Bright Futures FOURTH EDITION

Guidelines for Health Supervision of Infants, Children, and Adolescents



POCKET GUIDE

Bright Futures™
prevention and health promotion for infants, children, adolescents, and their families™

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

FOURTH EDITION

Bright Futures

Guidelines for Health Supervision of Infants, Children, and Adolescents

POCKET GUIDE

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This work honors our coeditor, Paula Duncan, MD, FAAP, without whose energy, insight, and spirit these *Guidelines* would not have achieved relevance for current pediatric practice. She reminds us that "the heart of Bright Futures is establishing trust to build a therapeutic relationship," and she has championed and devoted her career to the use of strength-based approaches. And this is who she is. Dr Duncan's warmth, joyfulness, and ability to see the best in people enable her to behold the innate strengths of families. It is her passion to teach all of us how to see families as she does and serve them better. This focus on strengths and protective factors in the clinical encounter of preventive services is her essential contribution to our *Bright Futures Guidelines,* 4th Edition.

Joe Hagan
Judy Shaw

Contents

Bright Futures at the American Academy of Pediatrics vii

How to Use This Guide 1

Supporting Families Successfully 3

Bright Futures Health Promotion Themes 6

Bright Futures Health Supervision Visits 7

Introduction to the Bright Futures Health Supervision Visits 7

Prenatal Visit 12

Newborn Visit 16

First Week Visit (3 to 5 Days) 22

1 Month Visit 26

2 Month Visit 32

4 Month Visit 36

6 Month Visit 40

9 Month Visit 44

12 Month Visit 48

15 Month Visit 52

18 Month Visit 56

2 Year Visit 60

2½ Year Visit 64

3 Year Visit 68

4 Year Visit 72

5 and 6 Year Visits 78

7 and 8 Year Visits 82

9 and 10 Year Visits 88

Early Adolescence Visits (11 Through 14 Year Visits) 94

Middle Adolescence Visits (15 Through 17 Year Visits) 100

Late Adolescence Visits (18 Through 21 Year Visits) 106

Appendixes 112

List of Abbreviations. 112

Developmental Milestones for Developmental Surveillance at Preventive Care Visits. 113

Social and Emotional Development in Middle Childhood 118

Domains of Adolescent Development 120

Tooth Eruption Chart 122

Sexual Maturity Ratings. 123





Bright Futures at the American Academy of Pediatrics

Founded in 1930, the American Academy of Pediatrics (AAP) is an organization of 66,000 pediatricians who are committed to attaining optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.

The Bright Futures initiative was launched in 1990 under the leadership of the federal Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration to improve the quality of health services for children through health promotion and disease prevention. In 2002, MCHB selected the AAP to lead the Bright Futures initiative. With the encouragement and strong support of MCHB, AAP and its many collaborating partners set out to update the *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* as a uniform set of recommendations for health care professionals. The *Bright Futures Guidelines* are the cornerstone of the Bright Futures initiative and the foundation for the development of all Bright Futures materials.

Other Bright Futures materials, aimed at specific target audiences such as health care professionals or families, have been developed, including provider training materials, anticipatory guidance tools, quick-reference guides for families, and a national newsletter to highlight Bright Futures activities around the country. In addition, several states, organizations, and local entities have developed tools and materials based on Bright Futures that are tailored to their own training, outreach, health assessment, and education needs.

What Is Bright Futures?

Bright Futures is a set of principles, strategies, and tools that are theory based, evidence driven, and systems oriented that can be used to improve the health and well-being of all children through culturally appropriate interventions that address their current and emerging health promotion needs at the family, clinical practice, community, health system, and policy levels.

Goals of Bright Futures

- Enhance health care professionals' knowledge, skills, and practice of developmentally appropriate health care in the context of family and community.
- Promote desired social, developmental, and health outcomes of infants, children, and adolescents.
- Foster partnerships among families, health care professionals, and communities.
- Increase family knowledge, skills, and participation in health promotion and disease prevention activities.
- Address the needs of infants, children, and adolescents with special health care needs through enhanced identification and sources.



For more information about Bright Futures and available materials and resources, visit **https://brightfutures.aap.org.**

The Pocket Guide is based on *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,* 4th Edition, published in 2017. Presenting key information from the *Guidelines,* the Pocket Guide serves as a quick reference tool and training resource for health care professionals.

Sections of the Pocket Guide

Bright Futures Health Promotion Themes: Highlights 12 cross-cutting child health topics that are discussed in depth in the *Guidelines.* These themes are important to families and health care professionals in their mission to promote the health and well-being of all children. The Pocket Guide lists these themes; see the *Guidelines* for the full text.

Introduction to the Bright Futures Health Supervision Visits: Discusses the content, timing, and structure of the visit and supporting evidence for visit components.

The Bright Futures Visits: The Pocket Guide includes an abbreviated version of each of the visits included in the *Guidelines.* Each visit includes the following components:

Observation: Includes developmental surveillance and observation of parent-child interaction.

Physical Examination, Screening, and Immunization: Includes the physical examination and special issues to be noted, universal and selective screening procedures, risk assessment, and immunizations.

Anticipatory Guidance: Presents guidance for families organized by the 5 priorities of each visit. Sample questions also are provided for selected topics. Guidance and questions in **black** type are intended for the parent; guidance and questions in **blue** type are intended for the child/adolescent/young adult. These can be modified to match the health care professional's communication style.

Appendixes: Includes a list of abbreviations used in the Pocket Guide, developmental milestones and tasks charts, tooth eruption chart, and sexual maturity ratings chart.



Understanding and building on the strengths of families requires health care professionals to combine well-honed clinical interview skills with a willingness to learn from families. Families demonstrate a wide range of beliefs and priorities in how they structure daily routines and rituals for their children and how they use health care resources. This edition of *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* places special emphasis on 3 areas of vital importance to caring for children and families.

Social Determinants of Health

From the moment of conception, individuals grow in physical and relational environments that evolve and influence each other over time and that shape their biological and behavioral systems for life. Dramatic advances in a wide range of biological, behavioral, and social sciences have shown that each child's future depends on genetic predispositions (the biology) and early environmental influences (the ecology), which affect later abilities to play, learn, work, and be physically, mentally, and emotionally healthy.

Social determinants of health are social factors that affect children and families. Bright Futures' emphasis on social determinants of health reflects the importance of a broad view of health promotion. Contemporary health supervision looks beyond the office encounter to assess and address the family's risks and strengths and protective factors, which emerge from the family's and community's circumstances and which affect health in both positive and negative ways. Although social factors are not new issues for health care professionals who care for children, adolescents, and

families, new science underpins their importance and provides evidence for effective interventions. Social determinants of health are one of the 5 Anticipatory Guidance priorities in every Infancy Visit and in most visits thereafter.

Children and Youth With Special Health Care Needs

Birth defects, inherited syndromes, developmental disabilities, and disorders acquired later in life, such as asthma, are relatively common—nearly 20% of the childhood population, or 14.6 million children, have special health care needs. In addition, a growing number of children are receiving diagnoses of developmental disabilities and conduct disorders, which may indicate special health care needs. Family-centered care that promotes strong partnerships and honest communication is especially important when caring for children and youth with special health care needs.



At the same time, the effect of *special*ness or extensive health care needs should not overshadow the *child.* The child or youth with special health care needs shares most health supervision requirements with her peers. Bright Futures uses screening, ongoing assessment, health supervision, and anticipatory guidance as essential interventions to promote wellness and identify differences in development, physical health, and mental health for all children.

Cultural Competence

Cultures form around language, gender, disability, sexual orientation, religion, or socioeconomic status. Even people who have been fully acculturated within mainstream American society can maintain values, traditions, communication patterns, and child-rearing practices of their original culture. Immigrant families, in particular, face many cultural stressors.

It is important for health care professionals who serve children and families from backgrounds other than their own to listen and observe carefully, learn from the family, and work to build trust and respect. If possible, the presence of a staff member who is familiar with a family's community and fluent in the family's language is helpful during discussions with families.



Bright Futures Health Promotion Themes

A number of themes are of key importance to families and health care professionals in their common mission to promote the health and well-being of children, from birth through adolescence. These themes are

- Promoting Lifelong Health for Families and Communities
- Promoting Family Support
- Promoting Health for Children and Youth With Special Health Care Needs
- Promoting Healthy Development
- Promoting Mental Health
- Promoting Healthy Weight
- Promoting Healthy Nutrition
- Promoting Physical Activity
- Promoting Oral Health
- Promoting Healthy Sexual Development and Sexuality
- Promoting the Healthy and Safe Use of Social Media
- Promoting Safety and Injury Prevention

The *Bright Futures Guidelines* provide an in-depth, state-of-the-art discussion of these themes, with evidence regarding effectiveness of health promotion interventions at specific developmental stages from birth to early adulthood. Health care professionals can use these comprehensive discussions to help families understand the context of their child's health and support their child's and family's development.

Unlike sick care visits, which aim to remedy a particular malady, the health supervision visit seeks many unique outcomes, often related only because these outcomes have a shared goal of the child's health. Multiple desired outcomes inevitably drive many separate interventions within the one encounter of the visit. The best way to conceptualize a single health supervision visit is not as *one* visit but as a visit of *multiple* encounters encompassing 4 objectives: disease detection, disease prevention, health promotion, and anticipatory guidance.

Objectives of the Bright Futures Visit

Disease Detection: Surveillance and Screening

Surveillance is a continuous process in which knowledgeable professionals skillfully observe children as they provide health care. It includes eliciting and attending to parental concerns, obtaining a relevant developmental history, making accurate and informative observations of children, and sharing opinions and concerns with other relevant professionals.

Screening is a formal process that employs a standardized tool to detect a particular disease state. Universal screening is performed on all patients at certain ages. Selective screening is performed on patients for whom a risk assessment suggests concern.

Disease Detection: The Physical Examination

Bright Futures recommends that each visit includes a complete physical examination, with particular focus on certain aspects at each visit. We believe that the complete physical examination comprises "best care" for children and adolescents.

[a] This is an abbreviated version of the introduction to the Bright Futures Visits. For the complete introduction, see the *Guidelines*.

Disease Prevention

Disease prevention includes primary prevention activities applied to a whole population and secondary prevention activities aimed at patients with specific risk factors. Where evidence exists, it has been incorporated into the guidance for that encounter.

Health Promotion

Health promotion activities focus the health supervision visit on *wellness*. Health promotion activities shift the focus from disease to assets and strengths, on what the family does well and how health care professionals can help them do even better.

Anticipatory Guidance

Anticipatory guidance is a process in which child health care professionals anticipate emerging issues that a child and family may face and provide guidance. For anticipatory guidance to be effective, it must be *timely* (ie, delivered at the right age), *appropriate* to the child and family in their community, and *relevant,* so key recommendations are adopted by the family. This is an opportunity to broach important safety topics, help the family address relationship issues, access community services, and engage with the extended family, school, neighborhood, and faith communities.



Timing of the Bright Futures Visit

Health supervision visits usually are scheduled as a longer encounter than a sick visit. We chose 15 to 18 minutes as the target time for the face-to-face encounter of the health care professional and the patient. The overall visit will last longer for the patient because it also will include physical and developmental screenings and professional nursing time with the patient.



Employing Evidence

Satisfactory studies on preventive health issues in children are uncommon. Absent evidence does not demonstrate a lack of usefulness, however. The lack of evidence of effectiveness most often simply reflects the lack of study. This edition of the *Guidelines* relies on a range of sources to ensure that relevant evidence and expert opinion are incorporated into every Bright Futures Visit.

Components of the Bright Futures Visit

Context

Each visit begins with a description of children at the age of the visit, their developmental milieu, their family development, and their environment. It is intended to help the health care professional focus on the unique qualities of a child this age.

Priorities for the Visit

For the visit to be successful, the needs and agenda of the family must be addressed. Thus, the first priority is to address the concerns of the child and parents. Each visit also has 5 additional priorities. The priorities help the health care professional focus the visit on the most important topics for a child this age.

Health Supervision

History

A history is taken to assess strengths, accomplish surveillance, and enhance the health care professional's understanding of the child and family and to guide their work together.

Surveillance of Development

Developmental surveillance occurs with each clinical encounter with the infant, child, and adolescent, and these observations are central to health supervision for children. Each

Bright Futures Visit includes a rich discussion of developmental nuance for that age.

Review of Systems

A standard, brief review of systems is an effective method of ensuring that significant problems are addressed.

Observation of Parent-Child/Youth Interaction

Health supervision activities always involve observation of the parent-child/youth interaction. This assessment is context for the work of the visit.

Physical Examination

The physical examination must be comprehensive yet also focus on specific assessments that are appropriate to the child's or adolescent's age, developmental attainment, and needs, which are discerned from the patient history.

The health supervision examination should be unhurried, with adequate uninterrupted time set aside for questions and discussion by parents and the child. Beginning in middle childhood and by adolescence, policies related to privacy and confidentiality must be established and reviewed for the child and family. By the 7 or 8 Year Visit, it is appropriate to offer the option of part of the visit without the parent present. Most health care professionals will always excuse the parent from part of the visit by the 12 Year Visit.

Screening

Recommended screening occurs at each Bright Futures Visit. Screening tasks were chosen on the basis of available evidence or of expert opinion statements.

Immunizations

Assessing the completeness of a child's or an adolescent's immunizations is a key element of preventive health services. The value of immunizations in avoiding preventable diseases and disease complications is an important discussion for providers to have with parents. Often, parental anxiety and

misinformation must be addressed. Bright Futures uses the Centers for Disease Control and Prevention National Immunization Program and the American Academy of Pediatrics *Red Book* for up-to-date immunization schedules.

Anticipatory Guidance

For each visit, anticipatory guidance is organized by the visit's 5 priorities and their component elements. Within each priority, the anticipatory guidance begins with a brief contextual description for the health care professional. The sample questions and anticipatory guidance points provide a possible script for discussion and help frame a relevant conversation with the family and child. Health care professionals are encouraged to adjust and enhance the questions and guidance as appropriate for their patients and community.



Prenatal Visit

Health Supervision

Observation of Family Dynamic

Do verbal and nonverbal behaviors and communication among family members indicate support and understanding, or differences and conflicts?

Screening

Discuss purpose and importance of routine newborn screening tests performed before the baby is discharged. Inquire about any maternal prenatal testing, any abnormal findings seen on ultrasound, and/or any maternal conditions that may affect the developing fetus or newborn.

Immunizations

Discuss importance of initiating routine immunizations.

Anticipatory Guidance

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

Social determinants of health: Risks (living situation and food security, environmental risks, pregnancy adjustment, intimate partner violence, maternal drug and alcohol use, maternal tobacco use), strengths and protective factors (becoming well informed, family constellation and cultural traditions)

- Community agencies can help you with concerns about your living situation.
  Tell me about your living situation. What are your resources for caring for the baby?
- Check home for mold, lead.

KEY = Guidance for parents, *questions*



- Programs like WIC[a] and SNAP are available to help you if you have concerns about your food situation.
  Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? Within the past 12 months, did the food you bought not last and you did not have money to get more?
- Eating nonfood substances can harm you and your baby.
- Take advantage of support from family and friends and community groups.
  How have you been feeling physically and emotionally? How does your partner feel about your pregnancy?
- Ask for help if you are concerned about or have experienced violence from your partner or another significant person in your life.
  Do you always feel safe in your home? Has your partner ever hit, kicked, shoved, or physically hurt you? Would you like information on where to go or who to contact if you ever need help?
- You can also call the **National Domestic Violence Hotline** toll-free at **800-799-SAFE** (**7233**).
- Don't use alcohol/drugs/tobacco/e-cigarettes. Call **800-QUIT-NOW** (**800-784-8669**) for help to quit smoking.

Parent and family health and well-being: Mental health (perinatal or chronic depression), diet and physical activity, prenatal care, complementary and alternative medicine

- Become well-informed, using trusted sources.
- Support your other children to help them get used to baby.

[a] See Appendixes for a list of abbreviations used in the Pocket Guide.

- Maintain your health (medical appointments, sleep, physical activity, healthy diet with appropriate weight gain).
- It is common for women during and after pregnancy to feel down, depressed. It is important to address these feelings to ensure your health and your baby's. I can help with treatment options. *Over the past 2 weeks, have you ever felt down, depressed, or hopeless? Over the past 2 weeks, have you felt little interest or pleasure in doing things?*

Newborn care: Introduction to the practice as a medical home, circumcision, newborn health risks (handwashing, outings)

- Let me tell you about our practice.
- Circumcision has potential benefits and risks. Let's discuss what's best for baby.
- Wash hands frequently (diaper changes, feeding).
- Limit baby's exposure to others.



