

Failure to thrive (infant, child)

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Rationale

"Failure to thrive" is a term that describes the occurrence of growth failure in either height or weight during childhood. It is essential to be able to identify different growth patterns and the potential associated causes.

Causal Conditions

(list not exhaustive)

- Prenatal
 - a. Placental insufficiency
 - b. Intrauterine infections
 - c. Genetic
 - d. Maternal
 - Pre-existing conditions (e.g., diabetes, renal disease)
 - Use of medications, drugs, tobacco, or alcohol
- Postnatal
 - a. Inadequate calorie intake
 - Caregiver
 - a. Inadequate feeding skills
 - b. Inappropriate food for age
 - c. Neglect

- d. Insufficient lactation
- e. Disturbed mother and child relationship
- Infant
 - a. Sucking or swallowing dysfunction (e.g., cleft palate)
 - b. Chronic disease (e.g., infection, metabolic disorders)
- b. Inadequate caloric absorption (e.g., gastroesophageal reflux)
- c. Increased caloric requirements (e.g., hyperthyroid, congenital heart disease)
- d. Social determinants (e.g., poverty, societal disorder)
- e. Adverse childhood experience

Key Objectives

Given an infant or child who is failing to thrive, the candidate will diagnose the cause, severity, and complications, and will initiate an appropriate management plan. Special attention should be given to psychosocial and environmental factors as well as disease entities giving rise to poor infant and child maturation.

Enabling Objectives

Given an infant or child with failure to thrive, the candidate will

- list and interpret critical clinical findings, including
 - a. plot growth parameters on a regular basis and recognize when a child or infant has failure to thrive;
 - b. perform a history and physical examination to determine the cause of the failure to thrive;
 - c. identify possible social risk factors that may be responsible for failure to thrive;
- perform necessary investigations as appropriate
- construct an effective initial management plan, including
 - a. construct an ongoing program to monitor the progress of such infants or children;
 - b. if appropriate, construct a counseling and education program for caregivers of infants or children with poor growth;

- c. appropriately consult with other health professionals and/or community resources.