

# Faltering growth in children: recognition and management

Appendices E, F, G, H and I

*Main Appendix Document*

*Search Strategies, Summary of Identified Studies, Evidence Tables, Excluded Studies, Forest and Percentage Plots*

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*Final*

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



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# Contents

Appendix E: Search strategies.....	9
E.1 Weight loss in the first days of life.....	9
E.1.1 Medline and Medline In-Process & Other Non-Indexed Citations .....	9
E.1.2 Cochrane Central Register of Controlled Trials (CCTR).....	9
E.1.3 Cochrane Database of Systematic Reviews (CDSR) .....	10
E.1.4 Database of Abstracts of Reviews of Effects (DARE).....	10
E.1.5 Health Technology Assessment (HTA) .....	11
E.1.6 Embase .....	11
E.2 Thresholds for faltering growth .....	12
E.2.1 Medline and Medline In-Process & Other Non-Indexed Citations ....	12
E.2.2 Cochrane Central Register of Controlled Trials (CCTR).....	14
E.2.3 Cochrane Database of Systematic Reviews (CDSR) .....	15
E.2.4 Database of Abstracts of Reviews of Effects (DARE).....	17
E.2.5 Health Technology Assessment (HTA) .....	18
E.2.6 Embase .....	20
E.3 Weight loss associated with adverse outcomes.....	22
E.3.1 Medline and Medline In-Process & Other Non-Indexed Citations ....	22
E.3.2 Cochrane Central Register of Controlled Trials (CCTR).....	23
E.3.3 Cochrane Database of Systematic Reviews (CDSR) .....	24
E.3.4 Database of Abstracts of Reviews of Effects (DARE).....	24
E.3.5 Health Technology Assessment (HTA) .....	25
E.3.6 Embase .....	26
E.4 Differences in feeding and eating .....	27
E.4.1 Medline and Medline In-Process & Other Non-Indexed Citations ....	27
E.4.2 Cochrane Central Register of Controlled Trials (CCTR).....	29
E.4.3 Cochrane Database of Systematic Reviews (CDSR) .....	30
E.4.4 Database of Abstracts of Reviews of Effects (DARE).....	32
E.4.5 Health Technology Assessment (HTA) .....	33
E.4.6 Embase .....	34
E.5 Approaches in assessing feeding and eating.....	36
E.5.1 Medline and Medline In-Process & Other Non-Indexed Citations ....	36
E.5.2 Cochrane Central Register of Controlled Trials (CCTR).....	37
E.5.3 Cochrane Database of Systematic Reviews (CDSR) .....	39
E.5.4 Database of Abstracts of Reviews of Effects (DARE).....	40
E.5.5 Health Technology Assessment (HTA) .....	41
E.5.6 Embase .....	42
E.6 Risk factors.....	44
E.6.1 Medline and Medline In-Process & Other Non-Indexed Citations ....	44

E.6.2	Cochrane Central Register of Controlled Trials (CCTR)	46
E.6.3	Cochrane Database of Systematic Reviews (CDSR)	48
E.6.4	Database of Abstracts of Reviews of Effects (DARE)	49
E.6.5	Health Technology Assessment (HTA)	51
E.6.6	Embase	53
E.7	Prevalence of specific causative conditions	55
E.7.1	Medline and Medline In-Process & Other Non-Indexed Citations	55
E.7.2	Cochrane Central Register of Controlled Trials (CCTR)	57
E.7.3	Cochrane Database of Systematic Reviews (CDSR)	58
E.7.4	Database of Abstracts of Reviews of Effects (DARE)	60
E.7.5	Health Technology Assessment (HTA)	61
E.7.6	Embase	63
E.8	Breastfeeding support	65
E.8.1	Medline and Medline In-Process & Other Non-Indexed Citations	65
E.8.2	Cochrane Central Register of Controlled Trials (CCTR)	67
E.8.3	Cochrane Database of Systematic Reviews (CDSR)	68
E.8.4	Database of Abstracts of Reviews of Effects (DARE)	70
E.8.5	Health Technology Assessment (HTA)	71
E.8.6	Embase	72
E.8.7	Cumulative Index to Nursing and Allied Health Literature (CINAHL)	74
E.9	Dietary advice and supplementation	76
E.9.1	Medline and Medline In-Process & Other Non-Indexed Citations	76
E.9.2	Cochrane Central Register of Controlled Trials (CCTR)	78
E.9.3	Cochrane Database of Systematic Reviews (CDSR)	79
E.9.4	Database of Abstracts of Reviews of Effects (DARE)	80
E.9.5	Health Technology Assessment (HTA)	82
E.9.6	Embase	83
E.10	Non-nutritional interventions	85
E.10.1	Medline and Medline In-Process & Other Non-Indexed Citations	85
E.10.2	Cochrane Central Register of Controlled Trials (CCTR)	87
E.10.3	Cochrane Database of Systematic Reviews (CDSR)	89
E.10.4	Database of Abstracts of Reviews of Effects (DARE)	90
E.10.5	Health Technology Assessment (HTA)	92
E.10.6	Embase	93
E.10.7	PsycInfo	95
E.10.8	Cumulative Index to Nursing and Allied Health Literature (CINAHL)	97
E.10.9	Allied and Complementary Medicine Database (AMED)	98
E.11	Monitoring	99
E.11.1	Medline and Medline In-Process & Other Non-Indexed Citations	99

E.11.2 Cochrane Central Register of Controlled Trials (CCTR) .....	101
E.11.3 Cochrane Database of Systematic Reviews (CDSR) .....	102
E.11.4 Database of Abstracts of Reviews of Effects (DARE).....	103
E.11.5 Health Technology Assessment (HTA) .....	104
E.11.6 Embase .....	105
E.12Referral.....	106
E.12.1 Medline and Medline In-Process & Other Non-Indexed Citations	106
E.12.2 Cochrane Central Register of Controlled Trials (CCTR).....	108
E.12.3 Cochrane Database of Systematic Reviews (CDSR) .....	109
E.12.4 Database of Abstracts of Reviews of Effects (DARE).....	110
E.12.5 Health Technology Assessment (HTA) .....	111
E.12.6 Embase .....	112
E.13Organisation of care.....	114
E.13.1 Medline and Medline In-Process & Other Non-Indexed Citations	114
E.13.2 Cochrane Central Register of Controlled Trials (CCTR) .....	116
E.13.3 Cochrane Database of Systematic Reviews (CDSR) .....	117
E.13.4 Database of Abstracts of Reviews of Effects (DARE).....	118
E.13.5 Health Technology Assessment (HTA) .....	120
E.13.6 Embase .....	121
E.14Information and support .....	123
E.14.1 Medline and Medline In-Process & Other Non-Indexed Citations	123
E.14.2 Cochrane Central Register of Controlled Trials (CCTR).....	124
E.14.3 Cochrane Database of Systematic Reviews (CDSR) .....	126
E.14.4 Database of Abstracts of Reviews of Effects (DARE).....	128
E.14.5 Health Technology Assessment (HTA) .....	129
E.14.6 Embase .....	130
E.14.7 PsycInfo.....	132
E.14.8 Medline and Medline In-Process & Other Non-Indexed Citations	134
E.14.9 Cochrane Central Register of Controlled Trials (CCTR) .....	136
E.14.10 Cochrane Database of Systematic Reviews (CDSR) .....	137
E.14.11 Database of Abstracts of Reviews of Effects (DARE).....	138
E.14.12 Health Technology Assessment (HTA) .....	139
E.14.13 Embase .....	140
E.14.14 PsycInfo.....	142
E.15Health economics global search.....	144
E.15.1 Medline and Medline In-Process & Other Non-Indexed Citations	144
E.15.2 Cochrane Central Register of Controlled Trials (CCTR).....	145
E.15.3 Health Technology Assessment (HTA) .....	146
E.15.4 NHS Economic Evaluation Database (NHSEED).....	147
E.15.5 Embase .....	148

