

Draft for consultation

Faltering growth in children: recognition and management

Appendices A, B & C

Clinical guideline

Scope, Stakeholders and DOIs

April 2017

Draft for Consultation

*Developed by the National Guideline Alliance, hosted
by the Royal College of Obstetricians and
Gynaecologists*

Disclaimer

Healthcare professionals are expected to take NICE clinical guidelines fully into account when exercising their clinical judgement. However, the guidance does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of each patient, in consultation with the patient and/or their guardian or carer.

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1 Appendices

2 Appendix A: Scope

3 A.1 Guideline title:

4 Faltering growth in children: recognition and management

5 A.2 Topic

6 The Department of Health in England has asked NICE to develop a clinical guideline
7 on the identification and management of failure to thrive, also known as faltering
8 growth. Following discussion with stakeholders, the title has been changed to refer to
9 'faltering growth'.

10 For more information about why this guideline is being developed, and how the
11 guideline will fit into current practice, see the context section.

12 A.3 Who the guideline is for

- 13 • Parents and carers of children with faltering growth, and the public
- 14 • Healthcare professionals
- 15 • Providers of children's services
- 16 • Commissioners of children's services.

17 NICE guidelines cover health and care in England. Decisions on how they apply in
18 other UK countries are made by ministers in Welsh Government, Scottish
19 Government, and Northern Ireland Executive.

20 A.4 Equality considerations

21 NICE has carried out an equality impact assessment during scoping. The
22 assessment:

- 23 • lists equality issues identified, and how they have been addressed
- 24 • explains why any groups are excluded from the scope.

25 A.5 What the guideline is about

26 A.5.1 Who is the focus?

27 A.5.1.1 Groups that will be covered

- 28 • Infants and preschool children in whom growth concerns have been raised,
29 through either routine monitoring (defined in recommendation 17 of the NICE
30 guideline on maternal and child nutrition) or professional or parental concern.
- 31 • The following subgroups have been identified as needing specific consideration:
 - 32 ○ infants and preschool children who
 - 33 ○ were born prematurely
 - 34 ○ were born with intrauterine growth restriction (IUGR)

- 1 ○ with a specific disorder known to cause faltering growth, but only with regard to
2 recognition of growth thresholds for concern

3 **A.5.2 Settings**

4 **A.5.2.1 Settings that will be covered**

- 5 • All settings in which support and services to infants and preschool children are
6 provided.

7 **A.5.3 Activities, services or aspects of care**

8 **A.5.3.1 Key areas that will be covered**

- 9 • Recognition of faltering growth, including defining growth thresholds for concern
10 (including, early weight loss after birth).
11 • Identification of risk factors for faltering growth.
12 • Assessment of infants and preschool children with faltering growth. This includes
13 identifying possible causes of faltering growth and, in the absence of any other
14 symptoms or signs, deciding on appropriate investigations.
15 • Growth monitoring in infants and preschool children with suspected or confirmed
16 faltering growth.
17 • Referral to secondary care.
18 • Interventions to manage faltering growth, including:
19 ○ breastfeeding support
20 ○ support for other types of feeding
21 ○ dietary advice and supplementation
22 ○ family support.
23 • Design of services for the management of faltering growth.
24 • Information and support for parents and carers of infants and preschool children
25 with suspected or confirmed faltering growth.

26 **A.5.3.2 Areas that will not be covered**

27 Specialist management of specific disorders causing faltering growth, for example
28 coeliac disease.

29 **A.5.4 Economic aspects**

30 We will take economic aspects into account when making recommendations. We will
31 develop an economic plan that states for each review question (or key area in the
32 scope) whether economic considerations are relevant, and if so whether this is an
33 area that should be prioritised for economic modelling and analysis. We will review
34 the economic evidence and carry out economic analyses using an NHS and personal
35 social services (PSS) perspective.

