CHILDHOOD GROWTH: A PARENT CARER GUIDE

Child Growth Foundation

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Child Growth Foundation

ABOUT US

The Child Growth Foundation is a UK charity, focused on the support, understanding and management of rare growth conditions and concerns.

We aim to improve the lives of children, young people, adults and their families, including those with a diagnosis, those with concerns about their child's growth and those seeking a diagnosis.

This guide has been developed to describe the importance of monitoring your child's growth by detailing what typical growth looks like throughout childhood, how it is usually monitored, and when and how you can seek support if you have concerns.

INTRODUCTION TO CHILDHOOD GROWTH

Growth during infancy and childhood is a complex, changing process that is influenced by a variety of genetic, nutritional, environmental, and hormonal factors.

Monitoring a child's growth is crucial for ensuring their overall health and wellbeing and is the most sensitive indicator of health in childhood. Whilst it is rare for a growth condition to be the cause of poor growth, recognising potential issues early can lead to timely interventions to ensure the best outcomes for children.

In the UK a baby's growth is monitored throughout pregnancy. Foetal growth is the most rapid period of growth and mostly dependent upon the health of the mother and placental function. Following birth, three main stages of growth occur and are classified as infancy, childhood, and puberty.

Healthcare Professionals assess child development and health at various points in early childhood.

Midwives carry out checks from birth until 2 weeks of age then your Health Visitor will take growth measurements through the pre-school years and complete health checks at various points after that.

They will monitor your child's progress and weight, often parents/carers may need to request growth measurements and/or access clinics to ensure their child's growth is checked and documented at appropriate intervals.

At school entry (age 4-5 years) and in year 6 (age 10-11 years), growth measurements (height and weight) are taken by the school nursing team as part of the National Childhood Measurement Programme (NCMP).

This programme aims to assess BMI (Body Mass Index). The school nursing team can support and discuss any growth concerns (height and/or weight) you may have.

They can be contacted about this at any point throughout your child's school years.

If your child is home-educated, speak to your local school nursing team or your GP to ensure your child has their growth assessed as part of the NCMP.

Additionally, if your child attends an outpatient clinic or is admitted to hospital, they should be weighed, and a height measured each time.

TYPICAL GROWTH IN CHILDHOOD

0-3 YEARS

In the first year of life, there is some continuation of rapid growth; usually, infants will double their birth weight by about 4-6 months and triple it by the end of the first year. During the first-year, environmental influences, such as nutrition and chronic and acute illnesses can impact growth. A baby's length increases by approximately 50% in the first year. Between the ages of 1-3 years, growth slows compared to infancy.

4 YEARS - PUBERTY

Whilst a healthy balanced diet is incredibly important throughout childhood, nutritional influences become less influential and hormones, particularly thyroid and growth hormone, become the main regulating mechanisms for this period of growth. During this time average height increases of around 4-6cms per year can be expected.

PUBERTY

Not every child starts puberty at the same time.

It typically begins with breast development between age 8 and 13 years in girls and with an increase in testicle size between age 9 and 14 years in boys. The average age for girls to start puberty is age 11 years, while for boys the average age is 12 years.

Puberty is a natural and essential part of growth and development, marked by a series of physical and emotional changes. While the timing and progression of puberty can vary, these changes can be monitored.

The staging system utilised most frequently by doctors and other healthcare professionals is that published by Marshall and Tanner. This sequence of changes is commonly referred to as "Tanner Stages".

See our ‘Puberty and the Tanner Stages’ resource here: childgrowthfoundation.org/puberty-tanner-stages

The pubertal growth spurt is where growth hormones and sex hormones work together, resulting in accelerated growth.

In girls the growth rate declines approximately two years after their first menstrual cycle, and with boys it slows after they start to grow facial hair.

Growth ends with the fusing of the growth plates. Growth plates are the part of the bones where new growth takes place - when these all fuse no further growth is possible.

Early or delayed puberty can be caused by hormonal imbalances, underlying medical conditions or genetic factors, so it's important to seek medical advice if you have any concerns.

Particularly if your child has:

- **Girls - signs of puberty before the age of 8 years, or no signs at 13 years.**
- **Boys - signs of puberty before the age of 9 years, or no signs at 14 years.**

MONITORING YOUR CHILD'S GROWTH

While variations in growth patterns are normal, certain signs may indicate potential issues that warrant further assessment by a healthcare professional.

