1. **General Recommendations – see table below.** Provide preventive services for children in accordance with the recommendation summarized in the following table. (References: 1 - AAP; 14, 16, 17, 18, 21, 22, 23, 25 - USPSTF).

**For Texas Medicaid, ages 0 to 21, please use the periodicity schedule at [http://www.dhs.texas.gov/tstays/providers.shtm](http://www.dhs.texas.gov/tstays/providers.shtm)**

**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 listed in the Bright Futures Guidelines (Hagan JP, Shaw JS, 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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### Table: Preventive Pediatric Health Care

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* bedeutet, dass die Maßnahmen zum Zeitpunkt der Installation der betreffenden Maßnahme durchgeführt werden sollten. ** bedeutet, dass die Maßnahmen zum Zeitpunkt der Installation der betreffenden Maßnahme durchgeführt werden sollten.
Footnotes:

1. If 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 brought up-to-date at 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 Prenatal Visit” (http://pediatrics.aappublications.org/content/124/4/1227.full).

3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).

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 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/129/3/e827.full).

5. Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per “Hospital Stay for Healthy Term Newborns” (http://pediatrics.aappublications.org/content/125/2/405.full).


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

8. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See “Visual System Assessment in Infants, Children, and Young Adults by Pediatricians” (http://pediatrics.aappublications.org/content/137/1/e20153597) and “Procedures for the Evaluation of the Visual System by Pediatricians” (http://pediatrics.aappublications.org/content/137/1/e20153596).

9. Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per “Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs” (http://pediatrics.aappublications.org/content/120/4/898.full).

10. Verify results as soon as possible, and follow up, as appropriate.

11. 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 Screens Significantly Improves by Adding High Frequencies” (http://www.jahonline.org/article/S1054-139X(16)00048-3/fulltext).

12. 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 Screens Significantly Improves by Adding High Frequencies” (http://www.jahonline.org/article/S1054-139X(16)00048-3/fulltext).

13. Identify the child with autism spectrum disorders (ASD) using the Autism Diagnostic Observation Schedule (ADOS) or Autism Diagnostic Interview (ADI).

14. Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per “Hospital Stay for Healthy Term Newborns” (http://pediatrics.aappublications.org/content/125/2/405.full).


17. Screening should occur per “Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice” (http://pediatrics.aappublications.org/content/126/5/1032).

18. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See “Use of Chaperones During the Physical Examination of the Pediatric Patient” (http://pediatrics.aappublications.org/content/127/5/991.full).

19. Verify results as soon as possible, and follow up, as appropriate.

20. 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 Screens Significantly Improves by Adding High Frequencies” (http://www.jahonline.org/article/S1054-139X(16)00048-3/fulltext).

21. 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 Screens Significantly Improves by Adding High Frequencies” (http://www.jahonline.org/article/S1054-139X(16)00048-3/fulltext).

22. Confirm initial screen was accomplished, verify results, and follow up, as appropriate. Newborns should be screened, per “Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs” (http://pediatrics.aappublications.org/content/120/4/898.full).

23. Confirm initial screen was accomplished, verify results, and follow up, as appropriate.

24. Confirm initial screen was accomplished, verify results, and follow up, as appropriate. Newborns should be screened, per “Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs” (http://pediatrics.aappublications.org/content/120/4/898.full).

25. Confirm initial screen was accomplished, verify results, and follow up, as appropriate.

26. Confirm initial screen was accomplished, verify results, and follow up, as appropriate.

27. Confirm initial screen was accomplished, verify results, and follow up, as appropriate.

28. Confirm initial screen was accomplished, verify results, and follow up, as appropriate.

29. Confirm initial screen was accomplished, verify results, and follow up, as appropriate.

30. Confirm initial screen was accomplished, verify results, and follow up, as appropriate.
31. 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.

32. See USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.htm). Indications for pelvic examinations prior to age 21 are noted in “Gynecologic Examination for Adolescents in the Pediatric Office Setting” (http://pediatrics.aappublications.org/content/126/3/583.full).

33. Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment (http://www2.aap.org/oralhealth/docs/RiskAssessmentTool.pdf) and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See “Maintaining and Improving the Oral Health of Young Children” (http://pediatrics.aappublications.org/content/134/6/1224).


35. See USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/). Once teeth are present, fluoride varnish may be applied to all children every 3–6 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” (http://pediatrics.aappublications.org/content/134/3/626).

36. If primary water source is deficient in fluoride, consider oral fluoride supplementation. See “Fluoride Use in Caries Prevention in the Primary Care Setting” (http://pediatrics.aappublications.org/content/134/3/626).

