What medical care children need by age

Birth to 1 Month - The First Days of Life

The first weeks of life involve a concentrated series of medical interventions designed to detect conditions that are not yet clinically apparent. Within 24 to 48 hours of birth, every newborn receives a metabolic and genetic screening panel - commonly called the newborn screen - which identifies conditions such as phenylketonuria, congenital hypothyroidism, and sickle cell disease. Early detection allows treatment before irreversible harm occurs.

Vitamin K is administered prophylactically at birth to prevent vitamin K deficiency bleeding, and the first dose of the hepatitis B vaccine is given within the initial hospital stay. A pulse oximetry screening for critical congenital heart defects is performed before discharge. Hearing screening, typically via auditory brainstem response or otoacoustic emission testing, is completed before the newborn leaves the hospital.

The initial physical examination evaluates weight, length, head circumference, and cardiovascular and neurological status. Jaundice is monitored, and phototherapy is initiated if bilirubin levels exceed treatment thresholds. Families receive guidance on safe sleep positioning, breastfeeding support, and signs of illness requiring urgent attention. The first well-child visit

typically occurs within three to five days of discharge.

1 to 6 Months - Early Immunizations and Development

During the first six months, well-child visits are scheduled at approximately one, two, and four months of age. These visits center on immunization, growth tracking, and developmental surveillance. The immunization schedule is rigorous: hepatitis B, diphtheria-tetanus-pertussis \(DTaP\), inactivated poliovirus \(IPV\), Haemophilus influenzae type b \(Hib\), pneumococcal conjugate \(PCV13\), and rotavirus vaccines are initiated according to the CDC-recommended schedule.

Developmental milestones - including visual tracking, social smiling, head control, rolling, and reaching - are assessed at each visit. The pediatrician evaluates feeding adequacy, weight gain, and the emergence of age-appropriate motor and language skills. Tummy time is encouraged to promote motor development and reduce the risk of positional plagiocephaly.

At the six-month visit, a lead exposure risk assessment is conducted for children in higher-risk environments. This is also the recommended time for the first dental visit, as the American Academy of Pediatric Dentistry advises that oral health care begin when the first tooth erupts or by the first birthday at the latest.

6 to 18 Months - Dental Care, Autism Screening, and Growth

The period from six to eighteen months is marked by rapid motor, cognitive, and social development. Well-child visits continue at nine, twelve, and fifteen months. Immunizations such as hepatitis A \(first dose at twelve months\), MMR \(measles-mumps-rubella\), and varicella are introduced. Growth parameters - weight, length, and head circumference - are plotted against age- and sex-specific growth curves to identify deviations in growth velocity, which can be an early indicator of endocrine, nutritional, or chronic disease.

At the eighteen-month visit, autism spectrum disorder screening is performed using a validated tool such as the Modified Checklist for Autism in Toddlers \(M-CHAT\). This screening is critical because early behavioral intervention significantly improves outcomes for children with autism spectrum disorder.

Lead exposure risk is reassessed at eighteen months, and a blood lead level test is recommended for children with known risk factors.

Dental visits should continue every six months, with fluoride varnish application as appropriate. Developmental screening during this period focuses on language acquisition, social engagement, and emerging self-care skills such as feeding and early toileting awareness.

18 Months to 3 Years - Language, Behavior, and Growth Monitoring

Between eighteen months and three years, developmental screening continues at the twenty-four-month and thirty-month well-child visits. Language development is a primary focus: the pediatrician assesses vocabulary size, two-word phrase combinations, and the child's ability to follow simple instructions. Developmental regression in children - the loss of previously acquired skills such as words or social engagement - is a red flag that warrants immediate evaluation.

Immunization boosters for DTaP, IPV, Hib, and PCV13 are completed during this window. At the thirty-month visit, developmental and behavioral screening intensifies, including assessment for speech delays, emotional regulation, and the presence of repetitive or restrictive behaviors. Routine health screening also expands: starting at three years of age, blood pressure measurement is recommended annually.

Weight and height continue to be tracked on growth charts, and body mass index calculation begins at two years of age. Families are counseled on nutrition, physical activity, and limiting screen time in line with the American Academy of Pediatrics' media use guidelines.

3 to 5 Years - Preschool Screenings and Vision

The preschool years are a window of critical readiness assessment. Well-child visits at three, four, and five years include comprehensive developmental and behavioral screening to identify children who may benefit from early intervention referral before school entry. Vision screening is performed at each visit; the American Academy of Pediatrics recommends using age-appropriate visual acuity testing beginning at age three. Blood pressure is measured

annually. Hearing screening is repeated if not previously abnormal or if risk factors emerge.

Dental health is assessed at each well-child visit, and sealant application on permanent molars may be recommended as they erupt. Immunizations required for school entry - including the DTaP booster, IPV booster, MMR second dose, varicella second dose, and hepatitis A series - are completed during this period.

Developmental screening tools such as the Ages and Stages Questionnaire \(ASQ\) or the Parents' Evaluation of Developmental Status \(PEDS\) are used to evaluate cognitive, motor, language, and social-emotional domains. These tools help clinicians determine whether a child's development is tracking appropriately or whether further evaluation is needed.

6 to 12 Years - School-Age Preventive Care

During the school-age years, well-child visits occur annually and shift focus toward preventive care, chronic disease risk reduction, and emerging mental health concerns. Routine screenings include blood pressure, vision, and hearing at each visit. Body mass index is calculated and plotted annually to identify overweight or obesity trends. Immunizations during this period include the annual influenza vaccine, the tetanus-diphtheria-pertussis \(Tdap\) booster at eleven to twelve years, and the human papillomavirus \(HPV\) vaccine series beginning at age nine through twelve.

Mental health screening becomes increasingly important: the American Academy of Pediatrics recommends screening for anxiety in children ages eight to eighteen and for depression beginning at age twelve, using validated instruments such as the Patient Health Questionnaire for Adolescents \(PHQ-A\). These screenings help identify child mental health warning signs before they escalate.

The pediatrician also assesses for risk factors related to skin cancer, including sun exposure history and mole evaluation, and provides anticipatory guidance on substance use prevention, healthy weight maintenance, and physical activity. Screening for lipid disorders and type 2 diabetes risk may be considered in children with obesity or relevant family history.

13 to 18 Years - Adolescent Health and Mental Health Screening

Adolescent medicine introduces new dimensions of care: reproductive health, substance use assessment, and the gradual transition toward medical autonomy. Annual well-visit screenings now include comprehensive mental health evaluation for depression, anxiety, and suicidal ideation using tools such as the PHQ-A and the Columbia Suicide Severity Rating Scale. Sexually transmitted infection \(STI\) screening is offered based on risk assessment, and HIV screening is recommended for all adolescents beginning at age thirteen to fifteen per CDC guidelines.

Blood pressure remains an annual measurement, and lipid screening is recommended at least once between ages nine and eleven, with repeat screening as clinically indicated. The HPV vaccine series is completed if not started earlier, and the meningococcal conjugate vaccine is administered at eleven to twelve years with a booster at sixteen. Substance use screening using the CRAFFT tool is incorporated into routine visits.

The pediatrician discusses safe driving, healthy relationships, consent, and digital wellness. For adolescents with chronic conditions, transition planning to adult-oriented medical care begins in the mid-to-late teenage years to ensure continuity of management. This transition is an important step in fostering the adolescent’s growing capacity for self-advocacy and independent health management.