

# Preventive Care Guidelines for Children and Teens

Recommendations apply to most children of normal risk. Additional tests and vaccines may be recommended based on specific risk factors.

Newborn 0–12 Months	Early Childhood 12 Months–4 Years	Middle Childhood 5–10 Years	Teens & Young Adults 11–21 Years
<b>WELL-CHILD VISITS</b>			
<ul style="list-style-type: none"> <li>• Within the first 3–5 days after birth</li> <li>• Again at 1, 2, 4, 6, 9, and 12 months</li> </ul>	<ul style="list-style-type: none"> <li>• 15, 18, 24, and 30 months</li> </ul>	<ul style="list-style-type: none"> <li>• Annual checkup once each year (many find it easiest to schedule near the child’s birthday, but waiting 365 days between checkups is not required)</li> </ul>	<ul style="list-style-type: none"> <li>• Annual checkup once each year (many find it easiest to schedule near the child’s birthday, but waiting 365 days between checkups is not required)</li> </ul>

The following may take place during a well-child visit. These visits are also a good time for parents to ask their child’s doctor any questions or concerns they may have.

<b>PHYSICAL EXAMS</b>			
<ul style="list-style-type: none"> <li>• Length and weight</li> <li>• Head circumference</li> </ul>	<ul style="list-style-type: none"> <li>• Length/height and weight</li> <li>• Head circumference until 24 months</li> <li>• Body Mass Index starting at 24 months</li> <li>• Blood pressure starting at age 3</li> </ul>	<ul style="list-style-type: none"> <li>• Height and weight</li> <li>• Body Mass Index</li> <li>• Blood pressure</li> </ul>	<ul style="list-style-type: none"> <li>• Height and weight</li> <li>• Body Mass Index</li> <li>• Blood pressure</li> </ul>

<b>TESTS</b>			
<ul style="list-style-type: none"> <li>• Newborn screening at birth (blood test)</li> <li>• Hearing screening at birth (abnormal results need follow-up)</li> <li>• Formal developmental screening (questionnaire) at 9 months</li> </ul>	<ul style="list-style-type: none"> <li>• Blood count for anemia at 12 months</li> <li>• Lead test at 12 and 24 months</li> <li>• Autism screening (questionnaire) at 18 and 24 months</li> <li>• Formal developmental screening (questionnaire) at 18 and 30 months</li> <li>• Visual acuity screening attempt at age 3 (if cooperative) and age 4</li> <li>• Hearing screening attempt at age 4</li> </ul>	<ul style="list-style-type: none"> <li>• Vision screening at ages 5, 6, 8, and 10</li> <li>• Hearing screening at ages 5, 6, 8, and 10</li> <li>• Screening for lipid disorders once at 9–11 years of age</li> </ul>	<ul style="list-style-type: none"> <li>• Vision screening at ages 12 and 15</li> <li>• Hearing screening once at 11–14; once at 15–17; once at 18–21 years of age</li> <li>• Screening for lipid disorders once at 17–21 years of age</li> <li>• Pap test starting at age 21 for females (pap tests should not be done before age 21 regardless of sexual activity)</li> </ul>

<b>VACCINES</b>			
Vaccines can always be “caught up” if your child misses a dose. Talk to your child’s doctor and get your child protected. See the other side for a detailed vaccine schedule and vaccine description.			
<ul style="list-style-type: none"> <li>• Hepatitis B</li> <li>• Rotavirus</li> <li>• DTaP</li> <li>• Hib</li> <li>• PCV13</li> <li>• IPV</li> <li>• Flu annually starting at 6 months (two doses for the first flu vaccine)</li> </ul>	<ul style="list-style-type: none"> <li>• Flu annually</li> <li>• Hepatitis B</li> <li>• DTaP</li> <li>• Hib</li> <li>• PCV13</li> <li>• IPV</li> <li>• MMR</li> <li>• Varicella</li> <li>• Hepatitis A</li> </ul>	<ul style="list-style-type: none"> <li>• Flu annually</li> <li>• DTaP</li> <li>• MMR</li> <li>• IPV</li> <li>• Varicella</li> </ul>	<ul style="list-style-type: none"> <li>• Flu annually</li> <li>• HPV for males and females</li> <li>• Meningococcal</li> <li>• Tdap</li> </ul>

