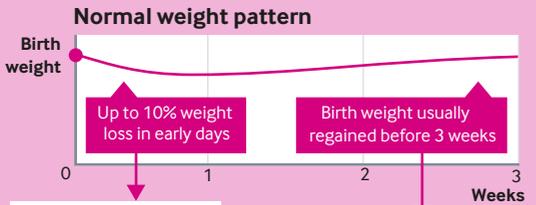


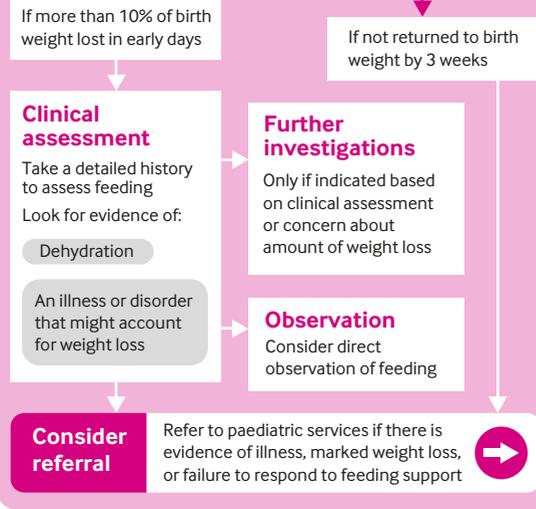
Faltering Growth

Weight loss in the early days of life



In the early days of life some weight loss is common and is usually a physiological phenomenon associated with fluid shifts. The term 'faltering growth' is used to describe a pattern of slower weight gain than expected for age and sex in infants and preschool children, and it is most often due to inadequate nutritional intake.

Faltering growth is complex and often multifactorial. Parents may feel 'blamed' for their child's slow weight gain. Health care professionals should remain alert to the possibility of a safeguarding concern, but should be sensitive to the emotional impact of caring for a child with faltering growth.



Faltering growth after the early days of life

Birth weight	All birth weights	Below 9th centile	9th–91st centile	Above 91st centile
Thresholds for concern	Current weight is below the 2nd centile for age	1+ A fall across 1 or more weight centile spaces	2+ A fall across 2 or more weight centile spaces	3+ A fall across 3 or more weight centile spaces

Offer assessments

- Clinical
- Social
- Developmental
- Take a detailed history of feeding or eating

Observations

Consider direct observation of feeding or meal times

Further investigations

- Consider investigations for:
- Urinary tract infection
 - Celiac disease

Management strategies

Food and drink choices

If necessary, based on the assessment, advise on food choices that:

- are appropriate to the child's developmental stage in terms of quantity, type, and food texture
- optimise energy and nutrient density

In infants or children who need a further increase in the nutrient density of their diet beyond that achieved through advice on food choices, consider:

- short-term dietary fortification using energy-dense foods
- referral to a paediatric dietitian

Advise the parents or carers of infants or children with faltering growth that drinking too many energy-dense drinks, including milk, can reduce a child's appetite for other foods.

Feeding and mealtime strategies

Discuss possible strategies with parents or carers, based on assessments, history, and observations

- Encouraging relaxed and enjoyable feeding and mealtimes
- Eating together as a family or with other children
- Encouraging young children to feed themselves
- Allowing young children to be 'messy' with their food
- Making sure feeds and mealtimes are not too brief or too long
- Establishing regular eating schedules
- Setting reasonable boundaries for mealtime behaviour while avoiding punitive approaches
- Avoiding coercive feeding

Consider referral

Is there any evidence of any of the following?

- Symptoms or signs that may indicate an underlying disorder
- Slow linear growth
- Rapid weight loss
- Unexplained short stature
- Safeguarding concerns
- Failure to respond to interventions in primary care
- Severe undernutrition

No

Consider management strategies, and when to reassess

Yes

Discuss with or refer to an appropriate pediatric specialist care service