

Faltering growth

Quality standard

Published: 28 August 2020

www.nice.org.uk/guidance/qs197

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This standard is based on NG75.

This standard should be read in conjunction with QS169, QS134, QS128, QS112 and QS37.

Quality statements

Statement 1 Babies and preschool children have their measurements plotted on a growth chart if there are concerns about faltering growth.

Statement 2 Babies and preschool children have a detailed feeding or eating history taken if there are concerns about faltering growth.

Statement 3 Babies and preschool children have a management plan with specific goals if there are concerns about faltering growth.

Statement 4 Mothers are supported to continue breastfeeding if their baby is given supplementation with formula because of concerns about faltering growth.

NICE has developed guidance and a quality standard on people's experiences using social care services, patient experience in adult NHS services and service user experience in adult mental health services (see the [NICE Pathways on people's experience in adult social care services](#), [patient experience in adult NHS services](#) and [service user experience in adult mental health services](#)), which should be considered alongside these quality statements.

Other quality standards that should be considered when commissioning or providing faltering growth services include:

- [Developmental follow-up of children and young people born preterm. NICE quality standard 169](#)
- [Coeliac disease. NICE quality standard 134](#)
- [Early years: promoting health and wellbeing in under 5s. NICE quality standard 128](#)
- [Gastro-oesophageal reflux in children and young people. NICE quality standard 112](#)
- [Maternal and child nutrition. NICE quality standard 98](#)
- [Postnatal care. NICE quality standard 37](#)

A full list of NICE quality standards is available from the [quality standards topic library](#).

Quality statement 1: Measurement of growth

Quality statement

Babies and preschool children have their measurements plotted on a growth chart if there are concerns about faltering growth.

Rationale

It is important that all babies and preschool children have their measurements plotted on a growth chart. If concerns are raised about the growth of a baby or preschool child, regular measurement and plotting of their weight and length or height on the [UK-WHO growth chart](#) in their personal child health record ('red book'), or electronic equivalent, can confirm whether their growth is faltering. Early identification of faltering growth in a baby or preschool child enables a management plan to be developed promptly to improve their growth.

Quality measures

Structure

a) Evidence of local arrangements to ensure that primary and community healthcare professionals are trained to weigh and to measure the length or height of babies and preschool children and plot this information on the [UK-WHO growth chart](#).

Data source: Local data collection, for example training records.

b) Evidence of local arrangements to ensure that calibrated equipment is available for primary and community healthcare professionals to weigh babies and preschool children.

Data source: Local data collection, for example equipment servicing records.

c) Evidence of local arrangements and protocols to ensure that babies and preschool

children are weighed and measured at each of the mandated health visiting team contacts.

Data source: Local data collection, for example from service specifications or local protocols.

Process

a) Proportion of babies and preschool children whose weight and height or length measurements are plotted on the [UK-WHO growth chart](#) during each of the mandated health visiting team contacts if there are concerns about faltering growth.

Numerator – the number in the denominator whose weight and height or length measurements are plotted on the [UK-WHO growth chart](#) at every mandated health visiting contact.

Denominator – the number of babies and preschool children in whom there are concerns about faltering growth.

Data source: Local data collection, for example local audit of patient records.

b) Proportion of babies and preschool children whose weight and height or length measurements are plotted on the [UK-WHO growth chart](#) at appropriate intervals if there are concerns about faltering growth.

Numerator – the number in the denominator whose weight and height or length measurements are plotted on the [UK-WHO growth chart](#) at appropriate intervals.

Denominator – the number of babies and preschool children in whom there are concerns about faltering growth.

Data source: Local data collection, for example local audit of patient records.

What the quality statement means for different audiences

Service providers (such as community maternity services, GP practices and health visiting services) ensure that calibrated equipment is available for all babies and preschool

children to be weighed, and that staff are trained to weigh and measure them. They ensure that processes are in place for babies and preschool children to be weighed and measured at appropriate intervals if there are concerns about faltering growth. Services ensure that community and primary healthcare professionals are trained to plot the measurements on the [UK–WHO growth chart](#) and to recognise faltering growth in babies and preschool children.

Healthcare professionals (such as health visitors, community midwives, GPs and practice nurses) weigh and measure babies and preschool children and plot this information on the [UK–WHO growth chart](#). If parents or carers raise concerns about faltering growth, or healthcare professionals have concerns about this, they weigh and measure babies and preschool children at appropriate intervals.