36 **A.5.5 Key issues and questions**

37 While writing this scope, we have identified the following key issues, and key
38 questions related to them:

- 39 1. Recognising faltering growth, including defining thresholds for concern

- 1 ○ What are the growth thresholds for enhanced monitoring or intervention for
2 suspected or confirmed faltering growth in infants and preschool children?
- 3 2. Identifying the risk factors for faltering growth
- 4 ○ What are the risk factors for faltering growth that could inform recognition and
5 management?
- 6 3. Assessing infants and preschool children with faltering growth
- 7 ○ What is the prevalence of specific conditions in infants and preschool children
8 who present with faltering growth and no other symptoms or signs, to help
9 determine appropriate investigations?
- 10 4. Growth monitoring in infants and preschool children with suspected or confirmed
11 faltering growth
- 12 ○ What growth monitoring should be carried out in infants and preschool children
13 with suspected or confirmed faltering growth?
- 14 5. Referring to secondary care
- 15 ○ What factors determine the need for referral to secondary care for infants and
16 preschool children with suspected or confirmed faltering growth?
- 17 6. Providing interventions to manage faltering growth
- 18 ○ What interventions related to breastfeeding are effective in the management of
19 faltering growth?
- 20 ○ What interventions related to feeding practices other than breastfeeding are
21 effective in the management of faltering growth?
- 22 ○ What interventions related to dietary advice or supplementation are effective in
23 the management of faltering growth?
- 24 ○ What family support interventions are effective in the management of faltering
25 growth?
- 26 7. Designing services for the management of faltering growth
- 27 ○ What service configurations are effective for the management of faltering
28 growth in infants and preschool children?
- 29 8. Providing information and support to parents and carers
- 30 ○ What information and support should be provided for parents and carers of
31 infants and preschool children with suspected or confirmed faltering growth?

32 The key questions may be used to develop more detailed review questions, which
33 guide the systematic review of the literature.

34 **A.5.6 Main outcomes**

35 The main outcomes that will be considered when searching for and assessing the
36 evidence are:

- 37 1. measurements of nutritional status (weight, length or height, head circumference,
38 mid-arm circumference)
- 39 2. continued breastfeeding
- 40 3. increased nutritional intake
- 41 4. health-related quality of life
- 42 5. parent or carer satisfaction
- 43 6. adherence to interventions
- 44 7. adverse effects of interventions
- 45 8. use of health services.

1 **A.6 Links with other NICE guidance and NICE Pathways**

2 **A.6.1 NICE guidance**

3 **A.6.1.1 NICE guidance in development that is closely related to this guideline**

4 NICE is currently developing the following guidance that is closely related to this
5 guideline:

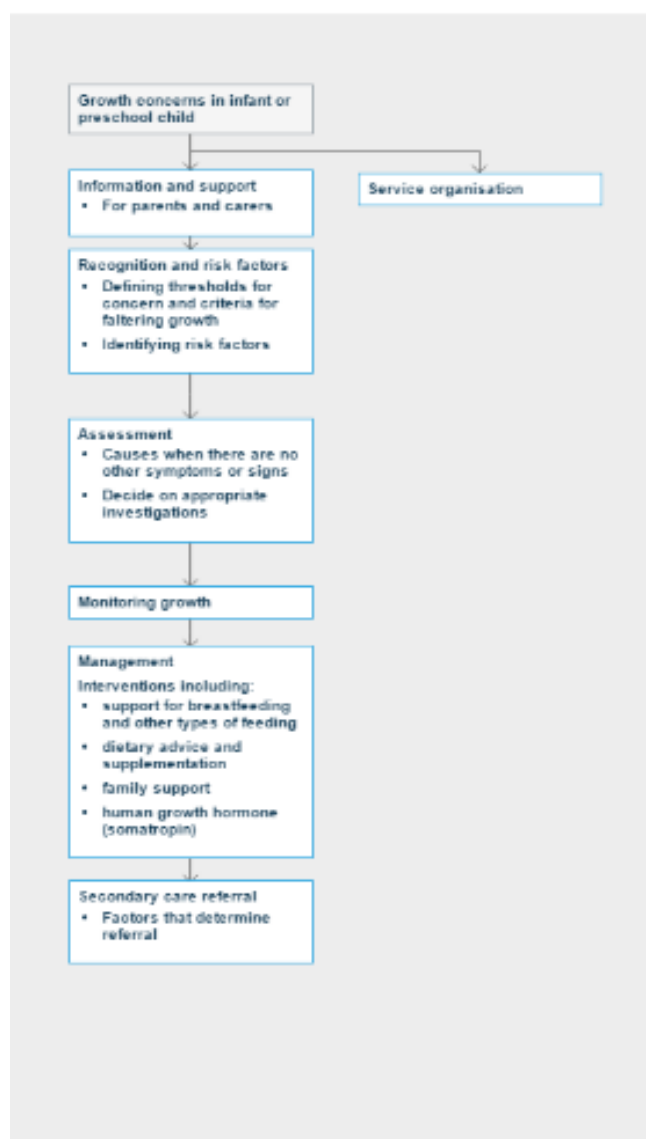
- 6 • Developmental follow-up of preterm babies NICE guideline. Publication expected
7 August 2017
- 8 • Child abuse and neglect NICE guideline. Publication expected September 2017.