Nutrition and feeding: Breastfeeding guidance, prescription or nonprescription medications or drugs, family support of breastfeeding, formula-feeding guidance, financial resources for infant feeding

- Choose breastfeeding if possible; use iron-fortified formula if formula feeding. *What are your plans for feeding your baby?*
- Contact WIC/community resources if needed. *Are you concerned about having enough money to buy food or infant formula? Would you be interested in resources that can help you care for you and your baby?*
- Tell me about supplement/over-the-counter medication use.

Safety: Car safety seats, heatstroke prevention, safe sleep, pets, firearm safety, safe home environment

- Use seat belt.

- Correctly install rear-facing car safety seat in backseat.
- Prevent heatstroke; never leave your baby alone in a car.
- Put baby to sleep on back; choose crib with slats less than 2⅜" apart; have baby sleep in your room in own crib.
- Learn about pet risks.
  Do you have pets at home? If you have cats, have you been tested for toxoplasmosis antibodies?
- Remove firearms from home; if firearm necessary, store unloaded and locked, with ammunition separate; if firearms in other homes where child plays, ensure same safety precautions are used before letting child play there.
  Do you keep firearms at home? Are there firearms in homes you visit (grandparents, relatives, friends)?
- Set home water temperature less than 120°F; install smoke detectors, carbon monoxide detector/alarm.



Newborn Visit

Health Supervision

Surveillance of Development

- **Social Language and Self-help**
  - Has periods of wakefulness; looks at and studies parent when awake; looks in parent's eyes when being held
  - Calms when picked up; responds differently to soothing touch and alerting touch
- **Verbal Language (Expressive and Receptive)**
  - Communicates discomfort through crying and behaviors such as facial expressions, body movements, movement of arms and legs
  - Moves or calms to parent's voice
- **Gross Motor**
  - Moves in response to visual or auditory stimuli
  - Reflexively moves arms and legs, observed in the Moro and tonic neck reflexes
- **Fine Motor**
  - Keeps hands in fist; automatically grasps others' fingers or objects

Observation of Parent-Newborn Interaction

Who asks/who responds to questions? Do the verbal/nonverbal behaviors/communication between family members indicate support, understanding, differences of opinion/conflicts? Do parents recognize and respond to baby's needs? Are they comfortable when feeding/holding/caring for baby? Do they have visitors, other signs of support network?

Complete Physical Examination, Including

Measure and plot: Length, weight, head circumference, and weight-for-length

Assess/Observe for: Alertness, distress; congenital anomalies; skin lesions or jaundice; head shape/size, fontanels, signs of birth trauma; eyes/eyelids,



pupil opacification, red reflexes, visual acuity; pinnae, patency of auditory canals, pits or tags; nasal patency, septal deviation; cleft lip/palate, natal teeth, Epstein pearls; heart rate/rhythm/sounds, heart murmurs; femoral pulses; umbilical cord/cord vessels; descended testes; penile anomalies, labial/vaginal anomalies, anal position and patency; back/spine/foot/arm/hand deformities; clavicles for crepitus; primitive reflexes, limb symmetry, extremity movement, muscle tone

Perform: Ortolani and Barlow maneuvers

Screening (www.aap.org/periodicityschedule)

Universal: Hearing; Newborn: Bilirubin; Newborn: Blood; Newborn: Critical Congenital Heart Disease

Selective: Blood Pressure; Vision

Immunization

CDC: **www.cdc.gov/vaccines**
AAP: **http://redbook.solutions.aap.org**

Anticipatory Guidance

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

Social determinants of health: Risks (living situation and food security, environmental tobacco exposure, intimate partner violence, maternal alcohol and substance use), strengths and protective factors (family support, parent-newborn relationship)

- Community agencies can help you with concerns about your living situation.
  Tell me about your living situation. What are your resources for caring for the baby?

KEY = Guidance for parents, *questions*

- Programs like WIC and SNAP are available to help you if you have concerns about your food situation.
  Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? Within the past 12 months, did the food you bought not last and you did not have money to get more?
- Don't use alcohol/drugs/tobacco/e-cigarettes. Call **800-QUIT-NOW** (**800-784-8669**) for help to quit smoking.
- Ask for help if you are concerned about or have experienced violence from your partner or another significant person in your life.
  Do you always feel safe in your home? Has your partner ever hit, kicked, or shoved you, or physically hurt you or the baby? Would you like information on where to go or who to contact if you ever need help?
- You can also call the **National Domestic Violence Hotline** toll-free at **800-799-SAFE** (**7233**).
- Accept help from family and friends.
  Is there someone who can help you care for your baby?
- Physical contact (holding, carrying, rocking) helps baby feel secure.

Parent and family health and well-being:
Maternal health and nutrition, transition home (assistance after discharge), sibling relationships

- Continue taking your prenatal vitamin with iron.
- Accept help once you get home so you can recover from the delivery and focus on the baby.
- Spend time with your other children; help them adjust to baby.



Newborn behavior and care: Infant capabilities, baby care (infant supplies, skin and cord care), illness prevention, calming your baby

- Baby is beginning to know you. Learn baby's temperament, reactions.
- Create nurturing routines; physical contact and talking helps baby feel secure and learn.
- Use fragrance-free soap/lotion; avoid powders; avoid direct sunlight.
- Change diaper frequently to prevent diaper rash.
- Cord care: Air-dry by keeping diaper below navel; call if bad smell, redness, fluid from the area.
- Wash your hands often.
- Avoid others with colds/flu.
- Never hit or shake baby.
  What do you do to calm your baby? What do you do if that doesn't work?

Nutrition and feeding: General guidance on feeding, breastfeeding guidance, formula-feeding guidance

- Exclusive breastfeeding for about the first 6 months provides ideal nutrition, supports best growth and development; iron-fortified formula is recommended substitute; recognize signs of hunger, fullness; develop feeding routine; adequate weight gain is 6 to 8 wet diapers a day; give no extra fluids.
- **If breastfeeding:** Provide 8 to 12 feedings in 24 hours; should not hurt; continue prenatal vitamin; avoid alcohol.
- **If formula feeding:** Prepare/store formula safely; feed on cue, at least 8 times in 24 hours; hold baby semi-upright; don't prop bottle.

Safety: Car safety seats, heatstroke prevention, safe sleep, pets, safe home environment

- Use rear-facing car safety seat in backseat; never put baby in front seat of vehicle with passenger air bag. Keep baby in car safety seat at all times during travel.
- Always use seat belt; do not drive under the influence of alcohol or drugs.
- Prevent heatstroke; never leave your baby alone in a car.
- Put baby to sleep on back; choose crib with slats less than 2⅜" apart; don't use loose, soft bedding; have baby sleep in your room in own crib.
- Learn about pet risks.
- Keep home safe for baby.
  What changes have you made in your home to ensure your baby's safety?





First Week Visit (3 to 5 Days)

Health Supervision

Surveillance of Development

- **Social Language and Self-help**
  - Sustains periods of wakefulness for feeding
- **Verbal Language (Expressive and Receptive)**
  - Cries with discomfort
  - Calms to adult voice
- **Gross Motor**
  - Lifts head briefly when on stomach and turns it to the side
  - Reflexively moves arms and legs, observed in the Moro and tonic neck reflexes
- **Fine Motor**
  - Keeps hands in a fist

Observation of Parent-Newborn Interaction

Do parents and newborn respond to each other? Do parents appear content, at ease? Tearful, anxious, fatigued, overwhelmed, uncomfortable? Are parents aware of, responsive to, and effective in responding to newborn's distress? What are parents' and newborn's interactions around comforting, dressing/changing diapers, feeding?
Are both parents present, and do they support each other or show signs of disagreement?

Complete Physical Examination, Including

Measure and plot: Recumbent length, weight, head circumference, and weight-for-length



Assess/Observe for: Alertness, congenital anomalies, dysmorphic features; rashes, jaundice, hydration; head shape/size/fontanels, signs of birth trauma; eyes/eyelids, pupil opacification/red reflexes, visual acuity; heart murmurs; femoral pulses (compare against upper extremity pulses); umbilical cord/umbilicus; abdominal masses; testes, external female genitalia; spine/back, posture, neurologic tone, activity level, movement symmetry, neonatal reflexes, state regulation (alertness, orientation, regulatory capacity)

Perform: Ortolani and Barlow maneuvers

Screening (www.aap.org/periodicityschedule)

Universal: Hearing; Newborn: Blood

Selective: Blood Pressure; Vision

Immunization

CDC: **www.cdc.gov/vaccines**
AAP: **http://redbook.solutions.aap.org**

Anticipatory Guidance

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

Social determinants of health: Risks (living situation and food security, environmental tobacco exposure), strengths and protective factors (family support)

- Community agencies can help you with concerns about your living situation.
  Tell me about your living situation. What are your resources for caring for the baby?
- Programs like WIC and SNAP are available to help you if you have concerns about your food situation.
  Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? Within the past 12 months, did the food you bought not last and you did not have money to get more?

KEY = Guidance for parents, *questions*

- Don't use tobacco/e-cigarettes. Keep car/home free of tobacco smoke/e-cigarette vapor. Call **800-QUIT-NOW** (**800-784-8669**) for help to quit smoking.
- Reach out to and accept help from family and friends.

Parent and family health and well-being: Transition home, sibling adjustment

- Ask for help from family or friends.
- Rest and sleep when baby sleeps.
- Spend time with your other children; maintain family routines to help them adjust to baby.

Newborn behavior and care: Early brain development, adjustment to home, calming, when to call (temperature taking) and emergency readiness (CPR), illness prevention (handwashing, outings) and sun exposure



- Sing/talk/read to baby; avoid TV and other digital media.
- Help baby wake for feeding by patting/diaper change/undressing.
- Calm baby with stroking head or gentle rocking.
- Never hit or shake baby.
  What do you do to calm your baby? What do you do if that doesn't work?
- Take temperature rectally, not by ear or skin.
  What type of thermometer do you have? Do you know how to use it?
- Create emergency preparedness plan (first aid kit, list of telephone numbers).
- Wash hands often; avoid crowds.
- Avoid sun; use infant sunscreen.



Nutrition and feeding: General guidance on feeding (weight gain, feeding strategies, holding, burping, hunger and satiation cues), breastfeeding guidance, formula-feeding guidance

- Exclusive breastfeeding for about the first 6 months provides ideal nutrition, supports best growth and development; iron-fortified formula is recommended substitute; recognize signs of hunger, fullness; develop feeding routine; adequate weight gain is 6 to 8 wet cloth diapers per day or 5 to 6 wet disposable diapers, 3 to 4 stools per day; give no extra fluids. *How do you know if your baby is hungry? How do you know if your baby has had enough to eat?*
- **If breastfeeding:** Feed every 1 to 3 hours daytime and every 3 hours nighttime for 8 to 12 feedings in 24 hours. Begin giving baby vitamin D (400 IU per day). Mothers should continue prenatal vitamin with iron; eat a healthy diet (vegetables/fruit/whole grains/low-fat or nonfat dairy/fish/lean protein). *How is breastfeeding going? What concerns do you have about breastfeeding?*
- **If formula feeding:** Prepare/store formula safely; feed 2 oz every 2 to 3 hours, more if still seems hungry; hold baby semi-upright; don't prop bottle.

Safety: Car safety seats, heatstroke prevention, safe sleep, safe home environment: burns

- Use rear-facing car safety seat in backseat; never put baby in front seat of vehicle with passenger air bag. Keep baby in car safety seat at all times during travel.
- Use seat belt; don't drive under the influence of alcohol or drugs.
- Prevent heatstroke; never leave baby alone in a car.
- Put baby to sleep on back; choose crib with slats less than 2⅜" apart; don't use loose, soft bedding; have baby sleep in your room in own crib.
- Don't drink hot liquids while holding baby; set home water temperature less than 120°F.

1 Month Visit

Health Supervision

Surveillance of Development

- **Social Language and Self-help**
  - Looks at parent; follows parent with eyes
  - Has self-comforting behaviors, such as bringing hands to mouth
  - Starts to become fussy when bored; calms when picked up or spoken to
  - Looks briefly at objects
- **Verbal Language (Expressive and Receptive)**
  - Makes brief short vowel sounds
  - Alerts to unexpected sound; quiets or turns to parent's voice
  - Shows signs of sensitivity to environment (excessive crying, tremors, excessive startles) or need for extra support to handle activities of daily living
  - Has different types of cries for hunger, tiredness
- **Gross Motor**
  - Moves both arms and both legs together
  - Holds chin up when on stomach
- **Fine Motor**
  - Opens fingers slightly when at rest

Observation of Parent-Infant Interaction

Do parents respond to baby and to each other? Does mother engage with infant while feeding? Do parents attend to and support baby? How do parents respond to infant's cues? Do any parent behaviors or expressions indicate stress?

Complete Physical Examination, Including

Measure and plot: Recumbent length, weight, head circumference, and weight-for-length

Assess/Observe for: Skin lesions/birthmarks/bruising, skull deformities; fontanels; eyes/eyelids, visual acuity, pupil opacification, red reflexes;



heart murmurs; femoral pulses; abdominal masses, umbilicus; neurologic asymmetries, movement quality/tone/posture, tone and neurodevelopmental status; testicular position

Perform: Ortolani and Barlow maneuvers

Screening (www.aap.org/periodicityschedule)

Universal: Depression: Maternal; Hearing; Newborn: Blood

Selective: Blood Pressure; Tuberculosis; Vision

Immunization

CDC: **www.cdc.gov/vaccines**
AAP: **http://redbook.solutions.aap.org**

Anticipatory Guidance

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

Social determinants of health: Risks (living situation and food security, environmental tobacco exposure, dampness and mold, radon, pesticides, intimate partner violence, maternal alcohol and substance use), strengths and protective factors (family support)

- Community agencies, WIC, and SNAP can help you with concerns about your living situation and having enough food.
  Tell me about your living situation. Do you have the things you need for the baby? Are you worried about having enough money for food/infant formula?

KEY = Guidance for parents, *questions*

- Don't use tobacco/e-cigarettes. Keep car/home free of tobacco smoke/e-cigarette vapor. Call **800-QUIT-NOW** (**800-784-8669**) for help to quit smoking.
- Check home for mold, radon; avoid using pesticides.
- Ask for help if you are concerned about or have experienced violence from your partner or another significant person in your life.
  Do you always feel safe in your home? Has your partner ever hit, kicked, or shoved you, or physically hurt you or the baby? Would you like information on where to go or who to contact if you ever need help?
- You can also call the **National Domestic Violence Hotline** toll-free at **800-799-SAFE** (**7233**).
- Don't use alcohol/drugs.
- Ask about community resources for child care.



Parent and family health and well-being: Postpartum checkup, maternal depression, family relationships

- Finding good child care can help you feel confident about returning to work. I can provide information and resources.
- Have postpartum checkup.
- Anxiety, depression are common after birth; getting enough sleep/physical activity and eating healthy helps. Talk with me if feelings last more than 2 days.
  Over the past 2 weeks, have you ever felt down, depressed, or hopeless? Over the past 2 weeks, have you felt little interest or pleasure in doing things?
- Find time for self, partner.

Infant behavior and development: Sleeping and waking, fussiness and attachment, media, playtime, medical home after-hours support



- Put baby in crib awake/drowsy to help with transition; keep room temperature comfortable.
- Consider offering pacifier.
- Calm baby with stroking head or gentle rocking.
- Never hit or shake baby.
  What do you do to calm your baby? What do you do if that doesn't work?
- Avoid TV and other digital media with baby.
- Start "tummy time" when awake.
- Take temperature rectally, not by ear.
  What type of thermometer do you have? Do you know how to use it?
- Call office anytime with questions.
- Wash hands often.

Nutrition and feeding: Feeding plans and choices, general guidance on feeding, breastfeeding guidance, formula-feeding guidance

- Exclusive breastfeeding for about the first 6 months provides ideal nutrition, supports best growth and development; iron-fortified formula is recommended substitute; recognize signs of hunger, fullness; expect 6 to 8 wet cloth diapers per day or 5 to 6 wet disposable diapers, 3 to 4 stools per day; no extra fluids; burp baby at natural breaks in feeding.
  How do you know if your baby is hungry? How do you know if your baby has had enough to eat?
- **If breastfeeding:** Feed every 1 to 3 hours daytime/every 3 hours nighttime for 8 to 12 feedings in 24 hours. Give baby vitamin D (400 IU per day). Mothers should continue prenatal vitamin with iron; healthy diet (vegetables/fruit/whole grains/low-fat or nonfat dairy/fish/lean protein).
  How is breastfeeding going? What concerns do you have about breastfeeding?
- **If formula feeding:** Prepare/store formula safely; feed 24 to 27 oz formula per day; hold baby semi-upright; don't prop bottle.

