POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

2016 Recommendations for Preventive Pediatric Health Care

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

COMMITTEE ON PRACTICE AND AMBULATORY MEDICINE, 2014–2015
Geoffrey R. Simon, MD, FAAP, Chairperson
Cynthia N. Baker, MD, FAAP
Graham A. Barden, III MD, FAAP
Oscar “Skip” W. Brown, III, MD, FAAP
Jesse M. Hackell, MD, FAAP
Amy P. Hardin, MD, FAAP
Kelley E. Meade, MD, FAAP
Scott B. Moore, MD, FAAP
Julia E. Richerson, MD, FAAP

STAFF
Elizabeth Sobczyk, MPH, MSW

BRIGHT FUTURES PERIODICITY SCHEDULE WORKGROUP
Edward S. Curry, MD, FAAP
Paula M. Duncan, MD, FAAP
Mary Margaret Gottesman, PhD, RN, CPNP
Joseph F. Hagan, Jr, MD, FAAP
Judith S. Shaw, EdD, MPH, RN, FAAP
Jack T. Swanson, MD, FAAP
Lynn Van Pelt, DMD, CAPT — United States Public Health Service, Maternal and Child Health Bureau, Health Resources and Services, Administration — Federal Liaison to Steering Committee

STAFF
Jane B. Bassewitz, MA

This document is copyrighted and is property of the American Academy of Pediatrics and its Board of Directors. All authors have filed conflict of interest statements with the American Academy of Pediatrics. Any conflicts have been resolved through a process approved by the Board of Directors. The American Academy of Pediatrics has neither solicited nor accepted any commercial involvement in the development of the content of this publication.

Policy statements from the American Academy of Pediatrics benefit from expertise and resources of liaisons and internal (AAP) and external reviewers. However, policy statements from the American Academy of Pediatrics may not reflect the views of the liaisons or the organizations or government agencies that they represent.

The guidance in this statement does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

All policy statements from the American Academy of Pediatrics automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

www.pediatrics.org/cgi/doi/10.1542/peds.2015-3908
DOI: 10.1542/peds.2015-3908

PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275).
Copyright © 2016 by the American Academy of Pediatrics
# Recommendations for Preventive Pediatric Health Care

**Bright Futures/American Academy of Pediatrics**

These guidelines are recommended 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 Bright Futures guidelines by Hogan, JF, Shaw JS, Duncan PM, eds. Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents, 1st ed. Eliza Gove Village, IL: American Academy of Pediatrics; 2008.

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.

Copyright © by the American Academy of Pediatrics, updated 10/2015.

No part of this statement may be reproduced in any form or by any means without prior written permission from the American Academy of Pediatrics, except for one copy for personal use.

### INFANCY

<table>
<thead>
<tr>
<th>AGE</th>
<th>INTERVAL</th>
<th>YEARS</th>
<th>DISEASES</th>
<th>DISEASES</th>
<th>DISEASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2</td>
<td>1-2 mo</td>
<td>6</td>
<td>0-3 y</td>
<td>0-3 y</td>
<td>0-3 y</td>
</tr>
<tr>
<td>0-2</td>
<td>6-12 mo</td>
<td>6</td>
<td>0-3 y</td>
<td>0-3 y</td>
<td>0-3 y</td>
</tr>
<tr>
<td>0-2</td>
<td>12-24 mo</td>
<td>6</td>
<td>0-3 y</td>
<td>0-3 y</td>
<td>0-3 y</td>
</tr>
<tr>
<td>3-7</td>
<td>1-5 y</td>
<td>6</td>
<td>0-3 y</td>
<td>0-3 y</td>
<td>0-3 y</td>
</tr>
</tbody>
</table>

### EARLY CHILDHOOD

<table>
<thead>
<tr>
<th>AGE</th>
<th>INTERVAL</th>
<th>YEARS</th>
<th>DISEASES</th>
<th>DISEASES</th>
<th>DISEASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2</td>
<td>1-2 y</td>
<td>6</td>
<td>0-3 y</td>
<td>0-3 y</td>
<td>0-3 y</td>
</tr>
<tr>
<td>0-2</td>
<td>2-3 y</td>
<td>6</td>
<td>0-3 y</td>
<td>0-3 y</td>
<td>0-3 y</td>
</tr>
<tr>
<td>0-2</td>
<td>3-4 y</td>
<td>6</td>
<td>0-3 y</td>
<td>0-3 y</td>
<td>0-3 y</td>
</tr>
<tr>
<td>3-7</td>
<td>4-5 y</td>
<td>6</td>
<td>0-3 y</td>
<td>0-3 y</td>
<td>0-3 y</td>
</tr>
</tbody>
</table>

