



Children's Well Care Visits 0 to 30 Months

Marie Lafortune, MD

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- Leilanie Mercurio, Provider Continuing Education (PCE) Program Manager, L.A. Care Health Plan, CME Planner.
- Donna Sutton, Senior Director, Stars Excellence, Quality Improvement, L.A. Care Health Plan, CME Planner.
- Betsy Santana, MPH, Senior Manager of Initiatives, Quality Improvement, L.A. Care Health Plan, CME Planner.
- Marie Lafortune, MD, Attending Physician, Department of General Pediatrics, Children's Hospital Los Angeles; and Assistant Professor, Department of Pediatrics at the Keck School of Medicine of the University of Southern California, CME Faculty.

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Commercial support was not received for this CME/CE activity.

Learning Objectives

At completion of the activity, learners can:

- List two standardized tools used to screen for developmental delays and when to refer at-risk children to appropriate intervention services.
- Specify four examples of safety related anticipatory guidance that physicians can provide to their patients during the first two years of life.
- Summarize the universal screenings that are recommended by Bright Futures for children of different ages.
- State which immunizations are recommended in the first two years of life according to the Centers for Disease Control and Prevention.

Presentation Outline

- Review Bright Future periodicity schedule
- For each age, review components of the well child visit including:
 - Universal screening
 - Immunization
 - Anticipatory guidance
- Discuss developmental screening and when to refer
- Review recommendations for anemia and lead testing

Current State

According to state Medi-Cal data from 2021¹:

- 60% of babies did not get their recommended well-child visits in the first 15 months of life.
 - 75% of Black babies did not receive their recommended screenings.
- Half of children did not receive a lead screening by their second birthday.
- 71% of children did not receive their recommended developmental screening in their first three years.

Bright Futures Periodicity Schedule

- Children should have **seven** well child visits during their first 15 months of life.
- Children that are 30 months need **three** well child visits from 16 months to 30 months.

AGE ¹	INFANCY								EARLY CHILDHOOD				
	Prenatal ²	Newborn ³	3-5 d ⁴	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo
HISTORY Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS													
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●	
Weight for Length		●	●	●	●	●	●	●	●	●	●	●	
Body Mass Index ⁵												●	●
Blood Pressure ⁶		★	★	★	★	★	★	★	★	★	★	★	★
SENSORY SCREENING													
Vision ⁷		★	★	★	★	★	★	★	★	★	★	★	★
Hearing		● ⁸	● ⁹	→		★	★	★	★	★	★	★	★
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH													
Maternal Depression Screening ¹¹				●	●	●	●						
Developmental Screening ¹²								●			●		●
Autism Spectrum Disorder Screening ¹³											●	●	
Developmental Surveillance		●	●	●	●	●	●		●	●	●	●	
Behavioral/Social/Emotional Screening ¹⁴		●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment ¹⁵													
Depression and Suicide Risk Screening ¹⁶													
PHYSICAL EXAMINATION ¹⁷		●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES ¹⁸													
Newborn Blood		● ¹⁹	● ²⁰	→									
Newborn Bilirubin ²¹		●											
Critical Congenital Heart Defect ²²		●											
Immunization ²³		●	●	●	●	●	●	●	●	●	●	●	●
Anemia ²⁴						★			●	★	★	★	★
Lead ²⁵							★	★	● or ★ ²⁶		★	● or ★ ²⁶	
Tuberculosis ²⁷				★			★		★			★	
Dyslipidemia ²⁸												★	
Sexually Transmitted Infections ²⁹													
HIV ³⁰													
Hepatitis B Virus Infection ³¹		★											
Hepatitis C Virus Infection ³²													
Sudden Cardiac Arrest/Death ³³													
Cervical Dysplasia ³⁴													
ORAL HEALTH ³⁵							● ³⁶	● ³⁶	★		★	★	★
Fluoride Varnish ³⁷							←				●		
Fluoride Supplementation ³⁸							★	★	★		★	★	★
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●

Infancy: First Week Visit (3 to 5 Days)

History

- Tell me how things are going for you and baby
- Are you comfortable that your baby is getting enough to eat? How many wet diapers and stools does your baby have each day?
- Tell me about your living situation

Infancy: First Week Visit (3 to 5 Days)

Surveillance of Development

Social Language and Self-help

- Sustain periods of wakefulness for feeding?

