

Faltering growth in children: recognition and management

Appendices A, B & C

Main Appendix Document

Scope, Stakeholders and DOIs

September 2017

Final

*Developed by the National Guideline Alliance, hosted
by the Royal College of Obstetricians and
Gynaecologists*

Disclaimer

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The recommendations in this guideline are not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Local commissioners and/or providers have a responsibility to enable the guideline to be applied when individual health professionals and their patients or service users wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with compliance with those duties.

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Appendix A: Scope

A.1 Guideline title

Faltering growth in children: recognition and management

A.2 Topic

The Department of Health in England has asked NICE to develop a clinical guideline on the identification and management of failure to thrive, also known as faltering growth. Following discussion with stakeholders, the title has been changed to refer to 'faltering growth'.

For more information about why this guideline is being developed, and how the guideline will fit into current practice, see the context section.

A.3 Who the guideline is for

- Parents and carers of children with faltering growth, and the public
- Healthcare professionals
- Providers of children's services
- Commissioners of children's services.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in Welsh Government, Scottish Government, and Northern Ireland Executive.

A.4 Equality considerations

NICE has carried out an equality impact assessment during scoping. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope.

A.5 What the guideline is about

A.5.1 Who is the focus?

A.5.1.1 Groups that will be covered

- Infants and preschool children in whom growth concerns have been raised, through either routine monitoring (defined in recommendation 17 of the NICE guideline on maternal and child nutrition) or professional or parental concern.
- The following subgroups have been identified as needing specific consideration:
 - infants and preschool children who
 - were born prematurely
 - were born with intrauterine growth restriction (IUGR)
 - with a specific disorder known to cause faltering growth, but only with regard to recognition of growth thresholds for concern

A.5.2 Settings

A.5.2.1 Settings that will be covered

- All settings in which support and services to infants and preschool children are provided.

A.5.3 Activities, services or aspects of care

A.5.3.1 Key areas that will be covered

- Recognition of faltering growth, including defining growth thresholds for concern (including, early weight loss after birth).
- Identification of risk factors for faltering growth.
- Assessment of infants and preschool children with faltering growth. This includes identifying possible causes of faltering growth and, in the absence of any other symptoms or signs, deciding on appropriate investigations.
- Growth monitoring in infants and preschool children with suspected or confirmed faltering growth.
- Referral to secondary care.
- Interventions to manage faltering growth, including:
 - breastfeeding support
 - support for other types of feeding
 - dietary advice and supplementation
 - family support.
- Design of services for the management of faltering growth.
- Information and support for parents and carers of infants and preschool children with suspected or confirmed faltering growth.

A.5.3.2 Areas that will not be covered

Specialist management of specific disorders causing faltering growth, for example coeliac disease.

A.5.4 Economic aspects

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses using an NHS and personal social services (PSS) perspective.

A.5.5 Key issues and questions

While writing this scope, we have identified the following key issues, and key questions related to them:

1. Recognising faltering growth, including defining thresholds for concern
 - What are the growth thresholds for enhanced monitoring or intervention for suspected or confirmed faltering growth in infants and preschool children?
2. Identifying the risk factors for faltering growth

- What are the risk factors for faltering growth that could inform recognition and management?
- 3. Assessing infants and preschool children with faltering growth
 - What is the prevalence of specific conditions in infants and preschool children who present with faltering growth and no other symptoms or signs, to help determine appropriate investigations?
- 4. Growth monitoring in infants and preschool children with suspected or confirmed faltering growth
 - What growth monitoring should be carried out in infants and preschool children with suspected or confirmed faltering growth?
- 5. Referring to secondary care
 - What factors determine the need for referral to secondary care for infants and preschool children with suspected or confirmed faltering growth?
- 6. Providing interventions to manage faltering growth
 - What interventions related to breastfeeding are effective in the management of faltering growth?
 - What interventions related to feeding practices other than breastfeeding are effective in the management of faltering growth?
 - What interventions related to dietary advice or supplementation are effective in the management of faltering growth?
 - What family support interventions are effective in the management of faltering growth?
- 7. Designing services for the management of faltering growth
 - What service configurations are effective for the management of faltering growth in infants and preschool children?
- 8. Providing information and support to parents and carers
 - What information and support should be provided for parents and carers of infants and preschool children with suspected or confirmed faltering growth?