Safety: Car safety seats, safe sleep, preventing falls, emergency care

- Use rear-facing car safety seat in backseat; never put baby in front seat of vehicle with passenger air bag. Keep baby in car safety seat at all times during travel.
- Use seat belt; don't drive after using alcohol or drugs.
- Put baby to sleep on back; choose crib with slats less than 2⅜" apart; don't use loose, soft bedding; have baby sleep in your room in own crib.
- Keep hand on baby when changing diaper/clothes; keep bracelets, toys with loops, strings/cords away from baby.
- Learn infant first aid/CPR; know emergency numbers; make emergency plan.





2 Month Visit

Health Supervision

Surveillance of Development

- **Social Language and Self-help**
  - Smiles responsively; makes sounds that show happiness/upset
- **Verbal Language (Expressive and Receptive)**
  - Makes short cooing sounds
- **Gross Motor**
  - Lifts head and chest when on stomach
  - Keeps head steady when held in a sitting position
- **Fine Motor**
  - Opens and shuts hands; briefly brings hands together

Observation of Parent-Infant Interaction

Are parents responsive to baby's cues? How do parents interact with baby? What are parents' appearance and emotional state? Do they support each other and demonstrate confidence with baby?

Complete Physical Examination, Including

Measure and plot: Recumbent length, weight, head circumference, and weight-for-length

Assess/Observe for: Skin lesions/birthmarks/bruising; fontanelles occipital shape; pupil opacification, red reflexes, visual acuity; heart murmurs; femoral pulses; torticollis, neurologic tone, strength, and symmetry of movements

Perform: Ortolani and Barlow maneuvers



Screening (www.aap.org/periodicityschedule)

Universal: Depression: Maternal; Hearing; Newborn: Blood

Selective: Blood Pressure; Vision

Immunization

CDC: **www.cdc.gov/vaccines**

AAP: **http://redbook.solutions.aap.org**

Anticipatory Guidance

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

Social determinants of health: Risks (living situation and food security), strengths and protective factors (family support, child care)

- Community agencies can help you with concerns about your living situation.
  Tell me about your living situation. What are your resources for caring for the baby?
- Programs like WIC and SNAP are available to help you if you have concerns about your food situation.
  Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? Within the past 12 months, did the food you bought not last and you did not have money to get more?
- Handle unwanted advice by acknowledging, then changing, subject.
- Take time for self, partner. Maintain social contacts.
- Choose quality child care; recognize that separation is hard.
  How do you feel about leaving your baby with someone else?

KEY = Guidance for parents, *questions*

Parent and family health and well-being: Postpartum checkup, depression, sibling relationships

- Have postpartum checkup; talk with partner about family planning.
- Anxiety, depression are common after birth; getting enough sleep/physical activity and eating healthy helps. Talk with me if feelings last more than 2 days.
  Over the past 2 weeks, have you ever felt down, depressed, or hopeless? Over the past 2 weeks, have you felt little interest or pleasure in doing things?
- Spend time with your other children; engage them in care of baby if appropriate.

Infant behavior and development: Parent-infant relationship, parent-infant communication, sleeping, media, playtime, fussiness

- Hold, cuddle, talk, sing to baby.
  What do you and your partner enjoy most about your baby? What is challenging?
- Learn baby's temperament, personality.
  What do you think your baby is feeling and trying to tell you?
- Pay attention to baby's cues for sleep; develop schedule for naps and nighttime sleep. Put baby to bed awake but drowsy.
- Avoid TV and other digital media with baby.
- Use "tummy time" when awake.
- Calm baby by stroking head, gentle rocking, walking with baby in stroller.
- Never hit or shake baby.

Nutrition and feeding: General guidance on feeding and delaying solid foods, hunger and satiety cues, breastfeeding guidance, formula-feeding guidance

- Exclusive breastfeeding for about the first 6 months of life provides ideal nutrition, supports best growth and development; iron-fortified



formula is recommended substitute; recognize signs of hunger, fullness; expect 6 to 8 wet cloth diapers per day or 5 to 6 wet disposable diapers, 3 to 4 stools per day; no extra fluids; burp baby at natural breaks in feeding.

- **If breastfeeding:** Provide 8 to 12 feedings in 24 hours. Give baby vitamin D (400 IU per day). Mothers should continue prenatal vitamin with iron; healthy diet (fish, protein).
  How is breastfeeding going? Is baby breastfeeding exclusively? If not, what else is baby getting?
- **If formula feeding:** Prepare/store formula safely; feed 6 to 8 times in 24 hours; 26 to 28 oz formula total; hold baby semi-upright; don't prop bottle.
  How is formula feeding going for you and your baby? Have you offered your baby anything other than formula?

Safety: Car safety seats, safe asleep, safe home environment: burns, drowning, and falls

- Use rear-facing car safety seat in backseat; never put baby in front seat of vehicle with passenger air bag. Keep baby in car safety seat at all times during travel.
- Use seat belt; don't drive after using alcohol or drugs.
- Put baby to sleep on back; choose crib with slats less than 2⅜" apart; don't use loose, soft bedding; have baby sleep in your room in own crib.
- Don't drink hot liquids while holding baby; set home water temperature less than 120°F.
- Don't leave baby alone in tub, high places (changing tables, beds, sofas); keep hand on baby ("touch supervision").

4 MONTH VISIT

Health Supervision

Surveillance of Development

- **Social Language and Self-help**
  - Laughs aloud
  - Looks for parent or another caregiver when upset
- **Verbal Language (Expressive and Receptive)**
  - Turns to voices
  - Makes extended cooing sounds
- **Gross Motor**
  - Supports self on elbows and wrists when on stomach
  - Rolls over from stomach to back
- **Fine Motor**
  - Keeps hands unfisted; plays with fingers in midline; grasps objects

Observation of Parent-Infant Interaction

Are parents and baby mutually responsive? Do the parents attend to and support infant during the examination? How do the parents interact with each other?

Complete Physical Examination, Including

Measure and plot: Recumbent length, weight, head circumference, and weight-for-length

Assess/Observe for: Skin lesions/birthmarks/bruising; positional skull deformities; pupil opacification, red reflexes, visual acuity; heart murmurs; femoral pulses; developmental hip dysplasia; neurologic tone/strength/movement symmetry, diminishing primitive reflexes



Screening (www.aap.org/periodicityschedule)

Universal: Depression: Maternal

Selective: Anemia; Blood Pressure; Hearing; Vision

Immunization

CDC: **www.cdc.gov/vaccines**

AAP: **http://redbook.solutions.aap.org**

Anticipatory Guidance

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

Social determinants of health: Risks (environmental risk: lead, work-related exposures), strengths and protective factors (family relationships and support, child care)

- Reduce lead exposure at home.
- Maintain social contacts; make time for self, partner; spend time with your other children.
- Make quality child care arrangements.

Infant behavior and development: Infant self-calming, parent-infant communication, consistent daily routines, media, playtime

- Continue calming strategies when baby is fussy. *What do you do to calm your baby? What do you do if that does not work? Do you ever feel that you and/or other caregivers may hurt the baby?*
- Spend time talking/playing with baby.
- Create daily routine for feeding/naps/bedtime.
- Avoid TV and other digital media with baby.
- Use quiet (reading, singing) and active ("tummy time") playtime; provide safe opportunities to explore.

KEY = Guidance for parents, *questions*

Oral health: Maternal oral health, teething and drooling, good oral hygiene (no bottle in bed)

- Don't share spoons; don't clean pacifier in your mouth; maintain good dental hygiene.
- Use cold teething ring to relieve teething pain.
- Don't put baby in crib with a bottle; never prop bottle when feeding.
- Clean teeth/gums 2 times per day; use soft cloth/toothbrush with tap water and small smear of fluoridated toothpaste (no more than a grain of rice).

Nutrition and feeding: General guidance on feeding, feeding choices (avoid grazing), delaying solid foods, breastfeeding guidance, supplements and over-the-counter medications, formula-feeding guidance

- Exclusive breastfeeding for about the first 6 months is ideal; iron-fortified formula is recommended substitute.
- Delay solid foods until baby is 6 months old.
- **If breastfeeding:** Recognize growth spurts. Give baby vitamin D (400 IU per day). Begin infant iron supplementation. Discuss safe pumping/storing breast milk. Report any medications/supplements/herbs/vitamins.
- **If formula feeding:** Prepare/store formula safely; 8 to 12 times in 24 hours; 30 to 32 oz total; hold baby semi-upright; consider contacting WIC.

Safety: Car safety seats, safe sleep, safe home environment

- Use rear-facing car safety seat in backseat; never put baby in front seat of vehicle with passenger air bag. Keep baby in car safety seat at all times during travel.
- Use seat belt; don't drive under the influence of alcohol or drugs.

- Put baby to sleep on back; choose crib with slats less than 2⅜" apart; don't use loose, soft bedding.
- Avoid burn risk while holding baby (drinking hot liquids, cooking, ironing, smoking); set home water temperature less than 120°F.
- Don't leave baby alone in tub, high places (changing tables, beds, sofas); keep hand on baby ("touch supervision").
- Keep small objects, plastic bags away from baby. Avoid infant walkers.



6 MONTH VISIT

Health Supervision

Surveillance of Development

- **Social Language and Self-help**
  - – Pats or smiles at own reflection
  - – Looks when name is called
- **Verbal Language (Expressive and Receptive)**
  - – Babbles; makes sounds like "ga," "ma," or "ba"
- **Gross Motor**
  - – Rolls over from back to stomach
  - – Sits briefly without support
- **Fine Motor**
  - – Passes a toy from one hand to another
  - – Rakes small objects with 4 fingers
  - – Bangs small objects on surface

Observation of Parent-Infant Interaction

Are parents and infant mutually responsive? Do parents show comfort and confidence with infant? Does parent-infant relationship demonstrate comfort, adequate feeding/eating, and response to infant's cues? Do parents appear to be happy, content, at ease? Do parents support each other?

Complete Physical Examination, Including

Measure and plot: Recumbent length, weight, head circumference, and weight-for-length

Assess/Observe for: Skin lesions/birthmarks/bruising; ocular mobility, pupil opacification, red reflexes, visual acuity; heart murmurs; femoral pulses; developmental hip dysplasia; neurologic tone, strength, movement symmetry

Screening (www.aap.org/periodicityschedule)

Universal: Depression: Maternal; Oral Health

Selective: Blood Pressure; Hearing; Lead; Oral Health; Tuberculosis; Vision



Immunization
CDC: **www.cdc.gov/vaccines**
AAP: **http://redbook.solutions.aap.org**

Anticipatory Guidance

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

Social determinants of health: Risks (living situation and food security; tobacco, alcohol, and drugs; parental depression), strengths and protective factors (family relationships and support, child care)

- Community agencies can help you with concerns about your living situation.
  Tell me about your living situation. What are your resources for caring for the baby?
- Programs like WIC and SNAP are available to help you if you have concerns about your food situation.
  Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? Within the past 12 months, did the food you bought not last and you did not have money to get more?
- Don't use tobacco/e-cigarettes/alcohol/drugs. Call **800-QUIT-NOW** (**800-784-8669**) for help to quit smoking.
- Ask for help if you feel depressed, overwhelmed.
  What are some of your best, and most difficult, times of day with baby? How are you feeling emotionally?
- Depend on your social network.
  Who are you able to go to when you need help with your family?
- Choose trusted, responsible child care provider.

KEY = Guidance for parents, *questions*

Infant behavior and development: Parents as teachers, communication and early literacy, media, emerging infant independence, putting self to sleep, self-calming

- Use high chair/upright seat so baby can see you.
- Engage in interactive, reciprocal play. Talk/sing/read to, play games with baby.
  How does your baby communicate or tell you what he wants and needs?
- Avoid TV and other digital media with baby.
- Continue regular daily routines; put baby to bed awake but drowsy.
- Continue calming strategies when baby is fussy.

Oral health: Fluoride, oral hygiene/soft toothbrush, avoidance of bottle in bed

- Assess fluoride source.
- Clean teeth/gums 2 times per day with soft cloth/toothbrush and small smear of fluoridated toothpaste (no more than a grain of rice).
- Don't prop bottle or use bottle in bed.
- Avoid baby foods/juices that baby sucks out of bag or pouch.
- Don't share spoons; don't clean pacifier in your mouth.

Nutrition and feeding: General guidance on feeding, solid foods, pesticides in vegetables and fruits, fluids and juice, breastfeeding guidance, formula-feeding guidance

- Exclusive breastfeeding for about the first 6 months, then breast milk and solid foods from about 6 to 12 months, is ideal; iron-fortified formula is recommended substitute.
- Position baby for feeding so you can see/talk to each other.
- Determine whether baby is ready for solids; introduce single-ingredient foods one at a time; provide iron-rich foods; respond to hunger, fullness cues.



- Wash vegetables and fruits before serving; limit juice to 2 to 4 oz per day.
- **If breastfeeding:** Continue as long as mutually desired. Continue vitamin D/iron supplementation.
- **If formula feeding:** Don't switch to milk. Contact WIC/community resources for help.

Safety: Car safety seats, safe sleep, safe home environment: burns, sun exposure, choking, poisoning, drowning, falls

- Use rear-facing car safety seat in backseat; never put baby in front seat of vehicle with passenger air bag.
- Infants who reach maximum height/weight allowed by their rear-facing–only car safety seat should use a convertible or 3-in-1 seat approved for use rear facing to higher weights/heights (up to 50 lb and 49 in).
- Put baby to sleep on back; choose crib with slats less than 2⅜" apart; don't use loose, soft bedding; lower crib mattress; never leave baby in crib with drop side down; choose mesh playpen with weave less than ¼".
- Do home safety check (stair gates, barriers around space heaters, cleaning products).
- Don't leave baby alone in tub, high places (changing tables, beds, sofas).
- Keep household products (cleaners, medicines) locked and out of baby's sight. Put **Poison Help number** (**800-222-1222**) at all telephones, including cell.
- Keep baby in high chair/playpen when in kitchen.
- Avoid burn risk (drinking hot liquids, cooking, ironing, smoking); set home water temperature less than 120°F.
- Keep small objects, all plastic bags away from baby.
- To prevent choking, limit finger foods to soft bits.
- Avoid sun exposure; use hat/infant sunscreen.

9 MONTH VISIT

Health Supervision

Surveillance of Development

- **Social Language and Self-help**
  - Uses basic gestures (holding arms out to be picked up, waving bye-bye)
  - Looks for dropped objects; plays game like peekaboo and pat-a-cake
  - Turns consistently when name called
- **Verbal Language (Expressive and Receptive)**
  - Says "Dada" or "Mama" nonspecifically
  - Looks around when hearing things like "Where's your bottle?" or "Where's your blanket?"
  - Copies sounds that parent makes
- **Gross Motor**
  - Sits well without support
  - Pulls to stand; transitions well between sitting and lying
  - Crawls on hands and knees
- **Fine Motor**
  - Picks up food to eat; picks up small objects with 3 fingers and thumb
  - Lets go of objects intentionally; bangs objects together

Observation of Parent-Infant Interaction

Do parents stimulate infant with language, play? Do parents and infant demonstrate reciprocal engagement during play, feeding, eating? Is infant free to move away from parent to explore and check back with the parent visually and physically? Are parents' developmental expectations appropriate? How do parents respond to infant's autonomy or independent behavior within a safe environment?



Complete Physical Examination, Including

Measure and plot: Recumbent length, weight, head circumference, and weight-for-length

Assess/Observe for: Positional skull deformities; ocular motility, pupil opacification, red reflexes, visual acuity; heart murmurs; femoral pulses; developmental hip dysplasia; neurologic tone/strength/movement, symmetry

Elicit: Parachute reflex

Screening (www.aap.org/periodicityschedule)

Universal: Development; Oral Health

Selective: Blood Pressure; Hearing; Lead; Oral Health; Vision

Immunization

CDC: **www.cdc.gov/vaccines**
AAP: **http://redbook.solutions.aap.org**

Anticipatory Guidance

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

Social determinants of health: Risks (intimate partner violence), strengths and protective factors (family relationships and support)

- Ask for help if you are concerned about or have experienced violence from your partner or another significant person in your life.
  Do you always feel safe in your home? Has your partner ever hit, kicked, or shoved you, or physically hurt you or the baby? Would you like information on where to go or who to contact if you ever need help?
- You can also call the **National Domestic Violence Hotline** toll-free at **800-799-SAFE** (**7233**).

KEY = Guidance for parents, *questions*

- Make time for self, partner; maintain social contacts.

Infant behavior and development: Changing sleep pattern (sleep schedule), developmental mobility and cognitive development, interactive learning and communication, media

- Keep consistent daily routines.
- Provide opportunities for safe exploration; be realistic about abilities.
- Recognize new social skills, separation anxiety; be sensitive to temperament.
  How does your baby adapt to new situations, people, places?
- Play with cause-and-effect toys; talk/sing/read together; respond to baby's cues.
  How do you think baby is learning? How is he communicating with you?
- Avoid TV, videos, computers; consider making a family media use plan (**www.healthychildren.org/MediaUsePlan**).