9 **A.6.2 NICE Pathways**

10 When this guideline is published, the recommendations will be added to NICE
11 Pathways. NICE Pathways bring together all related NICE guidance and associated
12 products on a topic in an interactive topic-based flow chart.

13 A draft pathway outline on faltering growth, based on this draft scope, is included
14 below. It will be adapted and more detail added as the recommendations are written
15 during guideline development.

Faltering growth overview



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Other NICE guidance that may be included in this pathway is the NICE technology appraisal guidance on human growth hormone (somatropin) for the treatment of growth failure in children.

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A.7 Context

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A.7.1 Key facts and figures

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The term 'faltering growth' is widely used in relation to infants and young children whose weight gain occurs more slowly than expected for their age and sex. In the past this was often described as a 'failure to thrive' but this is no longer the preferred term, partly because 'failure' could be perceived as pejorative, but also because lesser degrees of faltering growth may not necessarily indicate a significant problem but merely represent variation from the usual pattern. Estimates of the prevalence of faltering growth in the UK vary widely, depending on the definition used.

14

15

The World Health Organization (WHO) has produced growth standards, based on longitudinal studies of healthy breastfed infants. These standards, along with UK full-

1 term and preterm infant growth data, have been incorporated into UK-WHO growth
2 charts for monitoring children's growth in the UK. A child's weight, length or height,
3 and head circumference can be plotted to provide a visual representation of their
4 growth over time. Epidemiological studies have shown that healthy children usually
5 progress relatively consistently along a growth centile.

6 Faltering growth can occur when a child's nutritional intake does not meet their
7 specific energy requirements. Undernutrition may underlie relatively slow weight gain
8 and movement downwards across weight centiles on a growth chart. Faltering growth
9 in early childhood may be associated with persisting problems with appetite and
10 feeding.

11 Certain health conditions predispose children to faltering growth (for example, cystic
12 fibrosis or coeliac disease). Specific treatment for such conditions (for example,
13 pancreatic enzyme supplementation for cystic fibrosis and a gluten free diet for
14 coeliac disease) can improve or restore normal weight gain. Simple interventions
15 (such as extra calories and protein) may also be effective in supporting nutrition and
16 weight gain.

17 The causes of faltering growth in the absence of an underlying condition may be
18 complex and have a variety of causes. In the past, child neglect or socioeconomic
19 and educational disadvantage were often considered to be likely contributors. While
20 neglected children may be undernourished, neglect is now thought to be an
21 uncommon explanation for faltering growth. Similarly, socioeconomic and educational
22 factors have not emerged as important associations in more recent research.

23 **A.7.2 Current practice**

24 Infants and preschool children with faltering growth are often identified by routine
25 growth monitoring. Others may be identified through concern expressed by parents
26 or healthcare professionals. Initial management is often community based and
27 involves providing support and advice to increase calorie intake and manage
28 challenging feeding behaviour. Some children are referred to paediatric dietitians or
29 paediatricians for further assessment and support.

