



Michigan Quality Improvement Consortium Guideline

Routine Preventive Services for Infants and Children (Birth - 24 Months)

The following guideline provides recommendations for routine preventive services for children birth to 24 months. Children at increased risk may warrant additional services, e.g. Early Periodic Screening, Diagnosis and Treatment Program (EPSDT)¹. Personalized recommendations: to offer any patient, for age, gender, and risk factor-based recommendations, see [Electronic Preventive Services Selector](#).

Visit Schedule Birth Before 1 month 1 month 2 months 4 months 6 months 9 months 12 months 15 months 18 months 24 months	<ul style="list-style-type: none">• Health, developmental and risk assessments at each visit (see Visit Schedule), including Social Determinants of Health via Bright Futures.• Parental education and counseling:<ul style="list-style-type: none">- Immunizations, nutrition, breast-feeding (goal one year) [A], physical activity, child abuse/trafficking (Michigan abuse and neglect hotline (855-444-3911), depression, alcohol and drug abuse, anxiety, stress reduction, coping skills.- Dental health: limit sugars and juices, home oral care, remove bottle when asleep.- Motor vehicle safety²: Rear-facing car seat until 2 years. [B]- Poison prevention: Keep the National Poison Control number (800-222-1222) readily accessible; use child resistant containers.- Burn prevention: Install smoke detectors and test bi-annually; carbon monoxide detectors; water heater temperature and fire prevention.- Injury prevention: Use of gates; never leave infant unattended on changing table; water safety; parent and sitter CPR training.- Safe to sleep³: Back to sleep [B]; no bed sharing, no over bundling.- Tobacco use screening: Establish secondhand smoke exposure.- Fluoride varnish application by the primary care clinicians once primary teeth have erupted. Once teeth are present, apply fluoride varnish to all children every 3 to 6 months in the primary care or dental office based on caries risk											
Recommendation	Birth	Before 1 month	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	24 months	
Ocular prophylaxis for gonococcal ophthalmia neonatorum (erythromycin ointment) [A] Confirm receipt of Vitamin K and Hep B vaccine at birth.	x	x										
Neonatal screening: Newborn metabolic screening > 24 hours of age [D]	x											
Hearing screening for congenital hearing loss [B]	x											
Congenital heart disease screening ⁴	x											
Assess for hyperbilirubinemia	x	x										
Dental screening; adequate fluoridation; establish dental home When water fluoride <0.6ppm ⁵ , apply fluoride varnish for children at risk						x						
Developmental screening using a standardized tool ⁶ Discuss formal screening at each visit from 4-24 months ⁷					x	x	x	x	x	x	x	
Blood lead testing ⁸ [B] (Other high- risk population or Medicaid)								x		x		
Autism screening ⁸ with validated tool, e.g., M-CHAT										x	x	
Immunizations: • For updated immunization schedules, see CDC Advisory Committee on Immunization Practices (ACIP) . • For updated immunization schedules, including catch up and condition specific schedules, see Recommended Child and Adolescent Immunization Schedule for ages 18 years and younger . • Use combination vaccines to minimize the number of injections. • Update the Michigan Care Improvement Registry (MCIR).appl												
Hep B [A] *Note: Extra Hep B dose with Pediarix	x		x	(x)*		x						
DTaP [A]			x	x	x			x				
IPV			x	x				x				
Pneumococcal (PCV13)			x	x	x			x				
Hib [A] - complete series (3 or 4 doses depending on vaccine type given)			x	x	(x)			x				
Rotavirus - complete series (2 or 3 doses depending on vaccine type given)			x	x	(x)							
Inactivated influenza vaccine [B] Note: Influenza - For first immunization of children ≤ 8 yrs., give 2 doses 1 month apart. Age ≥ 9, and all children with 2 prior doses, give 1 dose annually.								x				
Hep A									x		x	
MMR (MMRV) [A] Note: Need to warn of risks of fevers after MMRV									x			
Varicella [A]									x			

¹ [Early Periodic Screening Diagnosis and Treatment](#)

² [AAP Policy Statement - Child Passenger Safety](#)

³ [Safe to Sleep Public Education Campaign](#)

⁴ [Congenital Heart Defects Information for Healthcare Providers](#)

⁵ [Centers for Disease Control - My Water's Fluoride - Michigan](#)

⁶ [Bright Futures Periodicity Table](#)

⁷ [AAP Section on Developmental and Behavioral Pediatrics](#)

⁸ Lead and Autism screening is a Michigan Medicaid requirement. Autism screening recommended for all children. 2 lead tests by 2 years are recommended by Medicaid.

Levels of Evidence of most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists core management steps. It is based on AAP Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition, 2017. Individual patient considerations and advances in medical

Reference:

[Recommendation: Prevention of Dental Caries in Children Younger Than 5 Years: Screening and Interventions | United States Preventive Services Taskforce \(uspreventiveservicestaskforce.org\)](https://www.uspreventiveservicestaskforce.org)

[Policy Statement: Breastfeeding and the Use of Human Milk | Pediatrics | American Academy of Pediatrics](#)