There are many things you can do, such as ensuring your child attends check-ups and appointments and is measured at every point of contact with a healthcare professional. For example, during their routine checks completed by health visitors, school nurses, as part of the National Child Measurement Programme, or additional reviews carried out at hospital and GP appointments.

Always take your child's red book - their Personal Child Health Record (PCHR) - to appointments so that the measurements taken can be recorded in it.

Between the ages of 5 and 10 years old, your child's height will not be checked routinely unless they have health issues requiring healthcare input.

During this time, we suggest tracking your child's growth at home every six months - it is important to not measure babies and children more frequently. There are guidelines healthcare professionals follow as to how often measurements should be taken.

The frequency of measuring is dependent on the age of the child and whether there are concerns about their growth/general health. The CGF has produced a simple Growth Monitoring Guide (Figure 1 overleaf) that explains when babies, children and young people are usually measured, and which measurements are taken.

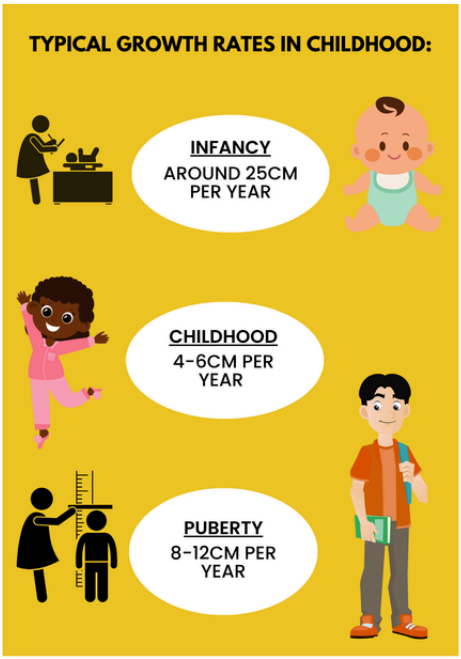
This guide demonstrates what parents and carers can expect in terms of the frequency and type of growth monitoring completed throughout childhood, including routine measurements taken by healthcare professionals, based on national guidelines.

Often additional measurements are required, and we have included additional measurements that the CGF recommends should be taken and at what age.

FIGURE 1 (A)

Growth Monitoring Guide

Child Growth Foundation



Make Every Contact Count

The Child Growth Foundation recommends growth monitoring at every point of contact with a healthcare professional, in order to identify unexpected growth patterns early enough for treatment to have optimum effect. Ideally these measurements should be recorded in your child's Personal Child Health Record (PCHR) / 'red book'.

Babies' lengths are not always routinely measured, but health visiting teams may include this measurement as part of the infants review/checks.

Weight & length/height should be measured whenever there are concerns about a child's weight gain, growth or general health.

Head circumference (OFC) is measured 24 hours after birth and at the 6-8 week check, it is usually not measured again unless there are concerns.

FIGURE 1 (B)

AGE	MEASUREMENTS Guidelines/Recommendations from Healthy Child Programme (2009) | National Child Measuring Programme (2005) Royal College of Paediatrics and Child Health	CGF RECOMMENDATIONS IN ADDITION TO THOSE ALREADY STATED
BIRTH	WEIGHT	*CGF RECOMMENDS LENGTH
24-72 HOURS	HEAD CIRCUMFERENCE (OFC)	
5-7 DAYS	WEIGHT	*CGF RECOMMENDS LENGTH (IF LENGTH WAS NOT DONE AT BIRTH)
2 WEEKS	WEIGHT & OFC	
6-8 WEEKS	WEIGHT	*CGF RECOMMENDS LENGTH
12 WEEKS	WEIGHT	
16 WEEKS	WEIGHT	
6 MONTHS	WEIGHT	*CGF RECOMMENDS LENGTH
9-12 MONTHS	WEIGHT	*CGF RECOMMENDS LENGTH
2-2.5 YEARS	WEIGHT	*CGF RECOMMENDS HEIGHT
5 YEARS/ SCHOOL ENTRY	HEIGHT, WEIGHT & BMI	
5-11 YEARS	NO ROUTINE MEASUREMENTS	*CGF RECOMMENDS FAMILIES CHECK THEIR CHILDS HEIGHT & WEIGHT ANNUALLY BETWEEN THE AGES OF 5 AND 11 YEARS
11 YEARS/ SCHOOL YEAR 6	HEIGHT, WEIGHT & BMI	
12 YEARS UNTIL COMPLETION OF PUBERTY	NO ROUTINE MEASURMENTS	*CGF RECOMMENDS FAMILIES CONTINUE TO CHECK THEIR CHILD'S HEIGHT & WEIGHT ANNUALLY

If you are concerned about your child's growth please speak to a healthcare professional.

