

The WHO Growth Standards: Clinically what do they mean?

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The Vision for Breastfeeding Advocates

- The Standards would
 - Make breastfeeding babies *a/ways* look “normal”
 - Diminish the reliance on human milk substitutes
 - Magically create strong breastfeeding support among all physicians



The Reality

- The Standards have not fixed all the breastfeeding problems
 - Breast is still a mysterious black box to many
 - The distinctions between currently used growth charts and the Standards are subtle
 - There are no easy answers when growth falters
- This is one more useful tool to detect when to intervene and when to reassure

Value of Early Detection

Weight gain is faltering

✓ Baby is not removing sufficient milk
→ biofeedback to decrease production

or

✓ There is not sufficient stimulation to trigger
milk production



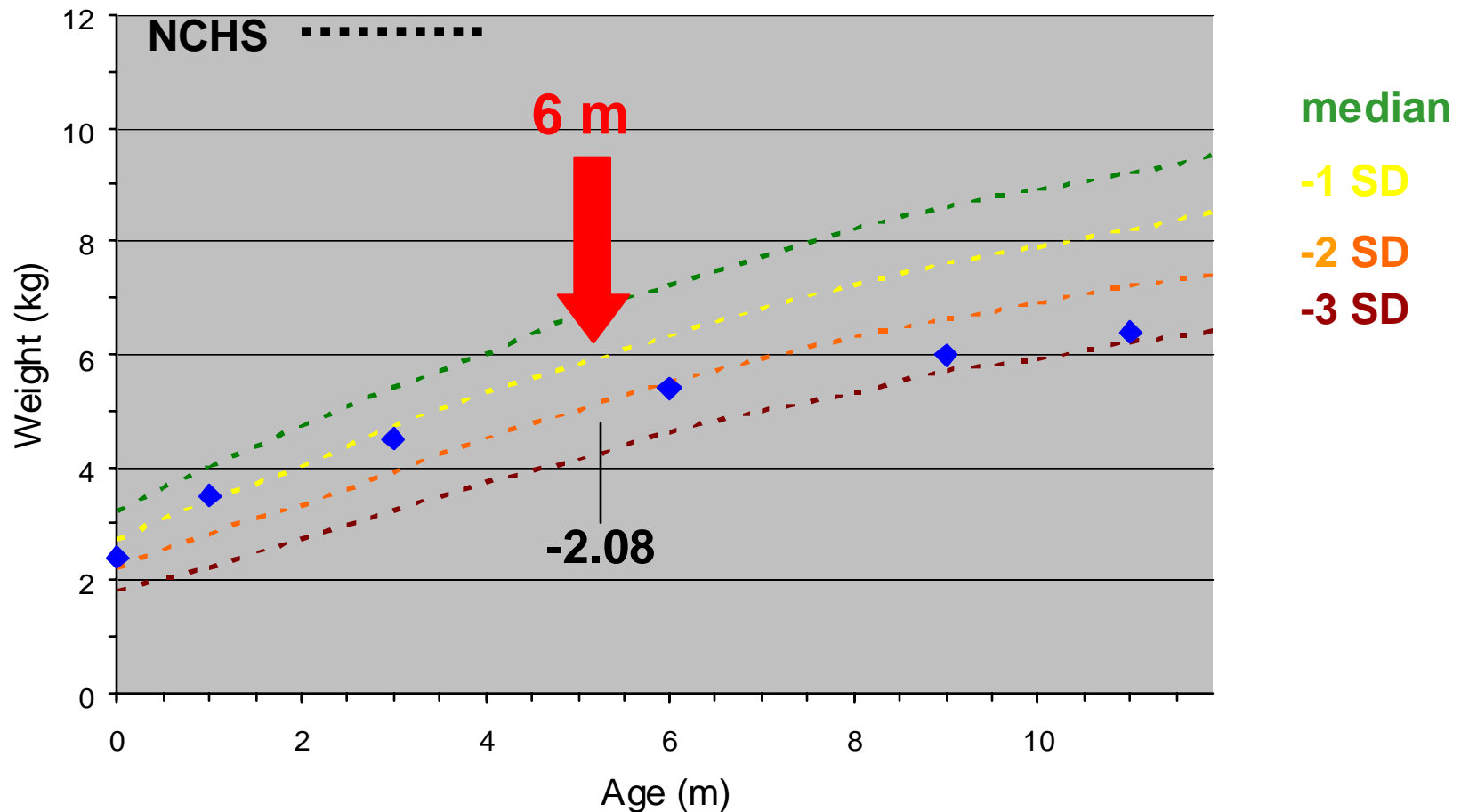
Early intervention can save or improve the
milk supply

Case Study for one child: “Sara”

