PEDIATRICS®

2014 Recommendations for Pediatric Preventive Health Care COMMITTEE ON PRACTICE AND AMBULATORY MEDICINE, BRIGHT FUTURES PERIODICITY SCHEDULE WORKGROUP *Pediatrics*; originally published online February 24, 2014; DOI: 10.1542/peds.2013-4096

The online version of this article, along with updated information and services, is located on the World Wide Web at: http://pediatrics.aappublications.org/content/early/2014/02/18/peds.2013-4096.citation

PEDIATRICS is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. PEDIATRICS is owned, published, and trademarked by the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois, 60007. Copyright © 2014 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 0031-4005. Online ISSN: 1098-4275.



Downloaded from pediatrics.aappublications.org by guest on April 11, 2014



POLICY STATEMENT

2014 Recommendations for Pediatric Preventive Health Care

COMMITTEE ON PRACTICE AND AMBULATORY MEDICINE, 2012–2013

Geoffrey R. Simon, MD, FAAP, Chairperson Cynthia Baker, MD, FAAP Graham A. Barden, III, MD, FAAP Oscar W. Brown, MD, FAAP Amy Hardin, MD, FAAP Herschel R. Lessin, MD, FAAP Kelley Meade, MD, FAAP Scot Moore, MD, FAAP Chadwick T. Rodgers, MD, FAAP

FORMER COMMITTEE MEMBERS

Lawrence D. Hammer, MD, FAAP, Chairperson Edward S. Curry, MD, FAAP* James J. Laughlin, MD, FAAP

STAFF

Elizabeth Sobczyk, MPH, MSW

BRIGHT FUTURES PERIODICITY SCHEDULE WORKGROUP

Edward S. Curry, MD, FAAP* Paula M. Duncan, MD, FAAP Joseph F. Hagan, Jr, MD, FAAP Alex R. Kemper, MD, MPH, MS, FAAP Judith S. Shaw, EdD, MPH, RN, FAAP Jack T. Swanson, MD, FAAP

STAFF

Jane B. Bassewitz, MA

COMMITTEE ON PRACTICE AND AMBULATORY MEDICINE, BRIGHT FUTURES PERIODICITY SCHEDULE WORKGROUP

This document is copyrighted and is property of the American Academy of Pediatrics and its Board of Directors. All authors have filed conflict of interest statements with the American Academy of Pediatrics. Any conflicts have been resolved through a process approved by the Board of Directors. The American Academy of Pediatrics has neither solicited nor accepted any commercial involvement in the development of the content of this publication.

The guidance in this statement does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

All policy statements from the American Academy of Pediatrics automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

www.pediatrics.org/cgi/doi/10.1542/peds.2013-4096 doi:10.1542/peds.2013-4096 PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275). Copyright © 2014 by the American Academy of Pediatrics

FREE

*Dr Curry serves as the Committee on Practice and Ambulatory Medicine liaison to Bright Futures and is a member of the Bright Futures Steering Committee.

American Academy of Pediatrics DEDICATED TO THE HEALTH OF ALL CHILDREN

2014 Recommendations for Preventive Pediatric Health Care Bright Futures/American Academy of Pediatrics

Bright Futures. and health promotion for i dolescents, and their famil

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Additional/visits may become necessary if circumstances suggest variations from normal. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care. Refer to the specific guidance by age as listed in *Bright Futures* guidelines (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Hurse Guidelines for Health Supervision of Infants, Children and Adolescents*. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008).

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Copyright© 2014 by the American Academy of Pediatrics.

No part of this statement may be reproduced in any form or by any means without prior writter permission from the American Academy of Pediatrics except for one copy for personal use.