More information about childhood growth and when/how to seek advice and support can be found at: childgrowthfoundation.org/growth-concerns

Access a digital version of our Growth Monitoring Guide here: childgrowthfoundation.org/growth-monitoring-guide

MEASURING AT HOME

Up until the age of 2 years, infants should be measured lying down and by a trained healthcare professional using specific equipment to ensure accuracy.

Older children can be measured at home by family members and there are techniques and tips that can be followed to optimise the accuracy of each measurement taken.

TIPS

1. Ensure there are two adults to complete the measurement: one to check the child is standing correctly and a second adult to record the height.

2. The child should be measured without shoes, socks or hats on. Any hair accessories should be removed.

3. Stand the child against a flat door or vertical wall (without pipes, radiators or skirting boards attached).

4 Check that the child's heels, buttocks, back and shoulders are resting against the wall, and their head is facing straight in front.

The position of the head should be in a 'Frankfurt Plane' - this is a term for ensuring the head is a position where you can see an imaginary straight line from the lower socket of the eyes and the ear canal, as illustrated below in Figure 2.

FIGURE 2

5. Lower a suitable flat object, such as large hard-back book, vertically on the child's head and hold it straight at a right angle against the wall (see Figure 3).

6. Check the child is still stood in the correct position and that feet are flat on the floor.

7. Pencil a mark at the point reached by the base of the flat object.

8. The height measurement will be the distance between the mark and the floor and should be taken in centimetres.

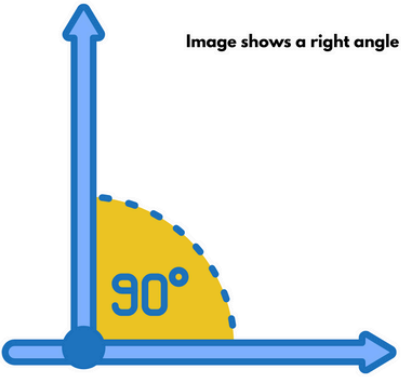


FIGURE 3

POSSIBLE CAUSES OF GROWTH ISSUES IN CHILDHOOD

Watching your child grow and develop throughout childhood can be one of the most exciting parts of parenting. It can be worrying if you notice your child's growth is not as expected. It's important to remember there are many different causes for unexpected growth patterns, some of which are rare. Whilst this is not an all-inclusive list, below are some of the possible causes of growth issues in childhood:

Nutritional deficiencies

If a child's diet lacks essential vitamins, minerals, and proteins, their body might not have what it needs to grow properly.

Chronic illnesses/health conditions

Sometimes, ongoing health problems (or medication to treat chronic conditions) can affect a child's growth. Conditions like asthma, heart defects, or digestive problems can make it harder for the body to absorb nutrients or use energy effectively, slowing down growth. Some infections, particularly if they are recurring or chronic, can interfere with growth.

Hormonal imbalances/endocrine disorders

Hormones can play a crucial role in helping children grow. Producing too much or too little of a hormone, such as growth hormone or thyroxine, could lead to faster or slower growth.

Genetic conditions

Several genetic conditions can affect a child's growth, for example children with Silver-Russell syndrome, Turner syndrome and Down syndrome tend to be shorter than expected. In conditions such as Sotos syndrome, Weaver syndrome, Tatton-Brown Rahman syndrome and Malan syndrome, children tend to be taller than expected.

Emotional stress or trauma

Children who experience significant stress or emotional trauma might grow more slowly. Stress can affect the body in many ways, including growth.

GROWTH CHARTS & GROWTH RATES

Growth charts are tools used by healthcare professionals to track and assess your child's growth over time.

