



Routine Preventive Pediatric Health Care – Infancy

The following guideline provides recommendations for routine preventive services for children birth to 9 months. Children at increased risk may warrant additional services

Age	Newborn	3-5 days	By 1 mo	2 mo	4 mo	6 mo	9 mo
HISTORY Initial/Interval	X	X	X	X	X	X	X
MEASUREMENTS							
Length/Height and Weight	X	X	X	X	X	X	X
Head Circumference	X	X	X	X	X	X	X
Weight for Length	X	X	X	X	X	X	X
Blood Pressure	*	*	*	*	*	*	*
SENSORY SCREENING							
Vision	*	*	*	*	*	*	*
Hearing Confirm initial screening. Verify results as soon as possible; f/u as appropriate.	X	X	>	>	*	*	*
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT							
Developmental Screening. “Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening” (http://pediatrics.aappublications.org/content/118/1/405.full).							X
Developmental Surveillance	X	X	X	X	X	X	
Psychosocial/Behavioral Assessment Should be family centered; may include assessment of child social-emotional health, caregiver depression, and social determinants of health. http://pediatrics.aappublications.org/content/135/2/384 http://pediatrics.aappublications.org/content/137/4/e20160039	X	X	X	X	X	X	X
Maternal Depression Screening Edinburgh Postpartum Depression Scale, PHQ2/9			X	X	X	X	
PHYSICAL EXAMINATION	X	X	X	X	X	X	X



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Newborn Blood Screening Confirm initial screening was accomplished, verify results, f/u as necessary. Recommended Uniform Newborn Screening Panel (http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/recommendedpanel/uniformscreeningpanel.pdf)	X	X	>	>			
Newborn Bilirubin Confirm initial screening was accomplished, verify results, f/u as appropriate	X						
PROCEDURES							
Critical Congenital Heart Defect Screening. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital.	X						
Immunization Every visit should be an opportunity to update and complete a child's immunizations. Schedules are available at http://redbook.solutions.aap.org/SS/Immunization_Schedules.aspx	X	X	X	X	X	X	X
Anemia					*		
Lead Screening						*	*
Tuberculosis Testing Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of AAP Red Book: Report of the Committee on Infectious Diseases. Testing should be performed on recognition of high-risk factors.			*			*	
ORAL HEALTH Assess if 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.						X	X
Fluoride Varnish						<	<
Fluoride Supplementation						*	*
ANTICIPATORY GUIDANCE	X	X	X	X	X	X	X
<i>This guideline is based on the Bright Futures and the American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care. Individual patient considerations and advances in medical science may supersede or modify these recommendations. July 10, 2018</i>							
KEY X = to be performed * = risk assessment to be performed with appropriate action to follow, if positive <<<X>>> = range during which a service may be provided							