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<b>COUNSELING / SCREENING</b>			
<ul style="list-style-type: none"> <li>• Psychosocial/behavioral assessment</li> <li>• Developmental surveillance (feeding and growing)</li> <li>• Oral health</li> <li>• Vitamin D and fluoride supplement, if indicated</li> <li>• Breastfeeding support for mom</li> <li>• Depression screening for mom at baby's checkups</li> </ul>	<ul style="list-style-type: none"> <li>• Psychosocial/behavioral assessment</li> <li>• Developmental surveillance</li> <li>• Fluoride supplement (if home water source does not have fluoride)</li> <li>• Diet and activity</li> <li>• Sun exposure</li> <li>• Dental health (start when teeth appear)</li> <li>• Fluoride varnish</li> <li>• Injury prevention (car seat safety, electrical protectors)</li> <li>• Vitamin D supplement, if indicated</li> <li>• Screen time limits</li> </ul>	<ul style="list-style-type: none"> <li>• Psychosocial/behavioral assessment</li> <li>• Developmental surveillance</li> <li>• Fluoride supplement (if home water source does not have fluoride)</li> <li>• Diet and activity</li> <li>• Sun exposure</li> <li>• Dental health</li> <li>• Fluoride varnish</li> <li>• Injury prevention (seat belt, helmet use)</li> <li>• Vitamin D supplement, if indicated</li> <li>• Screen time limits</li> </ul>	<ul style="list-style-type: none"> <li>• Smoking, vaping, alcohol, and/or drug use assessment</li> <li>• Depression screening starting at age 12, continuing annually</li> <li>• Fluoride supplement (if home water source does not have fluoride)</li> <li>• Sexually transmitted diseases/HIV/sexual behavior/gender identity</li> <li>• Diet and activity</li> <li>• Sun exposure</li> <li>• Dental health</li> <li>• Injury prevention (seat belt, helmet use)</li> <li>• Driving safety/texting</li> <li>• Safe internet/social media/cell phone practices</li> <li>• Vitamin D supplement, if indicated</li> <li>• Screen time limits</li> </ul>

**HIGH RISK CHILDREN**

Screening for latent tuberculosis infection in children who are not showing symptoms, but who may be at an increased risk.

*Guidelines adapted from the American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care. Talk to your child's doctor about which preventive services are right for your child. Your Plan benefits may allow for services more frequently than what is listed here.*

**Recommended Immunizations for Children from Birth Through 6 Years of Age**

Vaccines can be given at the shown age or during the age range.

Source: The Centers for Disease Control & Prevention

BIRTH	1 MO	2 MO	4 MO	6 MO	12 MO	15 MO	18 MO	19–23 MO	2–3 YR	4–6 YR	
Hep B	Hep B			Hep B							
	RV	RV	RV								
	DTaP	DTaP	DTaP		DTaP					DTaP	
	Hib	Hib	Hib	Hib							
	PCV13	PCV13	PCV13	PCV13							
	IPV	IPV	IPV							IPV	
	Influenza (Flu) Annually										
				MMR						MMR	
				Varicella						Varicella	
				HepA							

**Vaccines and the Diseases They Prevent**

Vaccine	Disease(s)
Varicella	Chickenpox
DTaP, Tdap	Diphtheria, Pertussis (Whooping cough) Tetanus
Hib	Haemophilus Influenzae Type B
Hep A	Hepatitis A
Hep B	Hepatitis B
Flu	Influenza (Flu)

Vaccine	Disease(s)
MMR	Measles, Mumps, Rubella
IPV	Polio
PCV13	Pneumococcal
RV	Rotavirus
MenACWY, MenB	Meningococcal
HPV	Human Papillomovirus