These charts provide a visual representation of your child's growth in terms of height, weight, and head circumference, comparing it with typical growth patterns of children of the same age and sex.

Centiles, also known as percentiles, are lines on growth charts that show the distribution of measurements in a population of children.

For example, the 50th centile represents the average measurement; half the children of a given age and gender will be above this line and half below.

Centiles are important so your child's growth can be tracked and any deviations from expected growth patterns can be detected.

GROWTH CHARTS & GROWTH RATES

Children's growth typically tracks alongside or on one of the centiles. It's important to remember that being above or below the 50th centile isn't good or bad. The key is that they continue to follow their growth curve (centile) over time and that they are an appropriate height for their genetic potential (more on this later).

If a child's growth pattern shows sudden changes or significant deviation from their centile line, healthcare professionals can conduct early investigations and provide necessary interventions.

An acute illness may result in weight loss and subsequent falls from a centile, but once recovered, a child would usually return to their normal centile.

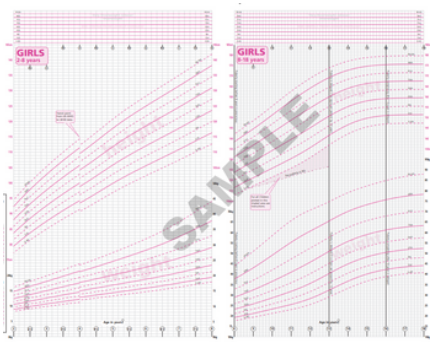


FIGURE 4

Figure 4:
Shows a UK Growth chart for girls 2–18yrs, where weight and height can be plotted according to age.

TARGET HEIGHT RANGE

A target height range refers to a child's expected adult height based on their genetic potential (biological mum and dad's height).

This is calculated by first looking at their mid-parental height (MPH).

You may also hear the term mid-parental centile (MPC) or target height centile; this refers to one of the printed centiles on your child's growth chart.

The images overleaf show how a child's MPH is calculated - the calculations differ depending on whether we are working out the MPH for a girl (Figure 5) or a boy (Figure 6).

MPH CALCULATIONS

For girls:

Child Growth Foundation

Step 1: Add together mum's height (in cms) and dad's height (in cms)

Step 2: Minus 13 from the total

Step 3: Divide by 2

The answer is the mid-parental height (MPH) in cms

eg 167cm + 178cms – 13

2
= 166 cms (MPH)

FIGURE 5

For boys:

Child Growth Foundation

Step 1: Add together mum's height (in cms) and dad's height (in cms)

Step 2: Add 13 on to the total

Step 3: Divide by 2

The answer is the mid-parental height (MPH) in cms

eg 167cm + 178cms + 13

2
= 179 cms (MPH)

FIGURE 6

The MPH can be charted on a growth chart by plotting the measurement on the appropriate centile at age 18 years. This will give you the mid-parental centile (MPC).

Most children will grow to be within 2 centiles either side of their MPC, this is their target height range.