### MIDDLE CHILDHOOD

<table>
<thead>
<tr>
<th>AGE</th>
<th>INTERVAL</th>
<th>YEARS</th>
<th>DISEASES</th>
<th>DISEASES</th>
<th>DISEASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2</td>
<td>5-6 y</td>
<td>6</td>
<td>0-3 y</td>
<td>0-3 y</td>
<td>0-3 y</td>
</tr>
<tr>
<td>0-2</td>
<td>6-7 y</td>
<td>6</td>
<td>0-3 y</td>
<td>0-3 y</td>
<td>0-3 y</td>
</tr>
<tr>
<td>0-2</td>
<td>7-8 y</td>
<td>6</td>
<td>0-3 y</td>
<td>0-3 y</td>
<td>0-3 y</td>
</tr>
<tr>
<td>3-7</td>
<td>8-9 y</td>
<td>6</td>
<td>0-3 y</td>
<td>0-3 y</td>
<td>0-3 y</td>
</tr>
</tbody>
</table>

### ADOLESCENCE

<table>
<thead>
<tr>
<th>AGE</th>
<th>INTERVAL</th>
<th>YEARS</th>
<th>DISEASES</th>
<th>DISEASES</th>
<th>DISEASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2</td>
<td>9-10 y</td>
<td>6</td>
<td>0-3 y</td>
<td>0-3 y</td>
<td>0-3 y</td>
</tr>
<tr>
<td>0-2</td>
<td>10-11 y</td>
<td>6</td>
<td>0-3 y</td>
<td>0-3 y</td>
<td>0-3 y</td>
</tr>
<tr>
<td>0-2</td>
<td>11-12 y</td>
<td>6</td>
<td>0-3 y</td>
<td>0-3 y</td>
<td>0-3 y</td>
</tr>
<tr>
<td>3-7</td>
<td>12-13 y</td>
<td>6</td>
<td>0-3 y</td>
<td>0-3 y</td>
<td>0-3 y</td>
</tr>
</tbody>
</table>

### MEASUREMENTS

- Height and Weight
- Head Circumference
- Weight for Length
- Body Mass Index (BMI)

### SENSORY SCREENING

- Hearing
- Vision

### DEVELOPMENTAL/BEHAVIORAL ASSESSMENT

- Developmental Screening
- Autism Screening
- Developmental Surveillance

### PHYSICAL EXAMINATION

- Neurological Examination
- Ophthalmologic Examination
- Pulmonary Examination
- Hepatobiliary Examination
- Gastrointestinal Examination
- Genitourinary Examination
- Skin Examination
- Dental Examination

### ORAL HEALTH

- Oral Health
- Preventive Dental Care

### ANTIPODOPHYLLOSIS

- Anticipatory Guidance

1. It is advisable to have a schedule for the first year of your child. If you have any questions or if you are not comfortable with the suggested schedule, the schedule should be tailored to be as close to the earliest possible time.
2. A prenatal visit is recommended to promote growth, development, and for parental concerns. For the several months and beyond, it is recommended to continue prenatal visits and for the several months and beyond, it is recommended to continue prenatal visits.
3. An increasing number of patients are beginning to experience hearing loss, and it is recommended to continue prenatal visits and for the several months and beyond, it is recommended to continue prenatal visits.
4. Every child should have an evaluation within 6-10 days of birth and the infant should be brought to the hospital for evaluation for this reason. The infant should be brought for evaluation for this reason. The infant should be brought for evaluation for this reason. The infant should be brought for evaluation for this reason. The infant should be brought for evaluation for this reason.
5. A rapid and accurate diagnosis is essential. The infant should be brought for evaluation for this reason. The infant should be brought for evaluation for this reason. The infant should be brought for evaluation for this reason. The infant should be brought for evaluation for this reason.
6. The infant should be brought for evaluation for this reason. The infant should be brought for evaluation for this reason. The infant should be brought for evaluation for this reason. The infant should be brought for evaluation for this reason.
7. A rapid and accurate diagnosis is essential. The infant should be brought for evaluation for this reason. The infant should be brought for evaluation for this reason. The infant should be brought for evaluation for this reason. The infant should be brought for evaluation for this reason.
8. The infant should be brought for evaluation for this reason. The infant should be brought for evaluation for this reason. The infant should be brought for evaluation for this reason. The infant should be brought for evaluation for this reason.
9. A rapid and accurate diagnosis is essential. The infant should be brought for evaluation for this reason. The infant should be brought for evaluation for this reason. The infant should be brought for evaluation for this reason. The infant should be brought for evaluation for this reason.
10. The infant should be brought for evaluation for this reason. The infant should be brought for evaluation for this reason. The infant should be brought for evaluation for this reason. The infant should be brought for evaluation for this reason.
11. A rapid and accurate diagnosis is essential. The infant should be brought for evaluation for this reason. The infant should be brought for evaluation for this reason. The infant should be brought for evaluation for this reason. The infant should be brought for evaluation for this reason.
12. The infant should be brought for evaluation for this reason. The infant should be brought for evaluation for this reason. The infant should be brought for evaluation for this reason. The infant should be brought for evaluation for this reason.
Summary of changes made to the
Bright Futures/AAP Recommendations for Preventive Pediatric Health Care
(Periodicity Schedule)

