

A parent carer guide to concerns about a child's growth

This guide aims to help decide if further assessment is needed for short or tall stature. It will also help you to prepare the information that your GP may ask for.

The information below is taken from a recent article aimed at GPs. Many thanks to Professor Helen Storr who has supported the Child Growth Foundation (CGF) in preparing the article to share relevant information that we think will be useful for parents and carers.

Stages of growth

After the fetal period, growth can be divided into 3 phases: Infancy, childhood and puberty. In infancy, nutrition plays an important role in influencing growth for the first 2-3 years. Nutrition remains important throughout all periods of growth, but growth hormone and thyroid hormone take over from about 3 years onwards; this is the childhood phase.

During puberty, pubertal sex hormones and growth hormone are the main drivers of growth. The growth pattern at this stage will be different for boys and girls.

Girls can start puberty from 8 years old onwards and their period of rapid growth usually happens fairly early in puberty.

Boys usually start a little later (9 years old onwards) and their rapid growth usually happens much later in puberty (on average 2 years later than girls).

A delay in puberty onset can cause the child's rapid growth (puberty growth spurt) to happen later and they are likely to grow for longer than peers who start puberty earlier. In contrast, children who start puberty at a younger age will have their rapid growth spurt earlier and they may stop growing sooner than their peers who start puberty later.

Signs of puberty before the age of 8 years in girls and before the age of 9 years in boys needs further investigation and you should ask your GP for advice.



What might your GP want to know?

The height of your child compared to children of the same age and sex is important but also the rate at which they are growing (the growth velocity). To build a picture of how your child is growing, a number of measurements should be recorded. We recommend height measurements every 4-6 months. In childhood, a change in height of anywhere between 4-8 cms a year would be considered normal.

Your child's birth weight and/or length and birth details e.g. the number of weeks of pregnancy they were born at are very important, so please remember to take your 'red book' with you to appointments.

Your GP may also want to compare the child's height to that of their parents (parental height). They will need to know both parents' accurate heights in cms (if these are known) to calculate your child's target height. It's important to understand that most children will not reach the exact mid-parental, or target height, but will fall within 3 centiles either side of that target. Your GP will be able to talk this through with you in more detail.

If your child's height is 2-3 centiles outside of the mid-parental height centile, and there are no other measurements available to ensure the growth rate is satisfactory, the Royal College of Paediatrics and Child Health (RCPCH) recommend that further measurements in primary care are carried out. The CGF would recommend these measurements are done every 4-6 months for at least a year.

Your GP is likely to ask questions about your child's general health and wellbeing including their diet, any chronic (ongoing) conditions and any regular medications they are having as these might have an impact on growth. If your child is taking any medications or supplements, or has medical care for other conditions, make sure that you bring all relevant information to your appointments.

When would your GP consider making a referral for further investigation?

For short stature/ slow growth:

- 1/ A child presenting with a height less than the 2nd centile
- 2/ A child with a height more than 3 centile spaces below that expected for their parents' heights
- 3/ A child with slow growth that is, drop in height of more than 1 centile on the growth chart
- 4/ A child presenting with other symptoms, a chronic illness or delayed puberty

For tall stature/ accelerated growth:

- 1/ A child with a height more than the 98th centile
- 2/ A child with a height more than 3 centile spaces above that expected for their parents' heights
- 3/ A child with accelerated growth that is, increase of height through more than 1 centile space over a year before the onset of puberty
- 4/ A child with signs of other problems e.g. developmental delay, behavioural concerns, cardiac or eye conditions, signs of early puberty or thyroid disorder



Further information for GPs

Further information about the assessment of short stature in children and when to refer for investigations, can be found here:

- British Society for Paediatric Endocrinology and Diabetes (BSPED) Growth Disorders Special Interest Group (Nov 2021) 'Clinical standards for growth assessment and referral criteria for children with a suspected growth disorder'. Available online: www.bsped.org.uk/media/oo1hsxet/clinical-standards-for-growth-assessment-and-referral-criteria-for-children-with-a-suspected-growth-disorder.pdf / by scanning the blue QR code below.
- Royal College of Paediatrics and Child Health (RCPCH) (2019) *Health for All Children*. 5th edition. Oxford University Press.
- Storr. H.L, Freer. J, Child. J and Davies. J.H (2023) 'Assessment of Childhood Short Stature: A GP Guide' *British Journal of General Practice* Vol 73 (729) pp 184-186. Available online: www.ncbi.nlm.nih.gov/pmc/articles/PMC10049590 / by scanning the yellow QR code below.



Further information for parents and carers

The CGF provides expert information, advice and support. To get in touch with our friendly team or to find out more we've shared our Support Line* contact details below.

Emailing: support@childgrowthfoundation.org | Calling: 020 8995 0257 | Visiting: www.childgrowthfoundation.org/supportline | By scanning the QR code below:



**By contacting the CGF Support Line you are providing consent for the CGF to collect, process and store your data to provide you with the information or services you are contacting the CGF about. Read the CGF's [Support Line Privacy Statement](#) for full details.*



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Disclaimer

We have taken every care to ensure the accuracy of the information contained in this resource. The information enclosed should not be used as a substitute for the advice from a clinician, GP or other healthcare professional.

Feedback

Your feedback helps us to ensure we are delivering information to the highest standard. If you have any comments or suggestions, please contact us at info@childgrowthfoundation.org or on 020 8798 2139.

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The CGF is an independent charity that relies entirely on the generosity of individuals, groups and organisations to continue our work. If you have found this resource helpful, please consider becoming a member, fundraising for our charity and/or making a donation at www.childgrowthfoundation.org.

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