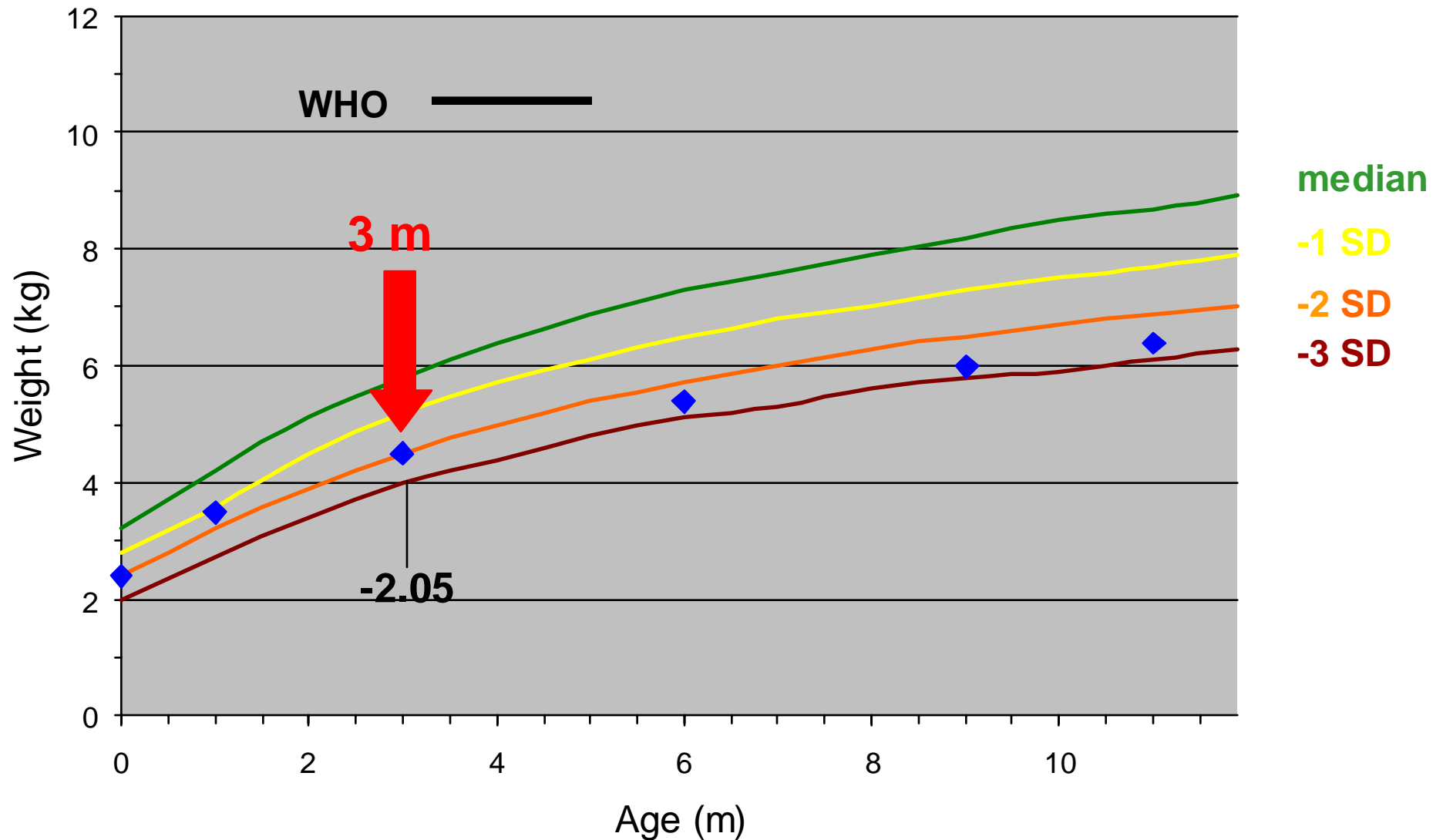
Sara's age	Sara's weight (kg)	NCHS 1978 WAZ score	WHO 2006 WAZ score
0 m	2.4		
1 m	3.5		
3 m	4.5		
6 m	5.4		
9 m	6.0		
11 m	6.4		

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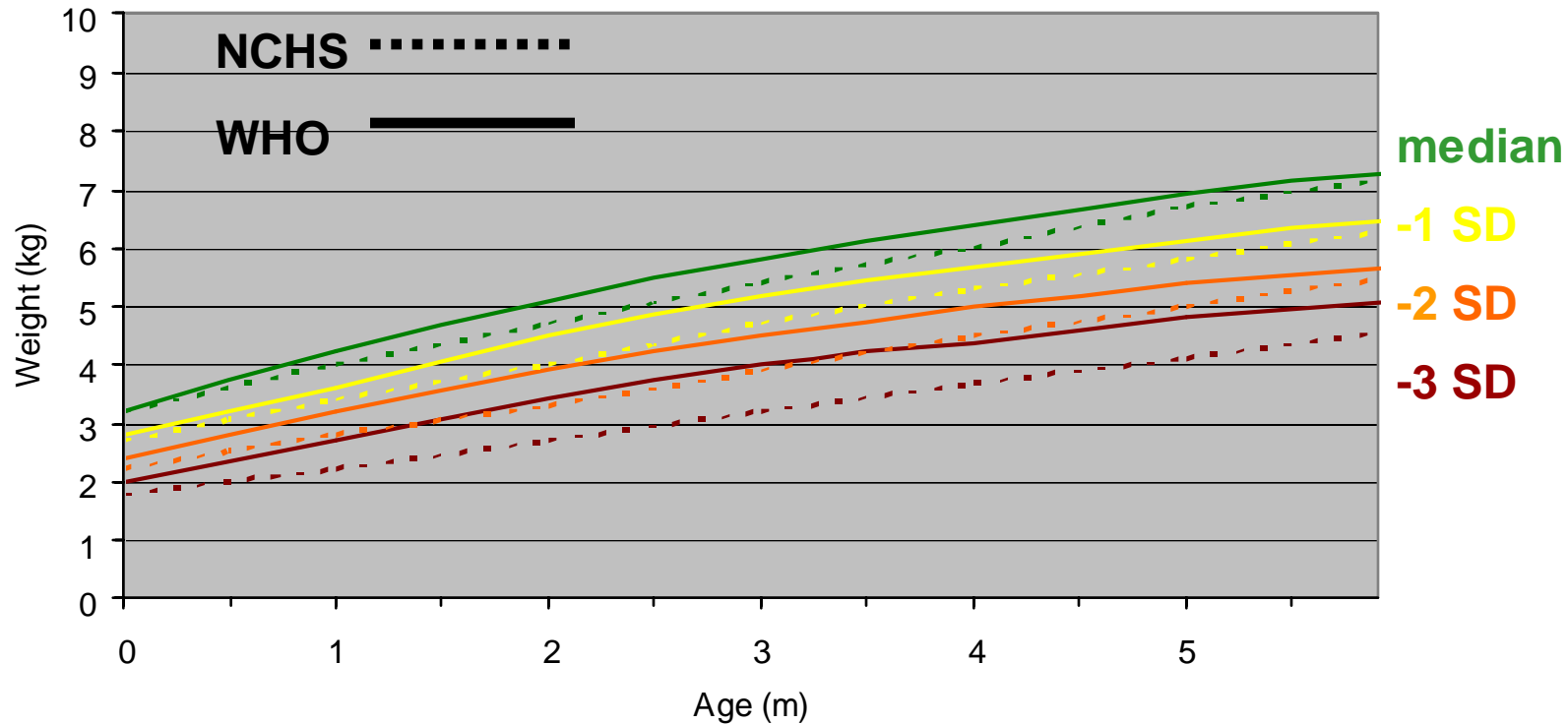
At what age does Sara cross -2 SD using the NCHS 1978 WFA growth curve?



