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.

1. A person with anemia (hemoglobin level less than 11.0 g/dL in women and less than 12.0 g/dL in men) should be referred for further evaluation.

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

3. Neonates should have an evaluation before birth, and breastfeeding should be encouraged (and instruction and support for breastfeeding should be offered).

4. Neonates should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital in order to evaluate for feeding and jaundice. Breastfeeding neonates should receive formal breastfeeding education, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk," http://pediatrics.aappublications.org/content/123/3/518. Neonates 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/123/4/e1063.

5. Screening should occur per "Identification and Evaluation of Children With Autism Spectrum Disorders" (http://pediatrics.aappublications.org/content/137/1/e20153596) and "Procedures for the Evaluation of the Visual System by Pediatricians" (http://pediatrics.aappublications.org/content/137/5/991).

6. 10. Screening should occur per "Identification and Evaluation of Children With Autism Spectrum Disorders" (http://pediatrics.aappublications.org/content/137/1/e20153596) and "Procedures for the Evaluation of the Visual System by Pediatricians" (http://pediatrics.aappublications.org/content/137/5/991).

7. This statement 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/137/2/S10 and "Poverty and Child Health in the United States." http://pediatrics.aappublications.org/content/117/4/S1.


10. Screening should occur per "Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice" (http://pediatrics.aappublications.org/content/126/5/932).

11. At each visit, age-appropriate physical examination is essential, with infant fully unclothed and older children undressed and suitably draped. See "Use of Chlorpromazine During the Physical Examination of the Pediatric Patient" (http://pediatrics.aappublications.org/content/118/5/945).

29. 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.

30. Screening for dyslipidemia has been updated to occur once between 15 and 18 years of age (to be consistent with recommendations of the US Preventive Services Task Force (USPSTF)).

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/126/5/1012).”

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 Heritable Disorders in Newborns and Children, and state newborn screening laws/ regulations (http://genes-r-us.uhs.illinois.edu/states/genes-r-u/files/obidsorders.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 updated to read as follows: “Confirm initial screening was accomplished, verify results, and follow up, as appropriate. See ‘Hyperbilirubinemia in the Newborn Infant ≥35 Weeks’ Gestation: An Update With Clarifications’ (http://pediatrics.aappublications.org/content/134/3/626).”

DYSIDIPEMIA

• Screening for dysidiapemia 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.”

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/uspsdnch.htm). Once teens are identified, fluoride varnish may be applied to children every 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).”

Footnote 31 has been updated to read as follows: “Timing and follow-up of the newborn hearing screening should occur per ‘Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Program’ (http://pediatrics.aappublications.org/content/120/4/898.full).”

Footnote 9 has been added 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/e20160339).

TOBACCO, ALCOHOL, OR DRUG USE ASSESSMENT

• The header was updated to be consistent with recommendations.

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. Adolescent risk assessment has been 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. Newborn should be screened, per ‘Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Program’ (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 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)30048-3/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’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/e20160339).

TOBACCO, ALCOHOL, OR DRUG USE ASSESSMENT

• The header was updated to be consistent with recommendations.