Discipline: Parent expectations with child's behavior

- Use consistent, positive discipline (limit use of the word *no,* use distraction, be a role model).

Nutrition and feeding: Self-feeding, mealtime routines, transition to solid foods (table food introduction), cup drinking, plans for weaning

- Gradually increase table foods; ensure variety of foods, textures.
- Provide 3 meals and 2 to 3 snacks a day.
- Encourage use of cup; discuss plans for weaning.
- Continue breastfeeding if mutually desired.

Safety: Car safety seats, heatstroke prevention, firearm safety, safe home environment: burns, poisoning, drowning, falls

- Use rear-facing car safety seat in backseat until child is at least 2 years old; never put baby in front seat of vehicle with passenger air bag.
- Use seat belt; don't drive under the influence of alcohol or drugs.
- Avoid heatstroke; never leave baby in car alone.
- Remove firearms from home; if firearm necessary, store unloaded and locked, with ammunition locked separately.
  Does anyone in your home have a firearm? Have you considered not owning a firearm because of the danger to your child and other family members?
- Do home safety check (stair gates, barriers around space heaters, cleaning products, electric cords).
- Don't leave heavy objects, hot liquids on tablecloths.
- Put **Poison Help number** (**800-222-1222**) at each telephone, including cell.
- Use "touch supervision" near water, pools, bathtubs.
- Install operable window guards.



12 MONTH VISIT

Health Supervision

Surveillance of Development

- **Social Language and Self-help**
  - Looks for hidden objects
  - Imitates new gestures
- **Verbal Language (Expressive and Receptive)**
  - Uses *Dada* or *Mama* specifically
  - Uses 1 word other than *Mama, Dada,* or personal names
  - Follows directions with gestures, such as motioning and saying, "Give me (object)."
- **Gross Motor**
  - Takes first independent steps
  - Stands without support
- **Fine Motor**
  - Drops an object in a cup
  - Picks up small object with 2-finger pincer grasp
  - Picks up food to eat

Observation of Parent-Child Interaction

How does parent interact with toddler? Does child check back with parent visually? Does child bring an object of interest to share with parent? How does parent react to praise of self or child? How do siblings interact with child? Does parent seem positive when speaking about child?



Complete Physical Examination, Including

Measure and plot: Recumbent length, weight, head circumference, and weight-for-length

Assess/Observe for: Ocular motility, pupil opacification, red reflexes, visual acuity; dental irregularities and staining; abdominal masses; gait if walking, hand grasp and strength; testes fully descended/labia open; nevi, café-au-lait spots, birthmarks, bruising

Screening (www.aap.org/periodicityschedule)

Universal: Anemia; Lead (high prevalence area/on Medicaid); Oral Health (in absence of dental home)

Selective: Blood Pressure; Hearing; Lead (low prevalence area/not on Medicaid); Oral Health; Tuberculosis; Vision

Immunization

CDC: **www.cdc.gov/vaccines**
AAP: **http://redbook.solutions.aap.org**

Anticipatory Guidance

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:

Social determinants of health: Risks (living situation and food security; tobacco, alcohol, and drugs), strengths and protective factors (social connections with family, friends, child care and home visitation program staff, and others)

- Community agencies can help you with concerns about your living situation.
  Tell me about your living situation. Do you have the resources you need to care for your child?
- Programs like WIC and SNAP are available to help you if you have concerns about your food situation.

KEY = Guidance for parents, *questions*

Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? Within the past 12 months, did the food you bought not last and you did not have money to get more?

- Don't use tobacco/e-cigarettes/alcohol/drugs. Call **800-QUIT-NOW** (**800-784-8669**) for help to quit smoking.
- Discuss with your caregiver your child's medical needs, your feelings about diet/discipline/oral health/physical activity/media use.
- Maintain ties with friends, community.

Establishing routines: Adjustment to the child's developmental changes and behavior; family time; bedtime, naptime, and teeth brushing; media

- Use positive discipline as well as time-outs and distractions; praise for good behaviors.
  When your child is troublesome, what do you do?
- Carve out family time every day; establish consistent daily routines.
- Continue 1 nap a day; follow nightly bedtime routine with quiet time, reading, singing, favorite toy.
- Establish teeth-brushing routine.
- Avoid TV and other digital media with toddler; consider making a family media use plan (**www.healthychildren.org/MediaUsePlan**).
  How much time each day does your child spend watching TV or playing on tablet, smartphone, or other digital device? Is a TV on in the background while your child is playing in the room?

Feeding and appetite changes: Self-feeding, continued breastfeeding and transition to family meals, nutritious foods

- Encourage self-feeding; avoid small, hard foods.



- Provide healthy food and snacks; be sure caregivers do the same.
- Feed 3 meals and 2 to 3 snacks a day. Toddlers tend to graze. Trust child to decide how much to eat.

Establishing a dental home: First dental checkup and dental hygiene

- Visit the dentist by the time child is 12 months old or after first tooth erupts.
- Brush child's teeth twice a day with small smear of fluoridated toothpaste, soft toothbrush.
- If child is still using bottle, offer only water. Avoid added sugars.

Safety: Car safety seats, falls, drowning prevention and water safety, sun protection, pets, safe home environment: poisoning

- Use rear-facing car safety seat until child is highest weight or height allowed by manufacturer; make necessary changes when switching seat to forward facing; never place vehicle safety seat in front seat of car with passenger air bag; backseat safest.
- Use stair gates; keep furniture away from windows; install window guards.
- Stay within an arm's reach when near water ("touch supervision"); empty buckets, pools, bathtubs immediately after use.
- Use hat/sun protection clothing, sunscreen; avoid prolonged exposure when sun is strongest, between 11:00 am and 3:00 pm.
- Keep child away from pet feeding area; monitor interactions between child and pet.
- Remove/lock up poisons/toxic household products; keep **Poison Help number** (**800-222-1222**) at each telephone, including cell.

15 MONTH VISIT

Health Supervision

Surveillance of Development

- **Social Language and Self-help**
  - Imitates scribbling
  - Drinks from cup with little spilling
  - Points to ask for something, get help
  - Looks around after hearing things like "Where's your ball?" or "Where's your blanket?"
- **Verbal Language (Expressive and Receptive)**
  - Uses 3 words other than names
  - Speaks in sounds like an unknown language
  - Follows directions that do not include a gesture
- **Gross Motor**
  - Squats to pick up objects
  - Crawls up a few steps
  - Runs
- **Fine Motor**
  - Makes marks with crayon
  - Drops object in, takes object out from container

Observation of Parent-Child Interaction

What is the emotional tone between parent and child? How does parent support toddler's need for safety and reassurance? Does toddler check back with parent? How do the parent and toddler play with toys? How does parent react to praise of self or child? Does parent notice/acknowledge child's positive behaviors? How do siblings interact with toddler?



Complete Physical Examination, Including

Measure and plot: Recumbent length, weight, head circumference, and weight-for-length

Assess/Observe for: Ocular motility, pupil opacification, red reflexes, visual acuity; dental caries/plaque/demineralization/staining; abdominal masses; nevi, café-au-lait spots, birthmarks, bruising; stranger avoidance; walking and moving around the room

Screening (www.aap.org/periodicityschedule)

Universal: Oral Health (in absence of dental home)

Selective: Anemia; Blood Pressure; Hearing; Vision

Immunization

CDC: **www.cdc.gov/vaccines**
AAP: **http://redbook.solutions.aap.org**

Anticipatory Guidance

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:

Communication and social development: Individuation, separation, finding support, attention to how child communicates wants and interests

- When possible, allow child to choose between 2 options acceptable to you.
- Stranger anxiety and separation anxiety reflect new cognitive gains; speak reassuringly.
- Take time for self, partner. Seek support from other parents.

KEY = Guidance for parents, *questions*

- Use simple, clear words and phrases to promote language development and improve communication.
  How does your child communicate what she wants? Does she point to something she wants and then watch to see if you see what she's doing?

Sleep routines and issues: Regular bedtime routine, night waking, no bottle in bed

- Maintain consistent bedtime and nighttime routine; tuck in when drowsy but still awake.
- If night waking occurs, reassure briefly; give stuffed animal or blanket for self-consolation.
- Don't give bottle in bed. Don't put TV/computer/digital device in child's bedroom.

Temperament, development, behavior, and discipline: Conflict predictors and distraction, discipline and behavior management

- Modify child's environment to avoid conflict/tantrums. Use distractions; accept messiness; allow child to choose (when appropriate).
  What kinds of things do you find yourself saying no about?
- Praise good behavior and accomplishments.
- Use discipline for teaching/protecting, not punishing. Use time-outs to avoid negative attention.
  How are you and your partner managing your child's behavior? What do you do when you disagree?
- Teach child not to hit, bite, use aggressive behavior. Model this yourself.



Healthy teeth: Brushing teeth, reducing caries

- Schedule first dental visit if child hasn't seen dentist yet.
- Brush teeth twice a day with small smear of fluoridated toothpaste, soft toothbrush.
- Prevent tooth decay by good family oral health habits (brushing, flossing), not sharing utensils or cup.
- If child uses nighttime bottle, use water only.

Safety: Car safety seats and parental use of seat belts, safe home environment: poisoning, falls, and fire safety

- Use rear-facing car safety seat until child is highest weight or height allowed by manufacturer; make necessary changes when switching seat to forward facing; never place vehicle safety seat in front seat of car with passenger air bag; backseat safest.
- Make sure everyone uses a seat belt.
- Remove poisons/toxic household products; keep **Poison Help number** (**800-222-1222**) at every phone, including cell; use stair gates; keep furniture away from windows; install window guards.
  When did you last examine your home to make sure it is safe? What emergency numbers do you have posted near your phones?
- Install smoke detector on every level; test monthly/change batteries annually; make fire escape plan; set home hot water less than 120°F.

18 MONTH VISIT

Health Supervision

Surveillance of Development

- **Social Language and Self-help**
  - Engages with others for play
  - Helps dress and undress self
  - Points to pictures in book, to object of interest to draw parent's attention to it
  - Turns, looks at adult if something new happens
  - Begins to scoop with spoon
  - Uses words to ask for help
- **Verbal Language (Expressive and Receptive)**
  - Identifies at least 2 body parts
  - Names at least 5 familiar objects
- **Gross Motor**
  - Walks up steps with 2 feet per step with hand held
  - Sits in small chair
  - Carries toy while walking
- **Fine Motor**
  - Scribbles spontaneously
  - Throws small ball a few feet while standing

Observation of Parent-Child Interaction

How do parent and child communicate? Does child show parent book? What is tone, feeling of parent-child interactions? Does parent notice and acknowledge child's positive behaviors? How does parent set limits?

Complete Physical Examination, Including

Measure and plot: Recumbent length, weight, head circumference, and weight-for-length

Assess/Observe for: Gait, hand control, arm/spine movement; communication efforts; adult-child interaction, eye contact, use of gestures; ocular motility, pupil opacification, red reflexes, visual acuity; number of teeth, condition of gums and teeth;



abdominal masses; nevi, café-au-lait spots, birthmarks, bruising

Screening (www.aap.org/periodicityschedule)

Universal: Autism Spectrum Disorder; Development; Oral Health (in absence of dental home)

Selective: Anemia; Blood Pressure; Hearing; Lead; Oral Health; Vision

Immunization

CDC: **www.cdc.gov/vaccines**
AAP: **http://redbook.solutions.aap.org**

Anticipatory Guidance

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:

KEY = Guidance for parents, *questions*

Temperament, development, toilet training, behavior, and discipline: Anticipation of return to separation anxiety and managing behavior with consistent limits, recognizing signs of toilet training readiness and parental expectations, new sibling planned or on the way

- Anticipate anxiety/clinging in new situations.
- Spend time with child each day; plan ahead for difficult situations, and try new things to make them easier.
- Be consistent with discipline/enforcing limits.
- Wait until child is ready for toilet training (dry for periods of about 2 hours, knows wet and dry, can pull pants up/down, can indicate bowel movement).
- Read books about using the potty; praise attempts to sit on the potty.
- Prepare toddler for new sibling by reading books; avoid new developmental demands on toddler; take action to ensure own health.

Communication and social development: Encouragement of language, use of simple words and phrases, engagement in reading, playing, talking, and singing

- Encourage language development by reading and singing; talk about what you see.
- Use words that describe feelings and emotions to help child learn about feelings.
- Use simple language to give your child instructions.

TV viewing and digital media: Promotion of reading, physical activity, and safe play

- Make time for technology-free play every day; use consistent bedtime routine of reading/songs, not media.
- Use methods other than TV or other digital media for calming (distraction, removal from trigger, going outside, addressing hunger/tiredness).
- If you choose to introduce media now, choose high-quality programs/apps and use them together; limit viewing to less than 1 hour per day; be aware of own media use habits; discuss family media use plan (**www.healthychildren.org/MediaUsePlan**); avoid TV during meals.
  Does your child watch TV or videos or use other Internet-connected devices? If no, have you started to discuss a plan for media use when your child is older?

Healthy nutrition: Nutritious foods; water, milk, and juice; expressing independence through food likes and dislikes

- Offer variety of healthy foods/snacks, especially vegetables/fruits/lean protein.
- Provide 1 bigger meal, multiple small meals/snacks; trust child to decide how much to eat.
- Provide 16 to 24 oz milk.



- Juice is not a necessary drink. If you choose to give juice, limit to 4 oz daily and always serve it with a meal.
- Continue to offer new foods; let toddler experiment by touching and mouthing.

Safety: Car safety seats and parental use of seat belts, poisoning, sun protection, firearm safety, safe home environment: burns, fires, and falls

- Use rear-facing car safety seat until child is highest weight or height allowed by manufacturer; make necessary changes when switching seat to forward facing; never place car safety seat in front seat of vehicle with passenger air bag; backseat is safest.
- Make sure everyone uses a seat belt.
  Does everyone use a seat belt, booster seat, or car safety seat?
- Remove/lock up poisons/toxic household products; keep **Poison Help number** (**800-222-1222**) at each telephone, including cell.
- Use hat/sun protection clothing, sunscreen; avoid prolonged exposure when sun is strongest, between 11:00 am and 3:00 pm.
- Remove firearms from home; if firearm necessary, store unloaded and locked, with ammunition locked separately.
- Childproof home (medications, cleaning supplies, heaters, dangling cords, small/sharp objects, plastic bags); keep child away from heavy/hot objects.
- Install smoke detector on every level; test monthly; change batteries annually; fire escape plan; keep child out of driveway when cars moving.

2 YEAR VISIT

Health Supervision

Surveillance of Development

- **Social Language and Self-help**
  - Plays alongside other children (ie, parallel play)
  - Takes off some clothing
  - Scoops well with spoon
- **Verbal Language (Expressive and Receptive)**
  - Uses 50 words; combines 2 words into short phrase or sentence
  - Follows 2-step command
  - Names at least 5 body parts
  - Speaks in words that are 50% understandable to strangers
- **Gross Motor**
  - Kicks a ball
  - Jumps off the ground with 2 feet
  - Runs with coordination
  - Climbs up a ladder at a playground
- **Fine Motor**
  - Stacks objects; turns book pages
  - Uses hands to turn objects like knobs, toys, lids
  - Draws lines

Observation of Parent-Child Interaction

How do parent and child communicate? What is tone, feeling of parent-child interactions? Does child feel free to explore the room? How does parent set limits? Does parent seem positive when speaking about child?

Complete Physical Examination, Including

Measure and plot: Standing height (preferred) or recumbent length, weight, and BMI (if standing height) or weight-for-length (if recumbent length)



Assess/Observe for: Ocular motility, pupil opacification/red reflexes, visual acuity; condition of gums and teeth; abdominal masses; nevi, café-au-lait spots, birthmarks, or bruising; running, scribbling, socialization, ability to follow commands; language acquisition and clarity

Screening (www.aap.org/periodicityschedule)

Universal: Autism Spectrum Disorder; Lead (high prevalence area/on Medicaid); Oral Health (in absence of dental home)

Selective: Anemia; Blood Pressure; Dyslipidemia; Hearing; Lead (low prevalence area/not on Medicaid); Oral Health; Tuberculosis; Vision

Immunization

CDC: **www.cdc.gov/vaccines**
AAP: **http://redbook.solutions.aap.org**

Anticipatory Guidance

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:

Social determinants of health: Risks (intimate partner violence; living situation and food security; tobacco, alcohol, and drugs), strengths and protective factors (parental well-being)

- Ask for help if you are concerned about or have experienced violence from your partner or another significant person in your life.
  Do you always feel safe in your home? Has your partner ever hit, kicked, or shoved you, or physically hurt you or your child? Would you like information on where to go or who to contact if you ever need help?

