

Child Abuse and Injury Prevention: A Pediatrician's Perspective

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Bright Futures: Prevention and Health Promotion for Infants, Children, Adolescents, and Families

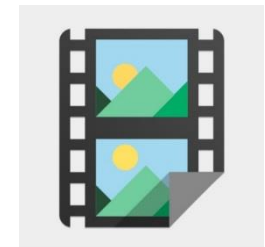
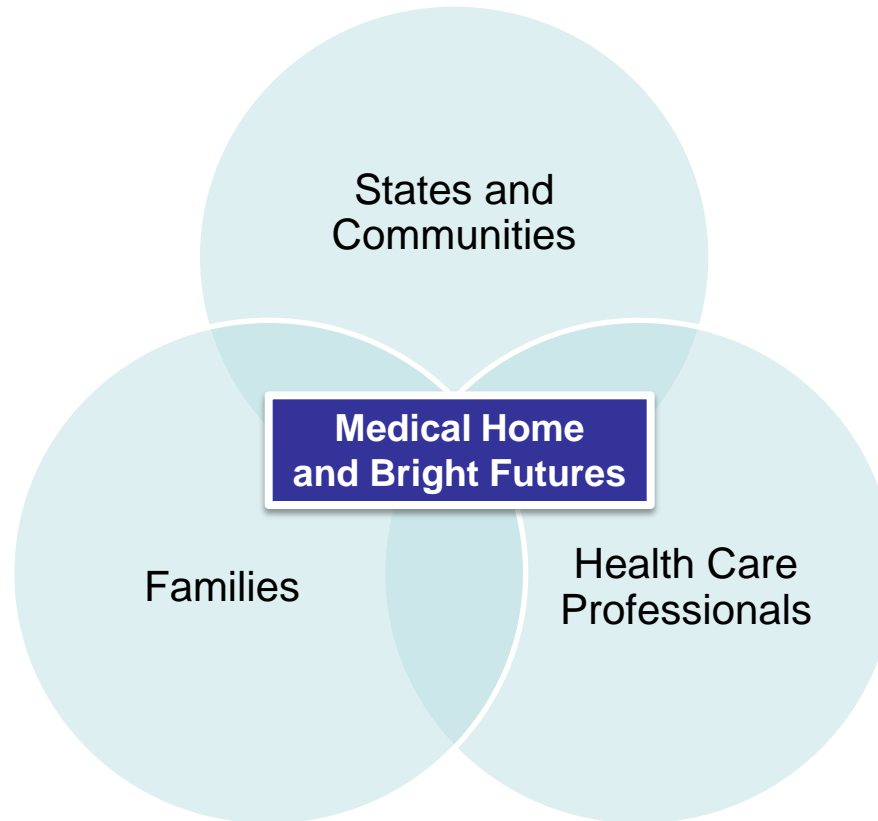


American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Bright Futures & Public Health



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video

Bright Futures: Mission

The mission of Bright Futures is to promote and improve the health, education, and well-being of infants, children, adolescents, families, and communities.



Bright Futures: Goals

- Work with **states** to make the Bright Futures approach the **standard of care** for infants, children, and adolescents
- Help health care providers shift their thinking to a **prevention-based**, family-focused, and developmentally-oriented direction
- Foster **partnerships** between families, providers, and communities
- Empower **families** with the skills and knowledge to be active participants in their children's healthy development

Bright Futures Guidelines, 4th Edition

Health Promotion Themes

- 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 Safety and Injury Prevention
- Promoting the Healthy and Safe Use of Social Media*

*New health promotion theme

Bright Futures: Priorities

Visit Priorities

- Patient concerns and questions
- Physical growth and development
- Social/academic competence
- Emotional wellbeing
- Risk reduction
- Violence and injury prevention

Bright Futures Tools

- Previsit Questionnaires
- Documentation Forms
- Patient/Parent Handouts



Prenatal Visit

PRIORITIES FOR THE VISIT

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:

- Family resources (family support systems, transition home [assistance after discharge], family resources, use of community resources)
- Parental (maternal) well-being (physical, mental, and oral health; nutritional status; medication use; pregnancy risks)
- Breastfeeding decision (breastfeeding plans, breastfeeding concerns [past experiences, prescription or nonprescription medications/drugs, family support of breastfeeding], breastfeeding support systems, financial resources for infant feeding)
- Safety (car safety seats, pets, alcohol/substance use [fetal effects, driving], environmental health risks [smoking, lead, mold], guns, fire/burns [water heater setting, smoke detectors], carbon monoxide detectors/alarms)
- Newborn care (introduction to the practice, illness prevention, sleep [back to sleep, crib safety, sleep location], newborn health risks [hand washing, outings])



Newborn Visit

PRIORITIES FOR THE VISIT

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:

- Family readiness (family support, maternal wellness, transition, sibling relationships, family resources)
- Infant behaviors (infant capabilities, parent-child relationship, sleep [location, position, crib safety], sleep/wake states [calming])
- Feeding (feeding initiation, hunger/satiation cues, hydration/jaundice, feeding strategies [holding, burping], feeding guidance [breastfeeding, formula])
- Safety (car safety seats, tobacco smoke, falls, home safety [review of priority items if no prenatal visit was conducted])
- Routine baby care (infant supplies, skin care, illness prevention, introduction to practice/early intervention referrals)

Newborn Visit



- Reinforce use of rear facing car safety seat to transport baby home
- Safe sleep environment
- Reinforce smoke free home and vehicle
- Keeping one hand on the baby when changing diapers/clothing on changing table/couch/bed.
- Fall prevention
- Do not approach a baby when frustrated
- (Maternal depression)



First Week Visit

PRIORITIES FOR THE VISIT

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:

- Parental (maternal) well-being (health and depression, family stress, uninvited advice, parent roles)
- Newborn transition (daily routines, sleep [location, position, crib safety], state modulation [calming], parent-child relationship, early developmental referrals)
- Nutritional adequacy (feeding success [weight gain], feeding strategies [holding, burping], hydration/jaundice, hunger/satiation cues, feeding guidance [breastfeeding, formula])
- Safety (car safety seats, tobacco smoke, hot liquids [water temperature])
- Newborn care (when to call [temperature taking], emergency readiness [CPR], illness prevention [hand washing, outings], skin care [sun exposure])

First week visit



- Car seat safety
- Safe driving
- Safe sleep environment
- Smoke free home and vehicle
- Fall prevention
- Hot liquids while holding baby
- Adjust hot water heater
- Do not approach a baby while frustrated
- (Maternal depression)



1 Month Visit

PRIORITIES FOR THE VISIT

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:

- Parental (maternal) well-being (health [maternal postpartum checkup, depression, substance abuse], return to work/school [breastfeeding plans, child care])
- Family adjustment (family resources, family support, parent roles, domestic violence, community resources)
- Infant adjustment (sleep/wake schedule, sleep position [back to sleep, location, crib safety], state modulation [crying, consoling, shaken baby], developmental changes [bored baby, tummy time], early developmental referrals)
- Feeding routines (feeding frequency [growth spurts], feeding choices [types of foods/fluids], hunger cues, feeding strategies [holding, burping], pacifier use [cleanliness], feeding guidance [breast feeding, formula])
- Safety (car safety seats, toys with loops and strings, falls, tobacco smoke)

1 month visit



- Car seat
- Smoke free home and vehicle
- Safe sleep
- Fall prevention
- Safety from bracelets, necklaces, toys with loops, string cords, telephone, window blinds, drapery cords
- Do not approach baby while frustrated
- Hot water, hot liquids
- (Maternal depression)



2 Month Visit

PRIORITIES FOR THE VISIT

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:

- Parental (maternal) well-being (health [maternal postpartum checkup and resumption of activities, depression], parent roles and responsibilities, family support, sibling relationships)
- Infant behavior (parent-child relationship, daily routines, sleep [location, position, crib safety], developmental changes, physical activity [tummy time, rolling over, diminishing newborn reflexes], communication and calming)
- Infant-family synchrony (parent-infant separation [return to work/school], child care)
- Nutritional adequacy (feeding routine, feeding choices [delaying complementary foods, herbs/vitamins/supplements], hunger/satiation cues, feeding strategies [holding, burping], feeding guidance [breastfeeding, formula])
- Safety (car safety seats, water temperature [hot liquids], choking, tobacco smoke, drowning, falls [rolling over])

2 Months - Can hold head up and begins to push up when lying on tummy



Learn the Signs.
Act Early.



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- Gross motor
 - Lifting head up
- Fine motor
 - Follow past midline
- Cognitive/Linguistic/Communication
 - Laugh
 - Coo
- Social/Emotional
 - Smile



2 month visit

- Car seat
- Safe sleep environment
- Smoke free home and vehicle
- Fall prevention
- Safety from bracelets, necklaces, toys with loops, string cords, telephone, window blinds, drapery cords
- Do not approach baby while frustrated
- Hot water, hot liquids
- Hot cars
- Maternal depression

4 Months - Smiles spontaneously,
especially at people



Learn the Signs.
Act Early.