Commissioners (such as clinical commissioning groups and local authorities) ensure that they commission services in which babies and preschool children are weighed and measured, and these measurements are plotted on the [UK–WHO growth chart](#) if there are concerns about faltering growth.

Babies and preschool children whose growth raises concerns are weighed and measured regularly by a midwife, health visitor, GP or practice nurse. Their measurements are recorded on their growth chart. If the measurements show that the baby or preschool child is not growing as expected (faltering growth), steps can be taken to help improve their growth.

Source guidance

[Faltering growth: recognition and management of faltering growth in children. NICE guideline NG75 \(2017\), recommendation 1.2.2](#)

Definitions of terms used in this quality statement

Measurements

The measurements taken are the weight and the length (under 2 years of age) or height (2 years or older) of babies and preschool children. [Adapted from [NICE's guideline on faltering growth: recognition and management of faltering growth in children](#), recommendation 1.2.2 and terms used in this guideline]

Concerns about faltering growth

This can include healthcare professionals being concerned about a baby or preschool child's growth, for example if they, or the parents or carers, think the baby or preschool child appears to be:

- not feeding or eating
- not growing as expected
- thin or unwell.

Healthcare professionals may also have concerns about faltering growth in babies and preschool children if:

- they lose more than 10% of their birthweight in the early days of life
- they do not return to their birthweight by 3 weeks of age
- there is a fall across 1 or more weight centile spaces, if birthweight was below the 9th centile
- there is a fall across 2 or more weight centile spaces, if birthweight was between the 9th and 91st centiles
- there is a fall across 3 or more weight centile spaces, if birthweight was above the 91st centile
- the current weight is below the 2nd centile for age, whatever the birthweight.

[[NICE's guideline on faltering growth: recognition and management of faltering growth in children](#), recommendations 1.1.5 and 1.2.1 and expert opinion]

Appropriate intervals

If there are concerns about faltering growth, weight is measured at appropriate intervals taking account of factors such as age and the level of concern, but usually no more often than:

- daily up to 1 month old
- weekly between 1 and 6 months old

- fortnightly between 6 and 12 months old
- monthly from 1 year old.

If there are concerns about faltering growth, length or height is monitored no more than once every 3 months. [Adapted from [NICE's guideline on faltering growth: recognition and management of faltering growth in children](#), recommendations 1.1.5, 1.2.27 and 1.2.30]

Quality statement 2: Feeding or eating history

Quality statement

Babies and preschool children have a detailed feeding or eating history taken if there are concerns about faltering growth.

Rationale

A detailed feeding or eating history can help to identify any feeding or eating behaviours that might be contributing to faltering growth in a baby or preschool child. These could include, for example, ineffective milk transfer in breastfeeding babies, or food refusal in older babies and preschool children. There are also some physical disorders or developmental issues that can affect feeding or eating. Taking a detailed feeding or eating history also provides information about the calorific value of the baby or child's diet. Advice and care can then be tailored to their specific needs.

Quality measures

Structure

Evidence of local arrangements to ensure that healthcare professionals are trained to take a detailed feeding or eating history.

Data source: Local data collection, for example training records.

Process

Proportion of babies and preschool children who have a detailed feeding or eating history taken if there are concerns about faltering growth.

Numerator – the number in the denominator who have a detailed eating or feeding history

taken.

Denominator –the number of babies and preschool children in whom there are concerns about faltering growth.

Data source: Local data collection, for example local audit of patient records.

Outcome

Proportion of parents or carers who feel supported if there are concerns that their baby or preschool child has faltering growth.

Numerator – the number in the denominator who feel supported.

Denominator – the number of parents or carers of babies or preschool children in whom there are concerns about faltering growth.

Data source: Local data collection, for example patient surveys.

What the quality statement means for different audiences

Service providers (such as maternity services, GP practices and health visiting services) ensure that healthcare professionals are trained, with input from secondary care paediatric services if appropriate, to take a detailed feeding or eating history if there are concerns about faltering growth in a baby or preschool child, and to provide advice based on this history. They ensure that healthcare professionals have enough time with babies or preschool children in whom there are concerns about faltering growth to obtain this history.

Healthcare professionals (such as midwives, GPs and health visitors) take a detailed feeding or eating history if there are concerns about faltering growth and provide tailored advice to the baby or preschool child's parents or carers based on this history. This advice should be given in a supportive and non-judgemental way. This can be done at the same time as a clinical, developmental and social assessment if one is being carried out.

