HIGHMARK.

An Independent Licensee of the Blue Cross and Blue Shield Association

2020 Pediatric Preventive Health Guidelines: Ages 0 through 6 Years

The Patient Protection and Affordable Care Act (PPACA, P.L. 111-148, March 23, 2010, as amended) requires, among other things, coverage of Bright Futures Children and Adolescent Recommendations and all A and B Recommendations as promulgated by the United States Preventive Services Task Force (USPSTF). Recommendations can be found at https://www.aap.org/en-us/documents/periodicity_schedule.pdf and http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/

History and Physical Exam	Description	References
Newborn: **(before discharge from hospital)**	Weight, length, head circumference. Hearing: AAP recommends objective screening for all newborns. US Preventive Services Task Force recommends screening for hearing loss in all newborn infants. USPSTF – B Recommendation The USPSTF recommends prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum. USPSTF – A Recommendation Counseling to promote breastfeeding USPSTF – B Recommendation, Advise against offering any additional water to breast milk or formula up to 4 months of age due to water intoxication. Hepatitis B vaccine (HepB) - Administer monovalent HepB to all newborns before hospital discharge. Laboratory tests for hereditary/ metabolic screening/newborn blood screening including: Bilirubin – Bright Futures Phenylketonuria If tested within the first 24 hours after birth, repeat screening test by 2 weeks. Premature infants and those with illnesses should be tested at or near 7 days of age, but in all cases before newborn nursery discharge. . USPSTF – A Recommendation	1. USPSTF(1996) Updated 2005, 2019 2. AAP (2000) Updated 2003 3. AAFP (2001) Updated 2005 4. USPSTF (1996) Updated 2004 5. USPSTF (2008) PKU 6. USPSTF (1996) Updated 2007 Sickle Cell 7. USPSTF (2008) Hypothyroidism 8. HRSA-SACHDNC (2010) 9. Bright Futures (2014)2018

History and Physical Exam	Description	References
	Critical Congenital Heart Disease (CCHD) screening with pulse oximetry recommended by PA State Legislation, and SACHNDC (HHS has not provided implementation guidance) and Bright Futures. Sickle Cell Disease All newborns regardless of birth setting. Birth attendants should make arrangements for samples to be obtained, and the first physician to see the child at an office visit should verify screening results. Confirmatory testing should occur no later than 2 months of age. USPSTF – A Recommendation Congenital Hypothyroidism All newborns between 2 and 4 days of age. Infants discharged from hospitals before 48 hours of life should be tested immediately before discharge. USPSTF – A Recommendation	
Well-Child Exam : **- Weight** **- Height** **- BMI percentile**	3-5 days, 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months and 30 months, 3 through 6 years annually. These guidelines apply to healthy children. Children with medical conditions may require additional follow-up All well child visits All well child visits All well child visits beginning at 2 yr. Calculate and plot BMI once a year in all children starting at 2 years of age.	1. AAP (2000) Updated 2007 2. Bright Futures (2008)
	Children with a BMI at or above the 95th percentile (obese) would be allowed four (4) preventive health office follow-up visits specifically for obesity per year and a blood pressure taken; unlimited nutritional counseling visits specifically for obesity per year; and one (1) set of recommended laboratory studies (lipid profile, hemoglobin A1c, AST, ALT and fasting glucose) **Children with a BMI at or above the 85th percentile through the 94th percentile** (overweight) would be allowed four (4) preventive health office follow-up visits specifically for obesity per year and a blood pressure taken; unlimited nutritional counseling visits specifically for obesity per year and one (1) set of recommended laboratory studies (lipid profile, hemoglobin A1c, AST, ALT and fasting glucose.	1. AAP (2000) Updated 2007 2. AAFP (2002) Updated 2005 3. USPSTF (1996) Updated 2004, 2010, 2018 4. CDC (2004) 5. Expert consensus opinion of the 2008 Preventive Health QI Committee 6. Alliance for a Healthier Generation (2011)