The key questions may be used to develop more detailed review questions, which guide the systematic review of the literature.

A.5.6 Main outcomes

The main outcomes that will be considered when searching for and assessing the evidence are:

1. measurements of nutritional status (weight, length or height, head circumference, mid-arm circumference)
2. continued breastfeeding
3. increased nutritional intake
4. health-related quality of life
5. parent or carer satisfaction
6. adherence to interventions
7. adverse effects of interventions
8. use of health services.

A.6 Links with other NICE guidance and NICE Pathways

A.6.1 NICE guidance

A.6.1.1 NICE guidance in development that is closely related to this guideline

NICE is currently developing the following guidance that is closely related to this guideline:

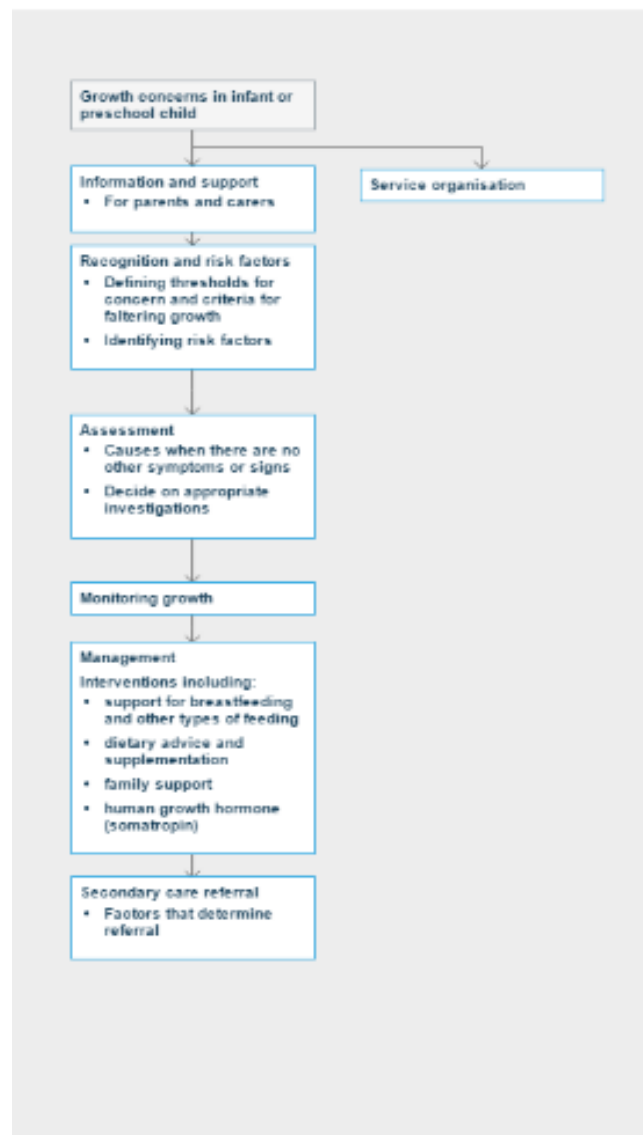
- Developmental follow-up of preterm babies NICE guideline. Publication expected August 2017
- Child abuse and neglect NICE guideline. Publication expected September 2017.

A.6.2 NICE Pathways

When this guideline is published, the recommendations will be added to NICE Pathways. NICE Pathways bring together all related NICE guidance and associated products on a topic in an interactive topic-based flow chart.

A draft pathway outline on faltering growth, based on this draft scope, is included below. It will be adapted and more detail added as the recommendations are written during guideline development.

Faltering growth overview



Other NICE guidance that may be included in this pathway is the NICE technology appraisal guidance on human growth hormone (somatropin) for the treatment of growth failure in children.