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4 Month Visit

PRIORITIES FOR THE VISIT

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:

- Family functioning (parent roles/responsibilities, parental responses to infant, child care providers [number, quality])
- Infant development (consistent daily routines, sleep [crib safety, sleep location], parent-child relationship [play, tummy time], infant self-regulation [social development, infant self-calming])
- Nutrition adequacy and growth (feeding success, weight gain, feeding choices [complementary foods, food allergies], feeding guidance [breastfeeding, formula])
- Oral health (maternal oral health care, use of clean pacifier, teething/drooling, avoidance of bottle in bed)
- Safety (car safety seats, falls, walkers, lead poisoning, drowning, water temperature [hot liquids], burns, choking)

4 month visit



- Gross motor
 - Roll over
- Fine motor
 - Follow 180 degrees
- Cognitive/Linguistic/Communication
 - Laugh
 - Turn to sound
- Social/Emotional
 - Regards own hand



4 month visit

- Car seat, hot cars
- Safe sleep environment
- Smoke free home and vehicle
- WALKERS and fall prevention
- Safety loops, cords, etc
- DROWNING PREVENTION
- Hot water, hot liquids
- Burn prevention
- Choking prevention – small objects out of reach
- Lead poisoning
- Maternal depression

6 Months - Begins to sit without support





6 Month Visit

PRIORITIES FOR THE VISIT

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:

- Family functioning (balancing parent roles [health care decision making, parent support systems], child care)
- Infant development (parent expectations [parents as teachers], infant developmental changes [cognitive development/learning, playtime], communication [babbling, reciprocal activities, early intervention], emerging infant independence [infant self-regulation/behavior management], sleep routine [self-calming/putting self to sleep, crib safety])
- Nutrition and feeding: adequacy/growth (feeding strategies [quantity, limits, location, responsibilities] feeding choices [complementary foods, choices of fluids/juice], feeding guidance [breastfeeding, formula])
- Oral health (fluoride, oral hygiene/soft toothbrush, avoidance of bottle in bed)
- Safety (car safety seats, burns [hot water/hot surfaces], falls [gates at stairs and no walkers], choking, poisoning, drowning)

6 month visit



- Gross motor
 - Sit without support
- Fine motor
 - Reaching
- Cognitive/Linguistic/Communication
 - Turn to sound
- Social/Emotional
 - Feed self
 - Work for toy out of reach



6 month visit

- Car seat, hot cars
- Smoke free home and vehicle
- Walkers and fall prevention – **BABY GATES**
- Safety loops, cords, etc
- **CHILDPROOF HOME**
- Drowning prevention
- Burn prevention – hot water, hot surfaces
- Choking prevention – small objects out of reach, finger foods
- **Lead, POISONING FROM CLEANERS**
- Frustration/Maternal depression

9 Months - Stands, holding on



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Act Early.



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9 Month Visit

PRIORITIES FOR THE VISIT

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:

- Family adaptations (discipline [parenting expectations, consistency, behavior management], cultural beliefs about child-rearing, family functioning, domestic violence)
- Infant independence (changing sleep pattern [sleep schedule], developmental mobility [safe exploration, play], cognitive development [object permanence, separation anxiety, behavior and learning, temperament versus self-regulation, visual exploration, cause and effect], communication)
- Feeding routine (self-feeding, mealtime routines, transition to solids [table food introduction], cup drinking [plans for weaning])
- Safety (car safety seats, burns [hot stoves, heaters], window guards, drowning, poisoning [safety locks], guns)

9 month visit



- Gross motor
 - Pull to stand
- Fine motor
 - Pass cube
- Cognitive/Linguistic/Communication
 - Dada mama non-specific
- Social/Emotional
 - Wave bye-bye
 - Feed self



9 month visit

- Car seat, hot cars
- Smoke free home and vehicle
- Walkers and fall prevention, gates
- Safety loops, cords, window guards
- Childproof home
- Burn prevention – hot water, hot surfaces, heaters
- Choking prevention – small objects out of reach, finger foods
- Poisoning, safety locks
- DROWNING PREVENTION
- Guns, locked, unloaded, trigger guard
- Frustration/Maternal depression

1 Year - Gets into a sitting position without help



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Act Early.



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12 Month Visit

PRIORITIES FOR THE VISIT

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 support (adjustment to the child's developmental changes and behavior, family-work balance, parental agreement/disagreement about child issues)
- Establishing routines (family time, bedtime, teeth brushing, nap times)
- Feeding and appetite changes (self-feeding, nutritious foods, choices, "grazing")
- Establishing a dental home (first dental checkup, dental hygiene)
- Safety (home safety, car safety seats, drowning, guns)

1 Year - May stand alone



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12 month visit



- Gross motor
 - Pull to stand, stand alone
- Fine motor
 - Block in cup, bang cubes
- Cognitive/Linguistic/Communication
 - Imitates sounds
 - Babbling
 - 1 word
- Social/Emotional
 - Wave bye bye
 - Pointing
 - Pat-a-cake