Verbal Language (Expressive and Receptive)

- Calm to adult's voice?

Gross Motor

- Lift his head briefly when on his stomach and turn it to the side?

Fine Motor

- Keep her hands in a fist?

Infancy: First Week Visit (3 to 5 Days)

Physical Examination

General observation

- Assess for congenital anomalies and note any dysmorphic features.

Measure and plot on appropriate WHO growth chart

- Recumbent length
- Weight
- Head circumference

First Week Visit: Universal Screening

- Hearing: Should be completed if not done yet.
- Newborn Screen: Verify screening was obtained and review results of the state newborn metabolic screening test.

First Week Visit: Immunization

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos
Respiratory syncytial virus ⓘ (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status, See notes					1 dose (8 through 19 months), See notes		
Hepatitis B ⓘ (HepB)	1 st dose	← 2 nd dose →			← 3 rd dose →			

RSV-mAb

- Infants born October-March
 - Mother did not receive RSV vaccine or mother's RSV vaccination status is unknown → administer 1 dose
 - Mother received RSV vaccine less than 14 days prior to delivery → administer 1 dose
 - Mother received RSV vaccine at least 14 days prior to delivery → NO dose needed unless infant is in special population
- Infants born April-September
 - Mother did not receive RSV vaccine or mother's RSV vaccination status is unknown → administer 1 dose before start of RSV season
 - Mother received RSV vaccine less than 14 days prior to delivery → administer 1 dose before start of RSV season
 - Mother received RSV vaccine at least 14 days prior to delivery → NO dose needed unless infant is in special population

First Week Visit: Anticipatory Guidance

Safe sleep

Where will your baby sleep?

- Best to always have your baby sleep on her back because it reduces the risk of sudden death.
- Baby should sleep in your room in her own crib.

Infancy: 1-Month Visit

History

- How are how things going for you and your family?

Surveillance of Development

Physical Exam

- A complete physical exam is included as part of every health supervision visit

1-Month Visit: Universal Screening

- Depression: Maternal depression screen.
- Hearing: Should be completed if not done yet.
- Newborn Screen: Verify screening was obtained and review results of the state newborn metabolic screening test.

Depression Screening

- Between 11% and 18% of Americans report symptoms of depression after giving birth, a percentage that climbs to 25% among low-income parents.²
- Birth parent should be screened for depression at the 1-, 2-, 4- and 6-month well infant visits.
- Validated screening tools:
 - Edinburg Postpartum Depression Scale
 - Patient Health Questionnaire (PHQ-2) or the PHQ-9

1-Month Visit: Immunization

Discuss the importance of the immunization schedule and what to expect at the 2-Month Visit.

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos
Respiratory syncytial virus ⓘ (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status, See notes					1 dose (8 through 19 months), See notes		
Hepatitis B ⓘ (HepB)	1 st dose	←2 nd dose→			←3 rd dose→			

1-Month Visit: Anticipatory Guidance

Preventing falls

What actions are you taking to keep your baby safe from falls?

- Always keep one hand on your baby when changing diapers or clothing on a changing table.
- Bracelets, toys with loops, or string cords should be kept away from your baby.

Infancy: 2 and 4-Month Visits

History

- What are some of the things you are doing to keep your baby healthy and safe?
- What changes have you noticed in your baby?

Surveillance of Development

- Ask about developmental milestones

Physical Exam

2 and 4-Month Visits: Universal Screening

- Depression: Maternal depression screen.
- Hearing: Should be completed if not done yet.*
- Newborn Screen: Verify screening was obtained and review results of the state newborn metabolic screening test. *

* = universal screening for 2-month-old

2 and 4-Month Visits: Immunization

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos
Respiratory syncytial virus ⓘ (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status, See notes					1 dose (8 through 19 months), See notes		
Hepatitis B ⓘ (HepB)	1 st dose	←2 nd dose→			←3 rd dose→			
Rotavirus (RV) ⓘ RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See notes			
Diphtheria, tetanus, & acellular pertussis ⓘ (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose			←4 th dose→
Haemophilus influenzae type b ⓘ (Hib)			1 st dose	2 nd dose	See notes		←3 rd or 4 th dose, See notes →	
Pneumococcal conjugate ⓘ (PCV15, PCV20)			1 st dose	2 nd dose	3 rd dose		←4 th dose→	

2 and 4-Month Visits: Anticipatory Guidance

Safe home environment

Have you made any changes in your home to keep your baby safe?