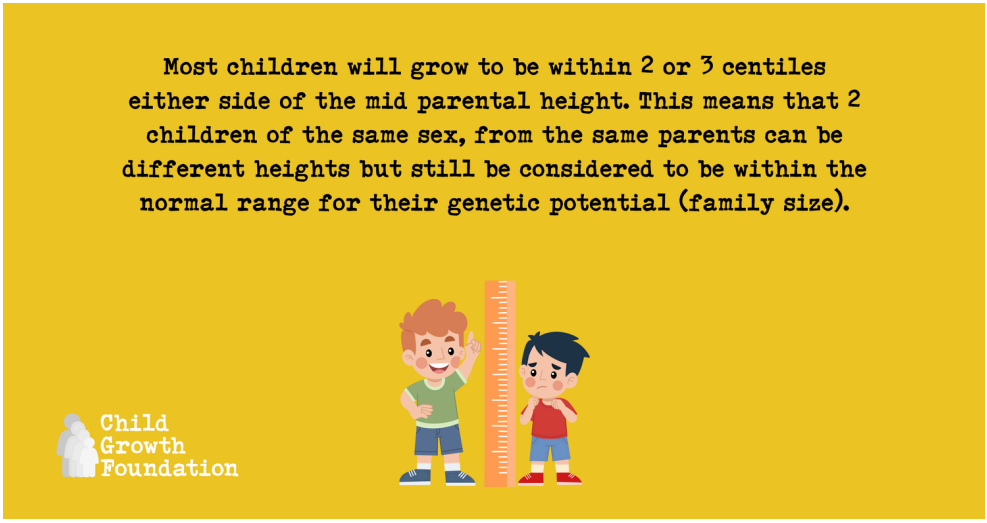


FIGURE 7

MYTHS YOU MIGHT HEAR ABOUT CHILDHOOD GROWTH

MYTH	V	FACT
"Your grandad's sister was short, that's who she's taking after."		The height of a child's parents is most relevant, not any aunts, uncles, grandparents or other distant relatives.
"Don't worry, he'll have a growth spurt and catch up."		Whilst it's true children do have growth spurts at certain points throughout childhood, waiting for catch up growth can lead to valuable time lost.
"Don't worry, he was a tiny baby, he's always going to be small."		For various reasons, a baby might be born smaller than expected, this is sometimes called small for gestational age (SGA). Most babies born small for gestational age have catch up growth. But, 10% of SGA children do not. Under these circumstances treatment is available and effective.
"She's a girl. It's good for girls to be petite."		Short stature is mistakenly considered less of a problem for women. Girls are less frequently referred to specialists compared to boys, yet often have more severe growth failure and higher rates of a medical cause for short stature.
"Feed them more, they'll grow."		Whilst a healthy balanced diet is incredibly important throughout childhood, nutritional influences become less influential after the age of 2-3 years. Hormones, particularly thyroid and growth hormone become the main regulating mechanisms for this period of childhood growth.

WORRIED YOUR CHILD IS SMALLER THAN EXPECTED

When to be concerned and who to approach for advice about your concerns can differ depending on the age of your child. GPs are usually the first healthcare professional parents consult, but you could also approach your health visitor or child's school nursing team.

AFTER INFANCY

Beyond the age of 2 years, height can be measured when standing and the relevance of parental heights in comparison to their child's is given more consideration.

It's important to remember that a small drop in height measurement can be expected when moving from measuring a length with your child lying down to measuring a height with them standing. Growth charts allow for this adjustment.

The following growth measurements and patterns may warrant further investigation and monitoring:

- **A child with a height more than 2-3 centile spaces below their mid-parental centile (see Figure 8).**
- **A drop of one height centile band (see Figure 9).**
- **A child measuring below the 2nd height centile.**

If you are concerned about your child's growth and/or their general health speak to a healthcare professional.

The Child Growth Foundation provides expert information, advice and support.

Our nurse led Support Line is available to anyone concerned about their child's growth or if they have a diagnosed growth condition.

Our contact details are on page 39 of this guide. We are here to listen and support you.

FIGURE 8

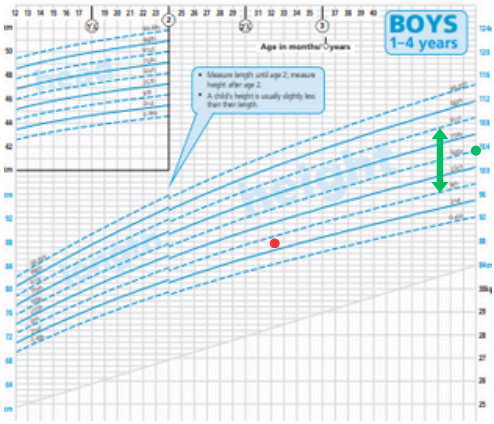


Figure 8:

- The green dot marking the 50th centile, is an example of a mid-parental centile (MPC).
- The green line shows the target height range (THR) for a child whose MPC is on the 50th (9th-91st centile).
- The red dot between the 9th and 2nd centile means that a child whose MPC is the 50th is out of the THR and requires further assessment.