A.7 Context

A.7.1 Key facts and figures

The term 'faltering growth' is widely used in relation to infants and young children whose weight gain occurs more slowly than expected for their age and sex. In the past this was often described as a 'failure to thrive' but this is no longer the preferred term, partly because 'failure' could be perceived as pejorative, but also because lesser degrees of faltering growth may not necessarily indicate a significant problem but merely represent variation from the usual pattern. Estimates of the prevalence of faltering growth in the UK vary widely, depending on the definition used.

The World Health Organization (WHO) has produced growth standards, based on longitudinal studies of healthy breastfed infants. These standards, along with UK full-

term and preterm infant growth data, have been incorporated into UK-WHO growth charts for monitoring children's growth in the UK. A child's weight, length or height, and head circumference can be plotted to provide a visual representation of their growth over time. Epidemiological studies have shown that healthy children usually progress relatively consistently along a growth centile.

Faltering growth can occur when a child's nutritional intake does not meet their specific energy requirements. Undernutrition may underlie relatively slow weight gain and movement downwards across weight centiles on a growth chart. Faltering growth in early childhood may be associated with persisting problems with appetite and feeding.

Certain health conditions predispose children to faltering growth (for example, cystic fibrosis or coeliac disease). Specific treatment for such conditions (for example, pancreatic enzyme supplementation for cystic fibrosis and a gluten free diet for coeliac disease) can improve or restore normal weight gain. Simple interventions (such as extra calories and protein) may also be effective in supporting nutrition and weight gain.

The causes of faltering growth in the absence of an underlying condition may be complex and have a variety of causes. In the past, child neglect or socioeconomic and educational disadvantage were often considered to be likely contributors. While neglected children may be undernourished, neglect is now thought to be an uncommon explanation for faltering growth. Similarly, socioeconomic and educational factors have not emerged as important associations in more recent research.

A.7.2 Current practice

Infants and preschool children with faltering growth are often identified by routine growth monitoring. Others may be identified through concern expressed by parents or healthcare professionals. Initial management is often community based and involves providing support and advice to increase calorie intake and manage challenging feeding behaviour. Some children are referred to paediatric dietitians or paediatricians for further assessment and support.

There is variation in practice across the UK in how infants, preschool children and families are supported, referred and investigated where concerns are raised about faltering growth. There is cultural and socioeconomic variation in the rates of initiation and maintenance of breastfeeding, approaches to weaning and choices of weaning foods. Expectations and behaviour at mealtimes, for example whether families eat together, may also be relevant to the risk of infants developing challenging feeding behaviour. These may also influence how readily parents accept feeding support and advice.

A.7.3 Policy, legislation, regulation and commissioning

A.7.3.1 Policy

The National service framework for children, young people and maternity services aims for long-term and sustained improvement in children's health, and sets standards for health and social care services for children, young people and pregnant women.

The UK National Screening Committee advises on evidence-based whole population screening for conditions which may cause faltering growth, including congenital heart disease and cystic fibrosis.

The Healthy Child Programme describes standards of care for screening and providing advice during pregnancy and the first 5 years of life. It includes broad recommendations on monitoring growth in infants and children.

The NICE guideline will give more specific guidance on when and how to monitor children when growth concerns arise and when referral is appropriate.

A.7.3.2 Legislation, regulation and guidance

The NICE guideline on maternal and child nutrition makes the following recommendation for growth monitoring in infants and children: 'as a minimum, ensure babies are weighed at birth and in the first week, as part of an overall assessment of feeding. Thereafter, healthy babies should usually be weighed at 8, 12 and 16 weeks and at 1 year, at the time of routine immunisations. If there is concern, weigh more often, but no more than once a month up to 6 months of age, once every 2 months from 6–12 months of age and once every 3 months over the age of 1 year.' In addition, the NICE quality standard on postnatal care includes the quality statement 'babies have a complete 6–8 week physical examination' which includes measuring and plotting weight. However, in practice additional measurements are frequently taken at a variety of intervals and there is uncertainty as to the clinical value of such additional measurements.

A.8 Further information

This is the final scope, incorporating comments from registered stakeholders during consultation.