12 month visit

- Car seat, hot cars
- Smoke free home and vehicle
- Fall prevention, gates, CRIB MATTRESS
- Safety loops, cords, window guards
- Childproof home – CHECK FOR HAZARDS
- Burn prevention – hot water, hot surfaces, heaters
- Choking prevention – PLASTIC BAGS, SMALL OBJ.
- HEAVY ITEMS SECURE, SHARP OBJ OUT OF REACH
- Poisoning, safety lock
- Drowning prevention, POOLS
- Guns, locked, unloaded, trigger guard
- Expectations vs appropriate development



15 Month Visit

PRIORITIES FOR THE VISIT

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, attention to how child communicates wants and interests, signs of shared attention)
- Sleep routines and issues (regular bedtime routine, night waking, no bottle in bed)
- Temper tantrums and discipline (conflict predictors, distraction, praise for accomplishments, consistency)
- Healthy teeth (brushing teeth, bottle usage)
- Safety (car safety seats, parental use of safety belts, poison, fire safety)

15 month visit



- Gross motor
 - Walk well, stoop and recover
- Fine motor
 - Block in cup, scribble
- Cognitive/Linguistic/Communication
 - 1 to 3 words
- Social/Emotional
 - Wave bye bye
 - Drink from a cup



15 month visit

- Car seat, hot cars
- Smoke free home and vehicle
- Fall prevention, gates, crib mattress
- Safety loops, cords, window guards
- Childproof home, check for hazards
- Burn prevention – hot surfaces, heaters, HOT WATER
- Choking prevention – bags, balloons, small objects
- Heavy items secure
- Poisoning, safety lock, SAFETY CAPS ON MEDS
- Drowning prevention
- Guns, locked, unloaded, trigger guard
- Expectations vs appropriate development

18 Months - Drinks from a cup



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Act Early.



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18 Months - Eats with a spoon



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18 Month Visit

PRIORITIES FOR THE VISIT

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 support (parental well-being, adjustment to toddler's growing independence and occasional negativity, queries about a new sibling planned or on the way)
- Child development and behavior (adaptation to nonparental care and anticipation of return to clinging, other changes connected with new cognitive gains)
- Language promotion/hearing (encouragement of language, use of simple words and phrases, engagement in reading/singing/talking)
- Toilet training readiness (recognizing signs of readiness, parental expectations)
- Safety (car safety seats; parental use of safety belts; falls, fires, and burns; poisoning; guns)

18 month visit



- Gross motor
 - Walk up steps, run, walk backwards
- Fine motor
 - Block tower, scribble
- Cognitive/Linguistic/Communication
 - Point to 1 body part
 - 3-6 words
- Social/Emotional
 - Help w housework
 - Remove clothes



18 month visit

- Car safety
- Falls
- Burns/Fires
- Poisoning
- Guns
- Drownings
- Expectations vs appropriate development



18 month visit

- Car seat, hot cars
- Smoke free home and vehicle
- Fall prevention, gates, crib mattress
- Safety loops, cords, window guards
- Childproof home, check for hazards
- Burn prevention – hot surfaces, heaters, HOT WATER
- Choking prevention – bags, balloons, small objects
- Heavy items secure
- Poisoning, medications
- Drowning prevention
- Guns, locked, unloaded, trigger guard
- Expectations vs appropriate development

2 Years - Kicks a ball



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2 Years - Climbs onto and down from furniture without help



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2 Year Visit

PRIORITIES FOR THE VISIT

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:

- Assessment of language development (how child communicates, expectations for language)
- Temperament and behavior (sensitivity, approachability, adaptability, intensity)
- Toilet training (what have parents tried, techniques, personal hygiene)
- Television viewing (limits on viewing, promotion of reading, promotion of physical activity and safe play)
- Safety (car safety seats, parental use of safety belts, bike helmets, outdoor safety, guns)

24 month visit



- Gross motor
 - Throw ball, jump
 - Walk up stairs
- Fine motor
 - Block tower 4-6 cubes
- Cognitive/Linguistic/Communication
 - Point to pictures
- Social/Emotional
 - Put on clothing
 - Remove clothing



24 month visit

- Car safety, driving around toddlers
- Bike safety
- Outdoor safety – supervised play, lawn mowers
- Falls
- Burns/Fires
- Poisoning
- Guns
- Drownings
- Expectations vs appropriate development



24 month visit

- Car seat, hot cars
- Smoke free home and vehicle
- Fall prevention
- Safety loops, cords, window guards
- Childproof home, check for hazards
- Burn prevention – hot surfaces, heaters, hot water
- Choking prevention – bags, balloons, small objects
- Poisoning, medications
- Drowning prevention
- Guns, locked, unloaded, trigger guard
- Expectations vs appropriate development