History and Physical Exam	Description	References
- **Head Circumference** - **Blood Pressure** - **Vision Screening Assessment :** **-Distance Visual Acuity** **-Ocular Alignment** **-Ocular Media Clarity**	The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.USPSTF – B Recommendation All well child visits from first visit to 24 months of age All well-child visits starting at 3 years of age, unless clinically indicated before age 3. 3 year, 4 year, 5 year, 6 year and when indicated. If patient is uncooperative, re-screen within 6 months. This is not an optical exam. Optical exams require additional vision benefits. The USPSTF recommends screening to detect amblyopia or its risk factors, strabismus, and defects in visual acuity at least once in children ages 3-5 years old. USPSTF – B Recommendation. Bright Futures Vision Screening: Instrument based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3-5 years of age.	AAP (2000) Updated 2005 1. AAP (2000) Updated 2005 2. USPSTF(1996) Updated 2004, 2017, 2018 3. Bright Futures (2008) 1. AAP (2000) Updated 2005 2. USPSTF(1996) Updated 2004,2011 3. Bright Futures (2008) 2016
-Hearing Screening	4 years, 5 years, 6 years and when indicated Children identified at risk for hearing loss should be objectively screened annually.	1. AAP (2000) Updated 2005 2. USPSTF(2001) Updated 2008 3. Bright Futures (2008)
Developmental Screening/ Autism Screening	Developmental screenings at 9, 18, and 30 months of age (though the 30 month screening can be completed as early as 24 months if the clinical need arises) and Autism Screening at 18 and 24 months of age. Different tests can be used for screenings (This list is not all-inclusive). • PEDS (parents' evaluation of developmental status) for general developmental screening • CHAT (checklist for autism in toddlers) • M-CHAT for autism screening • M-CHAT-R/F for autism screening	1. AAP (2000) Updated 2010 2. USPSTF(2001) Updated 2004 3. Bright Futures (2008) 4. NIH (2014)

History and Physical Exam	Description	References
Counseling Ultraviolet Radiation	The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer. B Recommendation.	1.USPSTF 2018
Fluoride Varnish	The USPSTF recommends the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient. B Recommendation	USPSTF 2008, 2014
Anticipatory Guidance/ Psychosocial Screening/Sexual History & Reproductive Guidance	All well child visits Anticipatory Guidance/Psychosocial Screening: Age appropriate discussions include but not limited to substance abuse, drinking and driving/riding with someone who is under the influence of alcohol and or other abusive substances, child abuse / domestic violence, tobacco use and second hand smoke exposure, promote smoke-free household, counseling to promote breastfeeding, advise against offering any additional water to breast milk or formula up to 4 months of age due to water intoxication ; nutrition/exercise, initial dental exam at age three. To prevent rickets and vitamin D deficiency in healthy infants and children, a vitamin D intake of at least 400 IU/day is recommended. To meet this intake requirement, the following suggestions are made: • Breastfed and partially breastfed infants should be supplemented with 400 IU/day of vitamin D. Supplementation should be continued unless the infant is weaned to at least 1 L/day or 1 qt/day of vitamin D–fortified formula or whole milk. Whole milk should not be used until after 12 months of age. In those children between 12 months and 2 years of age for whom obesity is a concern, the use of reduced-fat milk would be appropriate. • All nonbreastfed infants, as well as older children who are ingesting <1000 mL/day of vitamin D–fortified formula or milk, should receive a vitamin D supplement of 400 IU/day. Other dietary sources of vitamin D, such as fortified foods, may be included in the daily intake of each child. • Pediatricians and other health care professionals should strive to make vitamin D supplements readily available to all children within their community, especially for those children most at risk.	1. AAP (2000) Updated 2009 2. AAFP (2001) Updated 2005 3. USPSTF (1996), 2008, 4. AAPD (2003) 5. ACOG (2006)
Safety Issues	All well child visits	1. AAP (2000) Updated 2008

History and Physical Exam	Description	References
	Safety Issues – age appropriate discussions include: Traffic Safety; bicycle safety, car seats, motorcycle helmet use, seatbelts, ATVs, skateboards, scooters, in-line skating. Burn Prevention: hot water temperature, milk and formula heating, smoke detectors, electrical outlets, grills, irons, ovens, fires. Fall Prevention: window and stairway gates/guards, falls, Choking Prevention: choking/suffocation, Drowning Prevention: water safety, buckets, bathtubs, lifejackets, diving, pool safety Firearm Safety: in home firearms, storage Sports Safety: protective equipment, conditioning Heat Stress in Exercising Safe Sleep Environment: sleep position "Back to Sleep", co-sleeping, family bed Poison Prevention; phone number for poison control center. Syrup of ipecac is no longer to be used as a home treatment strategy. Instructions on how to call for help local emergency services, CPR Sun exposure, depression/suicide, bug safety, school hazards, recreational hazards such as on playgrounds and in back yards, lawn mower hazards and other high risk behaviors such as cutting behavior, and the choking game. The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents. USPSTF – B Recommendation	2. AAFP (1996) Updated 2005 3. USPSTF (1996) 2004, 2012 4. Pediatrics 2007 5. AAP (2009)
Lead Screening	• 9 months or older when indicated • 12 and 24 months per Bright Futures and when indicated	1. AAP (2005) (2017) 2. USPSTF (1996) Updated 2006 3. Pennsylvania Department of Health, PA Lead Elimination Plan (6/28/2005) 4. Bright Futures 2018