Using the WHO 2006 WFA growth curve



GIRLS WEIGHT-FOR-AGE 0-5 m



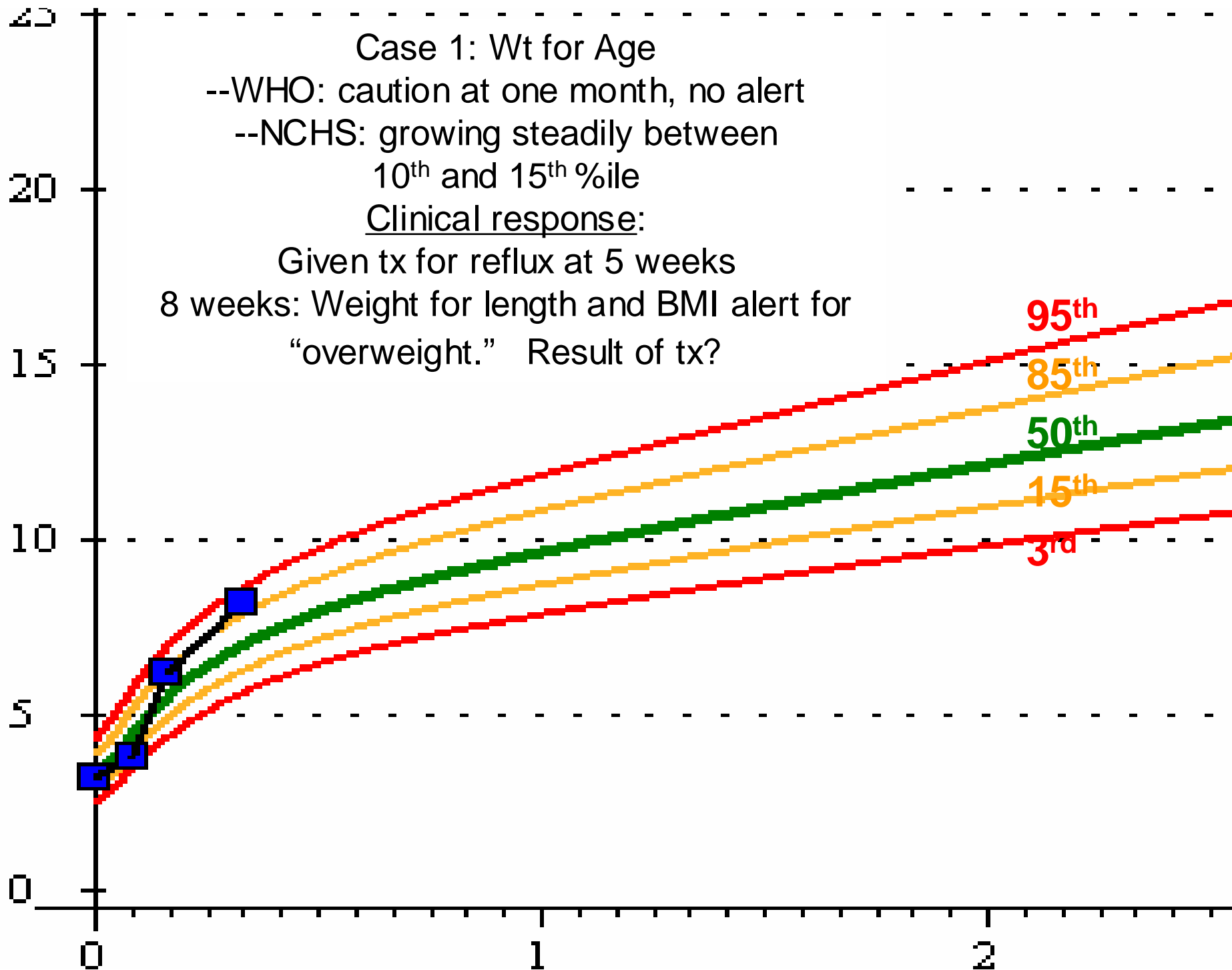
Sara's age	Sara's weight (kg)	NCHS 1978 WAZ score	WHO 2006 WAZ score
0 m	2.4	-1.68	-1.99
1 m	3.5	-0.81	-1.26
3 m	4.5	-1.21	-2.05