Appendix F: Summary of identified studies .....	150
F.1 Weight loss in the first days of life.....	150
F.2 Thresholds for faltering growth .....	151
F.3 Weight loss associated with adverse outcomes.....	152
F.4 Differences in feeding and eating .....	153
F.5 Approaches in assessing feeding and eating.....	154
F.6 Risk factors.....	155
F.7 Prevalence of specific causative organic disorders.....	156
F.8 Breastfeeding support .....	157
F.9 Dietary advice and supplementation.....	158
F.10 Non-nutritional interventions.....	159
F.11 Monitoring .....	160
F.12 Referral.....	161
F.13 Organisation of care.....	162
F.14 Information and support .....	163
F.15 Health economics .....	164
Appendix G: Evidence tables .....	165
G.1 Weight loss in the first days of life.....	165
G.2 Weight loss associated with adverse outcomes.....	191
G.3 Thresholds for faltering growth .....	196
G.4 Differences in feeding and eating .....	204
G.5 Approaches in assessing feeding and eating.....	233
G.6 Risk factors.....	237
G.7 Prevalence of specific causative conditions.....	256
G.8 Breastfeeding support .....	260
G.9 Dietary advice and supplementation.....	260
G.10 Non-nutritional interventions .....	270
G.11 Monitoring.....	279
G.12 Referral.....	279
G.13 Organisation of care .....	279
G.14 Information and support.....	292
G.15 Health economics .....	293
Appendix H: Excluded studies.....	294
H.1 Weight loss in the first days of life.....	294
H.2 Thresholds for faltering growth .....	296
H.3 Weight loss associated with adverse outcomes.....	299
H.4 Differences in feeding and eating .....	303
H.5 Approaches in assessing feeding and eating.....	304
H.6 Risk factors.....	307
H.7 Prevalence of specific causative conditions.....	311

H.8 Breastfeeding support .....	312
H.9 Dietary advice and supplementation .....	316
H.10 Non-nutritional interventions.....	325
H.11 Monitoring .....	327
H.12 Referral.....	329
H.13 Organisation of care.....	330
H.14 Information and support .....	331
H.15 Health economics .....	333
Appendix I: Forest and percentage plots .....	335
I.1 Weight loss in the first days of life.....	335
I.2 Thresholds for faltering growth .....	336
I.3 Weight loss associated with adverse outcomes.....	336
I.4 Differences in feeding and eating .....	337
I.5 Approaches in assessing feeding and eating.....	337
I.6 Risk factors.....	337
I.7 Prevalence of specific causative organic disorders.....	337
I.8 Breastfeeding support .....	337
I.9 Dietary advice and supplementation.....	337
I.10 Non-nutritional interventions .....	340
I.11 Monitoring.....	340
I.12 Referral .....	341
I.13 Organisation of care .....	341
I.13.1 Structured health visitor management compared to routine monitoring only.....	341
I.13.2 Specialised home visit + outpatient clinic compared to outpatient clinic only .....	342
I.13.3 Lay home visit + growth and nutrition clinic compared to clinic only .....	343
I.14 Information and support.....	344
I.15 Health economics .....	344



## Appendix E: Search strategies

### E.1 Weight loss in the first days of life

#### E.1.1 Medline and Medline In-Process & Other Non-Indexed Citations

#	Searches
1	INFANT, NEWBORN/
2	(neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
3	1 or 2
4	WEIGHT LOSS/
5	3 and 4
6	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or falter\$))).ti,ab.
7	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (under weight? or underweight?)).ti,ab.
8	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
9	INFANT, NEWBORN/ and (HYPERNATREMIA/ or *DEHYDRATION/)
10	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (hypernatr\$ or dehydrat\$)).ti,ab.
11	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (early or postnatal\$ or postpartum or follow\$ birth?) adj7 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
12	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj7 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
13	or/5-12
14	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").ti,ab.
15	WEIGHT LOSS/
16	(Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or falter\$)).ti,ab.
17	or/15-16
18	14 and 17
19	13 or 18
20	limit 19 to english language
21	LETTER/
22	EDITORIAL/
23	NEWS/
24	exp HISTORICAL ARTICLE/
25	ANECDOTES AS TOPIC/
26	COMMENT/
27	CASE REPORT/
28	(letter or comment*).ti.
29	or/21-28
30	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
31	29 not 30
32	ANIMALS/ not HUMANS/
33	exp ANIMALS, LABORATORY/
34	exp ANIMAL EXPERIMENTATION/
35	exp MODELS, ANIMAL/
36	exp RODENTIA/
37	(rat or rats or mouse or mice).ti.
38	or/31-37
39	20 not 38

#### E.1.2 Cochrane Central Register of Controlled Trials (CCTR)

#	Searches
1	INFANT, NEWBORN/
2	(neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab,kw.
3	1 or 2
4	WEIGHT LOSS/
5	3 and 4
6	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or falter\$))).ti,ab.
7	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 underweight?)).ti,ab.
8	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2

#	Searches
	weight adj2 gain\$)).ti,ab.
9	INFANT, NEWBORN/ and (HYPERNATREMIA/ or *DEHYDRATION/
10	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (hypernatr\$ or dehydrat\$)).ti,ab.
11	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (early or postnatal\$ or postpartum or follow\$ birth?) adj7 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
12	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj7 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
13	or/5-12
14	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").ti,ab.
15	WEIGHT LOSS/
16	(Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or falter\$)).ti,ab.
17	or/15-16
18	14 and 17
19	13 or 18

### E.1.3 Cochrane Database of Systematic Reviews (CDSR)

#	Searches
1	INFANT, NEWBORN.kw.
2	(neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
3	1 or 2
4	WEIGHT LOSS.kw.
5	3 and 4
6	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or falter\$))).ti,ab.
7	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 underweight?).ti,ab.
8	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
9	(INFANT, NEWBORN and (HYPERNATREMIA or DEHYDRATION)).kw.
10	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (hypernatr\$ or dehydrat\$)).ti,ab.
11	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (early or postnatal\$ or postpartum or follow\$ birth?) adj7 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
12	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj7 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
13	or/5-12
14	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").ti,ab.
15	WEIGHT LOSS.kw.
16	(Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or falter\$)).ti,ab.
17	or/15-16
18	14 and 17
19	13 or 18