2 ½ Year Visit

PRIORITIES FOR THE VISIT

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 (parental consistency, day and evening routines, enjoyable family activities)
- Language promotion and communication (interactive communication through song, play, and reading)
- Promoting social development (play with other children, limited reciprocal play, imitation of others, choices)
- Preschool considerations (readiness for early childhood programs, playgroups, or playdates)
- Safety (water safety, car safety seats, outdoor health and safety [pools, play areas, sun exposure], pets, fires and burns)

2 ½ year visit



- Gross motor
 - Throw ball
 - Jump
- Fine motor
 - Block tower 6-8
- Cognitive/Linguistic/Communication
 - 2 actions, name 1 picture
 - Speech 50% understandable
 - 6 body parts
- Social/Emotional
 - Put on clothing
 - Wash and dry hands

2 ½ year visit



- Car safety, driving around toddlers
- Bike safety
- Outdoor safety – supervised play, lawn mowers
- PEDESTRIAN SAFETY
- FALLS FROM WINDOWS, furniture away from windows
- NEVER LEAVE ALONE IN CAR, HOUSE, YARD
- Burns/Fires
- Poisoning, medications, cleaners, insecticides
- Guns
- Drownings
- Expectations vs appropriate development



2 ½ year visit

- Car seat, hot cars
- Smoke free home and vehicle
- Fall prevention
- Safety loops, cords, window guards
- Childproof home, check for hazards
- Burn prevention – hot surfaces, heaters, hot water
- Choking prevention – bags, balloons, small objects
- Poisoning, medications
- Drowning prevention
- Guns, locked, unloaded, trigger guard
- Expectations vs appropriate development

3 Years - Climbs well



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Act Early.



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3 Year Visit

PRIORITIES FOR THE VISIT

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 support (family decisions, sibling rivalry, work balance)
- Encouraging literacy activities (singing, talking, describing, observing, reading)
- Playing with peers (interactive games, play opportunities)
- Promoting physical activity (limits on inactivity)
- Safety (car safety seats, pedestrian safety, falls from windows, guns)

3 Years - Runs easily



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- Gross motor
 - Balance on 1 foot, broad jump
 - Throw ball overhand
- Fine motor
 - Block tower 6-8 cubes
- Cognitive/Linguistic/Communication
 - Speech understandable
 - 1 color, 2 adjectives, 4 pictures
- Social/Emotional
 - Name friend
 - Brush teeth w help



3 year visit

- Car safety, driving around toddlers
- Bike safety
- Outdoor safety – supervised play, lawn mowers
- PEDESTRIAN SAFETY
- FALLS FROM WINDOWS, furniture away from windows
- NEVER LEAVE ALONE IN CAR, HOUSE, YARD
- Burns/Fires
- Poisoning, medications, cleaners, insecticides
- Guns
- Drownings
- Expectations vs appropriate development



4 Year Visit

PRIORITIES FOR THE VISIT

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:

- School readiness (structured learning experiences, opportunities to socialize with other children, fears, friends, fluency)
- Developing healthy personal habits (daily routines that promote health)
- Television/media (limits on viewing, promotion of physical activity and safe play)
- Child and family involvement and safety in the community (activities outside the home, community projects, educational programs, relating to peers and adults, domestic violence)
- Safety (belt positioning booster seats, supervision, outdoor safety, guns)

4 Years - Pours, cuts with supervision, and mashes own food



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Act Early.



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- Gross motor
 - Hop, balance on foot
- Fine motor
 - Draw person w 3 parts
 - Tower 8 cubes
- Cognitive/Linguistic/Communication
 - Name 4 colors
 - Speech all understandable
- Social/Emotional
 - Copy circle/cross



4 year visit

- Car safety – BOOSTER SEATS
- Bike safety
- Outdoor safety – supervised play, lawn mowers
- Pedestrian safety
- NEVER LEAVE ALONE IN CAR, HOUSE, YARD
- Burns/Fires
- Poisoning, medications, cleaners, insecticides
- Guns
- Drownings
- Expectations vs appropriate development

5 Years - Shows more independence (for example, may serve herself lunch)



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Act Early.



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5 & 6 Year Visit

PRIORITIES FOR THE VISIT

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 this visit:

- School readiness (established routines, after-school care and activities, parent-teacher communication, friends, bullying, maturity, management of disappointments, fears)
- Mental health (family time, routines, temper problems, social interactions)
- Nutrition and physical activity (healthy weight; appropriate well-balanced diet; increased fruit, vegetable, whole-grain consumption; adequate calcium intake; 60 minutes of exercise a day)
- Oral health (regular visits with dentist, daily brushing and flossing, adequate fluoride)
- Safety (pedestrian safety, booster seat, safety helmets, swimming safety, child sexual abuse prevention, fire escape/drill plan and smoke detectors, carbon monoxide detectors/alarms, guns)

5 Years - Swings and climbs



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Act Early.



