

Faltering Growth

Patient information leaflet

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يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

St Helens Hospital
Marshalls Cross Road,
St Helens, Merseyside, WA9 3DA
Telephone: 01744 26633

Southport Hospital
Town Lane, Kew,
Southport, Merseyside,
PR8 6PN
Telephone: 01704 547 471

Ormskirk Hospital
Dicconson Way, Wigan Road,
Ormskirk, Lancashire, L39 2AZ
Telephone: 01695 577 111

What is faltering growth?

The term 'faltering growth' (previously called 'failure to thrive') is widely used to refer to a slower rate of weight gain in childhood than expected for age and sex.

The term faltering growth is preferred as periods of slow growth may represent temporary variation from the expected pattern and the word 'failure' may be seen as pejorative.

Various definitions of faltering growth have been used in the past, meaning estimates of prevalence in the UK vary widely.

How is faltering growth diagnosed?

Faltering growth is usually diagnosed by a healthcare professional. The child is weighed and measured by a healthcare professional during routine check-ups and their growth will be recorded on a centile chart usually showing a pattern of growth following the centile chart.

Faltering growth may be diagnosed if the child's weight slips down under two standard centiles. There is a different centile chart for a boy and girl.

If a child is not growing at the expected rate it is important that it is picked up at an early stage and the reasons are investigated.



Notes

Summary

Following a child's growth is essential to detecting nutritional deficiencies or underlying disease. When a child's growth falters, a baseline workup and nutritional assessment should be performed. Depending on signs and symptoms, additional investigation and referral to a specialist may be considered.

Using a combination of nutritional and medical therapies, health professionals work closely with families to optimise children's growth and health.

However, a change in growth percentile may occur in a normal child in the first two or three years of life. For an otherwise healthy child with a normal baseline workup and who is growing within his/her genetic potential, parents can usually be reassured.

Under-nutrition has been proven to decrease a child's activity levels, social interactions, curiosity and cognitive functioning.

Therefore the relationship between nutrition, health and learning is undeniably strong as nutrition is one of the three major factors that impact a child's development.



Causes of faltering growth?

It is thought to affect around 5% of children under the age of two and is mostly caused by the baby or child not having enough nutrition. This can occur if the baby or child:

- Is not given enough breastmilk, formula, or food (sometimes babies become sleepy before having enough).
- Gastrointestinal infection causing vomiting and/or Diarrhoea.
- Has breastfeeding or sucking reflex problems.
- Is not willing to eat enough food.
- Vomits food repeatedly, such as from severe gastroesophageal reflux.
- Has trouble swallowing.
- Has developmental delays that cause feeding problems.
- Is not given solid food at an appropriate age.
- In rare cases, there may be an underlying condition.

Treatment:

Generally a baby will usually lose up to 12.0% of their body weight in the first few days of life which is then regained. Naturally, we then want all children to grow as best as they can. If faltering growth is left untreated, this condition can ultimately limit adult height, and in severe cases it can affect brain growth.

Usually, children who develop faltering growth can be treated at home after an in depth assessment by a health professional. The health professional will have a discussion with parents about the baby's feeding history since birth, mealtime routines, any family concerns or anxieties and any other relevant medical or domestic information.

Parents may be asked to keep a food diary in which you record food and drinks offered and taken. This will help the health professional see if there is any pattern that is affecting the baby's feeding.

If parents are bottle feeding your baby, the health professional will help you check you are making up the feed exactly (not too dilute) and that the baby is able to get the milk as fast as they need to (by checking the teat size)

Interaction between the child and parents/family may also be observed. The health professional will also discuss with parents whether their baby seems content and satisfied with the feed, and will ask about the frequency of wet and dirty nappies.

The assessment may help identify any problems that could be affecting the baby's feeding – in which case the health professional will offer parents/families advice and support.

Treatment may involve increasing calorie consumption. Some children, including those with significant developmental delays, may be candidates for tube feeding.

How long is treatment?

Treatment usually lasts from a few months to a year, until the child starts growing well. Once the child has improved in the growth centiles, the health professional might recommend stopping the treatment. Most children are able to maintain their growth after that point.