- To protect your child from tap water scalds, the hottest temperature at the faucet should be no higher than 120°F.
- Never leave your baby alone in a tub of water, even for a moment.

Infancy: 6-Month Visit

History

- What questions or concerns do you have about your baby?
- Has your infant received any specialty or emergency care since the last visit?

Surveillance of Development

- Any concerns about your baby's learning, development, or behavior?

Physical Exam

6-Month Visit: Universal Screening

- Depression: Maternal depression screen.
- Oral Health: Administer the oral health risk assessment. Apply fluoride varnish after first tooth eruption.

6-Month Visit: Immunizations

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos
Respiratory syncytial virus ⓘ (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status, See notes					1 dose (8 through 19 months), See notes		
Hepatitis B ⓘ (HepB)	1 st dose	←2 nd dose→			←3 rd dose→			
Rotavirus (RV) ⓘ RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See notes			
Diphtheria, tetanus, & acellular pertussis ⓘ (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose		←4 th dose→	
Haemophilus influenzae type b ⓘ (Hib)			1 st dose	2 nd dose	See notes		←3 rd or 4 th dose, See notes →	
Pneumococcal conjugate ⓘ (PCV15, PCV20)			1 st dose	2 nd dose	3 rd dose		←4 th dose→	
Inactivated poliovirus ⓘ (IPV: <18 yrs)			1 st dose	2 nd dose	←3 rd dose→			
COVID-19 ⓘ (1vCOV-mRNA, 1vCOV-aPS)						1 or more doses of updated (2023–2024 Formula) vaccine (See notes)		
Influenza (IIV4) ⓘ						Annual vaccination 1 or 2 doses		

6-Month Visit: Anticipatory Guidance

Early literacy

How does your baby respond when you look at books together?

Media

How much time each day does your baby spend watching TV or other digital device?

- Research shows that babies this age cannot learn information from screens.
- Children's screen time is associated with a higher risk of developmental delay at age 2 years in the communication.³

Infancy: 9-Month Visit

History

- Tell me about your baby.

Surveillance of Development

- Ask about developmental milestones

Physical Exam

9-Month Visit: Universal Screening

Universal Screening

- Oral Health: Administer the oral health risk assessment. Apply fluoride varnish after first tooth eruption.
- Development: Developmental Screen.

Developmental Monitoring versus Screening

Developmental Monitoring (Surveillance):

- Asking about typical milestone for age

Developmental Screening:

- A validated questionnaire to help detect if there might be concerns or issues with development.
- It is recommended that **screening** be administered at the 9, 18, and 30-month well child visit.

Importance of Developmental Screening

- In Los Angeles County, it's estimated that over 30% of young children would benefit from prevention and early intervention services and supports.⁴
 - Many children do not receive services until they reach kindergarten.
- Universal screening reduces racial and ethnic disparities.

Developmental Screening Tools

Validated Screening Tools:

- Ages and Stages 3rd Edition (ASQ-3)
- Parents' Evaluation of Developmental Status (PEDS)
- Survey of Well-being of Young Children (SWYC)

Next Step for a Positive Screen

Check on caregiver comprehension/answering style:

- Did they read/understand questions
- Some answer “not at all” or “somewhat” differently

Check the questions:

- Ask the parents for some examples from the questions
- Check context

Screeners tend to cast a wide net to try not to miss developmental issues:

- Not all children who screen positive will have developmental delay
- Purpose is to identify possible concerns, start discussion

Next Steps for a Positive Screen

- Talk to the caregiver about any developmental concerns
- Ask about other development milestones you would expect at that age
 - CDC milestones for developmental monitoring released in 2021
 - Milestones moved to ages where 75% of children should be expected to achieve (prior was 50%)

Next Step for a Positive Screen

After completing CDC milestone checklist and speaking to family:

