Section D: Growth assessment

Growth assessment is an important aspect of any paediatric examination and impairment may reflect a teratogenic insult, genetic or other prenatal or postnatal factors.

Growth (weight and height) should be assessed and plotted on locally appropriate sex-specific growth reference charts by gestational age (at birth) or age to identify percentile ranks.(1) Correction for prematurity should be used until 2 years of age.(2)

In some study populations, children exposed to prenatal alcohol exposure have growth deficiency which is relatively consistent over time (3) and correlates with severity of neurodevelopmental impairment.(4)

However, *growth impairment is no longer considered diagnostic of FASD* due to the range of factors which can influence growth in an individual in combination with prenatal alcohol exposure (16). Recent evidence and clinical experience suggest that growth impairment is neither sensitive nor sufficiently specific to indicate a FASD diagnosis.

Examples of growth charts include:

Centers for Disease Control and Prevention:
http://www.cdc.gov/growthcharts/clinical_charts.htm

World Health Organisation:
http://www.who.int/childgrowth/standards/en/

Fenton Preterm Growth Chart provides equivalent information for pre-term babies.
http://www.ucalgary.ca/fenton/2013chart

References

1. Ogden CL, Kuczmarski RJ, Flegal KM, Mei Z, Guo S, Wei R, et al. Centers for Disease Control and Prevention 2000 growth charts for the United States: improvements to the 1977 National Center for Health Statistics version. Pediatrics. 2002;109(1):45-60.
2. Nwosu BU, Lee MM. Evaluation of short and tall stature in children. American Family Physician. 2008;78(5):597-604.
3. Astley SJ. Diagnostic Guide for Fetal Alcohol Spectrum Disorders: The 4-Digit Diagnostic Code. Third ed. Seattle: University of Washington; 2004.
4. Astley SJ. Validation of the fetal alcohol spectrum disorder (FASD) 4-Digit Diagnostic Code. J Popul Ther Clin Pharmacol. 2013;20(3):e416-67.