KEY = Guidance for parents, *questions*

- You can also call the **National Domestic Violence Hotline** toll-free at **800-799-SAFE** (**7233**).
- Community agencies can help you with concerns about your living situation.
  Tell me about your living situation. What are your resources for caring for the child?
- Programs like WIC and SNAP are available to help you if you have concerns about your food situation.
  Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? Within the past 12 months, did the food you bought not last and you did not have money to get more?
- Don't use tobacco/e-cigarettes/alcohol/drugs. Call **800-QUIT-NOW** (**800-784-8669**) for help to quit smoking.
- Take care of self; maintain social contacts.
- Create opportunities for family time.
- Spend time with each child; resolve sibling conflict without taking sides.
- Do not allow hitting, biting, aggressive behavior. Model this yourself.

Temperament and behavior: Development, temperament, promotion of physical activity and safe play, limits on media use

- Praise good behavior and accomplishments; listen to and respect your child.
  What are some of the new things your child is doing?
- Help child express feelings like joy, anger, sadness, frustration.
- Encourage self-expression.
- Learn child's way of reacting to people/situations.
  How does your child act around family members?
- Encourage free play for up to 60 minutes per day; give child age-appropriate play equipment.



- Make time for learning through reading, talking, singing, exploring environment, not screens.
  How much time each day does your child spend watching TV or playing on tablet, smartphone, or other digital device?
- Limit TV and other digital media to no more than 1 hour of quality programming per day; avoid TV during meals.

Assessment of language development: How child communicates and expectations for language, promotion of reading

- Model appropriate language.
- Should be able to follow simple 1- or 2-step commands.
  What do you think your child understands?
- Read/look at books together every day; child may want same story over and over.

Toilet training: Techniques, personal hygiene

- Begin when child is ready (dry for periods of 2 hours, knows wet and dry, can pull pants up/down, can indicate bowel movement).
- Plan for frequent toilet breaks (up to 10 times a day).
- Teach to wash hands.

Safety: Car safety seats, outdoor safety, firearm safety

- Be sure car safety seat is installed properly in backseat. Harness straps should be snug.
- Make sure everyone else uses a seat belt.
- Supervise child outside, especially around cars, around machinery, in streets.
- Use bike helmet.
- Remove firearms from home; if firearm necessary, store unloaded and locked, with ammunition locked separately.

2½ YEAR VISIT

Health Supervision

Surveillance of Development

- **Social Language and Self-help**
  - Urinates in a potty or toilet
  - Spears food with fork
  - Washes and dries hands
  - Increasingly engages in imaginary play
  - Tries to get parent to watch by saying, "Look at me!"
- **Verbal Language (Expressive and Receptive)**
  - Uses pronouns correctly
- **Gross Motor**
  - Walks up steps, alternating feet
  - Runs well without falling
- **Fine Motor**
  - Copies a vertical line; grasps crayon with thumb and fingers instead of fist
  - Catches large balls

Observation of Parent-Child Interaction

How actively do parent and child communicate? Does child speak at appropriate age level? Do child and parent look at book together, discuss it, and interact? How well does the parent calm the child?

Complete Physical Examination, Including

Measure and plot: Standing height (preferred) or recumbent length, weight, and BMI (if standing height) or weight-for-length (if recumbent length)

Assess/Observe for: Ocular motility, pupil opacification, red reflexes, visual acuity; abdominal masses; nevi, café-au-lait spots, birthmarks, bruising; coordination, language acquisition/clarity, socialization, vocalization



Screening (www.aap.org/periodicityschedule)

Universal: Development; Oral Health (in absence of dental home)

Selective: Anemia; Blood Pressure; Hearing; Oral Health; Vision

Immunization

CDC: **www.cdc.gov/vaccines**
AAP: **http://redbook.solutions.aap.org**

Anticipatory Guidance

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:

Family routines: Day and evening routines, enjoyable family activities, parental activities outside the family, consistency in the child's environment

- Maintain regular family routines (meals, quiet bedtime).
- Encourage family exercise; take advantages of museums, zoos.
  Tell me how you have fun with your family.
- Maintain social contacts; do things outside the family.
- Reach agreement with all family members on how best to support child's emerging independence while maintaining consistent limits.
  How well do you and your family agree on limits and discipline for your child?

Language promotion and communication: Use of simple words and reading together

- Read together every day; go to the library.
- Listen when child speaks; repeat, using correct grammar.
  Is your child speaking in sentences? How frustrated does he become when others cannot understand what he is saying?

KEY = Guidance for parents, *questions*

Promoting social development: Play with other children, giving choices, limits on TV and media use

- Encourage play with other children, but supervise because child not ready yet to share/play cooperatively.
- Build independence by offering choices between 2 acceptable alternatives.
  Does your child enjoy making independent decisions? What are some of the new things your child is doing?
- Limit TV and digital media to no more than 1 hour a day; monitor what child watches.

Preschool considerations: Readiness for early childhood programs and playgroups, toilet training

- Consider group child care, preschool program, organized playdates or playgroups.
  What are your plans for child care or preschool in the year ahead?
- Encourage toilet training success by dressing child in easy-to-remove clothes; establish daily routine; place on potty every 1 to 2 hours; praise; provide relaxed environment by reading/singing.

Safety: Car safety seats, outdoor safety, water safety, sun protection, fires and burns

- Be sure car safety seat is installed properly in backseat. Harness straps should be snug.
- Make sure everyone else uses seat belt.
- Supervise child outside, especially around cars, machinery, dogs.
- Provide "touch supervision" near water, bathtubs, pools, toilet.

- Use hat/sun protection clothing, sunscreen; avoid prolonged exposure when sun is strongest, between 11:00 am and 3:00 pm.
- Install smoke detectors on every level; test monthly; change batteries annually; fire escape plan; keep matches/hot objects out of sight/away from child.
  When did you last change the batteries in your smoke detectors?



3 YEAR VISIT

Health Supervision

Surveillance of Development

- **Social Language and Self-help**
  - Enters bathroom and urinates by herself
  - Puts on coat, jacket, or shirt by herself
  - Eats independently
  - Engages in imaginative play
  - Plays in cooperation and shares
- **Verbal Language (Expressive and Receptive)**
  - Uses 3-word sentences
  - Speaks in words that are 75% understandable to strangers
  - Tells you a story from a book or TV
  - Compares things using words like *bigger* or *shorter*
  - Understands simple prepositions, such as *on* or *under*
- **Gross Motor**
  - Pedals a tricycle
  - Climbs on and off couch or chair
  - Jumps forward
- **Fine Motor**
  - Draws a single circle
  - Draws a person with head and 1 other body part
  - Cuts with child scissors

Observation of Parent-Child Interaction

- How do parent and child communicate? Does parent give the child choices? Does parent encourage child's cooperation? Does parent notice and acknowledge child's positive behaviors?
- Does unacceptable behavior elicit appropriate limit setting from parents?



Complete Physical Examination, Including

Measure: Blood pressure and compare with norms

Measure and plot: Height, weight, and BMI

Assess/Observe for: Ocular motility, pupil opacification/red reflexes, visual acuity; condition of gums and teeth; abdominal masses; nevi, café-au-lait spots, birthmarks, bruising; language acquisition and clarity

Screening (www.aap.org/periodicityschedule)

Universal: Vision; Oral Health (in absence of dental home)

Selective: Anemia; Hearing; Lead; Oral Health; Tuberculosis

Immunization

CDC: **www.cdc.gov/vaccines**
AAP: **http://redbook.solutions.aap.org**

KEY = Guidance for parents, *questions;* Guidance for child, *questions*

Anticipatory Guidance

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:

Social determinants of health: Risks (living situation and food security; tobacco, alcohol, and drugs), strengths and protective factors (positive family interactions, work-life balance)

- Community agencies can help you with concerns about your living situation.
  Tell me about your living situation. Do you have the things you need to care for your child?
- Programs like WIC and SNAP are available to help you if you have concerns about your food situation.
  Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? Within the past 12 months, did the food you bought not last and you did not have money to get more?

- Don't use tobacco/e-cigarettes/alcohol/drugs. Call **800-QUIT-NOW** (**800-784-8669**) for help to quit smoking.
- Show affection in family; handle anger constructively; give child opportunities to make choices.
  Who loves you? How do you know?
- Take time for self, partner; create opportunities for family to spend time with the child.

Playing with siblings and peers: Play opportunities and interactive games, sibling relationships

- Encourage play with appropriate toys and safe exploration; expect fantasy play.
  Tell me about your child's typical play.
- Encourage interactive games with peers; explain importance of taking turns.
- Help your children develop good relations with each other.

Encouraging literacy activities: Reading, talking, and singing together; language development



- Read, sing, play rhyme games together; let child "tell" story; practice reading wherever you go.
- Encourage child to talk about friends, experiences.
  How does your child tell you what he wants?
  How well does the family understand his speech?

Promoting healthy nutrition and physical activity: Water, milk, and juice; nutritious foods; competence in motor skills and limits on inactivity

- Always have cool water available.
- Provide 16 to 24 oz low-fat/fat-free milk daily.
- Juice is not a necessary drink. If you choose to give juice, limit to 4 oz daily and always serve it with a meal.
- Offer variety of healthy foods/snacks, especially vegetables, fruits, lean protein.



- Trust child to decide how much to eat.
- Encourage opportunities for physical activity for child, family.
- Limit TV and other digital media to no more than 1 hour a day; monitor what child watches; consider making a family media use plan (**www.healthychildren.org/MediaUsePlan**).

Safety: Car safety seats, choking prevention, pedestrian safety and falls from windows, water safety, pets, firearm safety

- Continue to use properly installed, size-appropriate rear-facing or forward-facing car safety seat with 5-point harness. Keep car safety seat in the backseat.
- Prevent choking by cutting food into small pieces.
- Supervise all play near streets/driveways; don't allow child to cross street alone.
- Move furniture away from windows; install operable window guards.
- Provide "touch supervision" near water, bathtubs, pools, toilet.
- Teach child about safety around pets.
- Remove firearms from home; if firearm necessary, store unloaded and locked, with ammunition locked separately; ask if firearms in other homes where child plays; if so, ensure same safety precautions are used before letting child play there.

4 YEAR VISIT

Health Supervision

Surveillance of Development

- **Social Language and Self-help**
  - Enters bathroom and has bowel movement by himself
  - Brushes teeth
  - Dresses and undresses without much help
  - Engages in well-developed imaginative play
- **Verbal Language (Expressive and Receptive)**
  - Answers questions like "What do you do when you are cold?" or "…when you are sleepy?"
  - Uses 4-word sentences
  - Speaks in words that are 100% understandable to strangers
  - Draws recognizable pictures
  - Follows simple rules when playing board/card games
  - Tells parent a story from book
- **Gross Motor**
  - Skips on 1 foot
  - Climbs stairs, alternating feet without support
- **Fine Motor**
  - Draws a person with at least 3 body parts
  - Draws simple cross
  - Unbuttons and buttons medium-sized buttons
  - Grasps pencil with thumb and fingers instead of fist

Observation of Parent-Child Interaction

How do parent and child communicate? Does parent allow child to answer questions? Does child separate from parent during the examination? Does the child dress and undress self? How do parent, child, siblings interact? If offered books, does parent let child choose?



Complete Physical Examination, Including

Measure: Blood pressure and compare with norms

Measure and plot: Height, weight, and BMI

Assess/Observe for: Condition of gums and teeth; nasal stuffiness; rashes, bruises; ocular motility, pupil opacification, red reflexes; abdominal masses; fine/gross motor skills; language acquisition, speech fluency/clarity, thought content/abstraction, articulation difficulties

Perform: Formal motor assessment

Screening (www.aap.org/periodicityschedule)

Universal: Hearing; Oral Health (in absence of dental home); Vision

Selective: Anemia; Dyslipidemia; Lead; Oral Health; Tuberculosis

Immunization

CDC: **www.cdc.gov/vaccines**
AAP: **http://redbook.solutions.aap.org**

Anticipatory Guidance

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:

Social determinants of health: Risks (living situation and food security; tobacco, alcohol, and drugs; intimate partner violence; safety in the community), strengths and protective factors (engagement in the community)

- Community agencies can help you with concerns about your living situation.
  Tell me about your living situation. Do you have the things you need to care for your child?

KEY = Guidance for parents, *questions;* Guidance for child, *questions*

- Programs like WIC and SNAP are available to help you if you have concerns about your food situation.
  Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? Within the past 12 months, did the food you bought not last and you did not have money to get more?
- Don't use tobacco/e-cigarettes/alcohol/drugs. Call **800-QUIT-NOW** (**800-784-8669**) for help to quit smoking.
- Ask for help if you are concerned about or have experienced violence from your partner or another significant person in your life.
  Do you always feel safe in your home? Has your partner ever hit, kicked, or shoved you, or physically hurt you or your child? Would you like information on where to go or who to contact if you ever need help?
- You can also call the **National Domestic Violence Hotline** toll-free at **800-799-SAFE** (**7233**).
- Teach your child rules for how to be safe with adults: (1) no adult should tell a child to keep secrets from parents; (2) no adult should express interest in private parts; (3) no adult should ask a child for help with his/her private parts.
- Maintain or expand participation in community activities.
  What activities do you participate in outside the home? What help do you need in finding other community resources, such as a faith-based group, recreational centers, or volunteer opportunities?

School readiness: Language understanding and fluency, feelings, opportunities to socialize with other children, readiness for structured learning experiences, early childhood programs and preschool



- Give child time to finish sentences; encourage speaking skills by reading/talking together. Keep answers short and simple.
  How does your child communicate what she wants and knows?
- Read together daily; ask child questions about the stories.
- Children are very sensitive, either easily encouraged or hurt; model respectful behavior and apologize if wrong; praise when demonstrates sensitivity to feelings of others.
- Provide opportunities for your child to play with other children.
  How interested is your child in other children? How confident is she socially and emotionally?
- Visit your child's preschool/child care program; become actively involved; talk with your child about what she's learning.
  How happy are you with your preschool or child care arrangements? On most days, does she seem happy to go?

Developing healthy nutrition and personal habits: Water, milk, and juice; nutritious foods; daily routines that promote health

- Always have cool water available.
- Provide 16 to 24 oz low-fat/fat-free milk daily.
- Juice is not a necessary drink. If you choose to give juice, limit to 4 oz daily and always serve it with a meal.
- Offer variety of healthy foods/snacks, especially vegetables, fruits, lean protein.
- Trust child to decide how much to eat.
- Create calm bedtime ritual; enjoy mealtimes without TV; ensure child brushes teeth twice a day with pea-sized fluoridated toothpaste.

Media use: Limits on use, promoting physical activity and safe play

- Limit TV and video to no more than 1 hour a day; no TV in bedroom; supervise any Internet use; consider making a family media use plan (**www.healthychildren.org/MediaUsePlan**). *What digital and Internet-connected devices does your child use (eg, handheld devices, video games, digital toys, TV, computers)?*
- Make opportunities for daily play; be physically active as a family.

Safety: Belt-positioning car booster seats, outdoor safety, water safety, sun protection, pets, firearm safety

- Continue to use a size-appropriate forward-facing car safety seat installed in backseat. ***Where do you sit when you ride in the car? Do you have a special seat?***
- Supervise all outdoor play; never leave child alone; don't allow to cross street alone.
- Be sure swimming pools are fenced; use life jacket; teach child to swim.
- Use hat/sun protection clothing, sunscreen; avoid prolonged exposure when sun is strongest, between 11:00 am and 3:00 pm.
- Teach child about safety around pets.
- Remove firearms from home; if firearm necessary, store unloaded and locked, with ammunition locked separately. Ask if firearms in other homes where child plays; if so, ensure same safety precautions before letting child play there.


WORLD
POLITICAL

5 AND 6 YEAR VISITS

Health Supervision

Surveillance of Development

- Balances on one foot; hops; skips
- Is able to tie a knot; can draw person with at least 6 body parts; prints some letters/numbers; is able to copy squares and triangles
- Has good articulation/language skills; can count to 10; names 4 or more colors
- Follows simple directions; dresses with minimal assistance

Observation of Parent-Child Interaction

How do parent and child interact? Is parent positive and supportive of child? How do parent and child interact with health care professional? Does parent engage child in an age-appropriate manner?