FIGURE 9

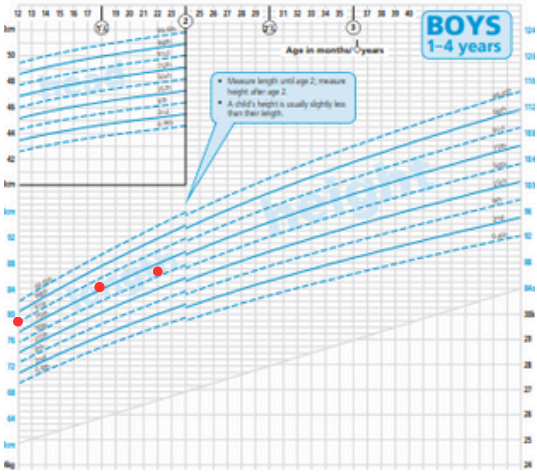


Figure 9:

- The red dots show a trend of a child's height moving more than one centile space down the chart, which requires further assessment.

WORRIED YOUR CHILD IS TALLER THAN EXPECTED

Healthcare professionals involved in taking growth measurements should be alerted that further health assessments are needed, if the following growth patterns occur for a baby or child being taller or growing faster than expected:

- **Crossing two centiles upward in weight.**
- **Accelerated height increase of over 1 centile space over a year before puberty.**
- **Any measurement above the 99.6th centile, or height more than the 98th centile.**
- **Height measurement which is outside the expected range based on parents' heights (see target height range explanation and Figure 10).**

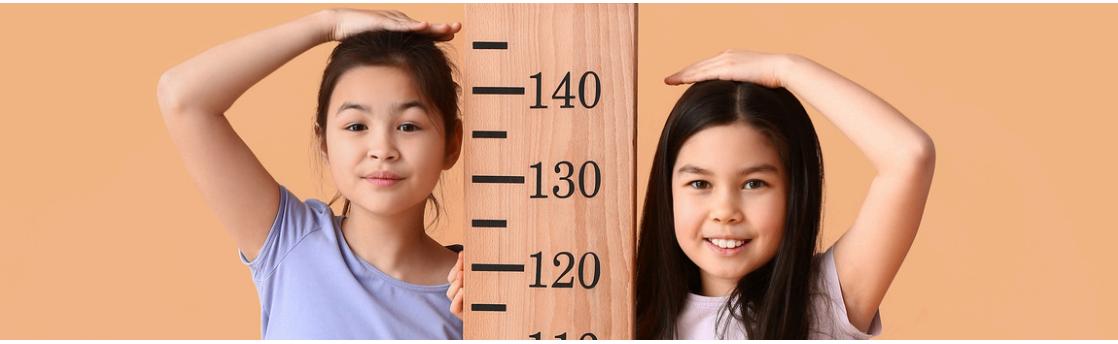


FIGURE 10

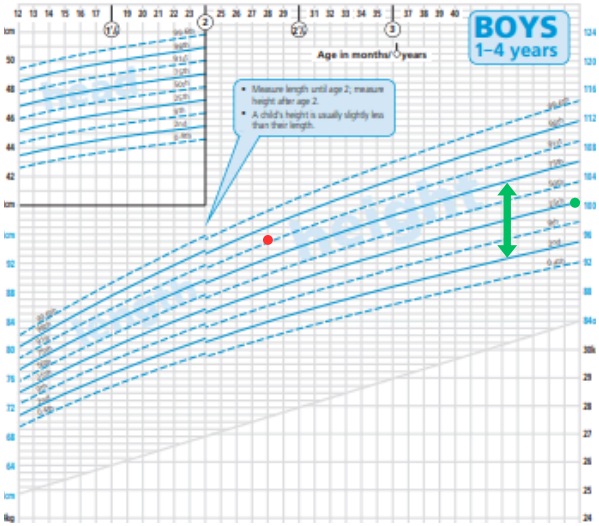


Figure 10:

- The green dot marking the 25th centile, is an example of a mid-parental centile (MPC).
- The green line shows the target height range (THR) for a child whose MPC is on the 25th (2nd-75th centile).
- The red dot on the 91st centile means that a child whose MPC is the 25th is out of the THR and requires further assessment.

HEAD CIRCUMFERENCE MEASUREMENTS

Head measurements are a key indicator of a child's brain growth and development.

In the first few years of life the brain grows rapidly, and the skull must expand to accommodate this growth.

Head circumference measurements help identify whether a child's head is growing at a typical rate and within an expected range for them.

A baby's head circumference is usually measured a day or two after birth, if it is taken in the first 24 hours it can be unreliable due to the head becoming misshapen in the womb and through childbirth.

It is also measured at the 8-week check, and at any time after that if there are any worries about the child's head growth, general health and/or development.