- If there is NO CONCERN:
 - Regular follow-up
 - Encourage use of milestone tracking app: <https://www.cdc.gov/ncbddd/actearly/index.html>
- If there is LOW CONCERN:
 - Follow up in 1-2mo to recheck development
 - Provide CDC activity sheet (available in several different languages)
 - If specific area of concern, can give targeted ASQ activity sheets
- If there is HIGH CONCERN:
 - Close follow up in 1-2 months to recheck development
 - Refer to Regional Center for evaluation (<3yo) Provide CDC activity sheet

**Concern can be from either caregiver or provider*

9-Month Visit: Immunization

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos
Hepatitis B ⓘ (HepB)	1 st dose	←2 nd dose→			←3 rd dose→			
Rotavirus (RV) ⓘ RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See notes			
Diphtheria, tetanus, & acellular pertussis ⓘ (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose		←4 th dose→	
Haemophilus influenzae type b ⓘ (Hib)			1 st dose	2 nd dose	See notes		←3 rd or 4 th dose, See notes →	
Pneumococcal conjugate ⓘ (PCV15, PCV20)			1 st dose	2 nd dose	3 rd dose		←4 th dose→	
Inactivated poliovirus ⓘ (IPV: <18 yrs)			1 st dose	2 nd dose	←3 rd dose→			
COVID-19 ⓘ (1vCOV-mRNA, 1vCOV-aPS)					1 or more doses of updated (2023–2024 Formula) vaccine (See notes)			
Influenza (IIV4) ⓘ					Annual vaccination 1 or 2 doses			

9-Month Visit: Anticipatory Guidance

Heatstroke Prevention

- Every year, children die of heatstroke after being left in a hot car.
- Never leave your baby alone in a car for any reason, even briefly.

Early Childhood: 12-Month Visit

History

- What are you most proud of since our last visit?

Surveillance of Development

- Ask about developmental milestones

Physical Exam

12-Month Visit: Universal Screen

- Anemia: Hematocrit or Hemoglobin
- Lead: Lead blood test done in high prevalence area or insured by Medicaid.
- Oral Health (in the absence of a dental home): Apply fluoride varnish after first tooth eruption and every 6 months.

Lead Screening

- Testing is required for all children in publicly funded programs such as Medi-Cal and WIC at **both** 12 months and 24 months of age.
 - Perform a “catch up” test for children age 24 months to 6 years in a publicly supported program who were not tested at 12 and 24 months.
- For children not in publicly funded programs, assess for risk factors and obtain testing if present.
 - Example: recent immigrant or spends time at a pre-1978 place with deteriorated paint or recently renovated.

12-Month Visit: Immunization

Vaccine and other immunizing agents	Birth	1 mo	2 nd mos	4 th mos	6 mos	9 mos	12 mos	15 mos	
Diphtheria, tetanus, & acellular pertussis ⓘ (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose			←4 th dose→	
Haemophilus influenzae type b ⓘ (Hib)			1 st dose	2 nd dose	See notes			←3 rd or 4 th dose, See notes →	
Pneumococcal conjugate ⓘ (PCV15, PCV20)			1 st dose	2 nd dose	3 rd dose			←4 th dose→	
Inactivated poliovirus ⓘ (IPV: <18 yrs)			1 st dose	2 nd dose	←3 rd dose→				
COVID-19 ⓘ (1vCOV-mRNA, 1vCOV-aPS)					1 or more doses of updated (2023–2024 Formula) vaccine (See notes)				
Influenza (IIV4) ⓘ					Annual vaccination 1 or 2 doses				
Or Influenza (LAIV4) ⓘ									
Measles, mumps, rubella ⓘ (MMR)					See notes	←1 st dose→			
Varicella ⓘ (VAR)								←1 st dose→	
Hepatitis A ⓘ (HepA)					(See notes)	←2-dose series, See notes →			

12-Month Visit: Anticipatory Guidance

Drowning Prevention and Water Safety

Are there swimming pools or other potential water dangers near or in your home?

- Watch your toddler constantly whenever she is near water.
- Empty buckets, tubs, or small pools immediately after you use them.

Early Childhood: 15-Month Visit

History

- How would you describe your child's personality these days?