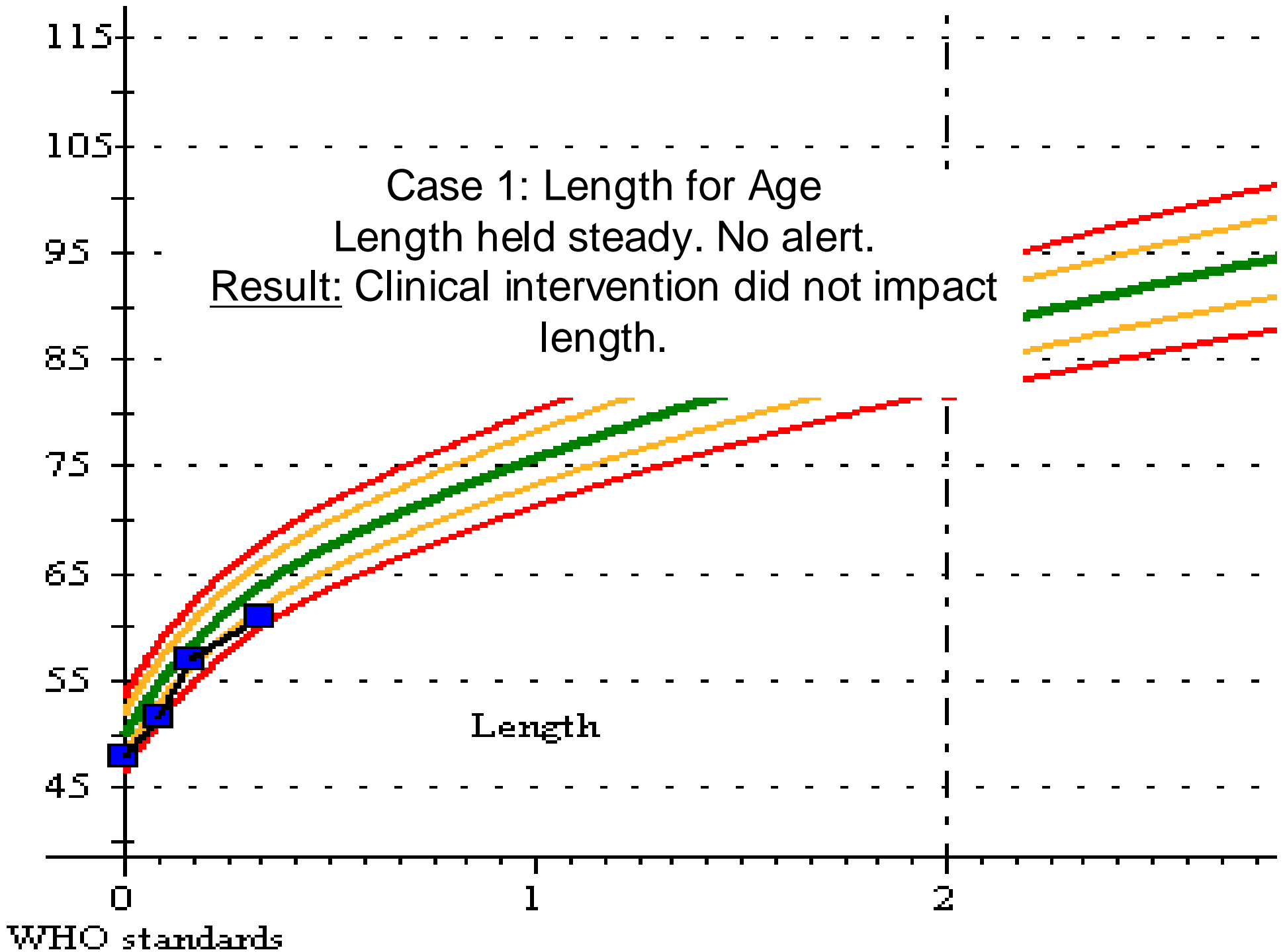
Concerns of Breastfeeding Advocates

- Are we properly trained to respond to the information protect breastfeeding?
- How will the typical HCP respond to information from the curve with a higher standard?
 - Will earlier notification of lagging growth lead to less exclusive breastfeeding?
- Will continued high weight after month four increase fears of obesity?
- What difference will this new growth standard make clinically for the breastfeeding baby?

Three Typical Problem Cases

Thanks are extended to Ann Skinner, RN, IBCLC for sharing the following cases demonstration purposes from the private pediatric practice where she works.