Complete Physical Examination, Including

Measure: Blood pressure and compare with norms

Measure and plot: Height, weight, and BMI

Assess/Observe for: Ocular motility; caries, gingival inflammation, malocclusion; fine/gross motor skills, gait

Screening (www.aap.org/periodicityschedule)

5 Year Visit

Universal: Hearing; Oral Health (in absence of dental home); Vision

Selective: Anemia; Lead; Oral Health; Tuberculosis

6 Year Visit

Universal: Hearing; Vision

Selective: Anemia; Dyslipidemia; Lead; Oral Health; Tuberculosis



Immunization
CDC: **www.cdc.gov/vaccines**
AAP: **http://redbook.solutions.aap.org**

Anticipatory Guidance

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Middle Childhood Expert Panel has given priority to the following topics for discussion in the 5 and 6 Year Visits:

Social determinants of health: Risks (neighborhood and family violence, food security, family substance use), strengths and protective factors (emotional security and self-esteem, connectedness with family)

- Teach your child nonviolent conflict-resolution techniques.
- **Talk with parents/trusted adult if you are bullied.**
- Contact community resources, like SNAP, for help with food assistance.
  Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? Within the past 12 months, did the food you bought not last and you did not have money to get more?
- Don't use tobacco/e-cigarettes. Call **800-QUIT-NOW** (**800-784-8669**) for help to quit smoking. Talk with me if you are worried about family member drug/alcohol use.
- Encourage independence, self-responsibility; show affection; praise appropriately.
- Spend time with your child. Make time to talk. *How are you getting along as a family? What do you do together?*

KEY = Guidance for parents, *questions;* Guidance for child, *questions*

Development and mental health: Family rules and routines, concern for others, respect for others; patience and control over anger

- Continue family routines; assign household chores.
- Use discipline for teaching, not punishment.
- Model anger management/self-discipline.
- **Solve conflict/anger by talking, going outside and playing, walking away.**
  What makes you sad/angry? How do you handle it?

School: Readiness, established routines, school attendance, friends; after-school care and activities, parent-teacher communication

- Ensure child is ready to learn (regular bedtime routine, healthy breakfast).
- Tour school; attend back-to-school events.
  What concerns do you have about your child's ability to do well in school?
- Be sure after-school care is safe, positive.
- Talk with child about school experiences.
- If child has special health care needs, be active in IEP process.

Physical growth and development: Oral health (regular visits with dentist, daily brushing and flossing, adequate fluoride, limits on sugar-sweetened beverages and snacks), nutrition (healthy weight; increased vegetable, fruit, whole-grain consumption; adequate calcium and vitamin D intake; healthy foods at school), physical activity (60 minutes of physical activity a day)

- Help child with brushing teeth if needed.
- Visit dentist twice a year.
- **Brush teeth twice a day; floss once.**
- Help child choose healthy eating (provide healthy foods, eat together as a family, be a role model).
- **Eat breakfast; eat vegetables/fruits.**
- **Eat when you're hungry; stop when you're satisfied.**



- **Drink milk 2 to 3 times a day.**
- **Limit sugary drinks/foods.**
- Consider making family media use plan (**www.healthychildren.org/MediaUsePlan**), which can help balance child's needs for physical activity, sleep, school activities, and unplugged time; decide on rules for media time in time left over after all other activities; take into account quantity, quality, location of media use.
- **Be physically active often during the day.**

Safety: Car safety, outdoor safety, water safety, sun protection, harm from adults, home fire safety, firearm safety

- Use properly positioned belt-positioning booster seat in backseat.
- Teach safe street habits (crossing/riding school bus).
- Ensure child uses safety equipment (helmet, pads).
- Teach child to swim; supervise around water.
- Use sunscreen; wear hat; avoid prolonged exposure when sun is strongest, between 11:00 am and 3:00 pm.
- Teach rules for how to be safe with adults: (1) no adult should tell a child to keep secrets from parents; (2) no adult should express interest in private parts; (3) no adult should ask a child for help with his/her private parts; explain "privates." *Have you talked with your child about ways to avoid sexual abuse?*
  What would you do if a grown-up made you scared? Who could you tell? Who would help you?
- Install smoke detectors and carbon monoxide detector/alarms; make fire escape plan.
- Remove firearms from home; if firearm necessary, store unloaded and locked, with ammunition locked separately.

7 AND 8 YEAR VISITS

Health Supervision

Surveillance of Development

- Demonstrates social and emotional competence (including self-regulation)
- Engages in healthy nutrition and physical activity behaviors
- Forms caring, supportive relationships with family members, other adults, and peers

Observation of Parent-Child Interaction

How do parent and child interact with each other? How do parent and child interact with health care professional? Does parent engage child in an age-appropriate manner?

Complete Physical Examination, Including

Measure: Blood pressure and compare with norms

Measure and plot: Height, weight, and BMI

Assess/Observe for: Caries, gingivitis, malocclusion; SMR; hip, knee, ankle function and gait

Screening (www.aap.org/periodicityschedule)

7 Year Visit

Universal: None

Selective: Anemia; Hearing; Oral Health; Tuberculosis; Vision

8 Year Visit

Universal: Hearing; Vision

Selective: Anemia; Dyslipidemia; Oral Health; Tuberculosis



Immunization
CDC: **www.cdc.gov/vaccines**
AAP: **http://redbook.solutions.aap.org**

Anticipatory Guidance

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Middle Childhood Expert Panel has given priority to the following topics for discussion in the 7 and 8 Year Visits:

Social determinants of health: Risks (neighborhood and family violence, food security, family substance use, harm from the Internet), strengths and protective factors (emotional security and self-esteem, connectedness with family and peers)

- Teach your child nonviolent conflict-resolution techniques.
- **Talk with parents/trusted adult if you are bullied.**

KEY = Guidance for parents, *questions;* Guidance for child, *questions*

- Contact community resources, like SNAP, for help with food assistance.
  Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? Within the past 12 months, did the food you bought not last and you did not have money to get more?
- Don't use tobacco/e-cigarettes. Call **800-QUIT-NOW** (**800-784-8669**) for help to quit smoking. Talk with me if you are worried about family member drug/alcohol use.
- Put family computer in easily seen place; monitor computer use; install safety filter.
  How much do you know about your child's Internet use?
- **Don't give out personal information online.** ***What would you do if you went on a site that scared you?***
- Encourage independence, self-responsibility; show affection; praise appropriately.

- Spend time with your child. Make time to talk. Know child's friends.
  How are you getting along as a family? What do you do together?

Development and mental health: Independence, rules and consequences, temper problems and conflict resolution; puberty and pubertal development

- Encourage competence/independence/self-responsibility.
- Discuss rules, consequences.
- Be positive role model; do not hit or let others hit.
- Talk about worries.
  Who do you talk with about your worries and things that make you mad?
- Be aware of pubertal changes; answer questions simply.
  What have you told your child about how to care for his changing body?
  Do you know what puberty is? Has anyone talked with you about how your body will change during puberty?

School: Adaptation to school, school problems (behavior or learning issues), school performance and progress, school attendance, IEP or special education services, involvement in school activities and after-school programs, parental involvement

- Ensure child is ready to learn (regular bedtime routine, healthy breakfast).
- Show interest in school and activities.
  How is your child doing in school? What types of activities is your child doing after school?
  What do you like best about school/after-school activities?
- If concerns, ask teacher about evaluation for special help/tutoring; help with bullying.
- If child has special health care needs, be active in IEP process.



Physical growth and development: Oral health (regular visits with dentist, daily brushing and flossing, adequate fluoride, avoidance of sugar-sweetened beverages and snacks), nutrition (healthy weight, adequate calcium and vitamin D intake, limiting added sugars intake), physical activity (60 minutes of physical activity a day, screen time)

- Take child to dentist twice a year.
- Give fluoride supplement if dentist recommends.
- Limit sweetened drinks/snacks.
- **Brush teeth twice a day; floss once.**
- **Wear mouth guard during sports.**
- Help child choose healthy eating (provide healthy foods, eat together as a family, be a role model).
- **Eat breakfast; eat vegetables/fruits.**
- **Eat when you're hungry; stop when you're satisfied.**
- **Drink milk 3 or more times a day.**
- **Limit sugary drinks/foods.**
- **Be physically active often during the day.**
- Consider making family media use plan (**www.healthychildren.org/MediaUsePlan**), which can help balance child's needs for physical activity, sleep, school activities, and unplugged time; decide on rules for media time in time left over after all other activities; take into account quantity, quality, location of media use.

Safety: Car safety, safety during physical activity, water safety, sun protection, harm from adults, firearm safety

- Use belt-positioning booster seat in backseat.
- Ensure child uses safety equipment (helmet, pads). Be a role model and always wear a helmet.

- Teach child to swim; supervise around water.
- Use sunscreen; wear hat; avoid prolonged exposure when sun is strongest, between 11:00 am and 3:00 pm.
- Know child's friends; teach home safety rules for fire/emergencies; teach rules for how to be safe with adults: (1) no adult should tell a child to keep secrets from parents; (2) no adult should express interest in private parts; (3) no adult should ask a child for help with his/her private parts.



Do you know what do you if you get home and Mom or Dad is not there? What would you do if you felt unsafe at a friend's house? Has anyone touched you in a way that made you feel uncomfortable?

- Remove firearms from home; if firearm necessary, store unloaded and locked, with ammunition locked separately.



9 AND 10 YEAR VISITS

Health Supervision

Surveillance of Development

- Demonstrates social and emotional competence (including self-regulation)
- Engages in healthy nutrition and physical activity behaviors
- Uses independent decision-making skills (including problem-solving skills)
- Forms caring and supportive relationships with family members, other adults, and peers
- Displays a sense of self-confidence and hopefulness

Observation of Parent-Child Interaction

How do parent and child interact with each other? How do parent and child interact with health care professional?

Complete Physical Examination, Including

Measure: Blood pressure and compare with norms

Measure and plot: Height, weight, and BMI

Assess/Observe for: Signs of self-injury, SMR

Examine: Back

Screening (www.aap.org/periodicityschedule)

9 Year Visit

Universal: Dyslipidemia (once between 9 Year and 11 Year Visits)

Selective: Anemia; Hearing; Oral Health; Tuberculosis; Vision



10 Year Visit

Universal: Dyslipidemia (once between 9 Year and 11 Year Visits); Hearing; Vision

Selective: Anemia; Oral Health; Tuberculosis

Immunization

CDC: **www.cdc.gov/vaccines**
AAP: **http://redbook.solutions.aap.org**

Anticipatory Guidance

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Middle Childhood Expert Panel has given priority to the following topics for discussion in the 9 and 10 Year Visits:

Social determinants of health: Risks (neighborhood and family violence, food security, family substance use, harm from the Internet), strengths and protective factors (emotional security and self-esteem, connectedness with family and peers)

- Teach your child nonviolent conflict-resolution techniques.
- If concerns at school, ask for help from teacher/principal; discuss bullying.
- **Talk with parents/trusted adult if you are bullied.**
- Contact community resources like SNAP for help with food assistance.
  Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? Within the past 12 months, did the food you bought not last and you did not have money to get more?
- Don't use tobacco/e-cigarettes. Call **800-QUIT-NOW** (**800-784-8669**) for help to quit smoking. Talk with me if you are worried about family member drug/alcohol use.

KEY = Guidance for parents, *questions;* Guidance for child, *questions*

- Put family computer in easily seen place; monitor computer use; install safety filter. *How much do you know about your child's Internet use?*
- **Don't give out personal information online.** ***What would you do if you went on a site that scared you?***
- Encourage new opportunities, activities, helping out at home/in community.
- Spend time with your child. Discuss changing responsibilities within family. Clearly communicate rules, expectations.
- Get to know child's friends.
- **Making and keeping friends is an important life skill.**



Development and mental health: Temper problems, setting reasonable limits, friends; sexuality (pubertal onset, personal hygiene, initiation of growth spurt, menstruation and ejaculation, loss of baby fat and accretion of muscle, sexual safety)

- Anticipate new adolescent behaviors, importance of peers.
- Reinforce values; encourage discussion of thoughts/feelings, appropriate anger management; provide personal space at home. Be a role model for positive behavior.
- Supervise activities with peers. ***What do you and your friends like to do together? What do you do when your friends pressure you to do things you don't want to do?***



- Answer questions about puberty/sexuality; counsel to avoid sexual activity; teach rules for how to be safe with adults: (1) no adult should tell a child to keep secrets from parents; (2) no adult should express interest in private parts; (3) no adult should ask a child for help with his/her private parts.
  How well do you and your partner agree on how to talk with your child about sexual development and sexuality? How would you respond if your child asked you about homosexuality?
  What questions do you have about the way your body is developing?

School: School attendance, school problems (behavior or learning), school performance and progress, transitions, co-occurrence of middle school and pubertal transitions

- Show interest in school performance/activities; if concerns, ask teacher about extra help.
  What are some things you are good at?
- Create quiet space for homework.

Physical growth and development: Oral health (regular visits with dentist, daily brushing and flossing, adequate fluoride, avoidance of sugar-sweetened beverages and snacks), nutrition (healthy weight, disordered eating behaviors, importance of breakfast, limits on saturated fat and added sugars, healthy snacks), physical activity (60 minutes of physical activity a day, after-school activities)

- Visit dentist twice a year.
- Give fluoride supplements if dentist recommends.
- **Brush teeth 2 minutes, twice a day; floss once.**
- **Wear mouth guard during sports.**
- Help child choose healthy eating (provide healthy foods, eat together as a family, be a role model).
  What concerns do you have about your weight? How do you feel about how you look?
- **Eat breakfast; eat vegetables/fruits/whole grains/ low-fat or nonfat dairy/lean protein.**
- **Eat when you're hungry; stop when you're satisfied.**
- **Limit foods/drinks high in sugar/saturated fats/ refined grains.**
- **Talk with me before trying to lose weight.**
- **Be physically active often during the day.**
- Consider making family media use plan (**www.healthychildren.org/MediaUsePlan**), which can help balance child's needs for physical activity, sleep, school activities, and unplugged time; decide on rules for media time in time left over after all other activities; take into account quantity, quality, location of media use.

Safety: Car safety, safety during physical activity, water safety, sun protection, knowing child's friends and their families, firearm safety

- The backseat is the safest place to ride. Switch from booster seat to seat belt in rear seat when child is ready.
- Use safety equipment (helmets, pads).
- Teach child to swim; supervise around water.

- **Use sunscreen; wear hat; avoid prolonged exposure when sun is strongest, between 11:00 am and 3:00 pm.**
- Know child's friends; make plan for personal safety.
  What would you do if you felt unsafe at a friend's house?
- Remove firearms from home; if firearm necessary, store unloaded and locked, with ammunition separate. Homicide and completed suicide are more common in homes with firearms.
  Have you considered not owning a firearm because it poses a danger to the family?
  What have your parents taught you about firearms and firearm safety?



EARLY ADOLESCENCE (11 THROUGH 14 YEAR VISITS)

Health Supervision

Surveillance of Development

- Forms caring and supportive relationships with family members, other adults, and peers
- Engages in a positive way with the life of the community
- Engages in behaviors that optimize wellness and contribute to a healthy lifestyle
- Demonstrates physical, cognitive, emotional, social, and moral competencies (including self-regulation)
- Exhibits compassion and empathy
- Exhibits resiliency when confronted with life stressors
- Uses independent decision-making skills (including problem-solving skills)
- Displays a sense of self-confidence, hopefulness, and well-being

Observation of Parent-Youth Interaction

How do youth and parent interact? Who asks and answers most of the questions? Does youth express an interest in managing own health?

Complete Physical Examination, Including

Measure: Blood pressure and compare with norms

Measure and plot: Height, weight, and BMI

Assess/Observe for: Acne, acanthosis nigricans, atypical nevi, piercings, signs of abuse or self-injury

Examine: Back, spine

Females: Assess breast by inspection or palpation. Assess/Observe for SMR



Males: Assess/Observe for gynecomastia; SMR; testicular hydrocele, hernias, varicocele, masses

Screening (www.aap.org/periodicityschedule)

Universal: Depression (beginning at 12 Year Visit); Dyslipidemia (once between 9 Year and 11 Year Visits); Hearing (once between 11 Year and 14 Year Visits); Tobacco, Alcohol, or Drug Use; Vision (12 Year Visit)

Selective: Anemia; Dyslipidemia (if not universally screened at this visit); HIV; Oral Health; STIs; Tuberculosis; Vision (11, 13, 14 Year Visits)

Immunization

CDC: **www.cdc.gov/vaccines**
AAP: **http://redbook.solutions.aap.org**

NOTE: Beginning with the Early Adolescence Visits, many health care professionals conduct the first part of the medical interview with the parent in the examination room and then spend time with the adolescent alone. This approach helps adolescents build a unique relationship with their health care professional, promotes confidence and full disclosure of health information, and enhances self-management. When this approach is explained within the context of healthy adolescent development, parents usually support it.

Anticipatory Guidance

The first priority is to address the concerns of the adolescent and parents. In addition, the Bright Futures Adolescence Expert Panel has given priority to the following additional topics for discussion in the 4 Early Adolescence Visits:

Social determinants of health: Risks (interpersonal violence, living situation and food security, family substance use), strengths and protective factors (connectedness with family and peers,

connectedness with community, school performance, coping with stress and decision-making)

- **Learn to manage conflict nonviolently; walk away if necessary. Talk with parent/trusted adult if you are bullied.**
- **When dating or in sexual situations, no means NO. No is OK.**
- Teach your child nonviolent conflict-resolution skills. Discuss Internet safety. Explain expectations about time with friends/dating.
- Community agencies can help you with concerns about your living situation.
  Tell me about your living situation.
- Programs like SNAP are available to help you if you have concerns about your food situation.
  Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? Within the past 12 months, did the food you bought not last and you did not have money to get more?