### E.1.4 Database of Abstracts of Reviews of Effects (DARE)

#	Searches
1	INFANT, NEWBORN.kw.
2	(neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw,tx.
3	1 or 2
4	WEIGHT LOSS.kw.
5	3 and 4
6	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or falter\$))).tw,tx.
7	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 underweight?).tw,tx.
8	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw,tx.
9	(INFANT, NEWBORN and (HYPERNATREMIA or DEHYDRATION)).kw.
10	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (hypernatr\$ or dehydrat\$)).tw,tx.
11	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (early or postnatal\$ or postpartum or follow\$ birth?) adj7 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw,tx.
12	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj7 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw,tx.
13	or/5-12

#	Searches
14	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").tw,tx.
15	WEIGHT LOSS.kw.
16	(Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or falter\$)).tw,tx.
17	or/15-16
18	14 and 17
19	13 or 18

### E.1.5 Health Technology Assessment (HTA)

#	Searches
1	INFANT, NEWBORN/
2	(neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw.
3	1 or 2
4	WEIGHT LOSS/
5	3 and 4
6	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or falter\$))).tw.
7	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (under weight? or underweight?)).tw.
8	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw.
9	INFANT, NEWBORN/ and (HYPERNATREMIA/ or *DEHYDRATION/)
10	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (hypernatr\$ or dehydrat\$)).tw.
11	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (early or postnatal\$ or postpartum or follow\$ birth?) adj7 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw.
12	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj7 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw.
13	or/5-12
14	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").tw.
15	WEIGHT LOSS/
16	(Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or falter\$)).tw.
17	or/15-16
18	14 and 17
19	13 or 18

### E.1.6 Embase

#	Searches
1	NEWBORN/ or BABY/
2	(neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
3	1 or 2
4	*WEIGHT REDUCTION/
5	3 and 4
6	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or falter\$))).ti,ab.
7	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (under weight? or underweight?)).ti,ab.
8	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
9	(NEWBORN/ or BABY/) and (HYPERNATREMIA/ or *DEHYDRATION/)
10	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (hypernatr\$ or dehydrat\$)).ti,ab.
11	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (early or postnatal\$ or postpartum or follow\$ birth?) adj7 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
12	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj7 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
13	or/5-12
14	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").ti,ab.
15	WEIGHT REDUCTION/
16	(Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or falter\$)).ti,ab.
17	or/15-16
18	14 and 17
19	13 or 18
20	limit 19 to english language
21	letter.pt. or LETTER/

#	Searches
22	note.pt.
23	editorial.pt.
24	CASE REPORT/ or CASE STUDY/
25	(letter or comment*).ti.
26	or/21-25
27	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
28	26 not 27
29	ANIMAL/ not HUMAN/
30	NONHUMAN/
31	exp ANIMAL EXPERIMENT/
32	exp EXPERIMENTAL ANIMAL/
33	ANIMAL MODEL/
34	exp RODENT/
35	(rat or rats or mouse or mice).ti.
36	or/28-35
37	20 not 36

## E.2 Thresholds for faltering growth

### E.2.1 Medline and Medline In-Process & Other Non-Indexed Citations

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
5	exp PEDIATRICS/
6	p?ediatric\$.ti,ab.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thriv\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or

#	Searches
	postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
41	or/37-40
42	13 or 24 or 36 or 41
43	*SEVERITY OF ILLNESS INDEX/
44	INTERNATIONAL CLASSIFICATION OF DISEASES/
45	CLASSIFICATION/
46	REFERENCE STANDARDS/
47	*REFERENCE VALUES/
48	(reference adj2 (standard? or value? or range?)).ti.
49	(reference adj2 (standard? or value? or range?)).ab. /freq=2
50	(growth adj1 (reference? or standard?)).ti.
51	(growth adj1 (reference? or standard?)).ab. /freq=2
52	(cut off adj1 (score? or value? or point?)).ti,ab.
53	(threshold? adj3 value?)).ti,ab.
54	GROWTH CHARTS/
55	Growth chart?.ti.
56	Growth chart?.ab. /freq=2
57	(low adj1 (weight? or BMI? or height?) adj2 age?).ti,ab.
58	(low adj1 (weight? or BMI?) adj2 (length? or height?)).ti,ab.
59	(underweight? adj2 (age or length? or height?)).ti,ab.
60	((weight? or underweight or BMI?) adj10 ((2nd or second or 1st or first) adj3 (percentile? or centile?)).ti,ab.
61	((weight? or underweight or BMI?) adj5 ("0.\$" or "1.\$" or "2" or "2.0") adj3 (percentile? or centile?)).ti,ab.
62	((declin\$ or down\$ or fall\$) adj5 (percentile? or centile?)).ti,ab.
63	(condition\$ adj5 weight gain).ti,ab.
64	CWG.ti,ab.
65	((famil\$ or parent\$ or mother? or father? or grandparent?) adj5 (discrepen\$ or pattern\$ or low or underweight? or stunt\$) adj5 (length? or weight? or BMI? or height?)).ti,ab.
66	or/43-65
67	FAILURE TO THRIVE/ and (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$).ti.
68	FAILURE TO THRIVE/ and (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$).ab. /freq=2
69	((fail\$ or falter\$) adj3 (thriv\$ or weight or grow\$) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ti.
70	((fail\$ or falter\$) adj3 (thriv\$ or weight or grow\$) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ab. /freq=2
71	((grow\$ or weight? or height? or length?) adj1 (disorder? or deficien\$ or poor) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ti.
72	((grow\$ or weight? or height? or length?) adj1 (disorder? or deficien\$ or poor) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ab. /freq=2
73	(weight? adj1 (low or under\$) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ti.
74	(weight? adj1 (low or under\$) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ab. /freq=2
75	((malnutrition\$ or underweight? or under weight? or wasting or stunting or stunted) adj2 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ti.
76	((malnutrition\$ or underweight? or under weight? or wasting or stunting or stunted) adj2 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ab. /freq=2
77	or/67-76
78	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").ti,ab.
79	FAILURE TO THRIVE/cl [Classification]
80	*FAILURE TO THRIVE/di [Diagnosis]
81	MALNUTRITION/cl [Classification]
82	*MALNUTRITION/di [Diagnosis]
83	or/79-82
84	42 and 66
85	7 and 77
86	42 and 78
87	7 and 83
88	or/84-87
89	limit 88 to english language
90	LETTER/
91	EDITORIAL/
92	NEWS/
93	exp HISTORICAL ARTICLE/

#	Searches
94	ANECDOTES AS TOPIC/
95	COMMENT/
96	CASE REPORT/
97	(letter or comment*).ti.
98	or/90-97
99	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
100	98 not 99
101	ANIMALS/ not HUMANS/
102	exp ANIMALS, LABORATORY/
103	exp ANIMAL EXPERIMENTATION/
104	exp MODELS, ANIMAL/
105	exp RODENTIA/
106	(rat or rats or mouse or mice).ti.
107	or/100-106
108	89 not 107

