

Faltering growth

Dear [Dr ____],

Advice and guidance response pertaining to [Patient name].

You may wish to try the following:

Health visitor (and/or breastfeeding professional) monitoring in the first instance, particularly:

- feeding patterns;
- latch/supply of breastmilk; and
- adequacy of feed volume (for formula-fed babies approximately 150-180mls/kg/day).

It is vital to have objective measures of trends in weight gain, usually obtained by health visitors – e.g. at least two measurements of weight and head circumference.

Infants >6 months and young children

- Health visitors actively involved in supporting families of infants and young children with faltering growth, including reviewing eating/feeding patterns.
- Objective measures of poor growth, usually obtained by health visitors i.e. at least two weight measurements for all children (and head circumference for <2yrs and height for >2yrs).
- Weight measurement interval: fortnightly for 6-12 months, monthly >1 year.
- Clinical assessment including development and psychosocial history.
- Recognise psychological impact of faltering growth on families and ensure adequate support.

Infants <6 months

- Thorough clinical examination.
- Weight loss up to 10% of birthweight is common in the first few days.
- Concern arises if weight loss is >10% (or >12.5% in breastfed babies) or weight has not returned to birthweight by 3 weeks of life.
- Birthweight represents in-utero growth.
- An infant may move onto “their” centile after the initial period and may continue to grow along this. Provided that this trajectory represents good linear growth, this may be acceptable.
- Weight gain should be >180grams/week up to 6 months.

Reasons for referral

Urgent

- Infant who has not regained birthweight at 3 weeks of life
- Infant with ongoing faltering growth despite maximal health visitor input on feed patterns/volumes
- Any rapid weight loss or concerns over undernutrition
- Safeguarding concerns

Routine

- Dysmorphic features
- Concerns over underlying chronic disease
- (>6 months of age) Unexplained short stature/ slow gain in height or length

Consider referral to dietitian instead if concerns over energy intake and/or eating behaviours are the primary concern(s) - dependent on ability to access timely local dietetic services.

Please include recent weight/height measurements in all referrals.

The commonest cause of poor infant weight gain is related to feeding issues. In the absence of indications for referral, health visitors (and breast-feeding professionals) should be the mainstay of assessment and support for most infants with faltering growth.

Infants should have at least two weight, length and OFC measurements to determine trajectory. Faltering growth is determined as:

- fall across 1 or more centile if birthweight <9th centile;
- fall across 2 or more centiles if birthweight between 9th & 91st centile;
- fall across 3 or more centiles if birthweight >91st centile;
- current weight is <2nd centile.

Helpful links

https://www.pietwork.org/uploads/4/7/8/1/47810883/faltering_growth.pdf

<https://www.nice.org.uk/guidance/ng75>

If referring, please state that the referral has already been through Advice and Guidance and include previous correspondence, so we don't duplicate advice.

With kind regards,

[Responding clinician name and role]