30 There is variation in practice across the UK in how infants, preschool children and
31 families are supported, referred and investigated where concerns are raised about
32 faltering growth. There is cultural and socioeconomic variation in the rates of initiation
33 and maintenance of breastfeeding, approaches to weaning and choices of weaning
34 foods. Expectations and behaviour at mealtimes, for example whether families eat
35 together, may also be relevant to the risk of infants developing challenging feeding
36 behaviour. These may also influence how readily parents accept feeding support and
37 advice.

38 **A.7.3 Policy, legislation, regulation and commissioning**

39 **A.7.3.1 Policy**

40 The National service framework for children, young people and maternity services
41 aims for long-term and sustained improvement in children's health, and sets
42 standards for health and social care services for children, young people and pregnant
43 women.

44 The UK National Screening Committee advises on evidence-based whole population
45 screening for conditions which may cause faltering growth, including congenital heart
46 disease and cystic fibrosis.

1 The Healthy Child Programme describes standards of care for screening and
2 providing advice during pregnancy and the first 5 years of life. It includes broad
3 recommendations on monitoring growth in infants and children.

4 The NICE guideline will give more specific guidance on when and how to monitor
5 children when growth concerns arise and when referral is appropriate.

6 **A.7.3.2 Legislation, regulation and guidance**

7 The NICE guideline on maternal and child nutrition makes the following
8 recommendation for growth monitoring in infants and children: 'as a minimum, ensure
9 babies are weighed at birth and in the first week, as part of an overall assessment of
10 feeding. Thereafter, healthy babies should usually be weighed at 8, 12 and 16 weeks
11 and at 1 year, at the time of routine immunisations. If there is concern, weigh more
12 often, but no more than once a month up to 6 months of age, once every 2 months
13 from 6–12 months of age and once every 3 months over the age of 1 year.' In
14 addition, the NICE quality standard on postnatal care includes the quality statement
15 'babies have a complete 6–8 week physical examination' which includes measuring
16 and plotting weight. However, in practice additional measurements are frequently
17 taken at a variety of intervals and there is uncertainty as to the clinical value of such
18 additional measurements.

19 **A.8 Further information**

This is the final scope, incorporating comments from registered stakeholders during consultation.

The guideline is expected to be published in October 2017.

You can follow progress of the guideline.

Our website has information about how NICE guidelines are developed.

20

21

1 **Appendix B: Stakeholders**

- 2 5 Boroughs Partnership NHS Foundation Trust
- 3 Aberdeen Chiropractic Clinic
- 4 Absolute Therapy
- 5 Action on Hearing Loss
- 6 Allocate Software PLC
- 7 Applied Medical
- 8 Ashford and St Peter's Hospitals NHS Trust
- 9 Association of Anaesthetists of Great Britain and Ireland
- 10 Association of Directors of Public Health
- 11 Association Suisse de Soutien Contre L'endométriose
- 12 Barnsley Hospital NHS Foundation Trust
- 13 Barts Health NHS Trust
- 14 Bayer plc
- 15 Belfast Health and Social Care Trust
- 16 Besins Healthcare
- 17 Birmingham Women's NHS Foundation Trust
- 18 Boston Scientific
- 19 British Acupuncture Council
- 20 British Association for Applied Nutrition and Nutritional Therapy
- 21 British Dietetic Association
- 22 British Fertility Society
- 23 British Infection Association
- 24 British Medical Association
- 25 British Medical Journal
- 26 British National Formulary
- 27 British Nuclear Cardiology Society
- 28 British Orthopaedic Association
- 29 British Pain Society
- 30 British Psychological Society
- 31 British Red Cross