## E.2.2 Cochrane Central Register of Controlled Trials (CCTR)

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab,kw.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab,kw.
5	exp PEDIATRICS/
6	p?ediatric\$.ti,ab,kw.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thrive\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or poor nutrition\$ or undernourish\$ or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or



#	Searches
	losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
41	or/37-40
42	13 or 24 or 36 or 41
43	*SEVERITY OF ILLNESS INDEX/
44	INTERNATIONAL CLASSIFICATION OF DISEASES/
45	CLASSIFICATION/
46	REFERENCE STANDARDS/
47	*REFERENCE VALUES/
48	(reference adj2 (standard? or value? or range?)).ti.
49	(reference adj2 (standard? or value? or range?)).ab. /freq=2
50	(growth adj1 (reference? or standard?)).ti.
51	(growth adj1 (reference? or standard?)).ab. /freq=2
52	(cut off adj1 (score? or value? or point?)).ti,ab.
53	(threshold? adj3 value?)).ti,ab.
54	GROWTH CHARTS/
55	Growth chart?.ti.
56	Growth chart?.ab. /freq=2
57	(low adj1 (weight? or BMI? or height?) adj2 age?).ti,ab.
58	(low adj1 (weight? or BMI?) adj2 (length? or height?)).ti,ab.
59	(underweight? adj2 (age or length? or height?)).ti,ab.
60	((weight? or underweight or BMI?) adj10 ((2nd or second or 1st or first) adj3 (percentile? or centile?))).ti,ab.
61	((weight? or underweight or BMI?) adj5 ("0.\$" or "1.\$" or "2" or "2.0") adj3 (percentile? or centile?)).ti,ab.
62	((declin\$ or down\$ or fall\$) adj5 (percentile? or centile?)).ti,ab.
63	(condition\$ adj5 weight gain).ti,ab.
64	CWG.ti,ab.
65	((famil\$ or parent\$ or mother? or father? or grandparent?) adj5 (discrepen\$ or pattern\$ or low or underweight? or stunt\$) adj5 (length? or weight? or BMI? or height?)).ti,ab.
66	or/43-65
67	FAILURE TO THRIVE/ and (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$).ti.
68	FAILURE TO THRIVE/ and (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$).ab. /freq=2
69	((fail\$ or falter\$) adj3 (thriv\$ or weight or grow\$) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ti.
70	((fail\$ or falter\$) adj3 (thriv\$ or weight or grow\$) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ab. /freq=2
71	((grow\$ or weight? or height? or length?) adj1 (disorder? or deficien\$ or poor) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ti.
72	((grow\$ or weight? or height? or length?) adj1 (disorder? or deficien\$ or poor) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ab. /freq=2
73	(weight? adj1 (low or under\$) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ti.
74	(weight? adj1 (low or under\$) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ab. /freq=2
75	((malnutrition\$ or underweight? or under weight? or wasting or stunting or stunted) adj2 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ti.
76	((malnutrition\$ or underweight? or under weight? or wasting or stunting or stunted) adj2 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ab. /freq=2
77	or/67-76
78	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").ti,ab.
79	FAILURE TO THRIVE/cl [Classification]
80	FAILURE TO THRIVE/di [Diagnosis]
81	MALNUTRITION/cl [Classification]
82	MALNUTRITION/di [Diagnosis]
83	or/79-82
84	42 and 66
85	7 and 77
86	42 and 78
87	7 and 83
88	or/84-87

### E.2.3 Cochrane Database of Systematic Reviews (CDSR)

#	Searches
1	CHILD, PRESCHOOL.kw.
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
3	INFANT.kw.
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
5	PEDIATRICS.kw.

#	Searches
6	p?ediatric\$.ti,ab.
7	or/1-6
8	FAILURE TO THRIVE.kw.
9	(fail\$ adj2 thriv\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	WEIGHT LOSS.kw.
15	BODY WEIGHT CHANGES.kw.
16	BODY WEIGHT MAINTENANCE.kw.
17	IDEAL BODY WEIGHT.kw.
18	WASTING SYNDROME.kw.
19	THINNESS.kw.
20	EMACIATION.kw.
21	ANOREXIA.kw.
22	or/14-21
23	7 and 22
24	CHILD NUTRITION DISORDERS.kw.
25	INFANT NUTRITION DISORDERS.kw.
26	"FEEDING AND EATING DISORDERS OF CHILDHOOD".kw.
27	((CHILD, PRESCHOOL or INFANT) and MALNUTRITION).kw.
28	((CHILD, PRESCHOOL or INFANT) and GROWTH DISORDERS).kw.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
35	or/24-34
36	(INFANT and (HYPERNATREMIA or DEHYDRATION)).kw.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
40	or/36-39
41	13 or 23 or 35 or 40
42	SEVERITY OF ILLNESS INDEX.kw.
43	INTERNATIONAL CLASSIFICATION OF DISEASES.kw.
44	CLASSIFICATION.kw.
45	REFERENCE STANDARDS.kw.
46	REFERENCE VALUES.kw.
47	(reference adj2 (standard? or value? or range?)).ti.
48	(reference adj2 (standard? or value? or range?)).ab.
49	(growth adj1 (reference? or standard?)).ti.
50	(growth adj1 (reference? or standard?)).ab.
51	(cut off adj1 (score? or value? or point?)).ti,ab.
52	(threshold? adj3 value?).ti,ab.
53	GROWTH CHARTS.kw.
54	Growth chart?.ti.
55	Growth chart?.ab.
56	(low adj1 (weight? or BMI? or height?) adj2 age?).ti,ab.
57	(low adj1 (weight? or BMI?) adj2 (length? or height?)).ti,ab.
58	(underweight? adj2 (age or length? or height?)).ti,ab.
59	((weight? or underweight or BMI?) adj10 ((2nd or second or 1st or first) adj3 (percentile? or centile?))).ti,ab.
60	((weight? or underweight or BMI?) adj5 ("0.\$" or "1.\$" or "2" or "2.0") adj3 (percentile? or centile?)).ti,ab.
61	((declin\$ or down\$ or fall\$) adj5 (percentile? or centile?)).ti,ab.
62	(condition\$ adj5 weight gain).ti,ab.
63	CWG.ti,ab.