An infant's head circumference centile may show some variation over time, but following the first weeks after birth, most babies' measurements track within one centile space on the growth charts.

The following measurements could be a sign of an underlying problem and may require further assessment:

- **Head circumference measurements which show unusually slow or fast growth.**
- **If there is a rise or fall through 2 or more centile spaces.**
- **Measurements which are below the 2nd centile on the growth charts.**

WHO TO APPROACH IF YOU HAVE CONCERNS ABOUT YOUR CHILD'S GROWTH

Depending on the level of healthcare input and age of your baby/child, you can raise any concerns you have about their health and growth with the following healthcare professionals:

Midwives

Your midwife will check your baby's growth and measurements at birth and up until 2 weeks of age. They can discuss any concerns you may have and support you in seeking further healthcare input as needed.

Health Visitors

Your health visitor and/or a healthcare professional (nursery nurse) within the health visiting team will continue to check your baby's health, development, and growth from 2 weeks of age up until school age.

They may come into your home to carry out these checks, or you may be asked to attend a clinic for them to be completed. If you have concerns, they are a good point of contact at this time and they can support further assessments or referrals as appropriate.

School Nurses

School nursing teams weigh and measure children as part of the National Child Measurement Programme at school entry (4-5 years) and at the end of primary school (10-11 years). The National Child Measurement Programme's focus is to measure and flag up abnormal BMI, but it can be an opportunity for children who are shorter or taller than expected to be signposted for further assessment.

GP Practices

GPs and/or Practice Nurses may measure children and assess their growth at routine appointments, or you can make a specific appointment to discuss any concerns you have. The GP may refer your child to a Paediatrician or other paediatric specialist, such as a Paediatric Endocrinologist, for further assessment and/or investigations such as blood tests and bone age x-ray.

At hospital appointments and on hospital admissions a range of healthcare professionals including nurses, nursery nurses, health care assistants, family support workers and doctors may weigh and measure babies and children in hospitals.

If your child is admitted to hospital and/or attends an outpatient appointment, height and weight measurements are a routine part of the health assessments completed.

You can also ask your health professional to add the growth measurements to the Personal Child Health Record (PCHR) - also known as the 'red book' - each time.

Image courtesy of Harlow Solutions

If you have concerns about their growth, you can discuss them with your child's doctor.

PAEDIATRIC ENDOCRINOLOGISTS

A Paediatric Endocrinologist is a specialist doctor who is an expert in assessing, managing, and treating disorders of the endocrine glands. They have expertise in childhood growth.

Children may also be seen by a Paediatrician with an interest in endocrinology or they may be referred from their local hospital to a Paediatric Endocrinology specialist centre.

UK PAEDIATRIC ENDOCRINE CENTRES

CITY	HOSPITAL	ADDRESS
Belfast	Royal Belfast Hospital for Sick Children	274 Grovesnor Rd, Belfast, BT12 6BA
Birmingham	Birmingham Women's & Children's NHS Foundation Trust	Steelhouse Lane, Birmingham, B4 6NH
Bristol	Bristol Royal Hospital for Sick Children	Upper Maudlin Street, Bristol, BS2 8BJ
Cambridge	Addenbrook's Hospital	Hills Road Cambridge, CB2 0QQ
Cardiff	Noah's Ark Children's Hospital	Heath Park, Cardiff, CF14 4XW
Edinburgh	Royal Hospital for Children & Young People	50 Little France Crescent, Edinburgh Bio-Quarter, Edinburgh, EH16 4TJ
Glasgow	Royal Hospital for Children	1345 Govan Road, Glasgow, G51 4TF
Leeds	Leeds Children's Hospital	Clarendon Wing, Leeds General Infirmary, Leeds, LS1 3EX
Leicester	Leicester Children's Hospital	Leicester Royal Infirmary, Infirmary Square, Leicester, LE1 5WW
Liverpool	Alder Hey Children's Hospital	Eaton Road, Liverpool, L12 2AP
London	Chelsea & Westminster Hospital	369 Fulham Road, London SW10 9NH