- **Don't use tobacco/e-cigarettes; talk with me if you are worried about family member drug/alcohol use.**
- **Spend time with your family; help out at home, in the community; follow family rules.**
- **Making and keeping friends is an important life skill.**
- **Take responsibility for schoolwork; talk with parent/trusted adult about problems at school. Pursue your interests outside of school.**
- Involve your child in family decision-making; encourage her to think through problems.

Physical growth and development: Oral health, body image, healthy eating, physical activity and sleep

- **Brush teeth twice a day; floss once.**
- Continue dentist visits; give fluoride if dentist recommends it.

KEY = Guidance for parents, *questions;* Guidance for youth, *questions*



- Support healthy self-image by praising activities/achievements, not appearance.
- **Eat when you're hungry; stop when you're satisfied.**
- **Eat breakfast; eat vegetables/fruits/whole grains/lean protein; have 24 oz or more low-fat/nonfat dairy/other dairy daily.**
- **Limit foods and drinks high in sugar/saturated fats/refined grains and low in nutrients.**
- **Drink water.**
- Support healthy weight and help your child choose healthy eating (provide healthy foods, eat together as a family, be a role model).
- **Be physically active 60 minutes a day.**
- **Use safety equipment during sports.**
- Consider making family media use plan (**www.healthychildren.org/MediaUsePlan**), which can help balance child's needs for physical activity, sleep, school activities, and unplugged time; decide on rules for media time in time left over after all other activities; take into account quantity, quality, location of media use.
- **Get enough sleep.**

Emotional well-being: Mood regulation and mental health, sexuality

- **Find ways to deal with stress.**
- Tell me your concerns about your child's behavior, moods, mental health, or substance use.
  Do you have concerns about your child's emotional health?
- **Recognize that hard times come and go; talk with parents/trusted adult.**
  Have you been feeling bored, sad, or irritable all the time? Do you ever feel so upset that you wished you were not alive or that you wanted to die?

- **Get accurate information about physical development, sexuality and sexual feelings toward opposite or same sex; talk with me/parents/trusted adults.**
  Do you know or wonder about who you might be romantically or sexually attracted to? Would you like more information about puberty and emotional changes?
- Talk with your child about the physical changes that occur during puberty, including menstruation for girls.
- If you have questions about adolescent sexual development, sexual orientation, or gender identity, ask me.

Risk reduction: Pregnancy and sexually transmitted infections; tobacco, e-cigarettes, alcohol, prescription or street drugs; acoustic trauma

- **Don't smoke/vape, drink alcohol, or use drugs; avoid situations with drugs/alcohol; don't share your own or others' prescription medications; support friends who don't use; talk with me if concerned about your own or a family member's use.**
  What are your thoughts about smoking/vaping, drinking, using drugs?* If offered:** ***How did you handle it?* If not offered:** ***How would you handle it?
- Talk with your child about tobacco/alcohol/drugs; praise her for not using; be a role model.
  Do you regularly supervise your child's social and recreational activities? What have you and your child discussed about the risk of using alcohol/tobacco/drugs?
- **The safest way to prevent pregnancy and STIs is to not have sex, including oral sex.**
- **Plan how to avoid risky situations; if sexually active, protect against STIs/pregnancy.**
  Have you ever been in a romantic relationship? Have any of your relationships been sexual relationships? Have you ever been touched in a way that



made you feel uncomfortable? Have you ever been pressured to do something sexual? **If youth is sexually active:** *Were your partners male or female, or have you had both male and female partners? Were your partners younger, older, or your age? Have you had oral sex? Vaginal sex? Anal sex? Did you use other birth control instead of, or along with, a condom?*

- Know child's friends and activities; clearly discuss rules, expectations.
- Talk about relationships, sex, values; encourage sexual abstinence; provide opportunities for safe activities.
  How do you plan to help your child deal with pressures to have sex?
- **Wear hearing protection when exposed to loud noise (concerts, lawn mowing). Keep earbud volume moderate.**

Safety: Seat belt and helmet use, sun protection, substance use and riding in a vehicle, firearm safety

- **Wear seat belt, helmet, protective gear, life jacket.**
- Wear seat belt; don't allow ATV riding.
- **Use sunscreen; wear hat; avoid prolonged sun exposure between 11:00 am and 3:00 pm.**
- **Don't ride in car with person who has used alcohol/drugs; call parents/trusted adult for help.** ***Do you have someone you can call for a ride if you feel unsafe riding with someone?***
- Help youth make plan for handling situation in which she feels unsafe riding in a car.
- Remove firearms from home; if firearm necessary, store unloaded and locked, with ammunition locked separately.
  Do you ever carry a firearm or other weapon?

MIDDLE ADOLESCENCE (15 THROUGH 17 YEAR VISITS)

Health Supervision

Surveillance of Development

- Forms caring and supportive relationships with family members, other adults, and peers
- Engages in a positive way with the life of the community
- Engages in behaviors that optimize wellness and contribute to a healthy lifestyle
- Demonstrates physical, cognitive, emotional, social, and moral competencies (including self-regulation)
- Exhibits compassion and empathy
- Exhibits resiliency when confronted with life stressors
- Uses independent decision-making skills (including problem-solving skills)
- Displays a sense of self-confidence, hopefulness, and well-being

Observation of Parent-Adolescent Interaction

Do parents encourage self-management and independent decision-making about health? How do adolescent and parent interact? Who asks and answers most of the questions? Does adolescent express an interest in managing own health?

Complete Physical Examination, Including

Measure: Blood pressure and compare with norms

Measure and plot: Height, weight, and BMI

Assess/Observe for: Acne, acanthosis nigricans, atypical nevi, piercings, signs of abuse or self-injury

Examine: Back, spine

Females: Assess/Observe for SMR

Males: Assess/Observe for gynecomastia; SMR; testicular hydrocele, hernias, varicocele, masses

Screening (www.aap.org/periodicityschedule)

Universal: Depression: Adolescent; Dyslipidemia (once between 17 Year and 21 Year Visits); Hearing (once between 15 Year and 17 Year Visits); HIV (once between 15 Year and 18 Year Visits); Tobacco, Alcohol, or Drug Use; Vision (15 Year Visit)

Selective: Anemia; Dyslipidemia (if not universally screened at this visit); HIV (if not universally screened at this visit); Oral Health (through 16 Year Visit); STIs; Tuberculosis; Vision (16, 17 Year Visits)

Immunization

CDC: **www.cdc.gov/vaccines**
AAP: **http://redbook.solutions.aap.org**

Anticipatory Guidance

The first priority is to address the concerns of the adolescent and parents. In addition, the Bright Futures Adolescence Expert Panel has given priority to the following additional topics for discussion in the 3 Middle Adolescence Visits:

Social determinants of health: Risks (interpersonal violence, living situation and food security, family substance use), strengths and protective factors (connectedness with family and peers, connectedness with community, school performance, coping with stress and decision-making)

- **Learn to manage conflict nonviolently; walk away if necessary. Avoid risky situations. Call for help if things get dangerous.**

KEY = Guidance for parents, *questions;* Guidance for adolescent, *questions*

- **When dating or in sexual situations, no means NO. No is OK.**
- Teach your adolescent nonviolent conflict-resolution skills. Discuss Internet safety.
- Community agencies can help you with concerns about your living situation. *Tell me about your living situation.*
- Programs like SNAP are available to help you if you have concerns about your food situation. *Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? Within the past 12 months, did the food you bought not last and you did not have money to get more?*
- **Don't use tobacco/e-cigarettes; talk with me if you are worried about family member drug/alcohol use.**
- **Spend time with your family; work with them to solve problems.**
- **Making and keeping friends is an important life skill.**
- Spend time with/praise/be affectionate with your adolescent; agree on limits, consequences; know where he and friends are; provide opportunities for independent decision-making.
- Help adolescent follow interests to new activities; increase awareness of community issues/needs.
- **Take responsibility for schoolwork; follow family rules; ask for help when needed.**
- **Find ways to deal with stress; talk with parents/trusted adult.**
- Involve adolescent in family decision-making; encourage him to think through problems and practice independent decision-making.

Physical growth and development: Oral health, body image, healthy eating, physical activity and sleep

- **Brush teeth twice a day; floss once.**



- Continue dentist visits; give fluoride if dentist recommends.
- **Figure out the healthy eating/physical activity combination that will keep your body strong and healthy.**
- **Eat when you're hungry; stop when you're satisfied.**
- **Eat breakfast; eat vegetables/fruits/whole grains/lean protein; have 24 oz or more low-fat/nonfat dairy/other dairy daily.**
- **Limit foods and drinks high in sugar/saturated fats/refined grains and low in nutrients.**
- **Drink water.**
- **Be physically active 60 minutes a day.**
- **Use safety equipment during sports.**
- **Get enough sleep.**
- Support healthy self-image by praising activities/achievements, not appearance.
- Support healthy weight and help your adolescent choose healthy eating (provide healthy foods, eat together as a family, be a role model).

Emotional well-being: Mood regulation and mental health, sexuality

- **Recognize that hard times come and go; talk with parents/trusted adult.**
  Have you been feeling bored, sad, or irritable all the time? Do you ever feel so upset that you wished you were not alive or that you wanted to die?
- Talk with me about concerns for your adolescent's emotional well-being/mental health.
- **Get accurate information about physical development as well as sexuality and sexual feelings toward opposite or same sex; talk with me/parents/trusted adults.**

Have you talked with your parents about dating and relationships and about sex? Are you sexually attracted to anyone now? Boys? Girls? Both? Not sure? Do you have any questions or concerns about your gender identity, meaning your identity as a male or female?

- Communicate often; share expectations clearly.
- If you have questions about adolescent sexual development, sexual orientation, or gender identity, ask me.

Risk reduction: Pregnancy and STIs; tobacco, e-cigarettes, alcohol, prescription or street drugs; acoustic trauma

- **Don't smoke/vape, drink alcohol, or use drugs; avoid situations with drugs/alcohol; don't share your own or others' prescription medications; support friends who don't use; talk with me if concerned about family member's use.**
  What are your thoughts about smoking/vaping, drinking, using drugs? **If offered:** *How did you handle it?* **If not offered:** *How would you handle it?*
- Talk with adolescent about tobacco/alcohol/drugs; know youth's friends and activities; clearly discuss rules/expectations; praise her for not using; be a role model; lock liquor cabinet; store prescription medicines in locked location.
- **Abstaining from sexual intercourse, including oral sex, is the safest way to prevent pregnancy and STIs; plan how to avoid sex, risky situations.**
- **If sexually active, protect against STIs and pregnancy by correctly/consistently using long-acting reversible contraception, such as IUD/contraceptive implant, or birth control pills. Use with a condom.**
  Are you now in a romantic relationship? Have any of your relationships been sexual relationships? Have you ever been touched in a way that made you feel uncomfortable? Have you ever been pressured



to do something sexual? **If sexually active:** *Were your partners male or female, or have you had both male and female partners? Were your partners younger, older, or your age? Have you had oral sex? Vaginal sex? Anal sex? Did you use other birth control instead of, or along with, a condom? Are you aware of emergency contraception?*

- Help your adolescent make a plan for resisting pressure; help her as she accepts responsibility for her decisions and relationships.
  How do you plan to help your adolescent deal with sexual pressures? Do you know where your adolescent is and what she does after school and on weekends? What have you discussed about alcohol, drugs?
- **Wear hearing protection when exposed to loud noise (concerts, lawn mowing). Keep earbud volume moderate.**

Safety: Seat belt and helmet use, driving; sun protection; firearm safety

- **Wear seat belt; don't talk/text/use mobile device when driving.**
- **Wear helmet, protective gear, life jacket.**
- Wear seat belt; don't talk/text/use mobile device when driving.
- **Use sunscreen; wear hat; avoid prolonged sun exposure between 11:00 am and 3:00 pm; avoid tanning parlors.**
- Remove firearms from home; if firearm necessary, store unloaded and locked, with ammunition locked separately.
  Do you ever carry a firearm or other weapon?

LATE ADOLESCENCE (18 THROUGH 21 YEAR VISITS)

Health Supervision

Surveillance of Development

- Forms caring and supportive relationships with family members, other adults, and peers
- Engages in a positive way with the life of the community
- Engages in behaviors that optimize wellness and contribute to a healthy lifestyle
- Demonstrates physical, cognitive, emotional, social, and moral competencies (including self-regulation)
- Exhibits compassion and empathy
- Exhibits resiliency when confronted with life stressors
- Uses independent decision-making skills (including problem-solving skills)
- Displays a sense of self confidence, hopefulness, and well-being

Observation of Parent–Young Adult Interaction

How comfortably do young adult and parent, if present, interact? Is young adult appropriately encouraged to manage own health?



Complete Physical Examination, Including

Measure: Blood pressure and compare with norms

Measure and plot: Height, weight, and BMI

Assess/Observe for: Acne, acanthosis nigricans, atypical nevi, piercings, hirsutism, signs of abuse or self-injury

Females: Perform pelvic examination if warranted

Males: Assess/Observe for gynecomastia; SMR; testicular hydrocele, hernias, varicocele, masses

Screening (www.aap.org/periodicityschedule)

Universal: Cervical Dysplasia (all young women at 21 Year Visit); Depression: Adolescent; Dyslipidemia (once between 17 Year and 21 Year Visits); Hearing (once between 18 Year and 21 Year Visits); HIV (once between 15 Year and 18 Year Visits); Tobacco, Alcohol, or Drug Use

Selective: Anemia; Dyslipidemia (if not universally screened at this visit); HIV (if not universally screened at this visit); STIs; Tuberculosis; Vision

Immunization

CDC: **www.cdc.gov/vaccines**
AAP: **http://redbook.solutions.aap.org**

Anticipatory Guidance

The first priority is to address any specific concerns that the young adult may have. In addition, the Bright Futures Adolescence Expert Panel has given priority to the following topics for discussion in the 4 Late Adolescence Visits:

Social determinants of health: Risks (interpersonal violence, living situation and food security, family substance use), strengths and protective factors (connectedness with family and peers, connectedness with community, school performance, coping with stress and decision-making)

- **Learn to manage conflict nonviolently; walk away if necessary. Avoid risky situations; if you can, leave a violent relationship.**
- **You can also call the National Domestic Violence Hotline toll-free at 800-799-SAFE (7233).**



- **Community agencies can help you with concerns about your living situation.** ***Tell me about your living situation.***
- **Programs like SNAP are available to help you if you have concerns about your food situation.** ***Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? Within the past 12 months, did the food you bought not last and you did not have money to get more?***
- **Don't use tobacco/e-cigarettes; talk with me if you are worried about family member drug/alcohol use.**
- **Stay connected with your family; get involved in activities that interest you.**
- **Take responsibility for school, work obligations.**
- **Find ways to deal with stress; talk with parents/ trusted adult.**

KEY = Guidance for parents, *questions;* Guidance for young adult, *questions*



Physical health and health promotion: Oral health, body image, healthy eating, physical activity and sleep, transition to adult health care

- Brush teeth twice a day; floss once.
- See dentist twice a year.
- Figure out the healthy eating/physical activity combination that will keep your body strong and healthy.
- Eat when you're hungry; stop when you're satisfied.
- Eat breakfast; eat vegetables/fruits/whole grains/lean protein; have 24 oz or more low-fat/nonfat dairy/other dairy daily.
- Limit foods and drinks high in sugar/saturated fats/refined grains and low in nutrients.
- Drink water.
- Be physically active 60 minutes a day.
- Use safety equipment during sports.
- Get enough sleep.
- Let's discuss how you can manage your health care as an adult.
- **Women:** Consume foods rich in folate; avoid alcohol/tobacco/drugs if considering pregnancy.

Emotional well-being: Mood regulation and mental health, sexuality

- Recognize that hard times come and go; talk with parents/trusted adult.
  Have you been feeling bored, sad, or irritable all the time? Do you ever feel so upset that you wished you were not alive or that you wanted to die?
- Get accurate information about sexuality and sexual feelings toward opposite or same sex; talk with me/parents/trusted adults.
  Are you sexually attracted to males, females, or both? Do you have any questions or concerns about your gender identity, meaning your identity as a male or female? What are your plans and values about relationships, sex, future family, marriage?



