Infection

Sudden Cardiac Arrest and Sudden Cardiac Death

Depression and Suicide Risk

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