Case 2: Wt. for Age

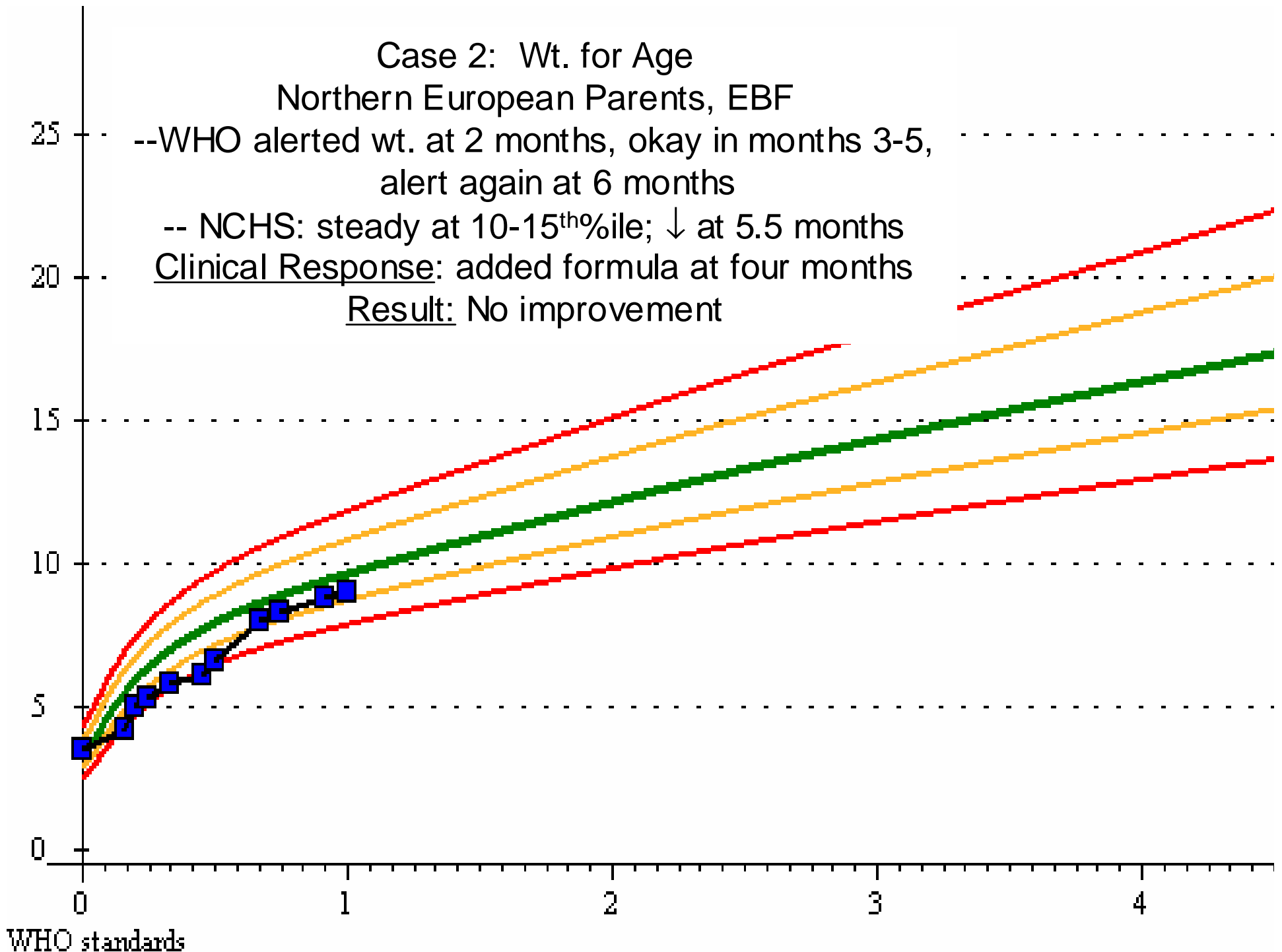
Northern European Parents, EBF

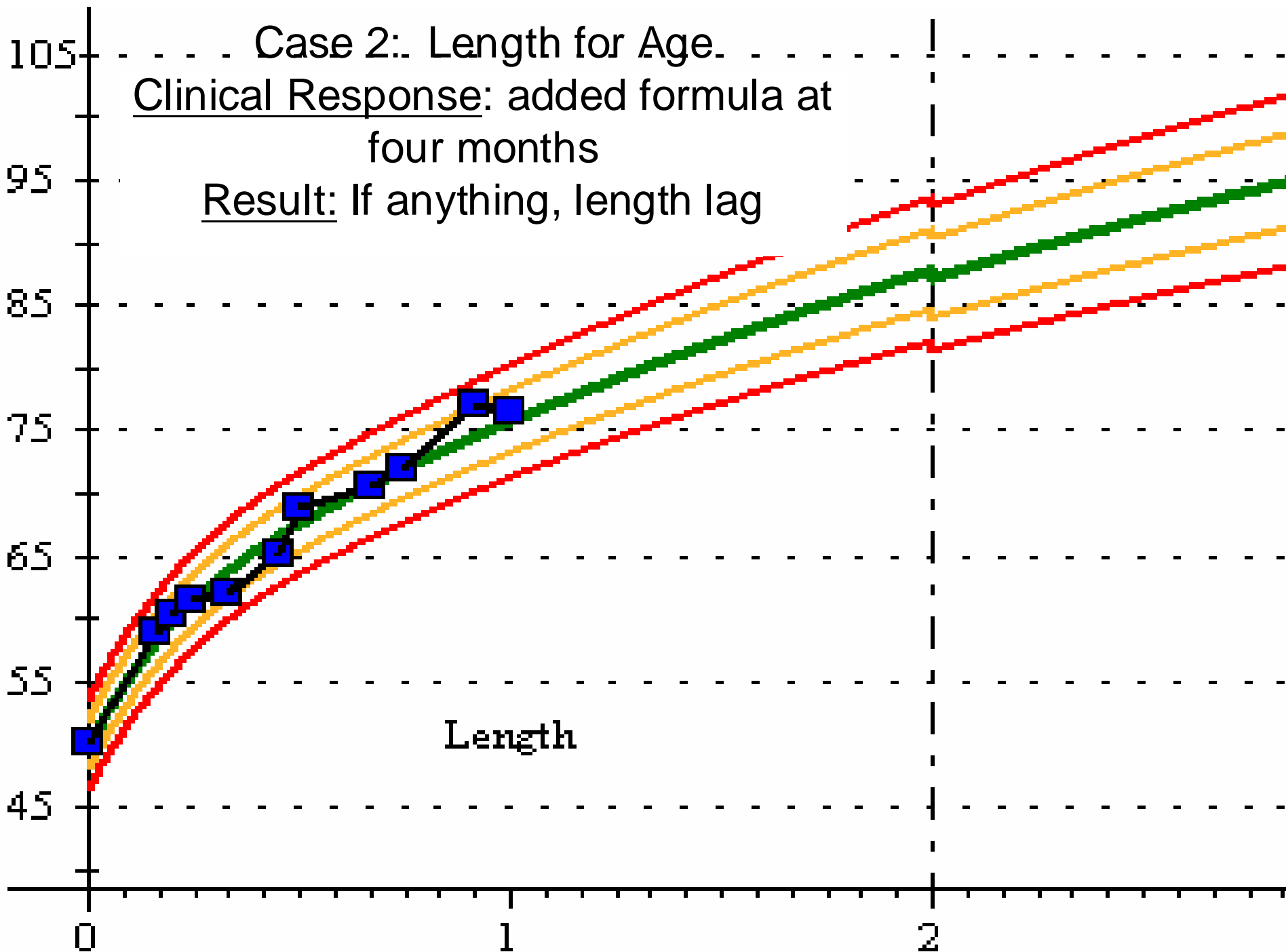
--WHO alerted wt. at 2 months, okay in months 3-5,
alert again at 6 months

