



CHILD GROWTH FOUNDATION RECOMMENDED GROWTH MONITORING

Effective: January 2012

“ Make every contact count “

On January 10th 2012 the UK government-sponsored NHS Future Forum recommended that all health professionals should “ make every contact count “ and raise issues such as diet, alcohol and smoking at the end of every consultation. The government immediately accepted the recommendation.

As far as diet/weight in children is concerned, however, just “ raising “ the issue is not enough. Since 2003 the health professionals have been required to spot the early signs of childhood obesity and offer interventions at an early stage [CMO for England, 2002 Annual Report] yet the UK still has 25% of its 4yrs old and 33% of its 11yr olds overweight or “ very overweight “. The **Child Growth Foundation** [CGF] believes that if the government really wishes to tackle the current childhood epidemic, some of those contacts must be translated into growth assessment opportunities. Because the Department of Health’s current recommendations for measuring height/weight are woeful - and will never spot unhealthy growth early enough to allow intervention to have optimum effect, the recommendations should be replaced with the following schedule. It has already been adopted by the Westminster-based Central London Community Healthcare – a trust that is looking at some 40% of its preschoolers either overweight or obese.

years	contact	age	Weight	OFC	Length	BMI	notes
0-1	1-2	<u>Birth</u> & 5 days 24/30 hours	X		X		weight: assess malnutrition using 5% / 95% thrive lines or if weight/length centiles differ by over 2 centile bands. <i>To resolve any concern:</i> if infant is <6 months, weigh fortnightly: if > 6months, weigh monthly. OFC: refer asap if OFC curve climbs significantly upwards through centile bands. <i>To resolve any concern.:</i> , measure fortnightly. Length: use length predominantly to confirm malnutrition and consider referral [for either slow/excess growth] after 3 measurements. <i>To resolve any concern:</i> measure 3 monthly
	3-4	10 &/or 12/14 days	X	X	?		
	5	<u>6-8 weeks</u>	X	X			
	6	<u>12 weeks</u>	X		X		
	7	<u>16 weeks</u>	X				
	8	6-8 months	X		X		
	9	<u>12-15 months</u>	X		X	X	
1-5					Height		BMI: Having monitored weight gain/length during infancy, measure both height & weight from approx 1yr, calculate BMI and refer if indicated <i>To resolve any concern about weight/height:</i> calculate BMI/ height 6 monthly and consider referral. .
	7	2 years	X		X	X	
	8	3 years	X		X	X	
	9	4 years	X		X	X	
5+		<i>primary school</i> <u>Yr R & Yr 6</u> other years	XX XXXX		XX XXXX	XX XXXX	BMI DH has still not accepted the House of Commons Select Health Committee’s 2004 recommendation that the BMI of every primary schoolchild be assessed annually. However, GMS2 provides for the BMI assessment of all secondary school age children of 16yrs or over.
		<i>secondary schl</i> optional	X		X	X	

The above schedule also conforms to NICE [National Institute of Health and Clinical Excellence] guidance and recommendations for the early identification of malnutrition following birth. The guidelines call for a possible 4 weights within the first fortnight of an infant’s life and the CGF and nutritionalists welcome this approach. The schedule will also meet two deadlines:- a) that, by the age of 2, every child who is progressively or severely obese should be in the hands of a paediatrician [Royal College of Paediatrics & Child Health, 2002] and b) the CMO’s recommendation stated above.

referral criteria

Growth: after three measurements taken over a period of 1yr [pre-school], refer if a length/height curve veers significantly from its centile line.

Overweight/obesity: published above and in the Royal College of Paediatrics & Child Health/National Obesity Forum’s guideline document, “An Approach to Weight Management in Children and Adolescents [2-18yrs] in Primary Care“ June 2002.

refer if:-

1 severe and progressive obesity is picked up before the child is age 2 2 height <9th centile 3 unexpectedly short/tall for family 4 slowed growth velocity 5 signs of precocious or delayed pubertal child [signs before 8yrs or no signs at 13yrs in girls, 15yrs in boys] 6 symptoms/signs of genetic or endocrine abnormalities 7 significant learning disability, serious morbidity related to obesity or other serious concerns

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