Commissioners (such as clinical commissioning groups and local authorities) commission

services that ensure healthcare professionals have the time and expertise to take detailed eating or feeding histories if there are concerns about faltering growth in babies or preschool children.

Babies and preschool children whose growth raises concerns have information about their feeding or eating habits recorded so that their parents or carers can be given advice on feeding and eating to help the baby or preschool child grow.

Source guidance

Faltering growth: recognition and management of faltering growth in children. NICE guideline NG75 (2017), recommendation 1.2.6

Definitions of terms used in this quality statement

Detailed feeding or eating history

In babies under 6 months a feeding history can include:

- duration and frequency of breast or infant formula feeds per day
- the numbers of wet and soiled nappies each day
- in breastfed babies fed with formula, the type of formula given (for example first-stage formula), the amount and how it is being made up
- any food being given and frequency
- any behavioural issues such as feeding aversion.

In preschool children and babies over 6 months an eating history can include:

- types of food being eaten
- frequency of meals
- food consumed between meals
- amount of fluids, including any breast milk or infant formula, being consumed and

frequency

- eating environment, for example at the table with family
- any behavioural issues, for example food aversion or avoidance.

The detailed feeding or eating history is tailored to the individual baby or child, taking into account a broad range of other factors such as age, severity of weight loss, social circumstances and the family's food choices. [[NICE's full guideline on faltering growth: recognition and management of faltering growth in children](#) and expert opinion]

Concerns about faltering growth

This can include healthcare professionals being concerned about a baby or preschool child's growth, for example if they, or the parents or carers, think the baby or preschool child appears to be:

- not feeding or eating
- not growing as expected
- thin or unwell.

Healthcare professionals may also have concerns about faltering growth in babies and preschool children if:

- they lose more than 10% of their birthweight in the early days of life
- they do not return to their birth weight by 3 weeks of age
- there is a fall across 1 or more weight centile spaces, if birthweight was below the 9th centile
- there is a fall across 2 or more weight centile spaces, if birthweight was between the 9th and 91st centiles
- there is a fall across 3 or more weight centile spaces, if birthweight was above the 91st centile
- the current weight is below the 2nd centile for age, whatever the birthweight.

[[NICE's guideline on faltering growth: recognition and management of faltering growth in](#)

children, recommendations 1.1.5 and 1.2.1 and expert opinion]

Quality statement 3: Management plan

Quality statement

Babies and preschool children have a management plan with specific goals if there are concerns about faltering growth.

Rationale

A management plan gives parents, carers and healthcare professionals a specific set of actions and goals, with regular reviews to check progress. Developing the management plan in collaboration with parents or carers provides them with clarity and reassurance about the actions that need to be taken and may help to reduce their anxiety about faltering growth in their child.

Quality measures

Structure

a) Evidence of local arrangements and written clinical protocols to ensure that the primary care team are trained to develop a management plan for babies and preschool children if there are concerns about faltering growth.

Data source: Local data collection, for example staff training records.

b) Evidence of local arrangements and written clinical protocols to ensure that the primary care team have access to healthcare professionals with expertise in faltering growth.

Data source: Local data collection, for example local care pathways and joint working agreements with primary and secondary care.

Process

Proportion of babies and preschool children in whom there are concerns about faltering

growth who have a management plan that includes specific goals.

Numerator – the number in the denominator who have a management plan that includes specific goals.

Denominator – the number of babies and preschool children in whom there are concerns about faltering growth.

Data source: Local data collection, for example local audit of patient records.

Outcome

Proportion of parents and carers who are satisfied with the way concerns about faltering growth in their baby or preschool child are being managed.

Numerator – the number in the denominator who are satisfied with the way concerns are being managed.

Denominator – the number of parents and carers with babies or preschool children in whom there are concerns about faltering growth.

Data source: Local data collection, for example patient surveys.

What the quality statement means for different audiences

Service providers (such as maternity services, GP practices, health visiting services and paediatric secondary care services) ensure that primary care teams are trained to develop a management plan with parents or carers, tailored to the specific needs of the baby or preschool child. Primary care teams have access to healthcare professionals with expertise in faltering growth to help guide and implement the management plan, for example to agree when referral to secondary care may be needed.

Healthcare professionals (such as midwives, GPs, health visitors and healthcare professionals with expertise in faltering growth) work together to guide the development of management plans if there are concerns about faltering growth in a baby or preschool child. Primary care teams ensure they develop the management plan with the parents or

carers, and with healthcare professionals who have expertise in faltering growth if needed. Healthcare professionals with expertise in faltering growth provide advice and support to primary care teams, for example agreeing when referral to secondary care may be necessary. GPs are made aware if a referral to secondary care is being made by another member of the primary care team.

