



# **NHS Norfolk and Waveney Policy Statement and Formulary: Infant Formula Milk Products**

## **Guide 3: Faltering Growth**

**If you have any queries about prescribing specialist infant formulae related to this guidance, please contact the Medicines Optimisation Dietetic team at N&WICB:**  
[nwicb.dieteticqueries@nhs.net](mailto:nwicb.dieteticqueries@nhs.net)

## **Faltering Growth**

The NICE clinical guideline entitled 'Faltering Growth – recognition and management of faltering growth in children' was published in September 2017, with an updated Quality Standard in 2020. See [NICE guidance Faltering growth NG75](#) for more information.

### **Symptoms and diagnosis**

Healthcare professionals may have concerns about faltering growth in infants 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

- If there is concern about faltering growth: weigh the infant or child and measure their length (from birth to 2 years old). Plot the above measurements and available previous measurements on the UK WHO growth charts to assess weight change and linear growth over time. Individual growth pattern, feeding behaviours, parental factors and any indicators of underlying illness should be considered when assessing the need for high energy formulae.
- It is essential to rule out possible disease-related/ medical causes for the faltering growth e.g., iron deficiency anaemia, feeding problems, coeliac disease, constipation, GORD, or a child protection issue. If identified appropriate action should be taken.

### **Onward referral**

- Infants with faltering growth should be referred to paediatric services without delay.
- Refer any infant who is weaned to a paediatric dietitian for advice on a high energy high protein diet. If the problem appears related to food refusal/fussy eating, consider referral for behavioural intervention.

### **Treatment**

- Prescribe an equivalent volume of high energy formula to the child's usual intake of regular formula as per recommendation from paediatrician or paediatric dietitian.
- Where all nutrition is provided via nasogastric (NG)/ naso-jejunal (NJ)/ percutaneous endoscopic gastrostomy (PEG) tubes, the paediatric dietitian will advise on appropriate monthly amounts of formula required which may exceed the guideline amounts for other infants.
- Do not add formula to repeat templates as ongoing need for formula and amount required will need to be checked with each prescription request.

### Review and discontinuation of treatment

- The team to whom the infant is referred should indicate who is responsible for review and discontinuation. If the team hand responsibility back to the GP this should be with a clear aim/goal and guidance given about discontinuation of prescribed formula.
- All infants on high energy formula will need growth (weight and height/length) monitored to ensure catch up growth occurs. Once catch-up growth is achieved the formula should be discontinued to minimise excessive weight gain.

<b>Faltering growth</b>		
Product	Quantity per month- <b>guide only</b>	Indicated Age Range
SMA High Energy Ready to feed SMA Nutrition	84 x 200ml	From birth to 18 months or weight 8kg
Infatrini ready to feed Nutricia	135 x 125ml OR 84 x 200ml	From birth to 18 months or weight 8kg
Similac High Energy Abbott	84 x 200ml	From birth to 18 months or weight 8kg
<b>Metabolic Disorders</b> - follow specialist unit recommendation		
<b>Tertiary Care recommendation</b> – prescribe initially as per recommendation then confirm with paediatrician/dietitian as to possibility of changing to one of above		