ADOLESCENCE

MIDDLE CHILDHOOD

EARLY CHILDHOOD

INFANCY

						Ì	ŀ																								Ī
AGE	Prenatal ²	Newborn	3-5 d ⁴	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo 1	15 mo 1	18 mo	24 mo 3	30 mo	3y 4y	/ 5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
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		•	¥	*	*	*	*	*	*	*	*	*	*	•	•	•	*	•	*	•	*	*	*	*	*	*	*	*	*	*	*
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT																															
Developmental Screening ⁹								•			•		•																		
Autism Screening ¹⁰											•	•																			
Developmental Surveillance		•	•	•	•	•	•		•	•		•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Psychosocial/Behavioral Assessment		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Alcohol and Drug Use Assessment ¹¹																					*	*	*	*	¥	*	*	*	*	*	*
Depression Screening ¹²																					•	•	•	•	•	•	•	•	•	•	•
PHYSICAL EXAMINATION ¹³		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PROCEDURES ¹⁴																															
Newborn Blood Screening ¹⁵		I	•		1																										
Critical Congenital Heart Defect Screening ¹⁶		•																													
Immunization ¹⁷		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hematocrit or Hemoglobin ¹⁸						*			•	*	*	*	*	* +	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Lead Screening ¹⁹							*	•	● or ★ 20		•	● or ★ 20	r	*	*	*															
Tuberculosis Testing ²¹				*			*		*			*	<u> </u>	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Dyslipidemia Screening ²²												*		*		*		*	•	•	1	*	*	*	¥	*	*	¥		•	
STI/HIV Screening ²³																					*	*	*	*	*	•	•		*	*	*
Cervical Dysplasia Screening ²⁴																															•
ORAL HEALTH ²⁵							¥	*	e or 🖈	•	• or 🖈 🔹	• or 🖈 🔹	e or 🖈 🔹	•		•															
ANTICIPATORY GUIDANCE	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
 If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should be brought and access the medical history, and a date as and for those who request a conference. The prenatal visit should be brought and the parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should be brought and the parents. The prenatal visit should be the the the medical history, and a discussion of benefits to the restleteding and planned method of feeding, per the 2009 AAP statement. The Prenatal Visit (<u>http://prediations.contconhol/124/41/277.ful)</u>. Every infant should have a meximon walking as of birth, and benefits to the schedule of a instruction and support should be effected. Every infant should have a meximon walking as of birth and the endomological for a discussion of an diversitation for the previous of an diversitation for the previous of theprevious of the previous of the previous of theprevious of t	schedule, or if any , for first-time pare and a discussion c rebitedions, org/con reastfeeding shou - a hand within 48 to	items are not a ints, and for the of benefits of br tent/124/4/122 lid be encourage 72 hours after of or-unition and	accomplish accomplish eastfeedin 7.full). jed (and in: discharge f	ed at the su quest a conf g and planne struction and from the hos	ggested ag erence. Th ed method 1 support s pital to incl	le, the sche le prenatal of feeding, hould be o ude evalue	edule visit per the ffered).	11.11 11.11	A recommended screening tool is available at <u>http://www. Recommended screening using the Patient Health Quest http://www.aap.org/en-us/advocacy-and-policy/lasp-heal http://www.aap.org/en-us/advocacy-and-policy/lasp-heal 2011 AAP statement "Use of Chaperones During the PA 2011 DAP statement "Use of Chaperones During the PA (http://brediatires.aap.ob/licadiddispending to heith polit into the Dave Dave During the PA</u>	screening to screening usi screening usi rrglen-us/adv appropriate nent "Use of aappublicatio oodified, depe	ol is available og the Patient physical exar Chaperones E naing on entre	A recommended screening tool is available at <u>http://www.ceaser-toston.org/CRAFFT/index.ohc</u> . Recommended screening using the Patient Health Questionnaire (PPA)-2 or other tools available in the GLAD-PC toolkit and at http://www.aao.org/en-us/adviocacy-and-policy/laap-health-initiatives/Mental-Health/Documents/MH. Screening/Laat (advided at a control and at a tech visit, age-appropriate physical examination is essential, with infant totally unclothed and other children undressed and suitably draped. See 2011 APP statement 'Use of Chaperones During the Physical Examination of the Pediatric Patient' (http://jeediatins.aappublications.on/continue Physical Examination of the Pediatric Patient' These may children undressed and suitably draped. See Tother to a complex and other children undressed and suitably draped. See Tother tother and the Physical Examination of the Pediatric Patient'	ceasar-bostor onnaire (PHO -initiatives/Me ential, with inf sical Examina U).	n.org/CRAF N)-2 or other antal-Health fant totally u tion of the F dividual nee	FT/index.php. tools availabl Documents/N nclothed and ediatric Patie	e in the GLAD H Screening Ider children It	-PC toolkit Chart.pdf undressed	and at and suitably	draped. See	20. 21. 23.	Perform risk asse prevalence areas. Tuberculosis testi the Committee on the Committee or the Committee or the Committee or th	ssessments c ass. esting per rec on Infectious orsed 2011 gu ored 2011 gu ored be scre	r screenings ommendation <i>Diseases</i> . Tr idelines from ind Adolesce ened for sexu	as appropria sof the Con esting should the National nts" (<u>http://w</u> tally transmit	e, based on unit mittee on Infi be performe Heart Blood <u>ww.nhlbi.nih.o</u> ed infections	universal scr ectious Dise d on recogni and Lung Ins <u>aov/quideline</u> (STIs) per re	Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas. Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of <i>Red Book: Raport of the Committee on Infectious Diseases</i> . Itability and the current edition of <i>Red Book: Raport of Sep</i> AAP-endorsed 2011 guidelines from the National Heart Blood and Lung, Institute: "Theographic activations for loadielines for cardiovascular Health and Risk Reduction in Children and Adolesents" (<u>Hitta/Nww.mitbli.inh.ov/quidelines.com performation</u> and the current edition of <i>RAA Red Book:</i> Adolesents from the Nationalis or conserved the Committee on the Rest Reduction frequences and the current edition of the AAP <i>Red Book:</i> Adolesents from Constraint Leadence of the Committee on the Rest Reductions (<i>Rite</i>) (<i>Rited</i>) (<i>Riter Constraints</i>) (<i>Rit</i>	ements for pa ed in the curre sk factors. ated Guidelin dex.htm). ons in the curre	atients with M ent edition of les for Cardic rrent edition of	ledicaid or in Red Book: F wascular He: of the AAP R	high Report of alth and ed Book:
reeoing and jaunoice. Breastreeoing intains should receive tormal breastreeoing evaluation, and meir momers should receive encouragement and instruction, as recommended in the 2012 AAP statement "Breastreeding and the Use of Human Milk"	al Dreasureeuring e tfeeding and the L	Valuauon, arru Ise of Human I	their moure Milk"	els stiouiu le	iceive el lor	ouragemen	t and		I ne Recommended Unitorm Newborn Screen (http://www.hrsa.gov/advisorycommittees/mch	aov/advisor	Vewourn Sure committees/m	ening ranei ichbadvisory/h	eritabledisord	lers/recomn	endedpanel/r	dedpanel/uniformscreeningpanel.pdf). as determined by The	napanel.pd	n. as determ	ined by The		porr or the	commute un	intectious ut ions ora/cont	Seáses. Auu ent/128/5/10	lionairy, ali au 23.full) once	between the	Report or the committee on intectious Liseases. Additionally, all addiescents should be screened for HIV according to the AAF sta Inter/Ipediatrics aapoublications org/content/128/5/1023 full) once between the ages of 16 and 18, making every effort to preserve	enea ior miv a nd 18. making	accoraing w a everv effort	to preserve	lement