- 1 British Society for Gynaecological Endoscopy
- 2 British Society of Interventional Radiology
- 3 Cambridge Temperature Concepts Ltd
- 4 Caplond Services
- 5 Care Quality Commission
- 6 Chartered Society of Physiotherapy
- 7 Chester Endometriosis Centre
- 8 Clinical Effectiveness Unit of Faculty of Sexual & Reproductive Healthcare
- 9 Clinical Innovations
- 10 Cochrane Gynaecological Cancer Review Group
- 11 Cochrane UK
- 12 Colchester Hospital University NHS Foundation Trust
- 13 College of Paramedics
- 14 Cotswold Endometriosis Centre
- 15 Cregagh Nursing Home
- 16 Croydon University Hospital
- 17 Defence Primary Healthcare
- 18 Department of Health
- 19 Department of Health, Social Services and Public Safety - Northern Ireland
- 20 DO NOT USE National Osteoporosis Society
- 21 East Kent Hospitals University NHS Foundation Trust
- 22 East Lancashire Hospitals NHS Trust
- 23 Endometriosis UK
- 24 Endometriosis UK
- 25 Epsom & St Helier University Hospitals NHS Trust
- 26 Epsomedical Ltd
- 27 Esoteric Practitioners Association UK/EU
- 28 European Society of Human Reproduction and Embryology
- 29 FEmISA
- 30 Ferring Pharmaceuticals
- 31 Fetal Anti Convulsant Syndrome Association
- 32 FTWW

- 1 Gedeon Richter UK
- 2 Gloucestershire Hospitals NHS Foundation Trust
- 3 Green House Surgery
- 4 Health and Care Professions Council
- 5 Health and Social Care Board NI
- 6 Healthcare Improvement Scotland
- 7 Healthcare Quality Improvement Partnership
- 8 Healthwatch Bristol
- 9 Healthwatch Darlington
- 10 Healthwatch Halton
- 11 Healthwatch Portsmouth
- 12 Healthwatch Salford
- 13 Highgate Hospital
- 14 HQT Diagnostics
- 15 HRA Pharma UK & Ireland Ltd.
- 16 Hysterectomy Association
- 17 Hywel Dda University Health Board
- 18 Intuitive Surgical
- 19 IOTA - International Ovarian Tumor Analysis group
- 20 James Cook University Hospital
- 21 James Paget University Hospitals NHS Foundation Trust
- 22 Johnson & Johnson Medical Ltd
- 23 Journey Method Therapy
- 24 JT Healing
- 25 Kings College Hospital
- 26 Leeds Community Healthcare NHS Trust
- 27 Leeds Teaching Hospitals NHS Trust
- 28 Liverpool University
- 29 Liverpool Women's Hospital
- 30 London North West Healthcare NHS Trust
- 31 London Strategic Clinical Network
- 32 Maquet Getinge Group

- 1 Mastercall Healthcare
- 2 Medicines and Healthcare Products Regulatory Agency
- 3 Medway NHS Foundation Trust
- 4 Ministry of Defence
- 5 Morecambe Bay Hospitals NHS Trust
- 6 Musgrove Park Hospital
- 7 National Collaborating Centre for Cancer
- 8 National Collaborating Centre for Mental Health
- 9 National Collaborating Centre for Women's and Children's Health
- 10 National Deaf Children's Society
- 11 National Guideline Alliance
- 12 National Guideline Centre
- 13 National Institute for Health Research
- 14 National Pharmacy Association
- 15 NHS Choices
- 16 NHS Chorley and South Ribble CCG
- 17 NHS Cornwall and Isles Of Scilly
- 18 NHS Digital
- 19 NHS England
- 20 NHS Grampian (Aberdeen Infirmary)
- 21 NHS Health at Work
- 22 NHS Kernow CCG
- 23 NHS Mid Essex CCG
- 24 NHS North East Lincolnshire CCG
- 25 NHS Oxfordshire CCG
- 26 NHS Sheffield CCG
- 27 NHS Somerset CCG
- 28 NHS West Cheshire CCG
- 29 Northampton General Hospital NHS Trust
- 30 Northern Health and Social Care Trust
- 31 Northumbria Healthcare NHS Foundation Trust
- 32 Nottinghamshire Healthcare NHS Foundation Trust