The guideline is expected to be published in October 2017.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

Appendix B: Stakeholders

5 Boroughs Partnership NHS Foundation Trust
Aberdeen Chiropractic Clinic
Absolute Therapy
Action on Hearing Loss
Allocate Software PLC
Applied Medical
Ashford and St Peter's Hospitals NHS Trust
Association of Anaesthetists of Great Britain and Ireland
Association of Directors of Public Health
Association Suisse de Soutien Contre L'endométriose
Barnsley Hospital NHS Foundation Trust
Barts Health NHS Trust
Bayer plc
Belfast Health and Social Care Trust
Besins Healthcare
Birmingham Women's NHS Foundation Trust
Boston Scientific
British Acupuncture Council
British Association for Applied Nutrition and Nutritional Therapy
British Dietetic Association
British Fertility Society
British Infection Association
British Medical Association
British Medical Journal
British National Formulary
British Nuclear Cardiology Society
British Orthopaedic Association
British Pain Society
British Psychological Society
British Red Cross

British Society for Gynaecological Endoscopy
British Society of Interventional Radiology
Cambridge Temperature Concepts Ltd
Caplond Services
Care Quality Commission
Chartered Society of Physiotherapy
Chester Endometriosis Centre
Clinical Effectiveness Unit of Faculty of Sexual & Reproductive Healthcare
Clinical Innovations
Cochrane Gynaecological Cancer Review Group
Cochrane UK
Colchester Hospital University NHS Foundation Trust
College of Paramedics
Cotswold Endometriosis Centre
Cregagh Nursing Home
Croydon University Hospital
Defence Primary Healthcare
Department of Health
Department of Health, Social Services and Public Safety - Northern Ireland
DO NOT USE National Osteoporosis Society
East Kent Hospitals University NHS Foundation Trust
East Lancashire Hospitals NHS Trust
Endometriosis UK
Endometriosis UK
Epsom & St Helier University Hospitals NHS Trust
Epsomedical Ltd
Esoteric Practitioners Association UK/EU
European Society of Human Reproduction and Embryology
FEmISA
Ferring Pharmaceuticals
Fetal Anti Convulsant Syndrome Association
FTWW

Gedeon Richter UK
Gloucestershire Hospitals NHS Foundation Trust
Green House Surgery
Health and Care Professions Council
Health and Social Care Board NI
Healthcare Improvement Scotland
Healthcare Quality Improvement Partnership
Healthwatch Bristol
Healthwatch Darlington
Healthwatch Halton
Healthwatch Portsmouth
Healthwatch Salford
Highgate Hospital
HQT Diagnostics
HRA Pharma UK & Ireland Ltd.
Hysterectomy Association
Hywel Dda University Health Board
Intuitive Surgical
IOTA - International Ovarian Tumor Analysis group
James Cook University Hospital
James Paget University Hospitals NHS Foundation Trust
Johnson & Johnson Medical Ltd
Journey Method Therapy
JT Healing
Kings College Hospital
Leeds Community Healthcare NHS Trust
Leeds Teaching Hospitals NHS Trust
Liverpool University
Liverpool Women's Hospital
London North West Healthcare NHS Trust
London Strategic Clinical Network
Maquet Getinge Group

Mastercall Healthcare
Medicines and Healthcare Products Regulatory Agency
Medway NHS Foundation Trust
Ministry of Defence
Morecambe Bay Hospitals NHS Trust
Musgrove Park Hospital
National Collaborating Centre for Cancer
National Collaborating Centre for Mental Health
National Collaborating Centre for Women's and Children's Health
National Deaf Children's Society
National Guideline Alliance
National Guideline Centre
National Institute for Health Research
National Pharmacy Association
NHS Choices
NHS Chorley and South Ribble CCG
NHS Cornwall and Isles Of Scilly
NHS Digital
NHS England
NHS Grampian (Aberdeen Infirmary)
NHS Health at Work
NHS Kernow CCG
NHS Mid Essex CCG
NHS North East Lincolnshire CCG
NHS Oxfordshire CCG
NHS Sheffield CCG
NHS Somerset CCG
NHS West Cheshire CCG
Northampton General Hospital NHS Trust
Northern Health and Social Care Trust
Northumbria Healthcare NHS Foundation Trust
Nottinghamshire Healthcare NHS Foundation Trust