#	Searches
64	((famil\$ or parent\$ or mother? or father? or grandparent?) adj5 (discrepen\$ or pattern\$ or low or underweight? or stunt\$) adj5 (length? or weight? or BMI? or height?)).ti,ab.
65	or/42-64
66	FAILURE TO THRIVE.kw. and (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$).ti.
67	FAILURE TO THRIVE.kw. and (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$).ab. /freq=2
68	((fail\$ or falter\$) adj3 (thriv\$ or weight or grow\$) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ti.
69	((fail\$ or falter\$) adj3 (thriv\$ or weight or grow\$) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ab.
70	((grow\$ or weight? or height? or length?) adj1 (disorder? or deficien\$ or poor) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ti.
71	((grow\$ or weight? or height? or length?) adj1 (disorder? or deficien\$ or poor) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ab.
72	(weight? adj1 (low or under\$) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ti.
73	(weight? adj1 (low or under\$) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ab.
74	((malnutrition\$ or underweight? or under weight? or wasting or stunting or stunted) adj2 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ti.
75	((malnutrition\$ or underweight? or under weight? or wasting or stunting or stunted) adj2 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ab.
76	or/66-75
77	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").ti,ab.
78	41 and 65
79	7 and 76
80	41 and 77
81	or/78-80

## E.2.4 Database of Abstracts of Reviews of Effects (DARE)

#	Searches
1	CHILD, PRESCHOOL.kw.
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).tw,tx.
3	INFANT.kw.
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw,tx.
5	PEDIATRICS.kw.
6	p?ediatric\$.tw,tx.
7	or/1-6
8	FAILURE TO THRIVE.kw.
9	(fail\$ adj2 thrive\$).tw,tx.
10	FTT.tw,tx.
11	(falter\$ adj3 (weight or grow\$)).tw,tx.
12	or/8-11
13	7 and 12
14	WEIGHT LOSS.kw.
15	BODY WEIGHT CHANGES.kw.
16	BODY WEIGHT MAINTENANCE.kw.
17	IDEAL BODY WEIGHT.kw.
18	WASTING SYNDROME.kw.
19	THINNESS.kw.
20	EMACIATION.kw.
21	ANOREXIA.kw.
22	or/14-21
23	7 and 22
24	CHILD NUTRITION DISORDERS.kw.
25	INFANT NUTRITION DISORDERS.kw.
26	"FEEDING AND EATING DISORDERS OF CHILDHOOD".kw.
27	((CHILD, PRESCHOOL or INFANT) and MALNUTRITION).kw.
28	((CHILD, PRESCHOOL or INFANT) and GROWTH DISORDERS).kw.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).tw,tx.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).tw,tx.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw,tx.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or

#	Searches
	premie or premies) adj2 (malnutrition\$ or malnourish\$).tw,tx.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$)).tw,tx.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$)).tw,tx.
35	or/24-34
36	(INFANT and (HYPERNATREMIA or DEHYDRATION)).kw.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).tw,tx.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).tw,tx.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).tw,tx.
40	or/36-39
41	13 or 23 or 35 or 40
42	SEVERITY OF ILLNESS INDEX.kw.
43	INTERNATIONAL CLASSIFICATION OF DISEASES.kw.
44	CLASSIFICATION.kw.
45	REFERENCE STANDARDS.kw.
46	REFERENCE VALUES.kw.
47	(reference adj2 (standard? or value? or range?)).tw.
48	(reference adj2 (standard? or value? or range?)).tx.
49	(growth adj1 (reference? or standard?)).tw.
50	(growth adj1 (reference? or standard?)).tx.
51	(cut off adj1 (score? or value? or point?)).tw,tx.
52	(threshold? adj3 value?)).tw,tx.
53	GROWTH CHARTS.kw.
54	Growth chart?.tw.
55	Growth chart?.tx.
56	(low adj1 (weight? or BMI? or height?) adj2 age?).tw,tx.
57	(low adj1 (weight? or BMI?) adj2 (length? or height?)).tw,tx.
58	(underweight? adj2 (age or length? or height?)).tw,tx.
59	((weight? or underweight or BMI?) adj10 ((2nd or second or 1st or first) adj3 (percentile? or centile?))).tw,tx.
60	((weight? or underweight or BMI?) adj5 ("0.\$" or "1.\$" or "2" or "2.0") adj3 (percentile? or centile?)).tw,tx.
61	((declin\$ or down\$ or fall\$) adj5 (percentile? or centile?)).tw,tx.
62	(condition\$ adj5 weight gain).tw,tx.
63	CWG.tw,tx.
64	((famil\$ or parent\$ or mother? or father? or grandparent?) adj5 (discrepen\$ or pattern\$ or low or underweight? or stunt\$) adj5 (length? or weight? or BMI? or height?)).tw,tx.
65	or/42-64
66	FAILURE TO THRIVE.kw. and (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$).tw,tx.
67	((fail\$ or falter\$) adj3 (thriv\$ or weight or grow\$) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).tw.
68	((fail\$ or falter\$) adj3 (thriv\$ or weight or grow\$) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).tx.
69	((grow\$ or weight? or height? or length?) adj1 (disorder? or deficien\$ or poor) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).tw.
70	((grow\$ or weight? or height? or length?) adj1 (disorder? or deficien\$ or poor) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).tx.
71	(weight? adj1 (low or under\$) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).tw.
72	(weight? adj1 (low or under\$) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).tx.
73	((malnutrition\$ or underweight? or under weight? or wasting or stunting or stunted) adj2 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).tx. /freq=2
74	or/66-73
75	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").tw,tx.
76	41 and 65
77	7 and 74
78	41 and 75
79	or/76-78

## E.2.5 Health Technology Assessment (HTA)

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).tw.

#	Searches
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw.
5	exp PEDIATRICS/
6	p?ediatric\$.tw.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thriv\$).tw.
10	FTT.tw.
11	(falter\$ adj3 (weight or grow\$)).tw.
12	or/8-11
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).tw.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciates\$ or anorexi\$ or stunting or stunted)).tw.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).tw.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).tw.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).tw.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).tw.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw.
41	or/37-40
42	13 or 24 or 36 or 41
43	*SEVERITY OF ILLNESS INDEX/
44	INTERNATIONAL CLASSIFICATION OF DISEASES/
45	CLASSIFICATION/
46	REFERENCE STANDARDS/
47	*REFERENCE VALUES/
48	(reference adj2 (standard? or value? or range?)).tw.
49	(growth adj1 (reference? or standard?)).tw.
50	(cut off adj1 (score? or value? or point?)).tw.
51	(threshold? adj3 value?).tw.
52	GROWTH CHARTS/
53	Growth chart?.tw.
54	(low adj1 (weight? or BMI? or height?) adj2 age?).tw.
55	(low adj1 (weight? or BMI?) adj2 (length? or height?)).tw.
56	(underweight? adj2 (age or length? or height?)).tw.
57	((weight? or underweight or BMI?) adj10 ((2nd or second or 1st or first) adj3 (percentile? or centile?))).tw.
58	((weight? or underweight or BMI?) adj5 ("0.\$" or "1.\$" or "2" or "2.0") adj3 (percentile? or centile?)).tw.
59	((declin\$ or down\$ or fall\$) adj5 (percentile? or centile?)).tw.
60	(condition\$ adj5 weight gain).tw.

