

Preventive Pediatric Health Care: Updated Recommendations from the AAP

Key Points for Practice

- Routine depression screening is now recommended starting at 12 years of age.
- Screening for maternal depression is recommended during office visits at one, two, four, and six months postpartum.
- Physicians should ensure that the newborn screening panel was performed, review results, and follow up when needed.
- Universal screening for HIV is recommended once at 15 to 18 years of age.

From the AFP Editors

Coverage of guidelines from other organizations does not imply endorsement by *AFP* or the AAFP.

This series is coordinated by Sumi Sexton, MD, Associate Deputy Editor.

A collection of Practice Guidelines published in *AFP* is available at <http://www.aafp.org/afp/practguide>.

CME This clinical content conforms to AAFP criteria for continuing medical education (CME). See CME Quiz on page 772. Author disclosure: No relevant financial affiliations.

The American Academy of Pediatrics (AAP) has updated its recommendations for preventive pediatric health care (Periodicity Schedule). These recommendations are intended for children receiving appropriate care from parents and with no health problems whose growth and development are within normal ranges. The full recommendations can be found at <https://www.aap.org/periodicityschedule>.

Recommendations

HEARING

The recommendations regarding hearing screening have been updated to clarify timing and follow-up, and to change the timing in adolescents. According to these updates, physicians should ensure that screening was performed according to the “Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs,” confirm results, and follow up when needed in all newborn infants. Results should be reviewed and confirmed quickly, with follow-up performed when needed in infants three days to two months of age. Audiometry including high frequencies (i.e., 6,000 to 8,000 Hz) should be performed once during each of the following time frames: 11 to 14 years of age, 15 to 17 years of age, and 18 to 21 years of age.

DEPRESSION AND BEHAVIORAL/ PSYCHOSOCIAL CONDITIONS

Routine depression screening is now recommended starting at 12 years of age, matching guidance from the U.S. Preventive Services Task Force (USPSTF). Screening for maternal depression is recommended during office visits at one, two, four, and six months postpartum; it should be based on “Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice.” Regarding evaluation of psychosocial or behavioral conditions, assessment should be performed from the newborn period on, should be focused on the family, and can include evaluation of the child’s emotional health, depression in the parent, or social determinants of health.

SERUM TESTING

The recommendations for serum screening in newborn infants have been updated to clarify timing and follow-up. Physicians should ensure that screening was performed, review results, and follow up when needed in newborn infants based on the “Recommended Uniform Newborn Screening Panel” from The Secretary’s Advisory Committee on Heritable Disorders in Newborns and Children and state laws. Infants three days to two months of age should have results of serum testing reviewed and confirmed quickly, with follow-up performed when needed.

BILIRUBIN TESTING

Measurement of bilirubin is now included in appointments for newborn infants; physicians should ensure that screening was performed, confirm results, and follow up when needed.

DYSLIPIDEMIA

Screening for dyslipidemia should be performed once at nine to 11 years of age and again at 17 to 21 years of age.

Practice Guidelines

STIS

Screening for sexually transmitted infections (STIs) should be performed based on recommendations in the “Red Book: Report of the Committee on Infectious Diseases.” Human immunodeficiency virus (HIV) screening has been separated from other STIs, with universal screening now indicated once at 15 to 18 years of age; it should be performed based on USPSTF recommendations, preserving confidentiality. Screening should occur yearly, however, in those with a higher risk of HIV (e.g., sexually active persons, injection drug users).

DENTAL HEALTH

Dental evaluation should be performed at 12 months and at 18 months through six years of age; if a child does not have a dental home, risk assessment should be performed and a referral made (https://www.aap.org/en-us/Documents/oralhealth_RiskAssessmentTool.pdf). Risk should also be assessed at six and nine months of age. Brushing with a proper dose of fluoride toothpaste is recommended. In addition, recommendations for fluoride supplementation have been added; it should be considered at six to 12 months of age, and then at 18 months through 16 years of age if the water source is deficient.

EDITOR'S NOTE: AAFP's recommendations for clinical preventive services differ from AAP's. However, recommendations with similarities include cervical cancer screening, depression screening, fluoride supplementation and application of varnish, HIV screening (starting at 18 years of age), and vision screening. The complete recommendations are available at http://www.aafp.org/dam/AAFP/documents/patient_care/clinical_recommendations/cps-recommendations.pdf.

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Evidence rating system used? No

Systematic literature search described? No

Guideline developed by participants without relevant financial ties to industry? Yes

Recommendations based on patient-oriented outcomes? No

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