

Growth Monitoring Summary Sheet

Complete and document age-appropriate growth measurements and view on the appropriate growth chart.
Review all plotted growth measurements on client's record. If the current measurement is outside of expected parameters or an unexpected shift in growth has occurred, check age parameters and growth chart selection, and if necessary, re-measure.

Assess family's receptiveness to discussing growth.
Provide Core Growth Messages and review Standard Discussion Points appropriate for child's age.
Consider all factors that might be currently affecting growth.

Growth measurements are consistent with previous growth pattern.	Shift in growth pattern: <ul style="list-style-type: none"> sharp incline/decline movement across percentiles, nearing a cut-off point growth line is flat 	Below 3rd percentile:		Above 97th percentile:	Above 85th percentile:	Head circumference-for-age (birth to 24 months): Below 3rd percentile and growing slowly or Above 97th percentile and growing rapidly
		Birth to 24 months weight-for-length weight-for-age length-for-age	2 to 19 years BMI-for-age weight-for-age height-for-age	0 to 2 years weight-for-length 2 to 5 years* BMI-for-age	5 to 19 years BMI-for-age	

This may be a normal growth pattern. Consider if further assessment and monitoring is needed.
Use the messages below if the growth pattern indicates potential growth concern.

Message for Families

"Growth pattern appears normal"	"Growth pattern may be changing"	"Weight may be low" "Length/height may be low"	"Weight may be ahead of length/height"	"Head circumference is small" or "large"
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Consider a follow-up visit to track growth sooner than the next scheduled routine appointment.

Determine if a referral to another health professional is needed:

- Physician should be notified** if the growth line is flat, if this is the first time the child has plotted outside of expected parameters and/or professional judgment indicates. Follow-up with physician may be recommended.
- Offer/recommend a referral** to a dietitian if individualized nutrition guidance is indicated.
- Refer** to a lactation consultant or other pediatric specialist if indicated.
- Offer appropriate resources and discuss relevant community programs.

*Up to but not including 5 years of age,

**Obtain consent, notify or refer as per site process.

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Cut-off Points and Messages for Families (Birth to 24 Months)

Indicator	Percentile cut-off point	Z-score (for clinical settings)	Growth concern (for health professional reference only)	Message for families
Weight-for-age	Less than 3	Less than -2	Possibly underweight	Weight may be low
Length-for-age	Less than 3	Less than -2	Possibly stunted	Length may be low
Weight-for-length	Less than 3	Less than -2	Possibly wasted	Weight may be low
	Greater than 97	+2	Possibly overweight	
	Greater than 99.9	+4	Possibly obese	Weight may be ahead of length
Head circumference- for-age	Less than 3	-2	Microcephaly	Head circumference is small
	Greater than 97	+2	Macrocephaly	Head circumference is large

Cut-off Points and Messages for Families (2 to 19 years)

Indicator	Percentile cut-off point		Growth concern (for health professional reference only)	Message for families
	2-5** years	5-19 years		
Weight-for-age*	Less than 3		Possibly underweight	Weight may be low
Height-for-age	Less than 3		Possibly stunted	Height may be low
BMI-for-age	Less than 3		Possibly wasted	Weight may be ahead of height
	Greater than 97	Greater than 85	Possibly overweight	
	Greater than 99.9	Greater than 97	Possibly obese	
	n/a	Greater than 99.9	Possibly severely obese	

*There are no cut-offs for interpretation of weight-for-age after 10 years of age; BMI-for-age cut-offs can be used as a guide to assist with the assessment of growth.

** Up to but not including 5 years of age

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Core Growth Messages

- Growth assessment is a health **screening** tool
- Growth is one sign of **general health**
- Growth should be considered **along with other factors** (e.g., genetic conditions, gestational age, birth weight, acute or chronic illness, food intake and activity level) to determine overall health
- Growth patterns are assessed for the **individual**
- Growth may reflect **family** growth patterns
- Growth pattern **over time** is more important than one single measurement

Discussion Points

Within patient and family-centred care, discussion will be based on parent questions/concerns and/or clinical judgement

0–2 Years

- Breastfeeding and/or human milk feeding and/or formula feeding
- Age-appropriate solid food intake

2–19 Years

- Variety of foods from Canada's food guide
- Body image concerns
- Disordered eating pattern

- Age-appropriate milk and/or plant-based beverages
- Feeding relationship and family meals
- Availability/access to healthy food
- Intake of juice and/or sweetened beverages
- Child's overall health
- Voiding and stooling
- Presence of, or recent history of, acute or chronic illness
- Stress or change in child's life
- Family growth patterns
- Age-appropriate physical activity
- Screen time/sedentary behaviours
- Sleep patterns