#	Searches
61	CWG.tw.
62	((famil\$ or parent\$ or mother? or father? or grandparent?) adj5 (discrepen\$ or pattern\$ or low or underweight? or stunt\$) adj5 (length? or weight? or BMI? or height?)).tw.
63	or/43-62
64	FAILURE TO THRIVE/ and (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$).tw.
65	((fail\$ or falter\$) adj3 (thriv\$ or weight or grow\$) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).tw.
66	((grow\$ or weight? or height? or length?) adj1 (disorder? or deficien\$ or poor) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).tw.
67	(weight? adj1 (low or under\$) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).tw.
68	((malnutrition\$ or underweight? or under weight? or wasting or stunting or stunted) adj2 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).tw.
69	or/64-68
70	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").tw.
71	FAILURE TO THRIVE/cl [Classification]
72	FAILURE TO THRIVE/di [Diagnosis]
73	MALNUTRITION/cl [Classification]
74	MALNUTRITION/di [Diagnosis]
75	or/71-74
76	42 and 63
77	7 and 69
78	42 and 70
79	7 and 75
80	or/76-79

## E.2.6 Embase

#	Searches
1	PRESCHOOL CHILD/ or TODDLER/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
5	exp PEDIATRICS/
6	p?ediatric\$.ti,ab.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thriv\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	*WEIGHT REDUCTION/
15	WEIGHT CHANGE/
16	WEIGHT FLUCTUATION/
17	WEIGHT VARIATION/
18	WASTING SYNDROME/
19	EMACIATION/
20	*ANOREXIA/
21	or/14-20
22	7 and 21
23	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *NUTRITIONAL DISORDER/
24	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *EATING DISORDER/
25	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *MALNUTRITION/
26	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *GROWTH DISORDER/
27	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
28	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or

#	Searches
	premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$)).ti,ab.
33	or/23-32
34	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/
35	NEONATAL WEIGHT LOSS/
36	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
39	or/34-38
40	13 or 22 or 33 or 39
41	*SEVERITY OF ILLNESS INDEX/
42	*INTERNATIONAL CLASSIFICATION OF DISEASES/
43	*CLASSIFICATION/
44	*STANDARD/
45	*REFERENCE VALUE/
46	(reference adj2 (standard? or value? or range?)).ti.
47	(reference adj2 (standard? or value? or range?)).ab. /freq=2
48	(growth adj1 (reference? or standard?)).ti.
49	(growth adj1 (reference? or standard?)).ab. /freq=2
50	(cut off adj1 (score? or value? or point?)).ti,ab.
51	(threshold? adj3 value?)).ti,ab.
52	*GROWTH CURVE/
53	Growth chart?.ti.
54	Growth chart?.ab. /freq=2
55	(low adj1 (weight? or BMI? or height?) adj2 age?).ti,ab.
56	(low adj1 (weight? or BMI?) adj2 (length? or height?)).ti,ab.
57	(underweight? adj2 (age or length? or height?)).ti,ab.
58	((weight? or underweight or BMI?) adj10 ((2nd or second or 1st or first) adj3 (percentile? or centile?)).ti,ab.
59	((weight? or underweight or BMI?) adj5 ("0.\$" or "1.\$" or "2" or "2.0") adj3 (percentile? or centile?)).ti,ab.
60	((declin\$ or down\$ or fall\$) adj5 (percentile? or centile?)).ti,ab.
61	(condition\$ adj5 weight gain).ti,ab.
62	CWG.ti,ab.
63	((famil\$ or parent\$ or mother? or father? or grandparent?) adj5 (discrepen\$ or pattern\$ or low or underweight? or stunt\$) adj5 (length? or weight? or BMI? or height?)).ti,ab.
64	or/41-63
65	*FAILURE TO THRIVE/ and (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$).ti.
66	*FAILURE TO THRIVE/ and (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$).ab. /freq=2
67	((fail\$ or falter\$) adj3 (thriv\$ or weight or grow\$) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ti.
68	((fail\$ or falter\$) adj3 (thriv\$ or weight or grow\$) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ab. /freq=2
69	((grow\$ or weight? or height? or length?) adj1 (disorder? or deficien\$ or poor) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ti.
70	((grow\$ or weight? or height? or length?) adj1 (disorder? or deficien\$ or poor) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ab. /freq=2
71	(weight? adj1 (low or under\$) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ti.
72	(weight? adj1 (low or under\$) adj5 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ab. /freq=2
73	((malnutrition\$ or underweight? or under weight? or wasting or stunting or stunted) adj2 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ti.
74	((malnutrition\$ or underweight? or under weight? or wasting or stunting or stunted) adj2 (grad\$ or severit\$ or classif\$ or index\$ or indices or threshold? or defin\$ or criteri\$ or diagnos\$)).ab. /freq=2
75	or/65-74
76	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").ti,ab.
77	*FAILURE TO THRIVE/di [Diagnosis]
78	*MALNUTRITION/di [Diagnosis]
79	or/77-78
80	40 and 64
81	7 and 75
82	40 and 76
83	7 and 79
84	or/80-83
85	limit 84 to english language

#	Searches
86	letter.pt. or LETTER/
87	note.pt.
88	editorial.pt.
89	CASE REPORT/ or CASE STUDY/
90	(letter or comment*).ti.
91	or/86-90
92	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
93	91 not 92
94	ANIMAL/ not HUMAN/
95	NONHUMAN/
96	exp ANIMAL EXPERIMENT/
97	exp EXPERIMENTAL ANIMAL/
98	ANIMAL MODEL/
99	exp RODENT/
100	(rat or rats or mouse or mice).ti.
101	or/93-100
102	85 not 101

## E.3 Weight loss associated with adverse outcomes

### E.3.1 Medline and Medline In-Process & Other Non-Indexed Citations

#	Searches
1	INFANT, NEWBORN/
2	(neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
3	1 or 2
4	WEIGHT LOSS/
5	3 and 4
6	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or falter\$)).ti,ab.
7	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (under weight? or underweight?)).ti,ab.
8	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
9	INFANT, NEWBORN/ and (HYPERNATREMIA/ or *DEHYDRATION/)
10	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (hypernatr\$ or dehydrat\$)).ti,ab.
11	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (early or postnatal\$ or postpartum or follow\$ birth?) adj7 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
12	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj7 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
13	or/5-12
14	*SEVERITY OF ILLNESS INDEX/
15	INTERNATIONAL CLASSIFICATION OF DISEASES/
16	CLASSIFICATION/
17	REFERENCE STANDARDS/
18	*REFERENCE VALUES/
19	GROWTH CHARTS/
20	TIME FACTORS/
21	(grad\$ or severit\$ or classif\$ or index\$ or indices or degree? or percent\$ or centile? or threshold? or defin\$ or criteri\$ or diagnos\$).ti,ab.
22	(reference adj2 (standard? or value? or range?)).ti,ab.
23	(growth adj1 (reference? or standard?)).ti,ab.
24	(cut off adj1 (score? or value? or point?)).ti,ab.
25	Growth chart\$.ti,ab.
26	nomogram?.ti,ab.
27	timing?.ti,ab.
28	concern\$.ti,ab.
29	adverse outcome?.ti,ab.
30	or/14-29
31	FAILURE TO THRIVE/cl [Classification]
32	*FAILURE TO THRIVE/di [Diagnosis]
33	or/31-32
34	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").ti,ab.
35	WEIGHT LOSS/
36	(Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or falter\$)).ti,ab.
37	or/35-36