-- NCHS: steady at 10-15th %ile; ↓ at 5.5 months

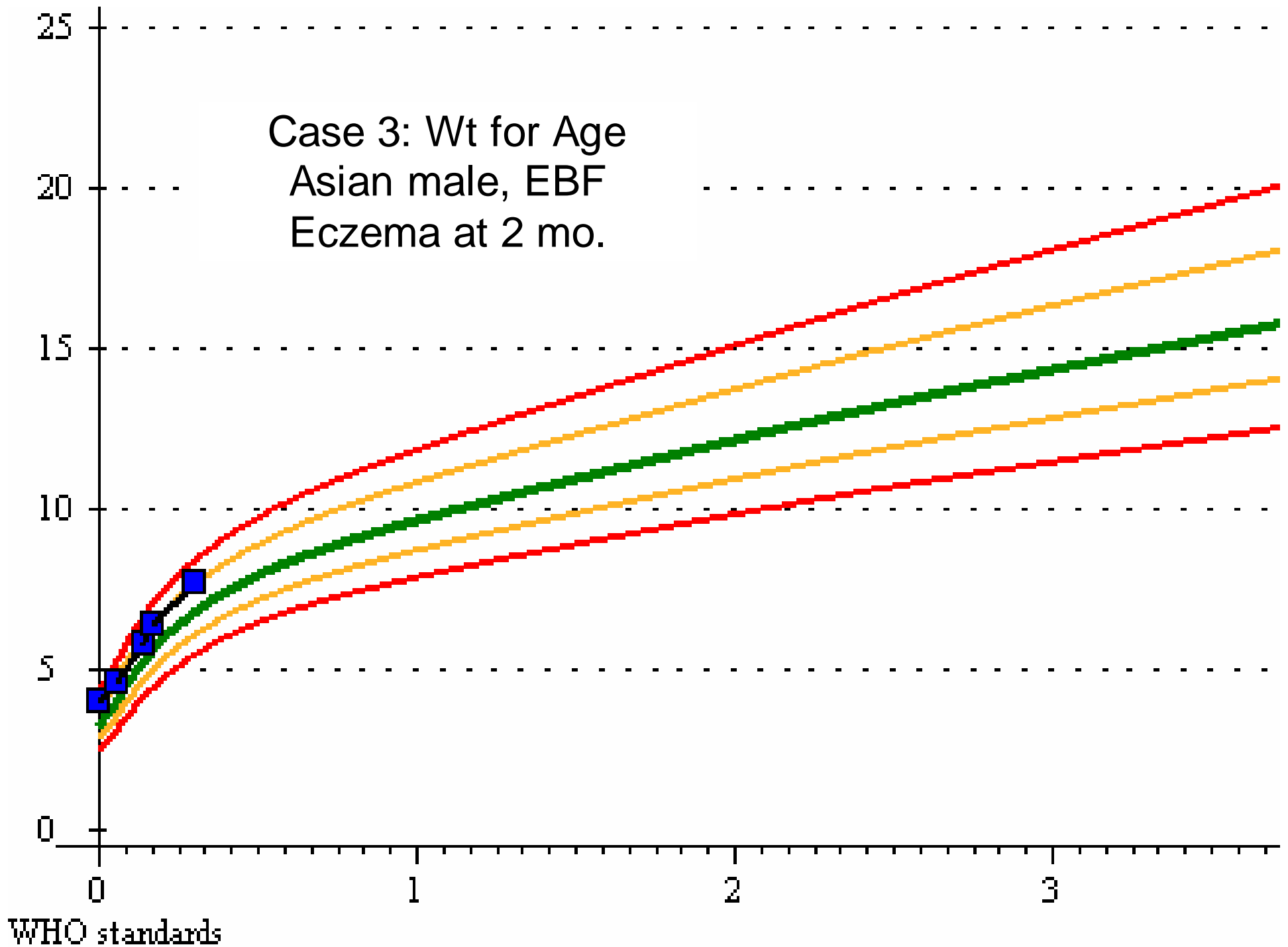
Clinical Response: added formula at four months

