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Growth monitoring of low birth weight infants: What references to use?

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Growth charts are the mainstay of monitoring of growth in babies born small or preterm. A variety of different charts are available, each with specific limitations. Most birth weight centile charts underestimate growth restriction in preterm babies and there are few good charts for monitoring longitudinal growth in preterm babies; it is important to be aware of the limitations of using cross-sectional data for monitoring longitudinal growth. Customised centile charts of fetal growth are used increasingly for antenatal monitoring for small-for gestational age fetuses, despite a lack of robust evidence. It is also unclear whether customised centile charts should be used for assessing birth weight, particularly in babies born at term. Faltering postnatal growth in preterm babies is very common but need not be universal with close attention to nutrition. Monitoring of growth trajectories through infancy following either fetal growth restriction or postnatal faltering growth is important to ensure proportional growth, particularly during periods of accelerated growth. This review will discuss these issues in the context of current practice in Australia and New Zealand.

Biography

David Tudehope was Director of Neonatology at Mater Mothers Hospital, Brisbane for 31 years from 1977-2008. As the first Director, many clinical programs for Queensland were established including Neonatal Intensive Care, Multidisciplinary Clinic for follow-up of high risk infants, Neonatal Emergency Transport and Post basic neonatal nursing course. His bibliography includes 156 Scientific Papers, 5 Textbooks and 26 Chapters. His research has predominantly been in follow up of high risk infants and neonatal nutrition, hearing, sepsis and haematology. His current position is Honorary Professorial Researcher in Mater and University of Queensland Research Institute and his work includes medico-legal reports, neonatal nutritional research, and editor of Journal of Paediatrics and Child Health and hospital committees.

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