Part I: Neonates (Birth to 1 Month)

1. History and Physical Examination (Reference: 1-AAP)
   - Perform newborn examination and at 3-5 days:
     a) History
     b) Physical exam
     c) Length and weight, weight for length
     d) Head circumference
     e) Development surveillance

2. Screening Tests (References: 2, 3 – AAP; 4, 5, 6 – USPSTF; 7, 8, 9, 10, 11 – States of Illinois, Montana, New Mexico, Oklahoma and Texas)
   - Perform screening tests prior to discharge or transfer from the nursery, but no later than 7 days of age.
   - USPSTF recommends screening for phenylketonuria, congenital hypothyroidism and sickle-cell disease as a minimum. However, state regulations define required screening. The state-specific lists of required newborn screening can be found at these sites:
     IL: http://dhsh.illinois.gov/topics-services/life-stages-populations/newborn-screening
     MT: http://dhhs.mt.gov/publichealth/cshs/NewbornScreeningPrograms.aspx
     NM: http://nmhealth.org/about/phd/fhb/cms/nbs/
     OK: Newborn Screening Program - Oklahoma State Department of Health
     TX: http://www.babysfirsttest.org/newborn-screening/states/texas#first-section

3. Ocular Chemoprophylaxis (Reference: 12 – USPSTF)
   - Administer ocular antibiotic prophylaxis at birth.

4. Immunizations (References: 13, 19 – CDC)
   - Administer immunizations in accordance with the ACIP Recommended Immunization Schedules for Persons Aged 0 through 18 Years. Copies of the Schedules are attached at the end of the document.

5. Counseling/Anticipatory Guidance (Reference: 1 – AAP)
   - Relevant topics include injury prevention, nutrition, and sleep positioning.

Part II: Children Age 1 month through 17 years – Average Risk Pediatric Population

2. Immunizations (References: 13 - CDC, 19 – ACIP; 20 – NMDOH)
   - Administer immunizations in accordance with ACIP Recommended Immunization Schedules for Persons Aged 0 through 18 years, or in accordance with state law or mandates if such exist. Copies of the ACIP immunization schedules are attached at the end of this document. NOTE: New Mexico physicians/practitioners are encouraged to follow the optimized “Done By One” immunization schedule. A copy of the “Done By One” schedule is attached and the most current version is available online at http://nmhealth.org/publication/view/general/450.

3. Prevention of Dental Caries in Children from Birth through Age 5 Years (Reference: 67 - USPSTF)
   - The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride. It is also recommended that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.
Part III: Recommendations for Select Populations at Risk

1. Iron Supplementation (Reference: 15 – USPSTF)
   - Routine iron supplementation is recommended for asymptomatic children age 6-12 months who are at increased risk for iron deficiency anemia. Premature and low birth weight infants are at increased risk for iron deficiency. In the U.S., race, income, education, and other socioeconomic factors are also associated with iron deficiency.

2. Hepatitis B Screening (Reference: 26 – USPSTF)
   - Screen for Hepatitis B in adolescents at high risk for infection. Risk factors include country of origin, HIV-positive persons, injection drug users, household contacts or sexual partners of persons with HBV infection, and men who have sex with men. Screening is also recommended for persons receiving hemodialysis or cytotoxic or immunosuppressive therapy.

3. Behavioral Counseling to Prevent Skin Cancer (Reference: 24 – USPSTF)
   - Children and adolescents age 10 to 17 should be counseled about minimizing ultraviolet radiation to reduce risk for skin cancer.

4. Sexually Transmitted Infections (Reference: 16, 17, and 18 – USPSTF)
   - a) Gonorrhea - Screen for Gonorrhea in sexually active adolescent females.
   - b) Chlamydia - Screen for Chlamydia in sexually active adolescent females.
   - c) Behavioral Counseling - Intensive behavioral counseling is recommended for all sexually active adolescents.

References:


7. Illinois Department of State Health Services. All Illinois newborns are screened for these disorders. Available at: http://www.idph.state.il.us/HealthWellness/disorderlist.htm. Accessed April 04, 2017. A list of the disorders included in the Illinois newborn panel is provided.

8. Texas Department of State Health Services. All Texas newborns are screened for these disorders. Available at: http://www.babysfirsttest.org/newborn-screening/about-newborn-screening. Accessed April 04/, 2017. A list of the disorders for which Texas newborns are screened is provided.

9. Oklahoma State Department of Health. Newborn Screening. Accessed April 04, 2017. Available at: https://www.ok.gov/health/Community_&_Family_Health/Screening_&_Special_Services/Newborn_Screening_Program/. Every baby born in Oklahoma is required to have a blood test in the first week of life; a link is provided to the list of disorders included in the testing.


15. U.S. Preventive Services Task Force. Screening and supplementation for iron deficiency anemia May 2006. Available at: http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/iron-deficiency-anemia-screening. Accessed March 23, 2017 USPSTF concludes that evidence is insufficient to recommend for or against routine screening for iron deficiency anemia in asymptomatic children aged 6 to 12 months, but recommends routine iron supplementation for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia. The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for iron deficiency anemia.
iron deficiency anemia in children ages 6 to 24 months.


20. New Mexico Department of Health. NM “Done By One” childhood immunization schedule. Available at: http://nmhealth.org/publication/view/general/450/. Accessed April 03, 2017. The rationale for the New Mexico Done By One Childhood immunization is discussed and the schedule is provided.


23. U.S. Preventive Services Task Force. Screening for human immunodeficiency virus infection. April 2013. Available at: http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm. Accessed March 30, 2017. The USPSTF recommends that clinicians screen for HIV infections in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at risk should also be screened. The USPSTF recommends that clinicians screen all pregnant women for HIV. The evidence is insufficient to determine optimum strategies to screen this population.