Nursing and Midwifery Council
Oxfordshire Clinical Commissioning Group
Pelvic Pain Support Network
Primary Care Women's Health Forum
Professional Yoga Therapy Institute
Public Health England
Public Health Wandsworth
Reproductive Health Group
Royal College of Anaesthetists
Royal College of General Practitioners
Royal College of General Practitioners in Wales
Royal College of Midwives
Royal College of Nursing
Royal College of Obstetricians and Gynaecologists
Royal College of Paediatrics and Child Health
Royal College of Pathologists
Royal College of Physicians
Royal College of Psychiatrists
Royal College of Radiologists
Royal College of Speech and Language Therapists
Royal College of Surgeons of Edinburgh
Royal Cornwall Hospitals NHS Trust
Royal Pharmaceutical Society
Sandoz Ltd
Scottish Intercollegiate Guidelines Network
Self Management UK
Sheffield Teaching Hospitals NHS Foundation Trust
Social Care Institute for Excellence
Society for Endocrinology
South Eastern Health and Social Care Trust
South West Yorkshire Partnership NHS Foundation Trust
Southern Health & Social Care Trust

St George's University Hospitals NHS Foundation Trust
Taunton & Somerset NHS Foundation Trust
The Gynaecology Group
The Hysterectomy Centre
The National Institute of Medical Herbalists
The Royal Surrey County Hospital
The Walton Centre NHS Foundation Trust
University College London Hospital NHS Foundation Trust
University Hospital Birmingham NHS Foundation Trust
University Hospital Southampton NHS Foundation Trust
University Hospitals Birmingham
University Hospitals of Leicester NHS Trust
University of Birmingham
University of Edinburgh
University of Oxford
WellBeing of Women
Welsh Government
Welsh Health Specialised Services Committee
Welsh Scientific Advisory Committee
Western Health and Social Care Trust
Western Sussex Hospitals NHS Trust
Wirral University Teaching Hospital NHS Foundation Trust
Wockhardt UK Ltd
World Endometriosis Research Foundation
YORK Teaching Hospital NHS Foundation Trust
Your Care & Support

Appendix C: Declarations of interest

All Committee members' interests were recorded on declaration forms provided by NICE. The form covered personal, non-personal, specific or non-specific and non-financial or financial declarations. Committee members' declarations of interests are listed in this section. No conflicts were identified that required a Committee member to be asked not to participate in the relevant discussions. Details are available from the Committee minutes available on the NICE website where the policy can also be accessed (see <https://www.nice.org.uk/about/who-we-are/policies-and-procedures>).

This appendix includes all interests declared between the start of development and submission on 3 March 2017.

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
Shel Banks	Lay member	Chair on the Local Infant Feeding Information Board 23/11/2015	Personal non-financial specific	Declare and participate
Shel Banks	Lay member	Trustee for the UK Association for Milk Banking 23/11/2015	Personal non-financial specific	Declare and participate
Shel Banks	Lay member	Member of the Lactation Consultants of Great Britain 23/11/2015	Personal non-financial specific	Declare and participate
Shel Banks	Lay member	A private practice lactation consultant 23/11/2015	Personal non-financial specific	Declare and participate
Shel Banks	Lay member	Research assistant secondment to produce Cochrane reviews 23/11/2015	Personal non-financial specific	Declare and participate
Shel Banks	Lay member	Research assistant secondment to produce Cochrane reviews on Infantile Colic for 12 months 23/11/2015	Personal non-financial specific	Declare and participate
Rachel Bryant-Waugh	Psychologist	Chair of the National Steering Group for Childhood Feeding Disorders 23/11/2015	Personal non-financial specific	Declare and participate
Anne-Marie Frohock	Paediatric Dietitian, John Radcliffe Hospital	A Committee member of the British Dietetic Association Paediatric Group – the group sell Information sheets about feeding support in faddy eating 23/11/2015	Non-personal financial specific	Declare and participate
Anne-Marie Frohock	Paediatric Dietitian, John	Reviewer of PENG guidelines	Personal non-	Declare and participate