Surveillance of Development

- Ask about developmental milestones

Physical Exam

15-Month Visit: Universal Screening

- Oral Health (in the absence of a dental home): Apply fluoride varnish after first tooth eruption and every 6 months.

15-Month Visit: Immunization

Vaccine and other immunizing agents	Birth	1 mo	1 st dose 2 mos	2 nd dose 4 mos	3 rd dose 6 mos	4 th dose 9 mos	5 th dose 12 mos	6 th dose 15 mos
Diphtheria, tetanus, & acellular pertussis ⓘ (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose			←4 th dose→
Haemophilus influenzae type b ⓘ (Hib)			1 st dose	2 nd dose	See notes			←3 rd or 4 th dose, See notes →
Pneumococcal conjugate ⓘ (PCV15, PCV20)			1 st dose	2 nd dose	3 rd dose			←4 th dose→
Inactivated poliovirus ⓘ (IPV: <18 yrs)			1 st dose	2 nd dose	←3 rd dose→			
COVID-19 ⓘ (1vCOV-mRNA, 1vCOV-aPS)						1 or more doses of updated (2023–2024 Formula) vaccine (See notes)		
Influenza (IIV4) ⓘ						Annual vaccination 1 or 2 doses		
Or Influenza (LAIV4) ⓘ								
Measles, mumps, rubella ⓘ (MMR)						See notes		←1 st dose→
Varicella ⓘ (VAR)								←1 st dose→
Hepatitis A ⓘ (HepA)						(See notes)		←2-dose series, See notes →

15-Month Visit: Anticipatory Guidance

Safe Home Environment: Poisoning

What have you done to childproof your home?

- Remove poisons and toxic household products from your home or keep them high and out of sight and reach in locked cabinets.
- Poison Help line is 800-222-1222.

Early Childhood: 18-Month Visit

History

- What do you like most about this age?

Surveillance of Development

- Ask about developmental milestones

Physical Exam

18-Month Visit: Universal Screening

- Autism: Autism spectrum disorder screen
- Development: Developmental screen
 - It is recommended that screening with a validated tool be completed at 9, 18, and 30-month well child visit
- Oral Health (in the absence of a dental home): Apply fluoride varnish after first tooth eruption and every 6 months.

Autism Screening

- An autism specific screen should be administered to all children at the 18-month visit.
 - Early symptoms of ASD are often present at this age, and effective early intervention strategies are available.
 - Black and Latino children and children living in poverty are diagnosed with ASD years later than white children and children with higher income levels.
- Commonly used screening instruments:
 - Modified Checklist for Autism in Toddler (MCHAT-R/F)
 - The Survey of Well-Being of Young Children: Parent's Observations of Social Interactions (POSI)
- Children with a positive screen should be referred to behavioral health or ABA services.

18-Month Visit: Immunization

Vaccine and other immunizing agents	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Hepatitis B ⓘ (HepB)	← 3 rd dose →								
Diphtheria, tetanus, & acellular pertussis ⓘ (DTaP: <7 yrs)	← 4 th dose →			5 th dose					
Haemophilus influenzae type b ⓘ (Hib)									
Pneumococcal conjugate ⓘ (PCV15, PCV20)									
Inactivated poliovirus ⓘ (IPV: <18 yrs)	← 3 rd dose →			4 th dose					See notes
COVID-19 ⓘ (1vCOV-mRNA, 1vCOV-aPS)	1 or more doses of updated (2023–2024 Formula) vaccine (See notes)								
Influenza (IIV4) ⓘ	Annual vaccination 1 or 2 doses					Annual vaccination 1 dose only			
or Influenza (LAIV4) ⓘ				Annual vaccination 1 or 2 doses		Annual vaccination 1 dose only			
Measles, mumps, rubella ⓘ (MMR)				2 nd dose					
Varicella ⓘ (VAR)				2 nd dose					
Hepatitis A ⓘ (HepA)	← 2-dose series, See notes →								

18-Month Visit: Anticipatory Guidance

Firearm Safety

Does anyone in your home have a firearm?

- If a family has a firearm, they should be unloaded and locked in case.
 - Ammunition should be stored in a separate locked location.

