

Catch-up growth in infants and young children with faltering growth Statement and expert opinion

to guide general clinicians



What is Known?

1. THE ISSUE

where this is indicated

Faltering growth (FG) in infants and young children (<2 years of age) is a



to see in clinical practice, especially in low-income settings FG is associated with a range of adverse outcomes and there may be benefits in promoting catch-up growth

common problem for general clinicians



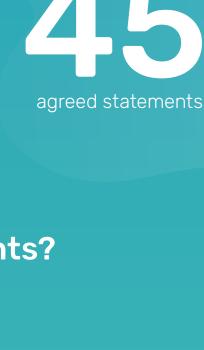
HCPs may be deterred from adequately addressing the problem, due to the misconception that addressing faltering growth may



2. THE PAPER

promote accelerated growth

for research were developed to provide clarity and guidance to general clinicians for the appropriate identification, assessment and management of FG.



Including

A fall in weight for age **FALTERING**

An increased growth velocity

GROWTH Following an insult to growth

CATCH UP

GROWTH

a period of 'growth faltering', ideally to original weight for age Z-score **Upward crossing of centiles** in weight (e.g. an increase in weight for age Z-score of ≥ 1.0) that

is not preceded by growth faltering.

It can occur both spontaneously

(e.g. in infants born SGA) and can

of overfeeding or formula-feeding

compared to breast-feeding)

be promoted (e.g. as a consequence

increase in weight for age Z-score after

following recovery from illness

or starvation. It is a physiologic

Following centiles

NORMAL

GROWTH

Achieved once the child has 'caught -up' and returned to the weight for age Z score or centile on which a child was growing before growth faltered

Studies on mixed

with an increase in

malnutrition is associated

infectious complications and

an increased length of stay.

Disease related FG: Short term consequences populations of hospitalized children have shown that

Disease related FG:

In the longer term

Long term consequences

malnourished children also

impaired cognitive function

have increased rates of

High-income

The consequences of faltering growth may include an impact on schooling and cognitive achievements,

short stature, and socio-

economic outcomes.

Middle-income



occurs together with

numerous health and

poor brain development

and delayed cognitive

performance; delayed

attainment of milestones;

social outcomes, including

greater susceptibility to some infections; higher overall and disease-specific mortality in childhood; lower physical work capacity in adulthood; poorer earnings; and diminished human capital. Low-income **5. MANAGEMENT Nutritional management of**

protein in addition to micronutrients for optimal catch-up

disease-related and non-disease-related

available powdered feeds can be used, applying WHO hygiene safety for mixing Modular additions of only fat and

In formula fed infants ready to use energy

dense therapeutic feeds with proven

if these are not available suitable locally

efficacy should be used, where available;

Nutritional management for both medical and non-medical faltering growth should include either/both the fortification of accepted foods and advice on foods that are naturally

carbohydrates to feed and food should be

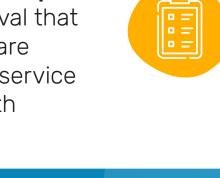
avoided, as this reduces the protein

energy ratio

professional, the available healthcare service and the severity of the faltering growth

Cooke R, Goulet O, Huysentruyt K, et al. Catch-Up Growth in Infants and Young Children With Faltering Growth: Expert Opinion to Guide General Clinicians. J Pediatr Gastroenterol Nutr. 2023 Jul;77(1):7-15. doi: 10.1097/

MPG.0000000000003784. PMID: 36976274.



An international group of experts reviewed the evidence and guidelines on disease- and non-disease- related FG in healthy term and SGA infants and children up to the age of two years in low-, middle- and high-income countries.

Using a modified Delphi process, practical agreed statements and areas

What are the highlights? 3. AGREED DEFINITIONS FOR GROWTH Proposed definitions related to growth and faltering growth

Z-score of ≥ 1.0 that occurs

over a period of one month or more Downward and does not include the first 2 weeks crossing of after birth centiles

ACCELERATED

GROWTH

crossing of

Upward

centiles

4. CONSEQUENCES OF FALTERING GROWTH

and behavioral problems, including impaired communication skills and attention-deficit Non-disease related FG: hyperactivity disorders. Short term consequences



faltering growth

Nutritional management of disease- and non-disease-related faltering growth requires a balanced ratio of energy and

Breastfeeding should be supported in both

growth by ensuring assessing technique and

fortification, cup feeding or supplementary

formula should be considered

supply and only where appropriate infant milk

disease- and non-disease-related faltering

energy dense and locally available

The nutritional management plan should include a target for appropriate catch-up growth that is monitored at an interval that is deemed appropriate by the healthcare



Danone Nutricia

Campus