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
	Radcliffe Hospital	23/11/2015	financial specific	
Anne-Marie Frohock	Paediatric Dietitian, John Radcliffe Hospital	John Radcliffe hospital has contract with Abbott for nutritional products but follows the HCPC code of conduct which requires 3 options/products to be offered to patients 23/11/2015	Non-personal financial specific interest	Declare and participate
Anne-Marie Frohock	Paediatric Dietitian, John Radcliffe Hospital	Abbott provides department with a study budget that funds attendance on courses or conferences. 23/11/2015	Non-personal financial specific interest	Declare and participate
Anne-Marie Frohock	Paediatric Dietitian, John Radcliffe Hospital	Lunches provided by various infant formula manufactures (SMA, Nutricia, Nestle, Abbott) with product updates 23/11/2015	Personal non-financial specific	Declare and participate
Anne-Marie Frohock	Paediatric Dietitian, John Radcliffe Hospital	Lunches provided by various infant formula manufactures (SMA, Nutricia, Nestle, Abbott) with product updates 23/11/2015	Non-personal non-financial specific	Declare and participate (hospitality in line with NICE Policy)
Annalou Louw	Specialist Paediatric Speech and Language Therapist. Chelsea & Westminster Hospital, London	Sits on a Committee on tube-weaning 23/11/2015	Personal non-financial specific	Declare and participate
Russell Peek	Consultant Paediatrician, Gloucestershire Hospitals NHS Foundation Trust.	I presented a BMJ Mastercourses webinar on common problems in newborns and infants in 2014. 23/11/2015	Personal financial non-specific	Declare and participate
Russell Peek	Consultant Paediatrician, Gloucestershire Hospitals NHS Foundation Trust.	I have been invited to present a webinar this year on feeding problems in infants. 23/11/2015	Personal financial non-specific	Declare and participate
Russell Peek	Consultant Paediatrician, Gloucestershire Hospitals NHS	Teaching with BMJ Learning 23/11/2015	Personal financial non-specific	Declare and participate

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
	Foundation Trust.			
Denise Pemberton	Feeding Lead for the Maternity and Neonatal Services of the University Hospitals of Leicester NHS Trust	Member of the Lactation Consultants of Britain 23/11/2015	Personal non-financial specific	Declare and participate
Denise Pemberton	Feeding Lead for the Maternity and Neonatal Services of the University Hospitals of Leicester NHS Trust	Member of the Lactation Consultants of Britain 25/01/2015	Personal non-financial specific	Declare and participate
Denise Pemberton	Feeding Lead for the Maternity and Neonatal Services of the University Hospitals of Leicester NHS Trust	Committee Member of the Lactation Consultants of Britain until April 2015 25/01/2016	Personal non-financial specific	Declare and participate
Denise Pemberton	Feeding Lead for the Maternity and Neonatal Services of the University Hospitals of Leicester NHS Trust	Affiliate Member of the Association of Tongue-tie Practitioners 25/01/2016	Personal non-financial specific	Declare and participate
Denise Pemberton	Feeding Lead for the Maternity and Neonatal Services of the University Hospitals of Leicester NHS Trust	Secretary and Committee Member of the Association of Tongue-tie Practitioners until March 2015 25/01/2016	Personal non-financial specific	Declare and participate
Rachel Marie Pidcock	Lay Member	A member of the Child Growth Foundation which receives royalties from growth products and AK90 growth charts 23/11/2015	Non-personal financial specific	Declare and participate
Alison Spiro	Specialist	Is a member of a feeding	Personal	Declare and