History and Physical Exam	Description	References
Hematocrit or Hemoglobin	• The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for iron deficiency anemia in children ages 6 to 24 months. I Recommendation • Once at 12 months (Bright Futures) a risk assessment thereafter	1. AAP (2000) Updated 2003 2. USPSTF (1996) Updated 2004, 2015 3. Bright Futures (2014) 2015, 2018
Tuberculosis	• 12 months to 18 years when indicated	1. AAP (2000) Updated 2003 2. USPSTF (1996) Updated 2004
Cholesterol Screening	• 24 months to 18 years when indicated	1. AAP (2000) Updated 2003

References

1. www.aafp.org/exam.xml AAFP (2005)
2. www.accessexcellence.org/WN/SUA05/dna_test_chlamydia.html *DNA Test for Chlamydia*, January 28, 1995.
3. *Tuberculosis Screening Fact Sheet*, Minnesota Department of Health, March 2002.
4. American Academy of Pediatrics. *Don't Treat Swallowed Poison With Syrup of Ipecac Says AAP*. November 3, 2003.
5. www.cdc.gov/nccdphp/dnpa/bmi/ *BMI: Body Mass Index*. April 17, 2003.
6. http://www.aap.org/advocacy/releases/aug08vaccinatefamily.htm AAP (August 5, 2008).
7. US Preventive Services Task Force. *Guide to Clinical Preventive Services.* 2nd ed. Washington, DC: US Department of Health and Human Services; 1996.
8. American Academy of Pediatrics, Committee on Practice and Ambulatory Medicine. Recommendations for pediatric preventive health care. www.aap.org 2000.
9. American Academy of Family Physicians. *Summary of Policy Recommendations for Periodic Health Examination*. Kansas City, MO: American Academy of Family Physicians; 2004.
10. American College of Obstetricians and Gynecologists. *Cervical Cancer Screening: Testing Can Start Later and Occur Less Often Under New ACOG Recommendations*. July 31, 2003.
11. American College of Obstetricians and Gynecologists. *Primary and Preventive Care: Periodic Assessments.* Washington, DC: 2000.
12. American College of Obstetricians and Gynecologists. *ACOG Clarifies Recommendations on Cervical Cancer Screening in Adolescents.* September 30, 2004.
13. http://www.portal.state.pa.us/portal/server.pt In the "Search PA" box type "lead_elimination_plan_for_2010.pdf" PA Dept of Health Lead Elimination Plan
14. Pediatrics 2007 Jan;119 (1):202-6
15. http://www.aap.org/advocacy/releases/dec08infantformula.htm
16. http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf
17. http://www.aap.org/
18. Wagner, CL, Greer FR, American Academy of Pediatrics Section on Breastfeeding, American Academy of Pediatrics Committee on Nutrition. Prevention of rickets and vitamin D deficiency in infants, children, and adolescents. Pediatrics 2008 Nov: 122(5): 1142-52, National Guideline Clearinghouse Summary updated on June 8, 2009.
22. American Academy of Pediatrics, Summer Safety Tips – Part 1, 2009. http://www.fcctf.org/pdf%20files/Parenting%20info%20pdfs/Summer%20Safety%20Tips.pdf
23. U.S. Preventive Services Task Force. Screening for obesity in children and adolescents: U. S. Preventive Services Task Force Recommendation Statement. *Pediatrics* 2010; 125:361-367 http://www.uspreventiveservicestaskforce.org/uspstf/uspschobes.htm

24. Pediatrics 2007; 120; S164-S192; "Expert Committee recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" by Sarah E. Barlow and the Expert Committee.
25. Licensure of a 13-Valent Pneumococcal Conjugate Vaccine (PCV 13) and Recommendations for Use Among Children, Advisory Committee on Immunization Practices (ACIP), 2010. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5909a2.htm?s_cid=mm5909a2_e (March 12, 2010)
26. http://www.aafp.org/online/en/home/clinical/immunizationres/2010immunizationschedulesupdates.html (March, 2010)
27. http://pediatrics.aappublications.org/cgi/content/abstract/peds.2010-1280v1 (May 24, 2010)
28. Council on Children With Disabilities, Section on Developmental Behavioral Pediatrics, Bright Futures Steering Committee, and Medical Home Initiatives for Children With Special Needs Project Advisory Committee (1 Jul 2006) **Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening** Pediatrics 118 (1) : 405-420. Policy Reaffirmation: http://aappolicy.aappublications.org/cgi/content/abstract/pediatrics;118/1/405 (February 1, 2010)
29. http://www.hrsa.gov/heritabledisorderscommittee/sachdnc.pdf Health Resources and Services Administration (HRSA) Uniform Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children (SACHDNC) recommended Uniform Screening Panel.
30. http://www.healthiergeneration.org/ Alliance for a Healthier Generation.