#	Searches
38	13 and 30
39	3 and 33
40	34 and 37
41	or/38-40
42	limit 41 to english language
43	LETTER/
44	EDITORIAL/
45	NEWS/
46	exp HISTORICAL ARTICLE/
47	ANECDOTES AS TOPIC/
48	COMMENT/
49	CASE REPORT/
50	(letter or comment*).ti.
51	or/43-50
52	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
53	51 not 52
54	ANIMALS/ not HUMANS/
55	exp ANIMALS, LABORATORY/
56	exp ANIMAL EXPERIMENTATION/
57	exp MODELS, ANIMAL/
58	exp RODENTIA/
59	(rat or rats or mouse or mice).ti.
60	or/53-59
61	42 not 60

### E.3.2 Cochrane Central Register of Controlled Trials (CCTR)

#	Searches
1	INFANT, NEWBORN/
2	(neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab,kw.
3	1 or 2
4	WEIGHT LOSS/
5	3 and 4
6	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or falter\$)).ti,ab.
7	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 underweight?).ti,ab.
8	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
9	INFANT, NEWBORN/ and (HYPERNATREMIA/ or *DEHYDRATION/)
10	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (hypernatr\$ or dehydrat\$)).ti,ab.
11	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (early or postnatal\$ or postpartum or follow\$ birth?) adj7 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
12	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj7 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
13	or/5-12
14	*SEVERITY OF ILLNESS INDEX/
15	INTERNATIONAL CLASSIFICATION OF DISEASES/
16	CLASSIFICATION/
17	REFERENCE STANDARDS/
18	*REFERENCE VALUES/
19	GROWTH CHARTS/
20	TIME FACTORS/
21	(grad\$ or severit\$ or classif\$ or index\$ or indices or degree? or percent\$ or centile? or threshold? or defin\$ or criteri\$ or diagnos\$).ti,ab,kw.
22	(reference adj2 (standard? or value? or range?)).ti,ab.
23	(growth adj1 (reference? or standard?)).ti,ab.
24	(cut off adj1 (score? or value? or point?)).ti,ab.
25	Growth chart\$.ti,ab,kw.
26	nomogram?.ti,ab,kw.
27	timing?.ti,ab,kw.
28	concern\$.ti,ab,kw.
29	adverse outcome?.ti,ab,kw.
30	or/14-29
31	FAILURE TO THRIVE/cl [Classification]
32	*FAILURE TO THRIVE/di [Diagnosis]
33	or/31-32
34	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").ti,ab.

#	Searches
35	WEIGHT LOSS/
36	(Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or falter\$)).ti,ab.
37	or/35-36
38	13 and 30
39	3 and 33
40	34 and 37
41	or/38-40

### E.3.3 Cochrane Database of Systematic Reviews (CDSR)

#	Searches
1	INFANT, NEWBORN.kw.
2	(neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
3	1 or 2
4	WEIGHT LOSS.kw.
5	3 and 4
6	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or falter\$)).ti,ab.
7	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (under weight? or underweight?)).ti,ab.
8	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
9	(INFANT, NEWBORN and (HYPERNATREMIA or DEHYDRATION)).kw.
10	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (hypernatr\$ or dehydrat\$)).ti,ab.
11	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (early or postnatal\$ or postpartum or follow\$ birth?) adj7 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
12	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj7 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
13	or/5-12
14	SEVERITY OF ILLNESS INDEX.kw.
15	INTERNATIONAL CLASSIFICATION OF DISEASES.kw.
16	CLASSIFICATION.kw.
17	REFERENCE STANDARDS.kw.
18	REFERENCE VALUES.kw.
19	GROWTH CHARTS.kw.
20	TIME FACTORS.kw.
21	(grad\$ or severit\$ or classif\$ or index\$ or indices or degree? or percent\$ or centile? or threshold? or defin\$ or criteri\$ or diagnos\$).ti.
22	(reference adj2 (standard? or value? or range?)).ti,ab.
23	(growth adj1 (reference? or standard?)).ti,ab.
24	(cut off adj1 (score? or value? or point?)).ti,ab.
25	Growth chart\$.ti,ab.
26	nomogram?.ti,ab.
27	timing?.ti,ab.
28	concern\$.ti,ab.
29	adverse outcome?.ti,ab.
30	or/14-29
31	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").ti,ab.
32	WEIGHT LOSS.kw.
33	(Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or falter\$)).ti,ab.
34	or/32-33
35	13 and 30
36	31 and 34
37	or/35-36

### E.3.4 Database of Abstracts of Reviews of Effects (DARE)

#	Searches
1	INFANT, NEWBORN.kw.
2	(neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw,tx.
3	1 or 2
4	WEIGHT LOSS.kw.
5	3 and 4
6	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or falter\$)).tw,tx.
7	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (under weight? or underweight?)).tw,tx.



#	Searches
8	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw.tx.
9	(INFANT, NEWBORN and (HYPERNATREMIA or DEHYDRATION)).kw.
10	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (hypernatr\$ or dehydrat\$)).tw.tx.
11	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (early or postnatal\$ or postpartum or follow\$ birth?) adj7 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw.tx.
12	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj7 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw.tx.
13	or/5-12
14	SEVERITY OF ILLNESS INDEX.kw.
15	INTERNATIONAL CLASSIFICATION OF DISEASES.kw.
16	CLASSIFICATION.kw.
17	REFERENCE STANDARDS.kw.
18	REFERENCE VALUES.kw.
19	GROWTH CHARTS.kw.
20	TIME FACTORS.kw.
21	(grad\$ or severit\$ or classif\$ or index\$ or indices or degree? or percent\$ or centile? or threshold? or defin\$ or criteri\$ or diagnos\$).ti.
22	(reference adj2 (standard? or value? or range?)).tw.tx.
23	(growth adj1 (reference? or standard?)).tw.tx.
24	(cut off adj1 (score? or value? or point?)).tw.tx.
25	Growth chart\$.tw.tx.
26	nomogram?.tw.tx.
27	timing?.tw.tx.
28	concern\$.tw.tx.
29	adverse outcome?.tw.tx.
30	or/14-29
31	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").tw.tx.
32	WEIGHT LOSS.kw.
33	(Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or falter\$)).tw.tx.
34	or/32-33
35	13 and 30
36	31 and 34
37	or/35-36

### E.3.5 Health Technology Assessment (HTA)

#	Searches
1	INFANT, NEWBORN/
2	(neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw.
3	1 or 2
4	WEIGHT LOSS/
5	3 and 4
6	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or falter\$))).tw.
7	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (under weight? or underweight?)).tw.
8	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw.
9	INFANT, NEWBORN/ and (HYPERNATREMIA/ or *DEHYDRATION/)
10	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (hypernatr\$ or dehydrat\$)).tw.
11	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (early or postnatal\$ or postpartum or follow\$ birth?) adj7 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw.
12	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj7 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw.
13	or/5-12
14	*SEVERITY OF ILLNESS INDEX/
15	INTERNATIONAL CLASSIFICATION OF DISEASES/
16	CLASSIFICATION/
17	REFERENCE STANDARDS/
18	*REFERENCE VALUES/
19	GROWTH CHARTS/
20	TIME FACTORS/
21	(grad\$ or severit\$ or classif\$ or index\$ or indices or degree? or percent\$ or centile? or threshold? or defin\$ or criteri\$ or diagnos\$).tw.
22	(reference adj2 (standard? or value? or range?)).tw.
23	(growth adj1 (reference? or standard?)).tw.