UK PAEDIATRIC ENDOCRINE CENTRES

CITY	HOSPITAL	ADDRESS
London	Evelina London Children's Hospital	Westminster Bridge Road, London SE1 7EH
London	King's College Hospital	Denmark Hill, London, SE5 9RS
London	St George's University Hospital	Blackshaw Road, Tooting, London SW17 0QT
London	Great Ormond Street Hospital	Great Ormond Street, London WC1N 3JH
London	Royal London Children's Hospital	Whitechapel Road, London E1 1FR
Manchester	Royal Manchester Children's Hospital	Oxford Road, Manchester M13 9WL
Newcastle	Great North Children's Hospital - Royal Victoria Infirmary	Queen Victoria Road, Newcastle, NE1 4LP
Nottingham	Queens Medical Centre - Nottingham Children's Hospital	Derby Road, Nottingham, NG7 2UH
Oxford	John Radcliffe Hospital - Oxford Children's Hospital	Headley Way, Headington, Oxford, OX3 9DU
Sheffield	Sheffield Children's Hospital	Western Bank, Sheffield, South Yorkshire, S10 2TH
Southampton	Southampton Children's Hospital	Southampton General Hospital, Tremona Road, Southampton, Hampshire SO16 6YD

TRUST YOUR INSTINCTS

Our awareness campaign, shown below, was developed to reach those who are concerned about their child's growth to encourage them to **leave no shadow of doubt, trust their instincts and get in touch** with our charity.

We aim to raise awareness and understanding of growth conditions and concerns to support families, and to improve detection and support the earlier diagnosis of undergrowth and overgrowth conditions.

We have a dedicated webpage with more information at: childgrowthfoundation.org/instinct

GET IN TOUCH

If you have any questions regarding the information contained in this guide, or any other queries, please get in touch with our friendly team.

CONTACT THE CGF

How to contact our nurse led Support Line*:

-Complete our Support Line online contact form at: childgrowthfoundation.org/supportline
-Email us at: support@childgrowthfoundation.org
-Call our dedicated Support Line number on 020 8995 0257
-Scan the QR code:

By contacting the Child Growth Foundation Support Line, you are providing consent for us to collect, process and store your data to provide you with the information or services you are contacting us about, in line with our Support Line Privacy Statement and our charity's Privacy Policy at: childgrowthfoundation.org/privacy

FURTHER SUPPORT FROM THE CGF

"The CGF are unique as they support people with a wide range of growth-affecting conditions. Their team, supported by Medical Advisors, encompass extensive expertise and importantly includes those with lived experience. The CGF is a very friendly and approachable charity that provides numerous opportunities for patients and families to connect with each other and Medical Advisors.

-Professor Helen Storr,
Professor and Honorary Consultant in Paediatric Endocrinology

Our charity supports hundreds of children, young people, adults and families each year through our in person and virtual events, and we support thousands of people in the UK and beyond with our online information, guidance and support.

We provide peer support including our Virtual Cuppa & Chats run by our nurses and involving parents and carers, alongside closed Facebook groups, and also opportunities to meet other families in the child growth community through our in person Meet Ups and convention...and much more! See our full range of support at: childgrowthfoundation.org

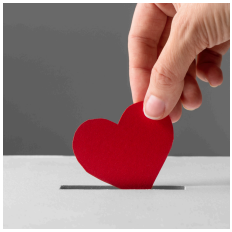
"I just wanted to say a big thank you. The information was so helpful. It was a comfort to talk to you and the other parents, I feel less alone with what we are going through."

-Virtual Cuppa & Chat attendee feedback

GET INVOLVED

Through donations, fundraising, membership, and voluntary support given to our charity, we can continue our much needed support and activities for the child growth community.

Make a donation



Become a member

Fundraise

Volunteer

Help us continue making a difference wherever growth is a concern. Find out more on how to get involved at: childgrowthfoundation.org/get-involved

FURTHER INFORMATION

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.

Funding

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: childgrowthfoundation.org/donate

Acknowledgements

With thanks to:

- Professor Helen Storr, Professor and Honorary Consultant in Paediatric Endocrinology, for their valued input and expertise.
- Harlow Solutions for images they shared for inclusion in this guide.

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.

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A TABLE TO TRACK YOUR CHILD'S GROWTH

NAME:
MID-PARENTAL HEIGHT:
MID-PARENTAL CENTILE:
TARGET HEIGHT RANGE:

DATE	AGE	HEIGHT (CM'S)	CENTILE

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