



2017 Recommendations for Preventive Pediatric Health Care

COMMITTEE ON PRACTICE AND AMBULATORY MEDICINE, BRIGHT FUTURES PERIODICITY SCHEDULE WORKGROUP

The 2017 Recommendations for Preventive Pediatric Health Care (Periodicity Schedule) have been approved by the American Academy of Pediatrics (AAP) and represents a consensus of AAP and the Bright Futures Periodicity Schedule Workgroup. Each child and family is unique; therefore, these recommendations 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.

The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.¹

The Periodicity Schedule will not be published in *Pediatrics*. Readers are referred to the AAP Web site (www.aap.org/periodicityschedule) for the most recent version of the Periodicity Schedule and the full set of footnotes. This process will ensure that providers have the most current recommendations. The Periodicity Schedule will be reviewed and revised annually to reflect current recommendations.

Following are the changes made to the Periodicity Schedule since it was last published in January 2016.

HEARING

Timing and follow-up of the screening recommendations for hearing during the infancy visits have been delineated. Adolescent risk assessment has changed to screening once during each time period.

- Footnote 8 has been updated to read as follows: “Confirm initial screen was completed, verify results, and follow up, as appropriate.

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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>)."

- Footnote 9 has been added to read as follows: "Verify results as soon as possible and follow up, as appropriate."
- Footnote 10 has been added to read as follows: "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](http://www.jahonline.org/article/S1054-139x(16)00048-3/fulltext))."

PSYCHOSOCIAL/BEHAVIORAL ASSESSMENT

- Footnote 13 has been added to read as follows: "This assessment should be family centered and may include an assessment of child 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/early/2016/03/07/peds.2016-0339>)."

TOBACCO, ALCOHOL, OR DRUG USE ASSESSMENT

The header was updated to be consistent with recommendations.

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 Perinatal and Postpartum Depression Into Pediatric Practice' (<http://pediatrics.aappublications.org/content/126/5/1032>)."

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 Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (<http://genes-r-us.uthscsa.edu/sites/genes-r-us/files/nbsdisorders.pdf>) establish the criteria for and coverage of newborn screening procedures and programs."
- Footnote 20 has been added to read as follows: "Verify results as soon as possible, and follow up, as appropriate."

NEWBORN BILIRUBIN

Screening for bilirubin concentration at the newborn visit has been added.

- Footnote 21 has been added to read as follows: "Confirm initial screen was accomplished, verify results, and follow up, as appropriate. See 2009 AAP statement 'Hyperbilirubinemia in the Newborn Infant ≥ 35 Weeks' Gestation: An Update With Clarifications' (<http://pediatrics.aappublications.org/content/124/4/1193>)."

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 was added for the HIV universal screening recommendation to avoid confusion with the selective screening recommendations for STIs. Universal 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 12-month and 18-month through 6-year visits. A subheading has been added for fluoride supplementation, with a recommendation from the 6- to 12-month and 18-month through 16-year visits.

- Footnote 32 has been updated to read as follows: “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>).”

- Footnote 33 has been updated to read as follows: “Perform a risk assessment (<http://www2.aap.org/oralhealth/docs/RiskAssessmentTool.pdf>). See 2014 AAP statement ‘Maintaining and Improving the Oral Health of Young Children’ (<http://pediatrics.aappublications.org/content/134/6/1224>).”
- Footnote 35 has been added 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’ (<http://pediatrics.aappublications.org/content/134/3/626>).”

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ABBREVIATIONS

AAP: American Academy of Pediatrics

STI: sexually transmitted infection

USPSTF: US Preventive Services Task Force

REFERENCE

1. Hagan JF, 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

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