INTRODUCTION

Prevention of disease and injury during infancy and childhood can be facilitated by age appropriate physical exam, screening tests, developmental assessment, immunizations, and parental counseling provided by clinicians at regularly scheduled well-child exams.

Most causes of pediatric death and morbidity, which are preventable during childhood, fall into the categories of injuries, nutritional disorders and infections. Other chronic disease can be identified through regular screening physicals and exams.

The top causes of death in ages birth – 10 years include: (U.S. Preventive Services Task Force)

1. Conditions originating in the perinatal period
2. Congenital anomalies
3. Sudden Infant Death Syndrome (SIDS)
4. Unintentional (non-motor vehicle) injuries
5. Motor vehicle injuries

The top causes of morbidity in developed countries, ages 0 – 4 ranked by Disability Adjusted Life Years (DALY) lost include: (World Health Organization)

1. Perinatal conditions
2. Congenital heart anomalies
3. Injuries (falls, fires, drowning’s, other)
4. Down Syndrome
5. Neuro-psychiatric conditions
6. Respiratory diseases and asthma
7. Endocrine disorders
8. Nutritional deficiencies (malnutrition, iron-deficiency anemia)
9. Digestive diseases
10. Cardiovascular disease
11. Bacterial meningitis (rank tied with CV disease)
The 10 most important health issues for children include: (Bright Futures)
1. Physical Activity
2. Overweight and obesity
3. Tobacco use
4. Substance use
5. Responsible sexual behavior
6. Mental health
7. Injury prevention
8. Environmental quality
9. Immunizations
10. Access to care

These preventive care recommendations are broken into three main areas: screening, immunizations and anticipatory guidance. The screening section includes statements regarding the frequency of visits, basic screening tests, developmental screening, and screening of high-risk populations. There is also a section of Tools to assist the clinician. The realities of a medical practice result in the fact that all issues cannot be covered at each visit. The specific needs of each child, their family and environment should be considered when prioritizing which issues to address at each visit.

Infants and children who are insured by Medicaid tend to fall in higher risk categories. The Utah Department of Health Division of Health Care Financing dictates most of the services listed in these guidelines as necessary services for Medicaid children. Medicaid guidelines are listed in the Child Health Evaluation and Care *CHEC* Provider Manual, but CHEC defers to the American Academy of Pediatric Guidelines as the definitive source for up-to-date recommendations.