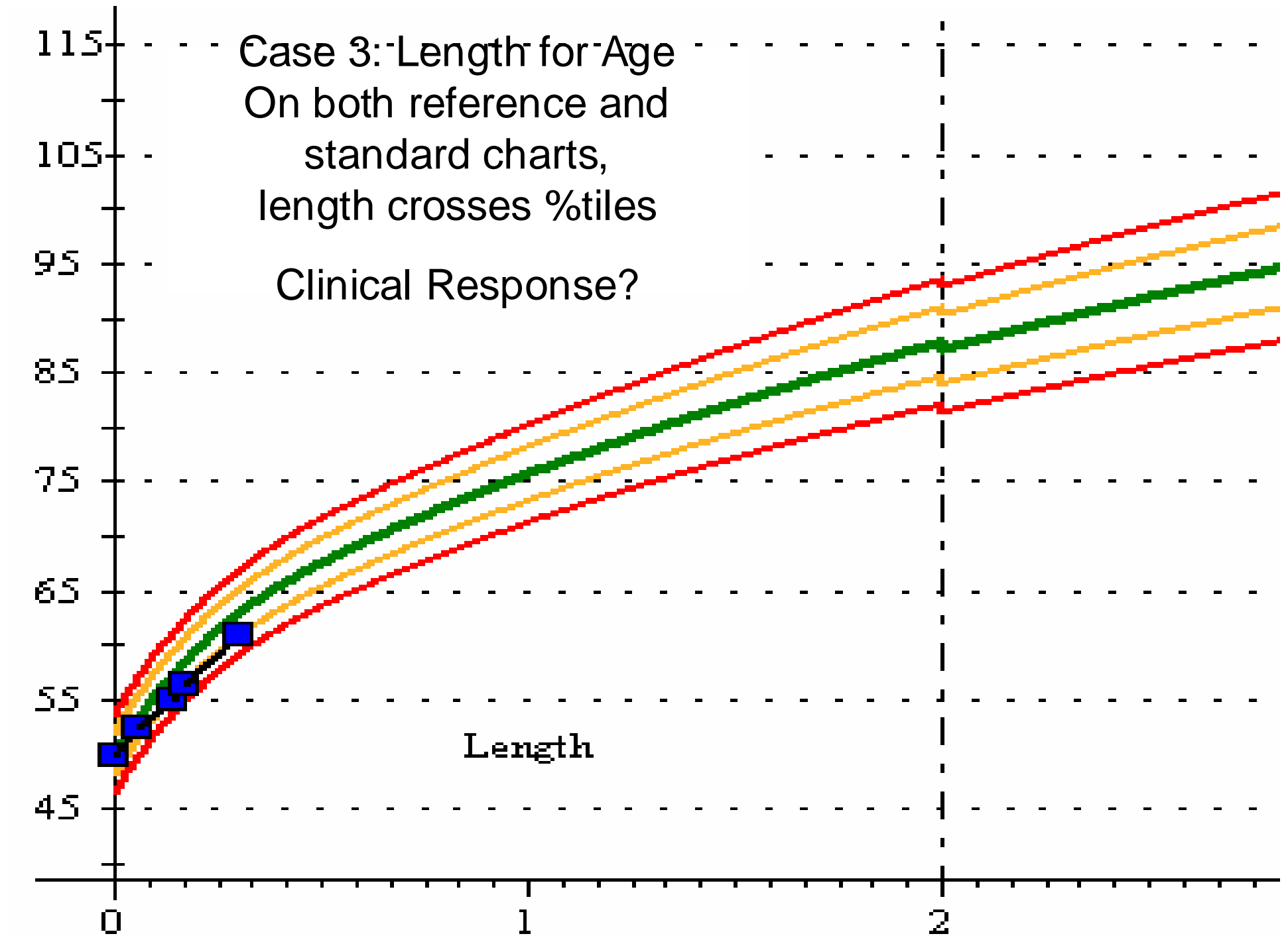
Result: No improvement





Case 3: Wt for Age
Asian male, EBF
Eczema at 2 mo.