(http://www.hrs.aovia/wson.committee.noted/server.net/ab/liss/minimable/isorders/licomscreening.com/mson/ab/liss/minimable/isorders/licomscreening.com/mson/ab/liss/minimable/isorders/licomscreening.com/mson/ab/liss/mson/ab/lis

The fall comes due for the first time at any point on the schedure, unit any terms are not accompassion on an engreened with the enders possible time. The brought up to date at the enders possible time. The first time perturb and for those who request a conference. The prenatal with should include anticipatory guidance, pertnent medical history, and a fiscussion of brenflis of break who request a conference. The prenatal visit should include anticipatory guidance, pertnent medical history, and a fiscussion of brenflis of break who request a conference. The prenatal visit should make an evaluation within <u>Prenatal Visit</u> (thin and threaked) and prime and support should be differed). Every infant should have an evaluation within and threakeding evaluation, and their mothers should he ordered evaluation and support should be effered). Every infant should have an evaluation within all to hitm and threakeding evaluation, and their mothers should be differed). Every infant should have an evaluation within all to heastleeding evaluation, and their mothers should receive encouragement and intruction, as a commended in the 2012 Adv statement 'Passifiering and their mothers should receive encouragement and (thro/heading) and jaundice. Breastleeding infants should receive formal breastleeding evaluation, and their mothers should receive encouragement and fully/heading and jaundice. Breastleeding infants should receive formal breastleeding evaluation, and their mothers should receive encouragement and fully/heading and plantego. Breastleeding the anti-Hospital Stay for Healthy Term Newborns.

