



3.0 Failure to thrive

Introduction

Failure to thrive is a descriptive term for children who have poor weight gain.⁽¹⁻⁴⁾ There are many definitions, including crossing two or more centiles over time^(1, 3, 4) and weight persistently below the 3rd percentile.^(1, 2, 4)

Whilst there are many potential causes to consider, it is common for no specific cause to be found.⁽¹⁻⁴⁾ If a child looks well, is developmentally normal with a normal clinical examination and initial investigations are normal, parents can be reassured that the long-term outlook is excellent.^(2, 3)

Pre-referral investigations^(1, 2, 4)

- FBC, Iron studies, U&E's, LFT's, coeliac serology (if consuming gluten in diet)
- Urine MC&S
- Stool MC&S

Pre-referral treatment

If breast fed-baby, provide advice regarding breast feeding^(1,3,4)

Dietetic referral for caloric supplementation^(1,4)

When to refer

If receiving adequate calories for growth and failure to thrive is not explained by underlying disease.

Please include a tracked percentile chart with all previous measurements the with referral.

Useful resources

Royal Children's Hospital Emergency Guideline – [Failure to thrive - initial management](#)


[Australian Breastfeeding Association](#)

References

1. Cole SZ, Lanham JS. Failure to thrive: an update. American family physician. 2011 Apr 1;83(7):829-34.
2. Kaneshiro NK. Failure to Thrive: A.D.A.M.; 2011 [updated February 2011; cited 2013 June 28th]. Available from: <http://www.nlm.nih.gov/medlineplus/ency/article/000991.htm>.

3. Melbourne RCsH. Failure to Thrive - initial management 2012 [cited 2013 June 28th]. Available from:
http://www.rch.org.au/clinicalguide/guideline_index/Failure_to_thrive_initial_management/.
4. Shields B, Wacogne I, Wright CM. Weight faltering and failure to thrive in infancy and early childhood. BMJ (Clinical research ed). 2012.

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