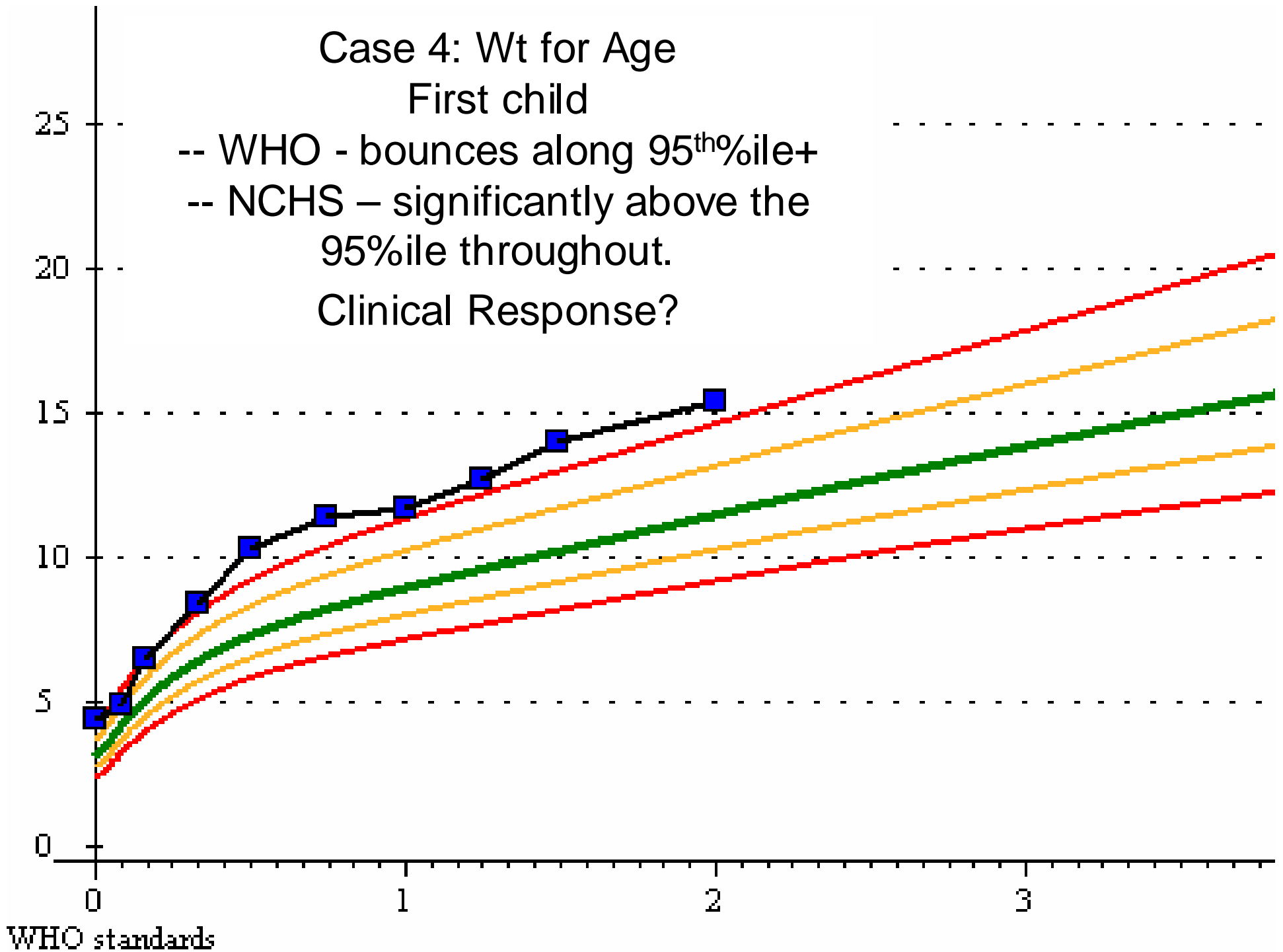
Case 4: Wt for Age

First child

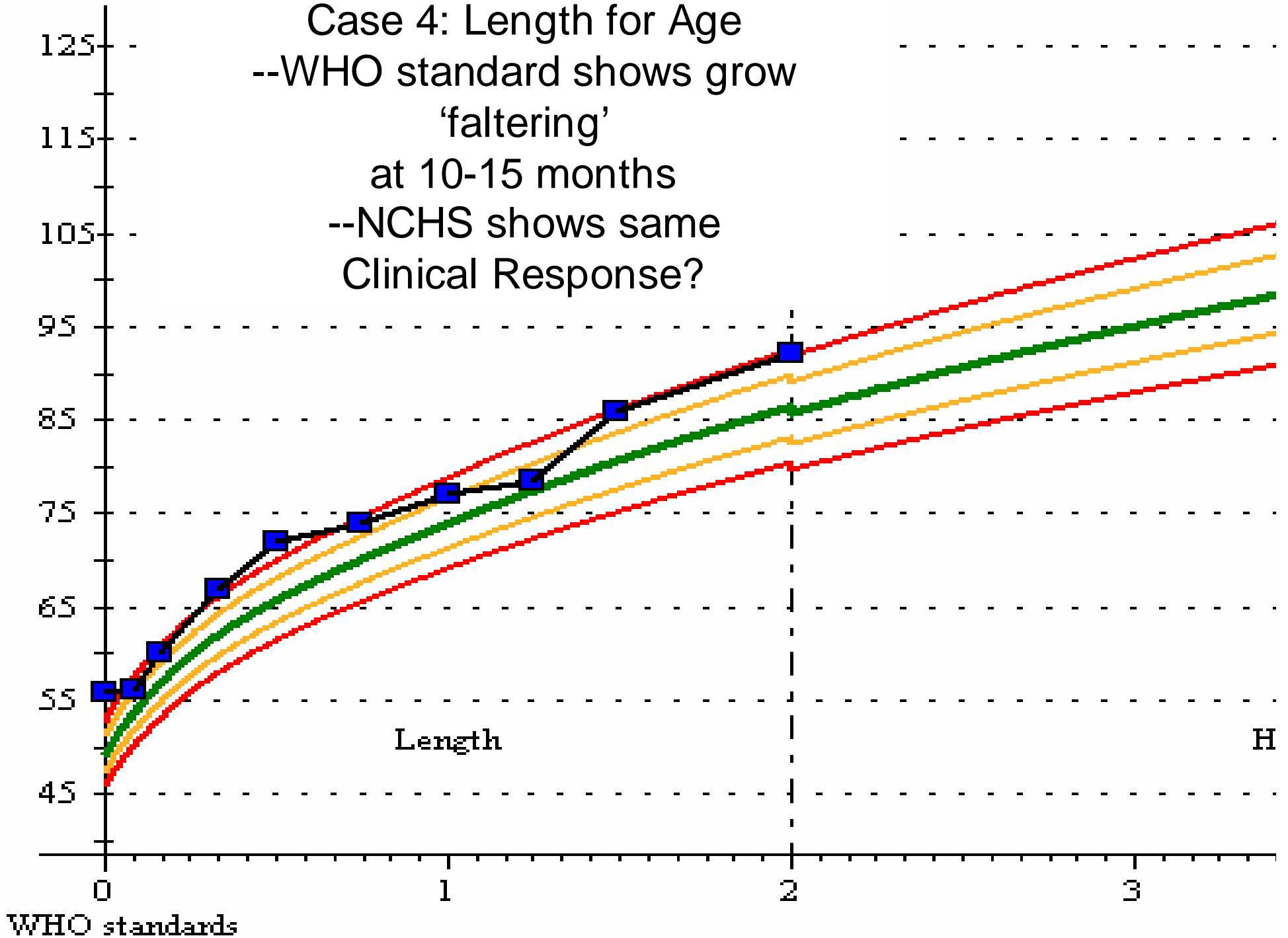
-- WHO - bounces along 95thile+

-- NCHS – significantly above the 95%ile throughout.

Clinical Response?



Case 4: Length for Age
--WHO standard shows grow
'faltering'
at 10-15 months
--NCHS shows same
Clinical Response?



Using Data, Not Being Used

- Data is only as useful as the input and interpretation of the output
- Need an educated support system
 - Understand physiology of breastfeeding and lactation
 - Invested in breastfeeding – tenacious?
- No tool fixes everything – the purpose of the Standards is not to “fix” breastfeeding care
- One snapshot does not a movie make – do a cost benefit analysis for interventions individually

Babies Were Born to Be Breastfed



Mothers Were Made to Breastfeed