- 1 Nursing and Midwifery Council
- 2 Oxfordshire Clinical Commissioning Group
- 3 Pelvic Pain Support Network
- 4 Primary Care Women's Health Forum
- 5 Professional Yoga Therapy Institute
- 6 Public Health England
- 7 Public Health Wandsworth
- 8 Reproductive Health Group
- 9 Royal College of Anaesthetists
- 10 Royal College of General Practitioners
- 11 Royal College of General Practitioners in Wales
- 12 Royal College of Midwives
- 13 Royal College of Nursing
- 14 Royal College of Obstetricians and Gynaecologists
- 15 Royal College of Paediatrics and Child Health
- 16 Royal College of Pathologists
- 17 Royal College of Physicians
- 18 Royal College of Psychiatrists
- 19 Royal College of Radiologists
- 20 Royal College of Speech and Language Therapists
- 21 Royal College of Surgeons of Edinburgh
- 22 Royal Cornwall Hospitals NHS Trust
- 23 Royal Pharmaceutical Society
- 24 Sandoz Ltd
- 25 Scottish Intercollegiate Guidelines Network
- 26 Self Management UK
- 27 Sheffield Teaching Hospitals NHS Foundation Trust
- 28 Social Care Institute for Excellence
- 29 Society for Endocrinology
- 30 South Eastern Health and Social Care Trust
- 31 South West Yorkshire Partnership NHS Foundation Trust
- 32 Southern Health & Social Care Trust

- 1 St George's University Hospitals NHS Foundation Trust
- 2 Taunton & Somerset NHS Foundation Trust
- 3 The Gynaecology Group
- 4 The Hysterectomy Centre
- 5 The National Institute of Medical Herbalists
- 6 The Royal Surrey County Hospital
- 7 The Walton Centre NHS Foundation Trust
- 8 University College London Hospital NHS Foundation Trust
- 9 University Hospital Birmingham NHS Foundation Trust
- 10 University Hospital Southampton NHS Foundation Trust
- 11 University Hospitals Birmingham
- 12 University Hospitals of Leicester NHS Trust
- 13 University of Birmingham
- 14 University of Edinburgh
- 15 University of Oxford
- 16 WellBeing of Women
- 17 Welsh Government
- 18 Welsh Health Specialised Services Committee
- 19 Welsh Scientific Advisory Committee
- 20 Western Health and Social Care Trust
- 21 Western Sussex Hospitals NHS Trust
- 22 Wirral University Teaching Hospital NHS Foundation Trust
- 23 Wockhardt UK Ltd
- 24 World Endometriosis Research Foundation
- 25 YORK Teaching Hospital NHS Foundation Trust
- 26 Your Care & Support
- 27

Appendix C: Declarations of interest

All Committee members' interests were recorded on declaration forms provided by NICE. The form covered personal, non-personal, specific or non-specific and non-financial or financial declarations. Committee members' declarations of interests are listed in this section. No conflicts were identified that required a Committee member to be asked not to participate in the relevant discussions. Details are available from the Committee minutes available on the NICE website where the policy can also be accessed (see <https://www.nice.org.uk/about/who-we-are/policies-and-procedures>).

This appendix includes all interests declared between the start of development and submission on 3 March 2017.

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
Shel Banks	Lay member	Chair on the Local Infant Feeding Information Board 23/11/2015	Personal non-financial specific	Declare and participate
Shel Banks	Lay member	Trustee for the UK Association for Milk Banking 23/11/2015	Personal non-financial specific	Declare and participate
Shel Banks	Lay member	Member of the Lactation Consultants of Great Britain 23/11/2015	Personal non-financial specific	Declare and participate
Shel Banks	Lay member	A private practice lactation consultant 23/11/2015	Personal non-financial specific	Declare and participate
Shel Banks	Lay member	Research assistant secondment to produce Cochrane reviews 23/11/2015	Personal non-financial specific	Declare and participate
Shel Banks	Lay member	Research assistant secondment to produce Cochrane reviews on Infantile Colic for 12 months 23/11/2015	Personal non-financial specific	Declare and participate
Rachel Bryant-Waugh	Psychologist	Chair of the National Steering Group for Childhood Feeding Disorders 23/11/2015	Personal non-financial specific	Declare and participate
Anne-Marie Frohock	Paediatric Dietitian, John Radcliffe Hospital	A Committee member of the British Dietetic Association Paediatric Group – the group sell Information sheets about feeding support in faddy eating 23/11/2015	Non-personal financial specific	Declare and participate
Anne-Marie Frohock	Paediatric Dietitian, John	Reviewer of PENG guidelines	Personal non-	Declare and participate

