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Malnutrition in Our Community - A Growing Issue

Malnutrition in the pediatric population has long-term consequences that impact growth, development, cost of health care, cognition, education and social economic status.¹ Children who suffer from malnutrition experience more frequent illnesses due to diminished immune function, poor wound healing, weakness due to loss of muscle mass and cognitive deficits.^{2,3} Malnutrition in hospitalized children results in prolonged and often more complicated hospitalizations⁴. Consistently and accurately identifying malnutrition in hospitalized children has been a topic of concern for several years however it has received less attention in the community or primary care setting leading to missed opportunities for prevention. The prevalence of Failure to Thrive (FTT) related to pediatric malnutrition in the United States has been reported at 5-10%⁵ however most practitioners agree that the prevalence rate is actually higher.

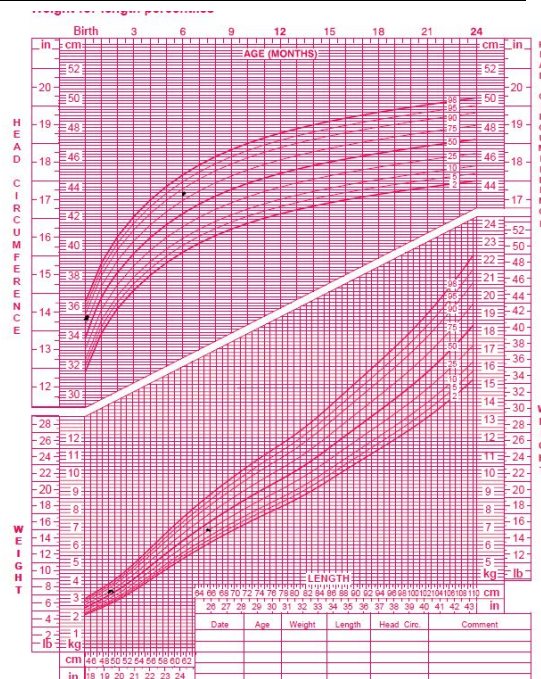
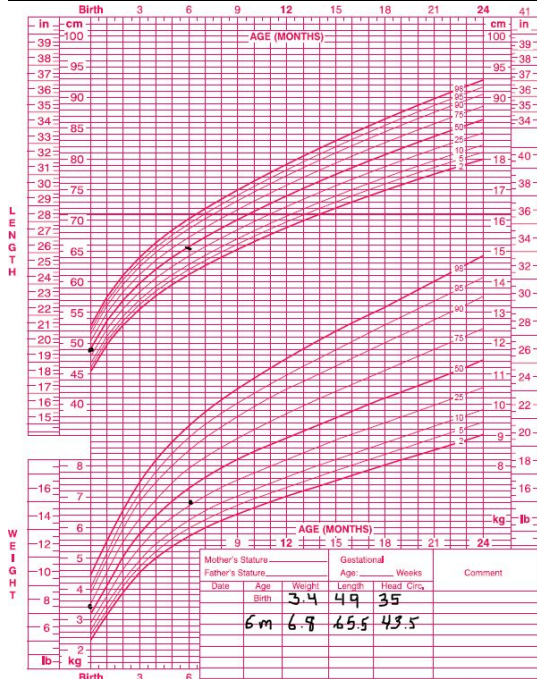
Early identification of and intervention for undernourished and malnourished children in the primary healthcare setting can mitigate the need for longer and costlier hospitalizations.^{2,3,4} One challenge in tackling pediatric malnutrition has always been how to identify those at greatest risk and avoiding the consequences of undernutrition. How do you determine when a child is malnourished?

Imelda the Imposter

Imelda K, born at 37 weeks weighed 3.4 kg and measured 49 cm in length. Her head circumference was 35 cm. She recently joined your practice and is here for her 6-month well baby check. As you review her birth records, you note that Mrs. K started treatment for gestational diabetes at 27 weeks. Imelda spent 2 weeks in the hospital for unstable blood sugars. Mrs. K reports that she only checked her blood sugar the

first month she was home. Today in clinic her measurements are: weight 6.8 kg, Length 65.5 cm and Head circumference 42.0 cm. Imelda drinks 3-4 ounces of Enfamil 20 every 3-4 hours (24-32 oz per day). Mrs. K reports that Imelda does not finish her bottle at each feeding. Imelda takes 30 -45 minutes per feeding. During the physical exam, you note that she still has a significant head lag, and low central tone. Mrs. K expressed concern about her rate of rate of growth, asking if she is gaining and growing appropriately.

Age	Weight (kg)	%ile	Height (cm)	%ile	Head (cm)	%ile	Wt/L %ile
Birth	3.4	50-75 th	49.0	25-50 th	35.0	75-90 th	75-90 th
6 months	6.8	25 th	65.5	25-50 th	43.5	75-90 th	25-50 th



Based on the information provided how would you assess her nutritional status? Do you think she is malnourished? How did you come to your conclusion?

Click on the following link to discover the answer to this scenario.

https://usc.qualtrics.com/SE/?SID=SV_7UMBsdsbTij7kp