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 competent 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 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. Refer to the specific guidance by age as is listed in the Bright Futures Guidelines (Hagan JF, Shaw J, Duncan PM, eds. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017). The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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DEPRESSION SCREENING
Adolescent depression screening begins routinely at 12 years of age (to be consistent with recommendations of the US Preventive Services Task Force [USPSTF]).

MATERNAL DEPRESSION SCREENING
Screening for maternal depression at 1-, 2-, 4-, and 6-month visits has been added.

Footnote 16 was added to read as follows: “Screening should occur per ‘Incorporating Recognition and Management of Postnatal and Postpartum Depression into Pediatric Practice’ (http://pediatrics.aappublications.org/content/126/5/1012).”

NEWBORN BLOOD
Timing and follow-up of the newborn blood screening recommendations have been delineated.

Footnote 19 has been updated to read as follows: “Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Recommended Uniform Newborn Screening Panel (http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/recommendedpanel/uniformscreeningpanel.pdf), as determined by The Secretary’s Advisory Committee on Hermatologic Disorders in Newborns and Children, and state newborn screening laws/regulations (http://genes-r-us.uthscsa.edu/sites/genes-r-us/files/obsdorders/files) establish the criteria for and coverage of newborn screening procedures and programs.”

NEWBORN BILIRUBIN
Screening for bilirubin concentration at the newborn visit has been as soon as possible, and follow up, as appropriate.

Footnote 21 has been updated to read as follows: “Confirm initial screening was accomplished, verified results, and follow up, as appropriate. See ‘Hyperbilirubinemia in the Newborn Infant ≥3 Weeks’ Gestation: An Update With Clarifications’ (http://pediatrics.aappublications.org/content/134/3/626).”

DYSLIPIDEMIA
Screening for dyslipidemia has been updated to occur once between 9 and 11 years of age, and once between 17 and 21 years of age (to be consistent with guidelines of the National Heart, Lung, and Blood Institute).

SEXUALLY TRANSMITTED INFECTIONS
Footnote 29 has been updated to read as follows: “Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP Red Book: Report of the Committee on Infectious Diseases.”

HIV
A subheading has been added for the HIV universal recommendation to avoid confusion with STIs selective screening recommendation.

Screening for HIV has been updated to occur once between 15 and 18 years of age (to be consistent with recommendations of the USPSTF).

Footnote 30 has been added to read as follows: “Adolescents should be screened for HIV according to the USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, 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.”

ORAL HEALTH
Assessing for a dental home has been updated to occur at the 12-month and 18-month through 6-year visits.

A subheading has been added for fluoride supplementation, with a recommendation from the 6-month through 12-month and 18-month through 16-year visits.

Footnote 32 has been updated to read as follows: “Assessing for a dental home has been updated to occur at the 12-month and 18-month through 21 years. Recommendations for patients with Medicaid or in high prevalence areas. The Recommended Uniform Newborn Screening Panel (http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/recommendedpanel/uniformscreeningpanel.pdf), as determined by The Secretary’s Advisory Committee on Hermatologic Disorders in Newborns and Children, and state newborn screening laws/regulations (http://genes-r-us.uthscsa.edu/sites/genes-r-us/files/obsdorders/files) establish the criteria for and coverage of newborn screening procedures and programs.”

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Summary of Changes Made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)
This schedule reflects changes approved in February 2017 and published in April 2017. For updates, visit www.aap.org/periodicityschedule.


CHANGES MADE IN FEBRUARY 2017
HEARING
Timing and follow-up of the screening recommendations for hearing during the infancy visits have been delineated.

Footnote 11 has been updated to read as follows: “Confirm initial screen was accomplished, verified results, and follow up, as appropriate. See ‘Early Hearing Detection and Intervention: Screening, Referral, and Follow-up’ (https://pediatrics.aappublications.org/content/134/3/626).”

Footnote 9 has been updated to read as follows: “Timing and follow-up of the screening recommendations for hearing during the infancy visits have been delineated.

Footnote 11 has been updated to read as follows: “Confirm initial screen was accomplished, verified results, and follow up, as appropriate. See ‘Early Hearing Detection and Intervention: Screening, Referral, and Follow-up’ (https://pediatrics.aappublications.org/content/134/3/626).”

Footnote 13 has been updated to read as follows: “This assessment should be family centered and may include an assessment of child’s social-emotional health, caregiver depression, and social determinants of health. See ‘Promoting Optimal Development: Screening for Behavioral and Emotional Problems’ (http://pediatrics.aappublications.org/content/135/2/384) and Poverty and Child Health in the United States’ (http://pediatrics.aappublications.org/content/137/6/e1603).”

TOBACCO, ALCOHOL, OR DRUG USE ASSESSMENT
The header was updated to be consistent with recommendations.