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
	Radcliffe Hospital	23/11/2015	financial specific	
Anne-Marie Frohock	Paediatric Dietitian, John Radcliffe Hospital	John Radcliffe hospital has contract with Abbott for nutritional products but follows the HCPC code of conduct which requires 3 options/products to be offered to patients 23/11/2015	Non-personal financial specific interest	Declare and participate
Anne-Marie Frohock	Paediatric Dietitian, John Radcliffe Hospital	Abbott provides department with a study budget that funds attendance on courses or conferences. 23/11/2015	Non-personal financial specific interest	Declare and participate
Anne-Marie Frohock	Paediatric Dietitian, John Radcliffe Hospital	Lunches provided by various infant formula manufactures (SMA, Nutricia, Nestle, Abbott) with product updates 23/11/2015	Personal non-financial specific	Declare and participate
Anne-Marie Frohock	Paediatric Dietitian, John Radcliffe Hospital	Lunches provided by various infant formula manufactures (SMA, Nutricia, Nestle, Abbott) with product updates 23/11/2015	Non-personal non-financial specific	Declare and participate (hospitality in line with NICE Policy)
Annalou Louw	Specialist Paediatric Speech and Language Therapist. Chelsea & Westminster Hospital, London	Sits on a Committee on tube-weaning 23/11/2015	Personal non-financial specific	Declare and participate
Russell Peek	Consultant Paediatrician, Gloucestershire Hospitals NHS Foundation Trust.	I presented a BMJ Mastercourses webinar on common problems in newborns and infants in 2014. 23/11/2015	Personal financial non-specific	Declare and participate
Russell Peek	Consultant Paediatrician, Gloucestershire Hospitals NHS Foundation Trust.	I have been invited to present a webinar this year on feeding problems in infants. 23/11/2015	Personal financial non-specific	Declare and participate
Russell Peek	Consultant Paediatrician, Gloucestershire Hospitals NHS	Teaching with BMJ Learning 23/11/2015	Personal financial non-specific	Declare and participate

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
	Foundation Trust.			
Denise Pemberton	Feeding Lead for the Maternity and Neonatal Services of the University Hospitals of Leicester NHS Trust	Member of the Lactation Consultants of Britain 23/11/2015	Personal non-financial specific	Declare and participate
Denise Pemberton	Feeding Lead for the Maternity and Neonatal Services of the University Hospitals of Leicester NHS Trust	Member of the Lactation Consultants of Britain 25/01/2015	Personal non-financial specific	Declare and participate
Denise Pemberton	Feeding Lead for the Maternity and Neonatal Services of the University Hospitals of Leicester NHS Trust	Committee Member of the Lactation Consultants of Britain until April 2015 25/01/2016	Personal non-financial specific	Declare and participate
Denise Pemberton	Feeding Lead for the Maternity and Neonatal Services of the University Hospitals of Leicester NHS Trust	Affiliate Member of the Association of Tongue-tie Practitioners 25/01/2016	Personal non-financial specific	Declare and participate
Denise Pemberton	Feeding Lead for the Maternity and Neonatal Services of the University Hospitals of Leicester NHS Trust	Secretary and Committee Member of the Association of Tongue-tie Practitioners until March 2015 25/01/2016	Personal non-financial specific	Declare and participate
Rachel Marie Pidcock	Lay Member	A member of the Child Growth Foundation which receives royalties from growth products and AK90 growth charts 23/11/2015	Non-personal financial specific	Declare and participate
Alison Spiro	Specialist	Is a member of a feeding	Personal	Declare and