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5-6 year visit

- Car safety, booster seats
- Pedestrian safety/school bus safety
- Bike helmets, sports safety equipment
- Swimming safety, instruction
- Fire safety, escape plan, smoke/CO detectors/alarm, matches, lighters
- Guns – kids do not understand the dangers of guns
- Child sexual abuse prevention
 - Name for body parts – “privates”
 - Who would you go to if....
 - We call them “privates” because....
 - No such thing as secrets...
 - Get away from offender and tell a trusted adult
 - Who are trusted adults





7 & 8 Year Visits

PRIORITIES FOR THE VISIT

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 this visit:

- School (adaptation to school, school problems [behavior or learning issues], school performance/progress, involvement in school activities and after-school programs, bullying, parental involvement, IEP or special education services)
- Development and mental health (independence, self-esteem, establishing rules and consequences, temper problems, managing and resolving conflicts, puberty/pubertal development)
- Nutrition and physical activity (healthy weight, appropriate food intake, adequate calcium, water instead of soda, adequate physical activity in organized sports/after-school programs/fun activities, limits on screen time)
- Oral health (regular visits with dentist, daily brushing and flossing, adequate fluoride)
- Safety (knowing child's friends and their families, supervision with friends, safety belts/booster seats, helmets, playground safety, sports safety, swimming safety, sunscreen, smoke-free home/vehicles, guns, careful monitoring of computer use [games, Internet, e-mail])



7-8 year visit

- Car safety, booster seats
- Pedestrian safety/school bus safety
- Bike helmets, sports safety equipment
- Swimming safety, instruction
- Fire safety, escape plan, smoke/CO detectors/alarm, matches, lighters
- Guns – kids do not understand the dangers of guns
- Home alone after school, safety rules (okay to call)
- Careful monitoring of computer use
 - Games
 - Internet
 - Social media
 - Posting and accessing pictures on the internet



7-8 year visit

- Knowing child's friends and families
- Supervision with friends
- Sports safety
- Child sexual abuse prevention
 - Name for body parts – “privates”
 - Who would you go to if....
 - We call them “privates” because....
 - No such thing as secrets...
 - Get away from offender and tell a trusted adult
 - Who are trusted adults



9 & 10 Year Visit

PRIORITIES FOR THE VISIT

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 this visit:

- School (school performance, homework, bullying)
- Development and mental health (emotional security and self-esteem, family communication and family time, temper problems and setting reasonable limits, friends, school performance, readiness for middle school, sexuality [pubertal onset, personal hygiene, initiation of growth spurt, menstruation and ejaculation, loss of “baby fat” and accretion of muscle, sexual safety])
- Nutrition and physical activity (weight concerns, body image, importance of breakfast, limits on high-fat foods, water rather than soda or juice, eating as a family, physical activity)
- Oral health (regular visits with dentist, daily brushing and flossing, adequate fluoride)
- Safety (safety belts, helmets, bicycle safety, swimming, sunscreen, tobacco/alcohol/drugs, knowing child’s friends and their families, supervision of child with friends, guns)





9-10 year visit

- Car safety, seat belts
- Pedestrian safety/school bus safety
- Bike helmets, sports safety equipment
- Swimming safety, lakes, beaches, pools
- Fire safety, escape plan, smoke/CO detectors/alarm, matches, lighters
- Guns – homicides, suicides
- Home alone after school, safety rules (okay to call)
- Careful monitoring of computer use
 - Media violence
 - Games
 - Internet
 - Social media
 - Posting and accessing pictures on the internet



9-10 year visit

- Knowing child's friends and families
- Supervision with friends
- Sports safety – biking, skate/snowboard, protective equip
- Tobacco, alcohol, drugs
- Child sexual abuse prevention
 - No such thing as secrets...
 - Get away from offender and tell a trusted adult
 - Who are trusted adults



11-14 Year Visit

PRIORITIES FOR THE VISIT

The first priority is to address the concerns of the adolescent and his 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. The goal of these discussions is to determine the health needs of the youth and family that should be addressed by the health care professional. The following priorities are consistent throughout adolescence. However, the questions used to effectively obtain information and the anticipatory guidance provided to the adolescent and family can vary.

