I am worried about my child's height!

TODDLERHOOD

ARTICLE

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7 MINS

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Dear parents, you are not alone. For some parents, their child's height can be a major concern which is totally normal. As children grow up, they navigate a range of emotions, and any physical differences, particularly in terms of size, can become more noticeable to them and their peers.

While a child's height can vary based on several factors, height is a good indicator of a child's overall health. Identifying potential growth concerns can feel overwhelming. You might wonder when do height differences become a cause for concern?

Let us examine the factors that influence a child's height, and how growth problems can be diagnosed.

What factors can influence my child's height?



A child's height can be heavily influenced by genetics. This is often evident in families with tall parents who tend to have children who also grow tall. Now, what causes suboptimal growth? This can be caused by inadequate nutrient intake such as energy, protein, and micronutrients, which affect body growth, impact brain development and immune health2-6. Many researches show that the lack of dietary intake can lead to growth faltering or stunting.

Ever noticed that some kids may be shorter than their friends? This is what we call "constitutional growth delay". It is important to remember that this doesn't necessarily indicate a problem. Often, these children experience their growth spurt, a significant increase in height associated with puberty, later than their peers. This means they will eventually catch up and likely reach a similar height as their parents.

There are cases for children who are not growing in height or have a poor growth which is called "idiopathic", meaning that there is no specific cause for the short stature, and the child is otherwise healthy.

However, it is important to note that there could be a medical reason behind a child's

short height or stature. Causes may be due to hormone deficiencies (such as hypothyroidism, growth hormone deficiency, and diabetes) where hormones necessary for normal growth are impacted.

Children who experience illnesses that affect the whole body, or illnesses that affect the digestive tract, kidneys, heart, or lungs, or genetic conditions (such as Down syndrome, Turner syndrome, Silver-Russell syndrome, and Noonan syndrome) could also cause poor growth and height in children.

Is my child's height normal?

It is a very important question for every parent to note. Your children will grow and develop at different rates and not all children grow the same.

How and when will my child grow (measured in height) for every stage:

How much your child grows each year depends on their age12. Here's a breakdown to help you understand what to expect.

- Toddler (1-3 years old): Toddlers grow at a rate of 10 cm a year.
- Pre-school (2- 5 years old): Children grow at a rate of 7-8 cm a year.
- Childhood (5 years prepubertal): Children grow at a rate of 5-6 cm a year.
- Adolescent: With the onset of puberty, the effects of sex steroids and growth hormone accelerate the growth rate to 8–12 cm a year in girls and 10–14 cm a year in boys.



It's important to be aware that if your child's growth seems to slow down significantly, consult with a doctor

Observe your child's height and growth and see if they are lagging behind in their developmental milestones. The signs could be subtle but still noticeable like slow development of physical skills, such as standing, and walking, delayed social and mental skills or a delayed development of secondary sexual characteristics in adolescence.

Diagnosis and Treatment of Growth Problems

You notice that your child's growth may be slow. What's next? Often, it can be difficult for parents to notice the underlying issue as it might be overlooked. However, if you notice any concerns about your child's development, please consult a healthcare professional. These guidelines aim to provide general information, not a substitute for professional advice.

Healthcare professionals will examine and do a complete analysis of your child's height, and this includes your child's overall health and growth over several months. The purpose is to see how his growth meets the developmental milestones for his age. During consultation, the doctor will likely explore your family's history of height concerns and investigate any potential genetic factors. Additionally, they will examine your child's diet, sleep patterns, and any significant stressors to understand the full picture of their development.

If your healthcare provider determines your child's height falls below the expected range for their age, the priority will be addressing any underlying medical conditions that could be contributing.



What sort of treatment can help to treat my child's

height?

That depends. If growth hormone deficiency is identified as the cause of stunted growth, paediatrician may recommend growth hormone injection. Appropriate nutritional supplements may be recommended to meet the increased nutrient requirement caused by the medical condition.

If there is no medical condition that causes your child's stunted growth, there are plenty of ways for you to help promote his catch-up growth. Sleep is essential to promote a child's growth as deep sleep helps release hormone growth production. Prioritize creating a consistent sleep schedule and ensuring your child gets enough rest each night. Plus, providing a complete and nutrient-dense diet helps to support catch-up growth and meet the energy requirement to perform daily activities.

Additionally, choosing energy and nutrient dense formula milk like ASCENDA® over standard growing-up milk provides several advantages. ASCENDA® is a Nutritionally Complete Formula scientifically formulated to support catch-up growth and contains high energy, 1 kcal/ml versus standard milk formula of 0.7 kcal/ml, and high protein with essential amino acids and growth nutrients such as calcium, vitamin D, iron and zinc. ASCENDA® is also scientifically shown to increase height and weight as early as 3 weeks. Try ASCENDA® today!

It is important for parents to learn and understand their child's height and growth during his developmental stage. Early detection is crucial at this point, if you think your child's height might be an issue, consult professionals immediately as there are treatments available to treat this issue and with healthy habits, you can help your child reach his full height potential.

References:

- ¹ Haymond M, Kappelgaard AM, Czernichow P, et al. Early recognition of growth abnormalities permitting early intervention. Acta Paediatrica. 2013;102(8):787-96.
- ² Sullivan PB, Goulet O. Growth faltering: how to catch up? Eur J Clin Nutr. 2010;64(suppl 1):S1.
- ³ De Onis M, Branca F. Childhood stunting: a global perspective. Matern Child Nutr. 2016;12:12-26.

- ⁴ Kar BR, Rao SL, Chandramouli BA. Cognitive development in children with chronic protein energy malnutrition. Behav Brain Funct. 2008;4(1):31.
- ⁵ Loveridge N, Noble BS. Control of longitudinal growth: the role of nutrition. Eur J Clin Nutr.1994;48:75-84.
- ⁶ Prendergast AJ, Humphrey JH. The stunting syndrome in developing countries. J PaediatrChild Health. 2014;34(4):250-65.
- ⁷ Ghosh AK, Kishore B, Shaikh I, et al. Continuation of oral nutritional supplementation supports continued growth in nutritionally at-risk children with picky eating behaviour: A post-intervention, observational follow-up study. J Int Med Res. 2018;46(7):2615-32.
- ⁸ Huynh DT, Estorninos E, Capeding MR, et al. Impact of long-term use of oral nutritional supplement on nutritional adequacy, dietary diversity, food intake and growth of Filipino preschool children. J Nutr Sci. 2016;5(e20):1-11.
- ⁹ Huynh DT, Estorninos E, Capeding RZ, Oliver JS, Low YL, Rosales FJ. Longitudinal growth and health outcomes in nutritionally at-risk children who received long-term nutritional intervention. J Hum Nutr Diet. 2015;28(6):623-35.
- ¹⁰ Sheng X, Tong M, Zhao D, et al. Randomized controlled trial to compare growth parameters and nutrient adequacy in children with picky eating behaviors who received nutritional counseling with or without an oral nutritional supplement. Nutr Metab Insights. 2014;7:NMI-S15097.
- ¹¹ Alarcon PA, Lin LH, Noche Jr M, et al. Effect of oral supplementation on catch-up growth in picky eaters. Clin Pediatr. 2003;42(3):209-17.
- ¹² Mavinkurve, Meenal, Anuar Zaini Azriyanti, and Muhammad Yazid Jalaludin. "The short child: importance of early detection and timely referral." Malaysian family physician: the official journal of the Academy of Family Physicians of Malaysia 16.3 (2021): 6.