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
	Health Visitor in Infant Feeding, Northwick Park Hospital	initiative 23/11/2015	non-financial specific	participate
Alison Spiro	Specialist Health Visitor in Infant Feeding, Northwick Park Hospital	Member of the baby feeding law group 25/01/2016	Personal non-financial specific	Declare and participate
Charlotte Wright	Community Paediatrician, University of Glasgow	I led the group that designed the new UK-WHO growth at RCPCH and the use of these in diagnosing failure to thrive may be considered 23/11/2015	Personal non-financial specific	Declare and participate
Charlotte Wright	Community Paediatrician, University of Glasgow	Member of Scientific Advisory Committee on Nutrition and its Maternal and Child subgroup 23/11/2015	Personal non-financial specific	Declare and participate
Charlotte Wright	Community Paediatrician, University of Glasgow	Member of editorial group for new edition of Health for all Children 23/11/2015	Personal non-financial specific	Declare and participate
Charlotte Wright	Community Paediatrician, University of Glasgow	Member of Scientific Advisory Committee on Nutrition and its Subcommittee of Maternal and Child Nutrition, administered by PHE 23/11/2015	Personal non-financial specific	Declare and participate
Charlotte Wright	Community Paediatrician, University of Glasgow	Member of editorial board drafting new edition of Health for All Children, hosted by Royal College of Paediatric and Child Health, to be published by Oxford University Press 23/11/2015	Personal non-financial specific	Declare and participate
Charlotte Wright	Community Paediatrician, University of Glasgow	Authored the following papers: Drewett, R.F, Kasese-Hara, M., Wright, C., Feeding behaviour in young people who fail to thrive, Appetite, 40, 55-60, 2003 Kasese-Hara, M., Drewett, R., Wright, C., Sweetness preferences in 1-year-old children who fail to thrive, Journal of Reproductive and Infant Psychology, 19, 253-257, 2001 Kasese-Hara, M., Wright, C., Drewett, R., Energy compensation in young	Personal non-financial specific	Declare and withdraw from discussions involving the drafting of the recommendations.

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
		<p>children who fail to thrive, Journal of Child Psychology & Psychiatry & Allied Disciplines, 43, 449-56, 2002</p> <p>Parkinson, K.N., Wright, C., Drewett, R., Mealtime energy intake and feeding behaviour in children who fail to thrive: a population-based case-control study, Journal of Child Psychology & Psychiatry & Allied Disciplines, 45, 1030-1035, 2004</p> <p>Robertson, J., Puckering, C., Parkinson, K., Corlett, L., Wright, C., Mother-child feeding interactions in children with and without weight faltering; nested case control study, Appetite, 56, 753-759, 2011</p> <p>Wright, C., Loughridge, J., Moore, G., Failure to thrive in a population context: two contrasting studies of feeding and nutritional status, Proceedings of the Nutritional Society, 59, 37-45, 2000</p> <p>13/10/2016</p>		
Charlotte Wright	Community Paediatrician, University of Glasgow	<p>Authored the following papers:</p> <p>Corbett, S.S., Drewett, R.F., Wright, C.M, Does a fall down a centile chart matter? The growth and development sequelae of mild failure to thrive, Acta Paediatrica, 85, 1278-83, 1996</p> <p>Wright, C.M., Garcia, A.L., Child undernutrition in affluent societies; what are we talking about? Proceedings of the Nutrition Society, 71, 545-55, 2012</p> <p>Wright, C.M, Parkinson, K.N., Postnatal weight loss in term infants: what is normal and do growth charts allow for it? Archives of Disease in Childhood Fetal & Neonatal Edition, 89, F254-7, 2004</p> <p>Gerasimidis, K/, Macleod, I., Maclean, A., Buchanana, E., McGrogan, P., Swinbank, I., McAuley, M., Wright, C.M., Flynn, D.M., Performance of the novel Paediatric Yorkhill Malnutrition Scope (PYMS) in hospital practice, Clinical</p>	Personal non-financial specific	Declare and participate

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
		Nutrition, 30,430-5,2011 Wright, C.M., Talbot, E., Screening for failure to thrive – what are we looking for? Child: Care, health & development, 22, 223-34, 1996 13/10/2016		

1