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
	Health Visitor in Infant Feeding, Northwick Park Hospital	initiative 23/11/2015	non-financial specific	participate
Alison Spiro	Specialist Health Visitor in Infant Feeding, Northwick Park Hospital	Member of the baby feeding law group 25/01/2016	Personal non-financial specific	Declare and participate
Charlotte Wright	Community Paediatrician, University of Glasgow	I led the group that designed the new UK-WHO growth at RCPCH and the use of these in diagnosing failure to thrive may be considered 23/11/2015	Personal non-financial specific	Declare and participate
Charlotte Wright	Community Paediatrician, University of Glasgow	Member of Scientific Advisory Committee on Nutrition and its Maternal and Child subgroup 23/11/2015	Personal non-financial specific	Declare and participate
Charlotte Wright	Community Paediatrician, University of Glasgow	Member of editorial group for new edition of Health for all Children 23/11/2015	Personal non-financial specific	Declare and participate
Charlotte Wright	Community Paediatrician, University of Glasgow	Member of Scientific Advisory Committee on Nutrition and its Subcommittee of Maternal and Child Nutrition, administered by PHE 23/11/2015	Personal non-financial specific	Declare and participate
Charlotte Wright	Community Paediatrician, University of Glasgow	Member of editorial board drafting new edition of Health for All Children, hosted by Royal College of Paediatric and Child Health, to be published by Oxford University Press 23/11/2015	Personal non-financial specific	Declare and participate
Charlotte Wright	Community Paediatrician, University of Glasgow	Authored the following papers: Drewett, R.F, Kasese-Hara, M., Wright, C., Feeding behaviour in young people who fail to thrive, Appetite, 40, 55-60, 2003 Kasese-Hara, M., Drewett, R., Wright, C., Sweetness preferences in 1-year-old children who fail to thrive, Journal of Reproductive and Infant Psychology, 19, 253-257, 2001 Kasese-Hara, M., Wright, C., Drewett, R., Energy compensation in young	Personal non-financial specific	Declare and withdraw from discussions involving the drafting of the recommendation s.

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
		<p>children who fail to thrive, Journal of Child Psychology & Psychiatry & Allied Disciplines, 43, 449-56, 2002</p> <p>Parkinson, K.N., Wright, C., Drewett, R., Mealtime energy intake and feeding behaviour in children who fail to thrive: a population-based case-control study, Journal of Child Psychology & Psychiatry & Allied Disciplines, 45, 1030-1035, 2004</p> <p>Robertson, J., Puckering, C., Parkinson, K., Corlett, L., Wright, C., Mother-child feeding interactions in children with and without weight faltering; nested case control study, Appetite, 56, 753-759, 2011</p> <p>Wright, C., Loughridge, J., Moore, G., Failure to thrive in a population context: two contrasting studies of feeding and nutritional status, Proceedings of the Nutritional Society, 59, 37-45, 2000</p> <p>13/10/2016</p>		
Charlotte Wright	Community Paediatrician, University of Glasgow	<p>Authored the following papers:</p> <p>Corbett, S.S., Drewett, R.F., Wright, C.M, Does a fall down a centile chart matter? The growth and development sequelae of mild failure to thrive, Acta Paediatrica, 85, 1278-83, 1996</p> <p>Wright, C.M., Garcia, A.L., Child undernutrition in affluent societies; what are we talking about? Proceedings of the Nutrition Society, 71, 545-55, 2012</p> <p>Wright, C.M, Parkinson, K.N., Postnatal weight loss in term infants: what is normal and do growth charts allow for it? Archives of Disease in Childhood Fetal & Neonatal Edition, 89, F254-7, 2004</p> <p>Gerasimidis, K/, Macleod, I., Maclean, A., Buchanana, E., McGrogan, P., Swinbank, I., McAuley, M., Wright, C.M., Flynn, D.M., Performance of the novel Paediatric Yorkhill Malnutrition Scope (PYMS) in hospital practice, Clinical</p>	Personal non-financial specific	Declare and participate

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
		Nutrition, 30,430-5,2011 Wright, C.M., Talbot, E., Screening for failure to thrive – what are we looking for? Child: Care, health & development, 22, 223-34, 1996 13/10/2016		
Charlotte Wright	Community Paediatrician, University of Glasgow	Authored the following paper: Wright C.M., Parkinson K.N. Postnatal weight loss in term infants: what is normal and do growth charts allow for it? Arch Dis Child Fetal Neonatal Ed. 2004 May;89(3):F254-7 29/11/2016	Personal non-financial specific	Declare and participate