Commissioners (such as clinical commissioning groups and local authorities) commission services that ensure primary and secondary care teams establish local care pathways and joint working agreements to provide planned care for babies and preschool children if there are concerns about faltering growth. They ensure that primary care teams develop management plans for babies or preschool children if there are concerns about faltering growth.

Babies or preschool children whose growth raises concerns have a plan that is decided together by the healthcare team looking after them and their parents or carers. This plan includes specific actions to improve the baby or child's growth and sets out dates when their growth will be checked again.

Source guidance

Faltering growth: recognition and management of faltering growth in children. NICE guideline NG75 (2017), recommendation 1.2.15

Definitions of terms used in this quality statement

Management plan with specific goals

A management plan developed by healthcare professionals working together with parents or carers that includes specific goals. The plan might also include:

- assessments or investigations, for example serological testing for coeliac disease
- interventions
- clinical and growth monitoring
- when reassessment to review progress and achievement of growth goals should happen

- plans for referral to paediatric specialist care services if needed.

[[NICE's guideline on faltering growth: recognition and management of faltering growth in children](#), recommendation 1.2.15 and expert opinion]

Concerns about faltering growth

This can include healthcare professionals being concerned about a baby or preschool child's growth, for example if they, or the parents or carers, think the baby or preschool child appears to be:

- not feeding or eating
- not growing as expected
- thin or unwell.

Healthcare professionals may also have concerns about faltering growth in babies and preschool children if:

- they lose more than 10% of their birthweight in the early days of life
- they do not return to their birthweight by 3 weeks of age
- there is a fall across 1 or more weight centile spaces, if birthweight was below the 9th centile
- there is a fall across 2 or more weight centile spaces, if birthweight was between the 9th and 91st centiles
- there is a fall across 3 or more weight centile spaces, if birthweight was above the 91st centile
- the current weight is below the 2nd centile for age, whatever the birthweight.

[[NICE's guideline on faltering growth: recognition and management of faltering growth in children](#), recommendations 1.1.5 and 1.2.1 and expert opinion]

Primary care team

This is the team providing community-based care for babies and preschool children where

there are concerns about faltering growth or weight loss in the early days of life. This team includes, for example:

- a midwife
- a health visitor
- a GP.

[NICE's guideline on faltering growth: recognition and management of faltering growth in children, recommendation 1.3.2]

Healthcare professionals with expertise in faltering growth

These are:

- infant feeding specialists
- consultant paediatricians
- paediatric dietitians
- speech and language therapists with expertise in feeding and eating difficulties
- clinical psychologists
- occupational therapists
- lactation consultants.

[NICE's guideline on faltering growth: recognition and management of faltering growth in children, recommendation 1.3.3 and expert opinion]

Equality and diversity considerations

Healthcare professionals should ensure that the management plan takes into account issues such as cultural background and any particular food choices that are made by families or carers.

Parents or carers should be provided with information about the management plan that they can easily read and understand themselves, or with support, so they can

communicate effectively with services. Information about the management plan should be in a format that suits their needs and preferences. It should be accessible to people who do not speak or read English, and should be culturally appropriate and age appropriate. Parents or carers should have access to an interpreter or advocate if needed.

For parents or carers with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in [NHS England's Accessible Information Standard](#).

Quality statement 4: Supporting breastfeeding during supplementation with formula

Quality statement

Mothers are supported to continue breastfeeding if their baby is given supplementation with formula because of concerns about faltering growth.

Rationale

Breastfeeding is recognised as the best way to feed babies under 6 months because it meets their energy and nutrient requirements and provides health benefits for the mother, and immunological and other benefits for the baby. If a breastfeeding baby is given formula to supplement breast milk because of concerns about faltering growth, their mother should be encouraged to breastfeed before giving formula, at every feed, to stimulate her breast milk supply. Mothers should also be encouraged to express breast milk and to give any available breast milk before the formula is given. Supplementation with formula is usually a short-term measure, and providing sympathetic, non-judgemental support and reassurance to mothers will help to ensure that they can resume exclusive breastfeeding whenever possible.

Quality measures

Structure

Evidence of local arrangements to ensure that mothers receive practical support to continue breastfeeding if there are concerns about faltering growth and supplementation with formula is recommended.