Early Childhood: 24-Month Visit

History

- Let's talk about some of the things you most enjoy about your child. On the other hand, what seems most difficult?

Surveillance of Development

- Ask about developmental milestones

Physical Exam

- Standing height, weight and BMI

24-Month Visit: Universal Screening

- Autism: Autism spectrum disorder screen
- Lead: Lead blood test done in high prevalence area or insured by Medicaid.
- Oral Health (in the absence of a dental home): Apply fluoride varnish after first tooth eruption and every 6 months.

24-Month Visit: Immunization

Vaccine and other immunizing agents	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Hepatitis B ⓘ (HepB)	←3 rd dose→								
Diphtheria, tetanus, & acellular pertussis ⓘ (DTaP: <7 yrs)	←4 th dose→			5 th dose					
Haemophilus influenzae type b ⓘ (Hib)									
Pneumococcal conjugate ⓘ (PCV15, PCV20)									
Inactivated poliovirus ⓘ (IPV: <18 yrs)	←3 rd dose→			4 th dose					See notes
COVID-19 ⓘ (1vCOV-mRNA, 1vCOV-aPS)	1 or more doses of updated (2023–2024 Formula) vaccine (See notes)								
Influenza (IIV4) ⓘ	Annual vaccination 1 or 2 doses					Annual vaccination 1 dose only			
Influenza (LAIV4) ⓘ				Annual vaccination 1 or 2 doses		Annual vaccination 1 dose only			
Measles, mumps, rubella ⓘ (MMR)				2 nd dose					
Varicella ⓘ (VAR)				2 nd dose					
Hepatitis A ⓘ (HepA)	← 2-dose series, See notes →								

24-Month Visit: Anticipatory Guidance

Car Safety Seats

Is your child fastened securely in a car safety seat in the back seat every time he rides in a vehicle?

- When the child reaches 2 years of age, his parents may choose to turn his car safety seat forward facing.
- The back seat is the safest place for children to ride until your child is age 13 years.

Early Childhood: 30-Month Visit

History

- What do you enjoy and dislike the most about this age?

Surveillance of Development

- Ask about developmental milestones

Physical Exam

- Standing height, weight and BMI

30-Month Visit: Universal Screening

- Development: Developmental screen
- Oral Health (in the absence of a dental home): Apply fluoride varnish after first tooth eruption and every 6 months.

30-Month Visit: Immunization

Vaccine and other immunizing agents	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Hepatitis B ⓘ (HepB)	←3 rd dose→								
Diphtheria, tetanus, & acellular pertussis ⓘ (DTaP: <7 yrs)	←4 th dose→			5 th dose					
Haemophilus influenzae type b ⓘ (Hib)									
Pneumococcal conjugate ⓘ (PCV15, PCV20)									
Inactivated poliovirus ⓘ (IPV: <18 yrs)	←3 rd dose→			4 th dose					See notes
COVID-19 ⓘ (1vCOV-mRNA, 1vCOV-aPS)	1 or more doses of updated (2023–2024 Formula) vaccine (See notes)								
Influenza (IIV4) ⓘ	Annual vaccination 1 or 2 doses					Annual vaccination 1 dose only			
or Influenza (LAIV4) ⓘ				Annual vaccination 1 or 2 doses		Annual vaccination 1 dose only			
Measles, mumps, rubella ⓘ (MMR)				2 nd dose					
Varicella ⓘ (VAR)				2 nd dose					
Hepatitis A ⓘ (HepA)	← 2-dose series, See notes →								

30-Month Visit: Anticipatory Guidance

Fires and Burns

When did you last change the batteries in the smoke detectors?

- Make sure you have a working smoke detector, especially in the furnace and sleeping areas.
- Do not leave irons and curling irons plugged in.

