Carolina DeLeon

HSCI 365

Growth Assessment

1. Infant’s Growth History:

a. At 3 months of age, the infant’s length- for-age was 60% suggesting that she is growing rapidly. At 10 months old, her length-for-age was between 10-25% indicating that it slowed down from the previous measurement. At 18, 26 and 34 months old her length-for-age percentiles stayed consistent between 5 to 10% and although she is in the lower range percentile range for length- for-age chart she continued to grow.

b. At 3 months old her weight-for-age was 40%. At 10 months she was in the 20% and at 18 and 26 months she was in the 5-10% weight-for-age growth chart. At 34 months she was between 0-5% suggesting that she gained little to no weight from her last record at 26 months.

c. At 3 months old her head circumference was at 50%. At 10 months old it range between 25-50% and after that her head circumference growth remained between 10-25%. Her head circumference measurements indicate that although she is in the lower end of the head circumference chart her brain is growing and developing.

d. At 3 months old her weight-for-length was between 10-25%, at 10 months old she was in the 50-75% indicating that she increased in size. At 18 and 26 months old she remained between 25-50% until she turned 34 months when it went back to 10-25%.

1. Year Month Day

2015 12+2 30+10

2011 11 18

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3 years 3 months 22 days

1. The baby girl is continuing to grow and there are no sudden drops on her growth charts, it seems that at 3 months of age she increased in size and at 10 months old her length for weight percentile increased to 50-75% indicating that she grew in size and was thriving. After 10 months of age her growth pattern remained constant on all charts. Her measurements at 34 months old were on a lower percentile range which could indicate that she is not growing at a normal rate for her age and that she is failure to thrive. Her caretakers would need to look at her eating patterns, level of activity and overall health. I would want to know more about the nutrient density of her meals and if she is consuming the major macronutrients and micronutrients necessary to support her growth and development.
2. More information is needed about the infant’s diet. I would need to know what is the baby eating on a daily basis and why has her growth pattern slowed down at 34 months of age. I would need to know if she was or is breastfeed or bottle feed? The growth pattern of a breastfeed baby it’s slower than that of a bottle feed baby. I would want to know the child’s level of activity, her food environment, what foods are being offered? And which ones are not? Is the family not having food security? Who is feeding the baby? Are new foods being introduced at least 14 to 20 times before changing to a different food? How much food is the child eating? Does the child have any medical, developmental conditions? Has the child reached the milestones for her age?
3. I would highly recommend her parents to keep a food log of what her child is eating and to make sure that she is eating a balanced meal that has all the essential macronutrients and micronutrients. She is at a critical stage of growth and development and needs to have the necessary nutrients to support her growth. I would advise parents to feed the their 3 year old child: fruits 1 ½ cup, vegetables 1 ½ cup, grains 4-5 ounces, lean protein 3-4 ounces and dairy 2 cups. Toddler portions are 1tablespoon per year of age. I would address feeding environments, toddlers like routine and it is good to have meal times to ensure the child is getting all her nutrients and to help control the food given between meals. Is the child getting distracted during meal time? And not eating all her food? I would encourage parents to make food attractive and to include children in the preparation process as much as possible to encourage the child to eat her food. Also children are influenced by siblings and caretakers. I would ask who is feeding the child and recommend if there is someone in the household who likes the food that is been offered to the baby so perhaps he or she can influence the baby on liking her food.
4. Portion sizes for toddlers are critical as well as introducing new foods several times before changing to a different food. Growth charts are beneficial for dietitians to help have a better understanding regarding the child’s developmental and nutritional status.

References

Brown, Judith. 2014. Nutrition Through the Life Cycle. Cengage Learning

Center For Disease Control and Prevention. (2009). Clinical Growth Charts, Retrieved from: [http://www.cdc.gorwthcharts/clinical \_charts.htm](http://www.cdc.gorwthcharts/clinical%20_charts.htm)

Coughlin, Kristi. 2015. Nutrition Throughout the Life Cycle 365, Winter quarter. California

State University, San Bernardino.