Data source: Local data collection, for example local care pathways for midwives, health visitors and lactation consultants to provide support to breastfeeding mothers, breastfeeding support staff numbers and availability.

Process

Proportion of mothers who are supported to continue to breastfeed if their baby is given supplementation with formula because of concerns about faltering growth.

Numerator – the number in the denominator who are supported to continue to breastfeed.

Denominator – the number of breastfeeding mothers whose baby is given supplementation with formula because of concerns about faltering growth.

Data source: Local data collection, for example local audit of patient records.

Outcome

Proportion of mothers who are satisfied with the support they receive to continue breastfeeding if their baby has faltering growth.

Numerator – the number in the denominator who are satisfied with the support they receive to continue breastfeeding.

Denominator – the number of breastfeeding mothers whose babies have faltering growth.

Data source: Local data collection, for example patient surveys.

What the quality statement means for different audiences

Service providers (such as maternity services, GP practices and health visiting services) ensure that practical, sympathetic and non-judgemental breastfeeding support can be provided to mothers when formula is prescribed because of concerns about faltering growth. This includes ensuring that sufficient numbers of staff have the expertise to provide this support and that the support is provided quickly to reduce the risk of the mother stopping breastfeeding. Other support, such as loaning breast pumps, should also be given.

Healthcare professionals (such as midwives, health visitors, GPs, and breastfeeding support workers) provide practical, sympathetic and non-judgemental breastfeeding

support to mothers when formula is prescribed because of concerns about faltering growth. This includes, for example, reassuring mothers that they are not at fault for their baby's faltering growth, encouraging them to feed their baby with any available breast milk before giving the formula, advising them to express breast milk to promote their milk supply and loaning them breast pumps if needed.

Commissioners (such as clinical commissioning groups and local authorities) commission services that ensure sufficient numbers of staff have the expertise to provide practical breastfeeding support quickly to mothers if there are concerns about faltering growth in their babies.

Mothers of babies who are given formula milk to supplement breast milk are encouraged and helped to continue breastfeeding their baby. They are advised to give their baby any available breast milk before giving formula and to express breast milk to prevent their milk supply from stopping. They are loaned breast pumps if needed.

Source guidance

Faltering growth: recognition and management of faltering growth in children. NICE guideline NG75 (2017), recommendations 1.1.7 and 1.2.18

Definitions of terms used in this quality statement

Concerns about faltering growth

This can include healthcare professionals being concerned about a baby or preschool child's growth, for example if they, or the parents or carers, think the baby or preschool child appears to be:

- not feeding or eating
- not growing expected
- thin or seem unwell.

Healthcare professionals may also have concerns about faltering growth in babies and preschool children if:

- they lose more than 10% of their birthweight in the early days of life
- they do not return to their birth weight by 3 weeks of age
- there is a fall across 1 or more weight centile spaces, if birthweight was below the 9th centile
- there is a fall across 2 or more weight centile spaces, if birthweight was between the 9th and 91st centiles
- there is a fall across 3 or more weight centile spaces, if birthweight was above the 91st centile
- the current weight is below the 2nd centile for age, whatever the birthweight.

[NICE's guideline on faltering growth: recognition and management of faltering growth in children, recommendations 1.1.5 and 1.2.1 and expert opinion]

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See [our webpage on quality standard advisory committees](#) for details of standing committee 2 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](#).

This quality standard has been included in the [NICE Pathway on faltering growth](#), which brings together everything we have said on a topic in an interactive flowchart.

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Improving outcomes

This quality standard is expected to contribute to improvements in the following outcomes:

- identification of faltering growth
- management of faltering growth
- satisfaction of parents or carers with support received.

It is also expected to support delivery of the following national frameworks:

- [NHS outcomes framework](#)
- [Public health outcomes framework for England](#)
- [Quality framework for public health.](#)

Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the [resource impact statement and baseline assessment tool for the NICE guideline on faltering growth](#) to help estimate local costs.

Diversity, equality and language

During the development of this quality standard, equality issues were considered and [equality assessments for this quality standard](#) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

ISBN: 978-1-4731-3866-7

Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Royal College of Midwives](#)
- [Royal College of Paediatrics and Child Health](#)
- [Institute of Health Visiting](#)
- [Coeliac UK](#)
- [Child Growth Foundation](#)
- [Paediatric Specialist Group of the British Dietetic Association](#)
- [British Society of Paediatric Gastroenterology, Hepatology and Nutrition \(BSPGHAN\)](#)