References

- Hagan, J. F., Jr, Shaw, J. S., & Duncan, P. M. (Eds.). (2017). *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents* (4th ed.). American Academy of Pediatrics. <https://doi.org/10.1542/9781610020237>
- CDC (2023, November 16). *Child and Adolescent Immunization Schedule by Age*. CDC Vaccines & Immunizations. Retrieved August 8, 2024, from <https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html>
- Quality Population Health Management. (2023). *2022 Preventive Services Report*. California Department of Health Care Services. <https://www.dhcs.ca.gov/dataandstats/reports/Documents/CA2021-22-Preventative-Services-Report.pdf>
- Earls, M. F., Yogman, M. W., Mattson, G., & Rafferty, J. (2019). Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice. *Pediatrics*, 143(1). <https://doi.org/10.1542/peds.2018-3259>
- Krol, D. M., & Whelan, K. (2022). Maintaining and Improving the Oral Health of Young Children. *Pediatrics*, 151. <https://doi.org/10.1542/peds.2022-060417>
- Takahashi, I., Obara, T., & Ishikuro, M. (2023). Screen Time at Age 1 Year and Communication and Problem-Solving Developmental Delay at 2 and 4 Years. *JAMA Pediatrics*, 177(10). <https://doi.org/10.1001/jamapediatrics.2023.3057>
- Lipkin, P. H., & Macias, M. M. (2020). Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening. *Pediatrics*, 145(1). <https://doi.org/10.1542/peds.2019-3449>
- Children Now, First 5 Association of California, & Help Me Grow California. (2014). *Ensuring Children's Early Success: Promoting Developmental and Behavioral Screenings in California*.
- Zubler, J. M., Wiggins, L. D., Macias, M. M., & Whitaker, T. M. (2022). Evidence-Informed Milestones for Developmental Surveillance Tools. *Pediatrics*, 149(3). <https://doi.org/10.1542/peds.2021-052138>
- Lanphear, B. P., Lowry, J. A., & Ahdoot, S. (2016). Prevention of Childhood Lead Toxicity. *Pediatrics*, 138(1). <https://doi.org/10.1542/peds.2016-1493>
- Levy, S. E., & Myers, S. M. (2020). Identification, Evaluation, and Management of Children With Autism Spectrum Disorder. *Pediatrics*, 145(1). <https://doi.org/10.1542/peds.2019-3447>
- California Department of Public Health (2022, October 18). *Standard of Care on Screening for Childhood Lead Poisoning*. Childhood Lead Poisoning Prevention Branch. Retrieved August 8, 2024, from https://www.cdph.ca.gov/Programs/CCDCPHP/DEODC/CLPPB/Pages/screen_regs_3.aspx

Resources

- [Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents, 4th Edition](#)
- [Bright Futures Toolkit: Links to Commonly Used Screening Instruments and Tools](#)
- [CDC Immunization Schedules](#)
- [CDC Milestone Trackers](#)

FAQs

- **What are the routine immunizations recommended in the first 30 months of life?**
 - Chickenpox (Varicella) Diphtheria, tetanus, and whooping cough (pertussis) (DTaP). Haemophilus influenzae type b (Hib), Measles, mumps, rubella (MMR), Polio (IPV), Pneumococcal (PCV), Hepatitis A (HepA), Hepatitis B (HepB), Rotavirus (RV) and Influenza
 - By following the recommended CDC schedule, a child will be protected against 14 vaccine preventable diseases by age two.
- **How often should well-child visits occur in the first 30 months of life?**
 - Well-child visits are recommended at regular intervals, such as at 3-5 days of life, by 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, and 30 months of age.

FAQs

- **What developmental milestones should be assessed during well-child visits and what screener tools are available to providers?**
 - Pediatric providers should assess motor skills, language development, social interactions, cognitive abilities, and other key developmental milestones during each well child visit.
 - Developmental screening supplements ongoing developmental surveillance to identify subtle risks for developmental delays that may not otherwise be recognized during routine evaluation. Developmental screening tests include the Ages and Stages Questionnaires, PEDS: Developmental Milestones Screening Version and SWYC: Milestones.
- **What strategies can pediatric providers recommend to parents to promote early literacy and language development in children during the first 30 months of life?**
 - Pediatric providers can recommend strategies such as reading aloud to children daily, engaging in interactive conversations, participating in reciprocal play, pointing out and naming objects, incorporating nursery rhymes and songs, and limiting screen time to foster language skills and cognitive development.

Thank You!

- Thank you for your close attention and for your commitment to improving the care that we provide to children.
- If you have any questions, please email me at malfortune@chla.usc.edu