Including all the priority issues in every visit may not be feasible, but the goal should be to address issues important to this age group over the course of the 4 visits. These issues include:

- Physical growth and development (physical and oral health, body image, healthy eating, physical activity)
- Social and academic competence (connectedness with family, peers, and community; interpersonal relationships; school performance)
- Emotional well-being (coping, mood regulation and mental health, sexuality)
- Risk reduction (tobacco, alcohol, or other drugs; pregnancy; STIs)
- Violence and injury prevention (safety belt and helmet use, substance abuse and riding in a vehicle, guns, interpersonal violence [fights], bullying)



11-14 year visit



- Riding in vehicles (make a plan), NO ATVs
- Bike helmets, protective equipment
- Swimming safety, lakes, beaches, pools
- Guns – homicides, suicides
- Home alone after school, safety rules (okay to call)
- Bullying
- Careful monitoring of computer use
 - Media violence
 - Games
 - Internet
 - Social media
 - Bullying
 - Posting and accessing pictures on the internet

11-14 year visit



- Knowing child's friends and families
- Supervision with friends
- Sports safety – biking, skate/snowboard, protective equip
- Tobacco, alcohol, drugs
- Family conflict resolution
- Dating violence, interpersonal violence, healthy relatnsp
- Child sexual abuse prevention
 - No such thing as secrets...
 - Get away from offender and tell a trusted adult
 - Who are trusted adults



15 to 17 Year Visit

PRIORITIES FOR THE VISIT

The first priority is to address the concerns of the adolescent and his 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. The goal of these discussions is to determine the health needs of the youth and family that should be addressed by the health care professional. The following priorities are consistent throughout adolescence. However, the questions used to effectively obtain information and the anticipatory guidance provided to the adolescent and family can vary.

Including all the priority issues in every visit may not be feasible, but the goal should be to address issues important to this age group over the course of the 3 visits. These issues include:

- Physical growth and development (physical and oral health, body image, healthy eating, physical activity)
- Social and academic competence (connectedness with family, peers, and community; interpersonal relationships; school performance)
- Emotional well-being (coping, mood regulation and mental health, sexuality)
- Risk reduction (tobacco, alcohol, or other drugs; pregnancy; STIs)
- Violence and injury prevention (safety belt and helmet use, driving [graduated license] and substance abuse, guns, interpersonal violence [dating violence], bullying)





