



This is a letter in a series of emails being created to help understand some of the common diagnosis of children within the foster care system.

One diagnosis will be sent each week to help inform you of the various medical needs of the children in foster care. The term "special needs" is applied to any condition that may make it harder for a child to be adopted. Kids with special needs may have a mental, physical, or psychological problem.

Children in foster care comprise some of our most medically at-risk and vulnerable children.

As the result of various circumstances, including poor prenatal care, maternal substance use, and erratic past medical care, these children may have significant unrecognized or under-treated illnesses, immunization delays, failure to thrive, and dental caries. Mental health concerns secondary to removal from the family unit are also common.

Developmental delay that is secondary to one of the above risk factors or the result of parental deprivation occurs in about half of all children who are less than age three when they enter

# Failure to Thrive

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## Failure to Thrive?

Failure to thrive is a description applied to children whose current weight or rate of weight gain is significantly below that of other children of similar age and sex.

### Causes:

Infants or children that fail to thrive seem to be dramatically smaller or shorter than other children the same age. Teenagers may have short stature or appear to lack the usual changes that occur at puberty. However, there is a wide variation in normal growth and development.

In general, the rate of change in weight and height may be more important than the actual measurements.

It is important to determine whether failure to thrive results from medical problems or factors in the environment, such as abuse or neglect.

There are multiple medical causes of failure to thrive. These include:

- Chromosome abnormalities such as [Down syndrome](#) and [Turner syndrome](#)
- Defects in major organ systems
- Problems with the endocrine system, such as thyroid hormone deficiency, growth hormone deficiency, or other hormone deficiencies
- Damage to the brain or central nervous system, which may cause feeding difficulties in an infant
- Heart or lung problems, which can affect how oxygen and nutrients move through the body
- Anemia or other blood disorders
- Gastrointestinal problems that result in malabsorption or a lack of digestive enzymes
- Long-term gastroenteritis and gastroesophageal reflux (usually temporary)
- [Cerebral palsy](#)
- Long-term (chronic) infections
- Metabolic disorders
- Complications of pregnancy and low birth weight

Other factors that may lead to failure to thrive:

- Emotional deprivation as a result of parental withdrawal, rejection, or hostility
- Economic problems that affect nutrition, living conditions, and parental attitudes
- Exposure to infections, parasites, or toxins
- Poor eating habits, such as eating in front of the television and not having formal meal times

Many times the cause cannot be determined.

### Symptoms:

Infants or children who fail to thrive have a height, weight, and head circumference that do not match standard growth charts. The person's weight falls lower than 3rd percentile (as outlined in standard growth charts) or 20% below the ideal weight for their height. Growing may have slowed or stopped after a previously established growth curve.

The following are delayed or slow to develop:

- Physical skills such as rolling over, sitting, standing and walking
- Mental and social skills
- Secondary sexual characteristics (delayed in adolescents)

## Tests and Diagnosis

The doctor will perform a physical exam and check the child's height, weight, and body shape. A detailed history is taken, including prenatal, birth, neonatal, psychosocial, and family information.

A Denver Developmental Screening Test reveals delayed development. A growth chart outlining all types of growth since birth is created.

The following laboratory tests may be done:

- Complete blood count (CBC)
- Electrolyte balance
- Hemoglobin electrophoresis to determine the presence of conditions such as sickle cell disease
- Hormone studies, including thyroid function tests
- X-rays to determine bone age
- Urinalysis

## Treatment

The treatment depends on the cause of the delayed growth and development. Delayed growth due to nutritional factors can be resolved by educating the parents to provide a well-balanced diet.

If psychosocial factors are involved, treatment should include improving the family dynamics and living conditions. Parental attitudes and behavior may contribute to a child's problems and need to be examined. In many cases, a child may need to be hospitalized initially to focus on implementation of a comprehensive medical, behavioral, and psychosocial treatment plan.

Do not give your child dietary supplements like Boost or Ensure without consulting your physician first.

If the period of failure to thrive has been short, and the cause is determined and can be corrected, normal growth and development will resume. If failure to thrive is prolonged, the effects may be long lasting, and normal growth and development may not be achieved.

### Complications

Permanent mental, emotional, or physical delays can occur.

### When to contact a doctor

Call for an appointment with your health care provider if your child does not seem to be developing normally.

### Prevention

The best means of prevention is by early detection at routine well-baby examinations and periodic follow-up with school-age and adolescent children.

<https://health.google.com/health/ref/Failure+to+thrive>

## Other Notes

Inadequate nutrition and disturbed social interactions contribute to poor weight gain, delayed development, and abnormal behavior. The syndrome develops in a significant number of children as a consequence of child neglect.

Family and social factors that may contribute to neglect include the lack of available extended family to help with child rearing, social isolation of the family, substance abuse, family violence, single parenthood, and employment instability.

When a child is diagnosed with a medical condition, there are often serious implications for the child and her birth, foster, or adoptive family.

[http://www.practicenotes.org/vol2\\_no2/cspnv2\\_1.pdf](http://www.practicenotes.org/vol2_no2/cspnv2_1.pdf)

**Medical Neglect:** The denial or deprivation, by those responsible for the care, custody, and control of the child, of medical or surgical treatment or intervention which is necessary to remedy or ameliorate a medical condition which is life threatening or causes injury. Medical neglect includes not only serious, but mild and moderate medical neglect as well.

Children at risk: Children at high risk for nonorganic failure to thrive often come from families in which the mothers have experienced abuse and neglect in their childhood. These mothers often have difficulty relating to others, suffer from chronic depression, and feel overwhelmed and inadequate. They may be uncooperative with social workers or medical staff.

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