Risk reduction: Pregnancy and STIs; tobacco, e-cigarettes, alcohol, prescription or street drugs; acoustic trauma

- Don't smoke/vape, drink alcohol, or use drugs; avoid situations with drugs/alcohol; don't share your own or others' prescription medications; support friends who don't use; talk with me if concerned about family member's use.
- If sexually active, protect against STIs/pregnancy by correctly/consistently using long-acting reversible contraception, such as IUD/contraceptive implant, or using birth control pills. Use with a condom. Consider having emergency contraception available.
  Are you now in a romantic relationship? Have any of your relationships been sexual relationships? Have you ever been touched in a way that made you feel uncomfortable?



Have you ever been pressured to do something sexual? **If sexually active:** *Were your partners male or female, or have you had both male and female partners? Were your partners younger, older, or your age? Have you had oral sex? Vaginal sex? Anal sex? Did you use other birth control instead of, or along with, a condom? Are you aware of emergency contraception?*

- **Wear hearing protection when exposed to loud noise (concerts, lawn mowing). Keep earbud volume moderate.**

Safety: Seat belt and helmet use, driving and substance use; sun protection; firearm safety

- **Wear seat belt; don't talk/text/use mobile device when driving.**
- **Don't drive after using alcohol/drugs; don't drive with someone who has been using alcohol/drugs.**
- **Use sunscreen; wear hat; avoid sun when it is strongest, between 11:00 am and 3:00 pm; avoid tanning parlors.**
- **Remove firearms from home; if firearm necessary, store unloaded and locked, with ammunition locked separately.**
  Do you ever carry a firearm or other weapon?

APPENDIXES

List of Abbreviations

Developmental Milestones for Developmental Surveillance at Preventive Care Visits

Social and Emotional Development in Middle Childhood

Domains of Adolescent Development

Tooth Eruption Chart

Sexual Maturity Ratings

List of Abbreviations

AAP	American Academy of Pediatrics
ATV	all-terrain vehicle
BMI	body mass index
CDC	Centers for Disease Control and Prevention
CPR	cardiopulmonary resuscitation
HIV	human immunodeficiency virus
IEP	Individualized Education Program
IUD	intrauterine device
MCHB	Maternal and Child Health Bureau
SMR	sexual maturity rating
SNAP	Supplemental Nutrition Assistance Program
STI	sexually transmitted infection
TV	television
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children

Developmental Milestones for Developmental Surveillance at Preventive Care Visits[a]

Developmental milestones are intended for discussion with parents for the purposes of surveillance of a child's developmental progress and for developmental promotion for the child. They are not intended or validated for use as a developmental screening test in the pediatric medical home or in early childhood day care or educational settings. Milestones are also commonly used for instructional purposes on early child development for pediatric and child development professional trainees.

Age	Social Language and Self-help	Verbal Language (Expressive and Receptive)	Gross Motor	Fine Motor
Newborn–1 Week	Makes brief eye contact with adult when held	Cries with discomfort Calms to adult voice	Reflexively moves arms and legs Turns head to side when on stomach	Holds fingers closed Grasps reflexively
1 Month	Calms when picked up or spoken to Looks briefly at objects	Alerts to unexpected sound Makes brief short vowel sounds	Holds chin up in prone	Holds fingers more open at rest
2 Months	Smiles responsively (ie, social smile)	Vocalizes with simple cooing	Lifts head and chest in prone	Opens and shuts hands

continued

Developmental Milestones for Developmental Surveillance at Preventive Care Visits[a] *(continued)*

Age	Social Language and Self-help	Verbal Language (Expressive and Receptive)	Gross Motor	Fine Motor
4 Months	Laughs aloud	Turns to voice Vocalizes with extended cooing	Rolls over prone to supine Supports on elbows and wrists in prone	Keeps hands unfisted Plays with fingers in midline Grasps object
6 Months	Pats or smiles at reflection Begins to turn when name called	Babbles	Rolls over supine to prone Sits briefly without support	Reaches for objects and transfers Rakes small object with 4 fingers Bangs small object on surface
9 Months[b]	Uses basic gestures (holds arms out to be picked up, waves bye-bye) Looks for dropped objects Picks up food with fingers and eats it Turns when name called	Says "Dada" or "Mama" nonspecifically	Sits well without support Pulls to stand Transitions well between sitting and lying Balances on hands and knees Crawls	Picks up small object with 3 fingers and thumb Releases objects intentionally Bangs objects together

continued

Developmental Milestones for Developmental Surveillance at Preventive Care Visits[a] *(continued)*

Age	Social Language and Self-help	Verbal Language (Expressive and Receptive)	Gross Motor	Fine Motor
12 Months	Looks for hidden objects Imitates new gestures	Says "Dada" or "Mama" specifically Uses 1 word other than *Mama, Dada,* or personal names Follows a verbal command that includes a gesture	Takes first independent steps Stands without support	Drops object in a cup Picks up small object with 2-finger pincer grasp
15 Months	Imitates scribbling Drinks from cup with little spilling Points to ask for something or to get help	Uses 3 words other than names Speaks in jargon Follows a verbal command without a gesture	Squats to pick up objects Climbs onto furniture Begins to run	Makes mark with crayon Drops object in and takes object out of a container
18 Months[b,c]	Engages with others for play Helps dress and undress self Points to pictures in book Points to object of interest to draw attention to it Turns and looks at adult if something new happens Begins to scoop with spoon	Uses 6–10 words other than names Identifies at least 2 body parts	Walks up with 2 feet per step with hand held Sits in small chair Carries toy while walking	Scribbles spontaneously Throws small ball a few feet while standing

continued

Developmental Milestones for Developmental Surveillance at Preventive Care Visits[a] *(continued)*

Age	Social Language and Self-help	Verbal Language (Expressive and Receptive)	Gross Motor	Fine Motor
2 Years[c]	Plays alongside other children (parallel) Takes off some clothing Scoops well with spoon	Uses 50 words Combines 2 words into short phrase or sentence Follows 2-step command Uses words that are 50% intelligible to strangers	Kicks ball Jumps off ground with 2 feet Runs with coordination	Stacks objects Turns book pages Uses hands to turn objects (eg, knobs, toys, and lids)
2½ Years[b]	Urinates in a potty or toilet Engages in pretend or imitative play Spears food with fork	Uses pronouns correctly	Begins to walk up steps, alternating feet Runs well without falling	Grasps crayon with thumb and fingers instead of fist Catches large balls
3 Years	Enters bathroom and urinates by self Plays in cooperation and shares Puts on coat, jacket, or shirt by self Engages in beginning imaginative play Eats independently	Uses 3-word sentences Uses words that are 75% intelligible to strangers Understands simple prepositions (eg, *on, under*)	Pedals tricycle Climbs on and off couch or chair Jumps forward	Draws a single circle Draws a person with head and 1 other body part Cuts with child scissors

continued

Developmental Milestones for Developmental Surveillance at Preventive Care Visits[a] *(continued)*

Age	Social Language and Self-help	Verbal Language (Expressive and Receptive)	Gross Motor	Fine Motor
4 Years	Enters bathroom and has bowel movement by self Brushes teeth Dresses and undresses without much help Engages in well-developed imaginative play	Uses 4-word sentences Uses words that are 100% intelligible to strangers	Climbs stairs, alternating feet without support Skips on 1 foot	Draws a person with at least 3 body parts Draws simple cross Unbuttons and buttons medium- sized buttons Grasps pencil with thumb and fingers instead of fist

Reproduced from Lipkin P, Macias M. Promoting healthy development. Table 1. Developmental milestones for developmental surveillance at preventive care visits. In: 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.

[a] These milestones generally represent the mean or average age of performance of these skills when available. When not available, the milestones offered are based on review and consensus from multiple measures as noted.
[b] It is recommended that a standardized developmental test be performed at these visits.
[c] It is recommended that a standardized autism screening test be performed at these visits.

Sources: Capute AJ, Shapiro BK, Palmer FB, Ross A, Wachtel RC. Normal gross motor development: the influences of race, sex and socio-economic status. *Dev Med Child Neurol.* 1985;27(5):635–643; Accardo PJ, Capute AJ. *The Capute Scales: Cognitive Adaptive Test/Clinical Linguistic and Auditory Milestone Scale (CAT/CLAMS).* Baltimore, MD: Paul H. Brooks Publishing Co; 2005; Beery KE, Buktenica NA, Beery NA. *The Beery-Buktenica Developmental Test of Visual-Motor Integration, Sixth Edition (BEERY VMI).* San Antonio, TX: Pearson Education Inc; 2010; Schum TR, Kolb TM, McAuliffe TL, Simms MD, Underhill RL, Lewis M. Sequential acquisition of toilet-training skills: a descriptive study of gender and age differences in normal children. *Pediatrics.* 2002;109(3):E48; Oller JW Jr, Oller SD, Oller SN. *Milestones: Normal Speech and Language Development Across the Lifespan.* 2nd ed. San Diego, CA: Plural Publishing Inc; 2012; Robins DL, Casagrande K, Barton M, Chen CM, Dumont-Mathieu T, Fein D. Validation of the Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F). *Pediatrics.* 2014;133(1):37–45; Aylward GP. *Bayley Infant Neurodevelopmental Screener.* San Antonio, TX: The Psychological Corporation; 1995; Squires J, Bricker D. *Ages & Stages Questionnaires, Third Edition (ASQ-3): A Parent-Completed Child-Monitoring System.* Baltimore, MD: Paul H. Brookes Publishing Co; 2009; Bly L. *Motor Skills Acquisition Checklist.* Psychological Corporation; 2000.

Topics	Key Areas *(Key areas in italics are especially important for children with special health care needs.)*
Self	**Self-esteem** • Experiences of success • Reasonable risk-taking behavior • Resilience and ability to handle failure • Supportive family and peer relationships **Self-image** • Body image, celebrating different body images • Prepubertal changes; initiating discussion about sexuality and reproduction; *prepubertal changes related to physical care issues*
Family	**What matters at home** • Expectation and limit setting • Family times together • Communication • Family responsibilities • Family transitions • Sibling relationships • *Caregiver relationships*
Friends	**Friendships** • Making friends, friendships with peers with and without special health care needs • Family support of friendships, *family support to have typical friendship activities, as appropriate*

continued

Topics	Key Areas *(Key areas in italics are especially important for children with special health care needs.)*
School	**School** • Expectation for school performance; school performance developed and defined in Individualized Education Program (IEP) or Section 504 Plan • Homework • Child-teacher conflicts, building relationships with teachers • Parent-teacher communication • Ability of schools to address the needs of children from diverse backgrounds • Awareness of aggression, bullying, and being bullied • Absenteeism
Community	**Community strengths** • Community organizations • Religious groups • Cultural groups **High-risk behaviors and environments** • Substance use • Unsafe friendships • Unsafe community environments • *Particular awareness of risk-taking behaviors and unsafe environments because children may be easily abused or bullied*

Domains of Adolescent Development

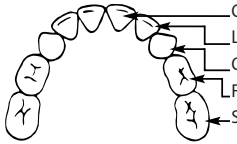
	Early Adolescence (11–14 Years)	Middle Adolescence (15–17 Years)	Late Adolescence (18–21 Years)
Physiological	Onset of puberty, growth spurt, menarche (girls)	Ovulation (girls), growth spurt (boys)	Growth completed
Psychological	Concrete thought, preoccupation with rapid body changes, sexual identity, questioning independence, parental controls that remain strong	Competence in abstract and future thought, idealism, sense of invincibility or narcissism, sexual identity, beginning of cognitive capacity to provide legal consent	Future orientation; emotional independence; capacity for empathy, intimacy, and reciprocity in interpersonal relationships; self-identity; recognized as legally capable of providing consent; attainment of legal age for some issues (eg, voting) but not all issues (eg, drinking alcohol)

Domains of Adolescent Development *(continued)*

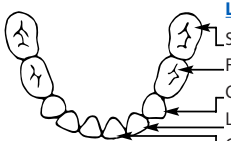
	Early Adolescence (11 – 14 years)	Middle Adolescence (15 – 17 years)	Late Adolescence (18 – 21 years)
Social	Search for same-sex peer affiliation, good parental relationships, other adults as role models; transition to middle school, involvement in extracurricular activities; sensitivity to differences between home culture and culture of others	Beginning emotional emancipation, increased power of peer group, conflicts over parental control, interest in sexual relationships, initiation of driving, risk-taking behavior, transition to high school, involvement in extracurricular activities, possible cultural conflict as adolescent navigates between family's values and values of broader culture and peer culture	Individual over peer relationships; transition in parent-child relationship, transition out of home; may begin preparation for further education, career, marriage, and parenting
Potential Problems	Delayed puberty; acne; orthopedic problems; school problems; psychosomatic concerns; depression; unintended pregnancy; initiation of tobacco, alcohol, or other substance use	Experimentation with health risk behaviors (eg, sex; alcohol, tobacco, or other substance use), motor vehicle crashes, menstrual disorders, unintended pregnancy, acne, short stature (boys), conflicts with parents, overweight, physical inactivity, poor eating behaviors, eating disorders (eg, purging, binge eating, and anorexia nervosa)	Eating disorders, depression, suicide, motor vehicle crashes, unintended pregnancy, acne, tobacco, alcohol, or other substance use disorder

Tooth Eruption Chart

Primary Dentition

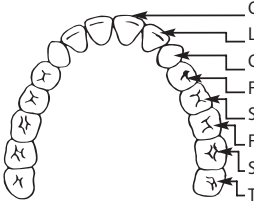


Upper Teeth	Erupt	Exfoliate
Central incisor	8-12 months	6-7 years
Lateral incisor	9-13 months	7-8 years
Canine (cuspid)	16-22 months	10-12 years
First molar	13-19 months	9-11 years
Second molar	25-33 months	10-12 years

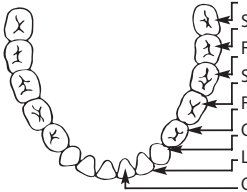


Lower Teeth	Erupt	Exfoliate
Second molar	23-31 months	10-12 years
First molar	14-18 months	9-11 years
Canine (cuspid)	17-23 months	9-12 years
Lateral incisor	10-16 months	7-8 years
Central incisor	6-10 months	6-7 years

Permanent Dentition



Upper Teeth	Erupt
Central incisor	7-8 years
Lateral incisor	8-9 years
Canine (cuspid)	11-12 years
First premolar (first bicuspid)	10-11 years
Second premolar (second bicuspid)	10-12 years
First molar	6-7 years
Second molar	12-13 years
Third molar (wisdom tooth)	17-21 years



Lower Teeth	Erupt
Third molar (wisdom tooth)	17-21 years
Second molar	12-13 years
First molar	6-7 years
Second premolar (second bicuspid)	10-12 years
First premolar (first bicuspid)	10-11 years
Canine (cuspid)	11-12 years
Lateral incisor	8-9 years
Central incisor	7-8 years

Adapted with permission from the Arizona Department of Health Services, Office of Oral Health, courtesy of Don Altman, D.D.S., M.P.H. The assistance of the American Dental Hygienists' Association is gratefully acknowledged.

Sexual Maturity Ratings

Sexual maturity ratings (SMRs) are widely used to assess adolescents, physical development during puberty in 5 stages (from preadolescent to adult). Also known as Tanner stages, SMRs are a way of assessing the degree of maturation of secondary sexual characteristics.

The developmental stages of the adolescent's sexual characteristics should be rated separately (ie, one stage for pubic hair and one for breasts in females, one stage for pubic hair and one for genitals in males), because these characteristics may differ in their degree of maturity.

Sexual Maturity Ratings: Males

SMR	PUBIC HAIR	
Stage 1	None	
Stage 2	Scanty, long, slightly pigmented, primarily at base of penis	
Stage 3	Darker, courser, starts to curl, small amount	
Stage 4	Course, curly, resembles adult tyoe but covers smaller area	
Stage 5	Adult quantity and distribution, spread to medial surface of thighs	
SMR	**GENITALS**	
	Penis	**Testes**
Stage 1	Preadolescent	Preadolescent
Stage 2	Slight enlargement	Slight enlargement of testes and scrotum; scrotal skin reddened, texture altered
Stage 3	Longer	Further enlargement of testes and scrotum
Stage 4	Larger in breadth. Glans penis develops.	Further enlargement of testes and scrotum
Stage 5	Adult	Adult

Sexual Maturity Ratings: Females

SMR	PUBIC HAIR
Stage 1	None
Stage 2	Sparse, slightly pigmented, straight, at medial border of labia
Stage 3	Darker, beginnning to curl, increased amount
Stage 4	Course, curly, abundant, but amount less than in adult
Stage 5	Adult feminine triangle, spread to medial surface of thighs
SMR	**BREASTS**
Stage 1	Preadolescent
Stage 2	Breast and papilla elevated as small mound; areolar diameter reincreased
Stage 3	Breast and aerola enlarged, no contour separation
Stage 4	Areola and papilla form secondary mound.
Stage 5	Mature. Nipple projects. Areola part of general breast contour.

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