(http://www.2aa.moio/ordineuth/docs/RiskAssement/TooLof). If primary water source is deficient in fluoride, consider oral fluoride supplementation. For ordinary instances application of fluoride vanish for carels evention. See 2008 AAP statement "Preventive Statement hier vention for Pediatricians" (http://pediatics.aappublications.coi.com/un1/12/26/1387. full) and 2009 AAP statement "Preventive Orsk Assessment Timing and Estatement of the Pental Home" (http://pediations.coi.com/un1/12/26/1387. full) and 2009 AAP statement "Oral Health Risk Assessment Timing and Estatement of the Pental Home" (http://pediatics.aappublications.coi/com/un1/22/26/1387. full) and 2009 AAP statement "Oral Health Risk Assessment Timing and Estatement of the Pental Home" (http://pediatics.aappublications.coi/com/un1/12/26/1387. full) and 2009 AAP statement "Oral Health Risk Assessment Timing and Estatement of the Pental Home" (http://fediations.coi/com/un1/12/26/1387. full) and 2009 AAP statement "Oral Health Risk Assessment Timing and Estatement of the Pental Home" (http://fediations.coi/com/un1/12/26/1387. full) and 2009 AAP statement "Oral Health Risk Assessment Timing and Estatement of the Pental Home" (http://fediations.coi/com/un1/12/26/1387. full) and 2009 AAP statement "Oral Health Risk Assessment Timing and Estatement of the Pental Home" (http://fediations.coi/com/un1/12/26/1387. full) and 2009 AAP statement "Oral Health" applications.coi/com/un1/12/26/1387. full Risk Assessment Timing and Estatement "Risk Assessment Timing and Estatement "Risk Assessment Timing and Risk Assessment Risk Assessment Timing and Risk Assessment Risk Assessment Risk Assessment Risk Assessment Risk Assessment Risk Assessment Ri

See USPSTF recommendations (http://www.uspreventivesenvicestask/orce.org/uspst/uspscenv.htm). Indications for pelvic to age 21 are noted in the 2010 APP statement "Openoodgic Examination for Adolescents in the Pediatric Office Setting" (http://pediatrics.age.org/content/128/353.full).
 Refer to a dental home, if available. If not available, perform a risk assessment

25.

2/Final Document 030712. note

ú.

(http://pediatrics.aap.ublications.com/coment/125/24/05.14/l).
(http://pediatrics.aap.ublications.com/coment/125/24/05.14/l).
Adolescent, per http://pediatrics.aap.ublications.com/comment/2005/uplications.com/comment/2007/uplicatio .9 ...

ø

tal Disorders in the Medical Home: An Algorithm for Developmental 6

10.

• ↓ igastarrow = risk assessment to be performed with appropriate action to follow, if positive = to be performed КË

= range during which a service may be provided

Downloaded from pediatrics.aappublications.org by guest on April 11, 2014

Summary of changes made to the 2014 AAP Recommendations for Preventive Pediatric Health Care

(Periodicity Schedule)

Changes to Developmental/Behavioral Assessment

- Alcohol and Drug Use Assessment- Information regarding a recommended screening tool (CRAFFT) was added.
- Depression- Screening for depression at ages 11 through 21 has been added, along with suggested screening tools.

Changes to Procedures

- Dyslipidemia screening- An additional screening between 9 and 11 years of age has been added. The reference has been updated to the AAP-endorsed National Heart Blood and Lung Institute policy
 - National reart blood and Lung institute policy (http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm)
- Hematocrit or hemoglobin- A risk assessment has been added at 15 and 30 months. The reference has been updated to the current AAP policy (http://pediatrics.aappublications.org/content/126/5/1040.full).
- STI/HIV screening- A screen for HIV has been added between 16 and 18 years. Information on screening adolescents for HIV has been added in the footnotes. STI screening now references recommendations made in the AAP Red Book. This category was previously titled "STI Screening."
- Cervical dysplasia- Adolescents should no longer be routinely screened for cervical dysplasia until age 21. Indications for pelvic exams prior to age 21 are noted in the 2010 AAP statement "Gynecologic Examination for Adolescents in the Pediatric Office Setting"

(http://pediatrics.aappublications.org/content/126/3/583.full)

 Critical Congenital Heart Disease- Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per the 2011 AAP statement, "Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease" (http://pediatrics.aappublications.org/content/129/1/190.full).