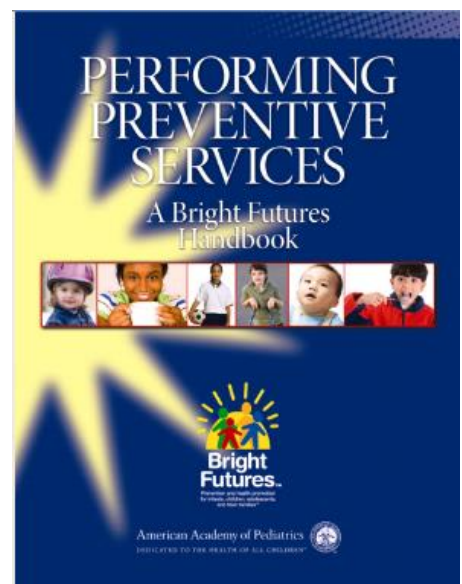
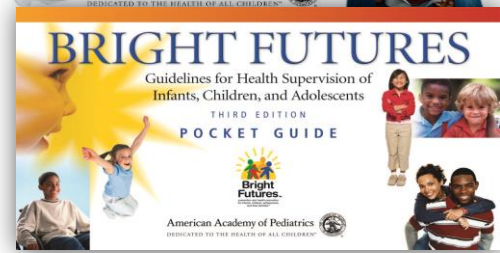
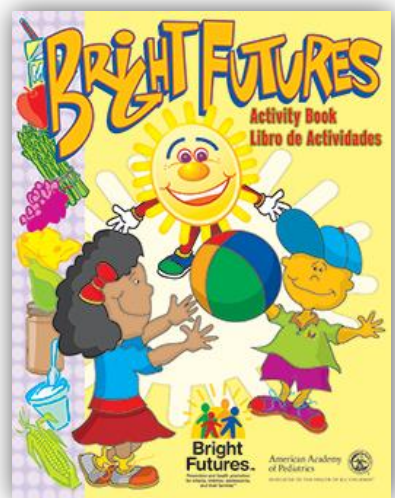
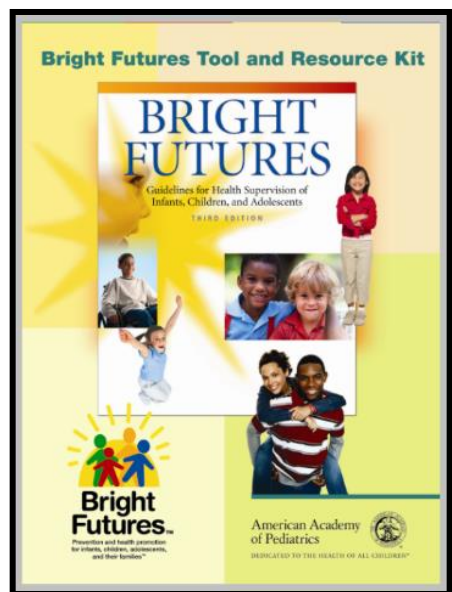
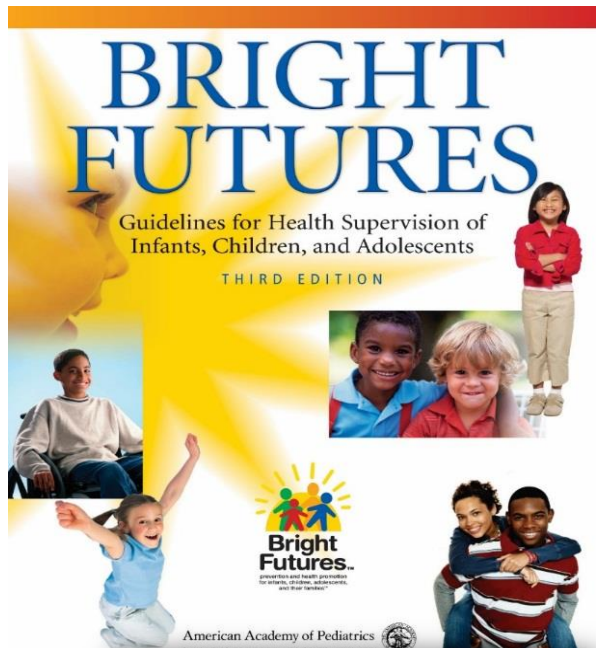
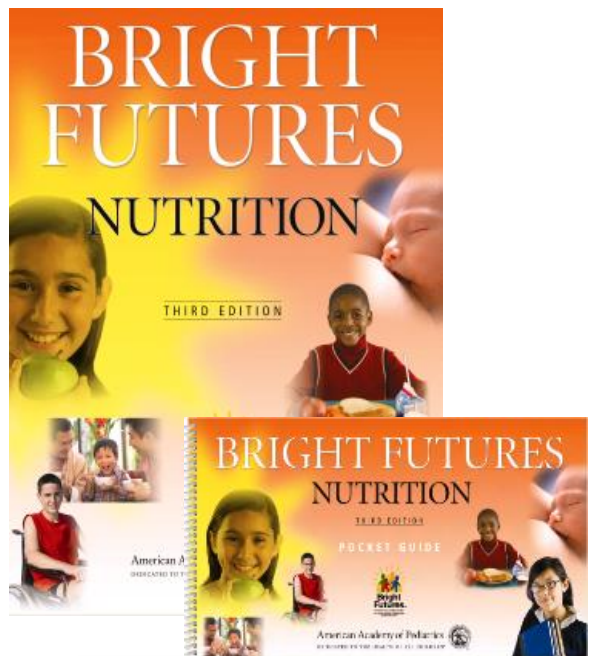
15-17 year visit

- Driving/riding in vehicles – texting, alcohol, have a plan
- Bike helmets, protective equipment
- Swimming safety, lakes, beaches, pools
- Guns – homicides, suicides
- Home alone after school, safety rules (okay to call)
- Bullying Knowing child's friends and families
- Supervision with friends
- Sports safety – biking, skate/snowboard, protective equip
- Tobacco, alcohol, drugs
- Family conflict resolution



15-17 year visit

- Online citizenship – social media, bullying,
- Dating violence, interpersonal violence, healthy relationships
- Human Trafficking
 - Has anyone asked you to have sex in exchange for something you wanted/needed (money, shelter, food, other)
 - Has anyone asked you to have sex with another person
 - Has anyone taken sexual pictures of you? posted on internet?
- Child sexual abuse prevention
 - No such thing as secrets...
 - Get away from offender and tell a trusted adult
 - Who are trusted adults



Resources

Bright Futures VisitPlanner From AAP

By American Academy of Pediatrics



Interactive Periodicity Schedule

Interactive presentation of Bright Futures–recommended history, physical examination, immunizations, and screening assessments for each age visit.

Click on the age of interest:

Infancy	Early Childhood	Middle Childhood	Adolescence	
Prenatal	12 months	5 years	11 years	17 years
Newborn	15 months	6 years	12 years	18 years
3-5 days	18 months	7 years	13 years	19 years
1 month	24 month	8 years	14 years	20 years
2 months	30 months	9 years	15 years	21 years
4 months	3 years	10 years	16 years	
6 months	4 years			
9 months				



View a PDF Version of
Periodicity Schedule



Milestones in Action

Free photos and videos of
developmental milestones

cdc.gov/MilestonesInAction



Child Health Tracker From HealthyChildren.org

By American Academy of Pediatrics



Pediatric
Care Online™

Thank you

