

New National Schedule for Children's Checkups

by Susan Aronson, MD



In March 2000, the American Academy of Pediatrics published the revised national schedule of *Recommendations for Preventive Pediatric Health Care*. This schedule defines the minimum number and content of periodic health visits for children. Beginning in the prenatal period and continuing through age 21, these preventive care guidelines correspond with predictable opportunities for prevention at each stage of child and family development. Achieving full value from preventive care requires trusted relationships between competent health professionals and families. Clinicians build these relationships with continuity of care over time.

The purpose of the check-up schedule is to identify risks for diseases and conditions and offer services to prevent them. Since the schedule is a universal baseline for preventive care for all children, children and families with special problems and vulnerabilities require more than the minimum schedule. To obtain a copy of the revised schedule that was published in the March issue of the journal *Pediatrics*, call (800) 433-9016, extension 7918.

When implemented, the check-up schedule provides comprehensive,

family-centered care that is sensitive to the world of the child. Unfortunately, problems with health insurance, language, inconvenience of services, scheduling problems, and competing priorities all interfere with achieving the benefits of recommended well-child care. Well-child checkups help to foster common goals that early childhood educators and health professionals share:

- Optimum functioning of the child and family
- Enhanced well being, resiliency, competence, confidence, and strengths for the child and family
- Well-developed compensatory strategies to cope with weaknesses and vulnerabilities of the child and family
- Families and children who know about significant risks, know how to avoid those risks, and practice behaviors that promote health
- Families who use professional resources wisely to achieve good outcomes for their children

The new schedule for pediatric checkups defines the age interval when

specific services should be done for all children, which services are needed for children who are at special risk, and the type of service for each. Routine checkups should occur prenatally (with parents), at birth, at two to four days, by one month, then at 2, 4, 6, 9, 12, 15, 18, and 24 months. The next routine check-up visits should be once a year from three through six years of age, then at eight and ten years of age, returning to annual checkups from 11 through 21 years of age. A routine checkup begins with a comprehensive health history and closes with advice, education, and referrals to other health professionals. Each service done during the visit has a purpose.

The most important part of the check-up visit is the child's health history. An accurate and complete health history gives the health professional the greatest amount of information — more than any other screening test. Information about how the child is doing in daily life from the family and other caregivers focuses the inquiry for the rest of the visit. Unless caregivers provide accurate information for the health history, the health professional cannot move down the right path of inquiry and support.

The next familiar procedure in check-up visits is the age-appropriate measurement of body growth using height, weight, and head circumference. Routine blood pressure measurement begins at three years of age. Sensory screening begins at birth, with an objective newborn hearing test in the newborn period, then subjective vision and hearing screening at each visit until the child reaches the age when low-cost objective testing is possible. Annual vision screening using eye charts that test visual acuity and 3-D tests for binocular vision should be done from three through six years of age, then at the next two visits also, at eight and ten years of age. Children should have audiometry to check their hearing at annual visits from four years of age, then as for vision screening. (See the schedule for the recommendations for older children.) Uncorrected problems in hearing and vision during the period of early brain development can lead to lifelong disabilities and learning problems.

Developmental and behavioral assessments offer opportunities for early intervention. Competent assessment of the child that involves all aspects of the child's life can help develop the child's strengths and resiliency. Each child needs individual attention to grow and develop optimally.

Physical examination is the observing, touching, and listening that a health professional does to identify abnormalities and unique features of the child's body. It involves a head-to-toe look at all body parts, especially those that the health history suggests might require special attention. By itself, physical examination rarely uncovers new problems. In combination with the health history and other screening tests, the health professional's examination of the body can help to confirm or suggest what the child needs.

In addition to these routines, children should receive other screening tests and immunizations. These other screening tests target known problems for the age and risk group of the child: hereditary diseases, anemia, lead poisoning, cholesterol problems, tuberculosis, problems that show up in the urine, and, for older children, diseases related to reproductive activity.

A routine preventive care visit concludes with services known as *anticipatory guidance* for age-appropriate issues related to behavior and development, injury prevention, violence prevention, sleeping, nutrition, and, by no later than three years of age, a routine referral to an oral health professional. From anticipatory guidance, parents learn what to expect in the interval until the next well-child visit. Within the constraints of available time and resources, the health professional offers information to the family and other caregivers about how to promote the child's health, and what individualized care the child needs. If the checkup has detected some special needs, the health professional schedules follow-up care.

Early childhood educators play a key role in well-child supervision. First, by checking whether the family is obtaining routine check-up services on time, caregivers provide a safety net to ensure that no child misses the opportunities for prevention through well-child care. Second, by contributing information for the child's health history, caregivers can focus the well-child visit on the right issues. Caregivers can give this information to parents orally, in an open note that the parent can take to the child's doctor, or, with parent consent, communicate directly with the child's clinician. Third, since the medical care system is far from perfect, caregivers can help families be informed consumers of preventive health care — helping to set the agenda for information sharing so

the most important topics get addressed within time-limited individual appointments. Using the schedule of the American Academy of Pediatrics, parents and caregivers should make sure that their children are receiving at least the minimum recommended services from their child's usual source of health care. If the child's usual source of health care does not respond to reasonable efforts to obtain recommended services, it is time to find an alternative.

Parents should expect and do what it takes to obtain the preventive health care their children need. Little good is accomplished by just complaining when part of the health system fails. In the best interests of the child and family, caregivers and health professional advocates must work together to find what the child needs in the community. If the child's insurance does not cover minimum service, check whether broader benefits are available in public subsidized policies or suggest parents budget for them.

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