For several recommendations, the AAP Policy has been updated since 2007 but there have been no changes in the timing of recommendations on the Periodicity Schedule. These include:

- Footnote 2- The Prenatal Visit (2009): http://pediatrics.aappublications.org/content/124/4/1227.full
- Footnote 4- Breastfeeding and the Use of Human Milk (2012): <u>http://pediatrics.aappublications.org/content/129/3/e827.full</u> and Hospital Stay for Healthy Term Newborns (2010):
- http://pediatrics.aappublications.org/content/125/2/405.full
 Footnote 8- Year 2007 Position Statement: Principles and Guidelines for Early
 - Hearing Detection and Intervention Programs (2007): http://pediatrics.aappublications.org/content/120/4/898.full
- Footnote 10- Identification and Evaluation of Children with Autism Spectrum Disorders (2007): <u>http://pediatrics.aappublications.org/content/120/5/1183.full</u>
- Footnote 17- Immunization Schedules (2013): <u>http://aapredbook.aappublications.org/site/resources/IZSchedule0-6yrs.pdf</u>, <u>http://aapredbook.aappublications.org/site/resources/IZSchedule7-18yrs.pdf</u> and

http://aapredbook.aappublications.org/site/resources/IZScheduleCatchup.pdf

- Footnote 19- CDC Advisory Committee on Childhood Lead Poisoning Prevention statement "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (2012): http://www.cdc.gov/nceh/lead/ACCLPP/Final Document 030712.pdf
- Footnote 22- AAP-endorsed guideline "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" (2011): <u>http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm</u>
- Footnote 25- Preventive Oral Health Intervention for Pediatricians (2008): http://pediatrics.aappublications.org/content/122/6/1387.full and Oral Health Risk Assessment Timing and Establishment of the Dental Home (2009): http://pediatrics.aappublications.org/content/111/5/1113.full. Additional information from the policies regarding fluoride supplementation and fluoride varnish has been added to the footnote.

New references were added for several footnotes, also with no change to recommendations in the Periodicity Schedule:

- Footnote 5- Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report (2007):
 - http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full Footnote 13- Use of Chaperones During the Physical Examination of the
 - Pediatric Patient (2011): http://pediatrics.aappublications.org/content/127/5/991.full
- Footnote 15- The Recommended Uniform Newborn Screening Panel (http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/recommendedpanel/uniformscreeningpanel.pdf), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (<u>http://genes-r-</u>

us.uthscsa.edu/sites/genes-r-us/files/nbsdisorders.pdf), establish the criteria for and coverage of newborn screening procedures and programs. Follow-up must be provided, as appropriate, by the pediatrician. For consistency, the title of "Tuberculin Test" has been changed to "Tuberculosis Testing." The title of "Newborn Metabolic/Hemoglobin Screening" has been changed to "Newborn Blood Screening."

2014 Recommendations for Pediatric Preventive Health Care COMMITTEE ON PRACTICE AND AMBULATORY MEDICINE, BRIGHT FUTURES PERIODICITY SCHEDULE WORKGROUP *Pediatrics*; originally published online February 24, 2014; DOI: 10.1542/peds.2013-4096

Updated Information & Services	including high resolution figures, can be found at: http://pediatrics.aappublications.org/content/early/2014/02/18 /peds.2013-4096.citation
Citations	This article has been cited by 1 HighWire-hosted articles: http://pediatrics.aappublications.org/content/early/2014/02/18 /peds.2013-4096.citation#related-urls
Permissions & Licensing	Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at: http://pediatrics.aappublications.org/site/misc/Permissions.xh tml
Reprints	Information about ordering reprints can be found online: http://pediatrics.aappublications.org/site/misc/reprints.xhtml

PEDIATRICS is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. PEDIATRICS is owned, published, and trademarked by the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois, 60007. Copyright © 2014 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 0031-4005. Online ISSN: 1098-4275.



Downloaded from pediatrics.aappublications.org by guest on April 11, 2014