This Schedule reflects changes approved in October 2015 and published in January 2016. For updates, visit www.aap.org/periodicityschedule.

Changes made October 2015

- Vision Screening: The routine screening at age 18 has been changed to a risk assessment.
- Footnote 7 has been updated to read, “A visual acuity screen is recommended for 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 2016 AAP statement, “Visual System Assessment in Infants, Children, and Young Adults by Pediatricians” (www.pediatrics.org/cgi/content/full/137/1/e20153596) and “Procedures for the Evaluation of the Visual System by Pediatricians” (www.pediatrics.org/cgi/content/full/137/1/e20153597).

Changes made May 2015

- Oral Health: A subheading has been added for fluoride varnish, with a recommendation from 6 months through 5 years.
- Footnote 25 wording has been edited and also includes reference to the 2014 clinical report, “Fluoride Use in Caries Prevention in the Primary Care Setting” (http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2014-1699) and 2014 policy statement, “Maintaining and Improving the Oral Health of Young Children” (http://pediatrics.aappublications.org/content/134/5/924.full).
- Footnote 26 has been added to the new fluoride varnish subheading. See USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspstfenrich.htm). Once teeth are present, fluoride varnish may be applied to all children every 3 to 6 months in the primary care or dental office. Indications for fluoride use are noted in the 2014 AAP clinical report “Fluoride Use in Caries Prevention in the Primary Care Setting” (http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2014-1699).

Changes made March 2014

Changes to Developmental/Behavioral Assessment

- Alcohol and Drug Use Assessment- Information regarding a recommended screening tool (CRAFFT) was added.
- Depression- Screening for depression at ages 11 through 21 has been added, along with suggested screening tools.

Changes to Procedures

- Dyslipidemia screening- An additional screening between 9 and 11 years of age has been added. The reference has been updated to the AAP-endorsed National Heart Blood and Lung Institute policy (http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm).
- Hematocrit or hemoglobin- A risk assessment has been added at 15 and 30 months. The reference has been updated to the current AAP policy (http://pediatrics.aappublications.org/content/126/5/1040.full).
- STI/HIV screening- A screening for HIV has been added between 16 and 18 years. Information on screening adolescents for HIV has been added in the footnotes. STI screening now references recommendations made in the AAP Red Book. This category was previously titled “STI Screening.”
- Cervical dysplasia- Adolescents should no longer be routinely screened for cervical dysplasia until age 21. Indications for pelvic examinations before age 21 are noted in the 2010 AAP statement “Gynecologic Examination for Adolescents in the Pediatric Office Setting” (http://pediatrics.aappublications.org/content/126/3/583.full).
- Critical Congenital Heart Disease- 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 the 2011 AAP statement, “Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease” (http://pediatrics.aappublications.org/content/121/1/190.full).

See www.aap.org/periodicityschedule for additional updates made to footnotes and references in March 2014.
2016 Recommendations for Preventive Pediatric Health Care

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

Pediatrics originally published online December 7, 2015;

Updated Information & Services
including high resolution figures, can be found at:
http://pediatrics.aappublications.org/content/early/2015/12/07/peds.2015-3908.citation

Subspecialty Collections
This article, along with others on similar topics, appears in the following collection(s):
Preventive Medicine
http://classic.pediatrics.aappublications.org/cgi/collection/preventative_medicine_sub

Permissions & Licensing
Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
https://shop.aap.org/licensing-permissions/

Reprints
Information about ordering reprints can be found online:
http://classic.pediatrics.aappublications.org/content/reprints
2016 Recommendations for Preventive Pediatric Health Care
COMMITTEE ON PRACTICE AND AMBULATORY MEDICINE and and
BRIGHT FUTURES PERIODICITY SCHEDULE WORKGROUP

The online version of this article, along with updated information and services, is located on the World Wide Web at:

http://pediatrics.aappublications.org/content/early/2015/12/07/peds.2015-3908.citation