#	Searches
24	(cut off adj1 (score? or value? or point?)).tw.
25	Growth chart\$.tw.
26	nomogram?.tw.
27	timing?.tw.
28	concern\$.tw.
29	adverse outcome?.tw.
30	or/14-29
31	FAILURE TO THRIVE/cl [Classification]
32	*FAILURE TO THRIVE/di [Diagnosis]
33	or/31-32
34	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").tw.
35	WEIGHT LOSS/
36	(Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or falter\$)).tw.
37	or/35-36
38	13 and 30
39	3 and 33
40	34 and 37
41	or/38-40

### E.3.6 Embase

#	Searches
1	NEWBORN/ or BABY/
2	(neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
3	1 or 2
4	*WEIGHT REDUCTION/
5	3 and 4
6	NEONATAL WEIGHT LOSS/
7	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or falter\$))).ti,ab.
8	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (under weight? or underweight?)).ti,ab.
9	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
10	(NEWBORN/ or BABY/) and (HYPERNATREMIA/ or *DEHYDRATION/)
11	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (hypernatr\$ or dehydrat\$)).ti,ab.
12	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (early or postnatal\$ or postpartum or follow\$ birth?) adj7 ((weight or fluid?) adj2 (loss or lose or losing) or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
13	((neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj7 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
14	or/5-13
15	*SEVERITY OF ILLNESS INDEX/
16	*INTERNATIONAL CLASSIFICATION OF DISEASES/
17	*CLASSIFICATION/
18	*STANDARD/
19	*REFERENCE VALUE/
20	*GROWTH CURVE/
21	*TIME FACTOR/
22	(grad\$ or severit\$ or classif\$ or index\$ or indices or degree? or percent\$ or centile? or threshold? or defin\$ or criteri\$ or diagnos\$).ti,ab.
23	(reference adj2 (standard? or value? or range?)).ti,ab.
24	(growth adj1 (reference? or standard?)).ti,ab.
25	(cut off adj1 (score? or value? or point?)).ti,ab.
26	Growth chart\$.ti,ab.
27	nomogram?.ti,ab.
28	timing?.ti,ab.
29	concern\$.ti,ab.
30	adverse outcome?.ti,ab.
31	or/15-30
32	*FAILURE TO THRIVE/di [Diagnosis]
33	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").ti,ab.
34	WEIGHT REDUCTION/
35	(Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or falter\$)).ti,ab.
36	or/34-35
37	14 and 31

#	Searches
38	3 and 32
39	33 and 36
40	or/37-39
41	limit 40 to english language
42	letter.pt. or LETTER/
43	note.pt.
44	editorial.pt.
45	CASE REPORT/ or CASE STUDY/
46	(letter or comment*).ti.
47	or/42-46
48	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
49	47 not 48
50	ANIMAL/ not HUMAN/
51	NONHUMAN/
52	exp ANIMAL EXPERIMENT/
53	exp EXPERIMENTAL ANIMAL/
54	ANIMAL MODEL/
55	exp RODENT/
56	(rat or rats or mouse or mice).ti.
57	or/49-56
58	41 not 57

## E.4 Differences in feeding and eating

### E.4.1 Medline and Medline In-Process & Other Non-Indexed Citations

#	Searches
1	META-ANALYSIS/
2	META-ANALYSIS AS TOPIC/
3	(meta analy* or metanaly* or metaanaly*).ti,ab.
4	((systematic* or evidence*) adj2 (review* or overview*)).ti,ab.
5	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.
6	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
7	(search* adj4 literature).ab.
8	(medline or pubmed or cochrane or embase or psychlit or psychlit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab.
9	cochrane.jw.
10	or/1-9
11	COHORT STUDIES/
12	cohort?.ti,ab.
13	FOLLOW-UP STUDIES/
14	(Follow\$ up adj3 (study or studies)).ti,ab.
15	LONGITUDINAL STUDIES/
16	longitudinal\$.ti,ab.
17	PROSPECTIVE STUDIES/
18	prospective\$.ti,ab.
19	RETROSPECTIVE STUDIES/
20	retrospective\$.ti,ab.
21	CASE CONTROL STUDIES/
22	case control\$.ti,ab.
23	or/11-22
24	CONTROL GROUPS/
25	control group?.ti,ab.
26	control?.ab. /freq=2
27	or/24-26
28	10 or 23 or 27
29	CHILD, PRESCHOOL/
30	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
31	exp INFANT/
32	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
33	exp PEDIATRICS/
34	p?ediatric\$.ti,ab.
35	or/29-34
36	FAILURE TO THRIVE/
37	(fail\$ adj2 thrive\$).ti,ab.
38	FTT.ti,ab.
39	(falter\$ adj3 (weight or grow\$)).ti,ab.
40	or/36-39
41	35 and 40

#	Searches
42	*WEIGHT LOSS/
43	WEIGHT LOSS/ph [Physiology]
44	BODY WEIGHT CHANGES/
45	BODY WEIGHT MAINTENANCE/
46	IDEAL BODY WEIGHT/
47	WASTING SYNDROME/
48	*THINNESS/
49	EMACIATION/
50	ANOREXIA/
51	or/42-50
52	35 and 51
53	*CHILD NUTRITION DISORDERS/
54	*INFANT NUTRITION DISORDERS/
55	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
56	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
57	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
58	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).ti,ab.
59	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
60	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
61	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
62	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
63	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
64	or/53-63
65	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
66	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
67	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
68	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
69	or/65-68
70	41 or 52 or 64 or 69
71	DIET RECORDS/
72	((food? or diet\$) adj2 (diary or diaries or record\$)).ti,ab.
73	FEEDING BEHAVIOR/ or FEEDING METHODS/ or BREAST FEEDING/ or BOTTLE FEEDING/ or MEALS/
74	((assess\$ or observ\$) adj3 (breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$ or eat\$ or meal\$)).ti,ab.
75	exp VIDEO RECORDING/
76	video\$.ti,ab.
77	((eat\$ or feed\$ or meal\$) adj3 (questionnaire? or scale? or tool?)).ti,ab.
78	(Children\$ eating behaviour questionnaire or CEBQ\$ or P?ediatric Eating Assessment Tool or Pedi-EAT or (Development and Well-Being Assessment) or DAWBA\$ or Behavio?ral P?ediatrics Feeding Assessment Scale or BPFAS or Child Eating Behavio?r Inventory or CEBI or Children\$ Feeding Assessment Questionnaire or CFAQ or Mealtime Behavio?r Questionnaire or MBQ or Montreal Children\$ Hospital Feeding Scale or MCH Feeding Scale).ti,ab.
79	((behav\$ or practice?) adj3 (breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$ or eat\$ or meal\$)).ti,ab.
80	((identif\$ or differen\$) adj3 (breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$ or eat\$ or meal\$)).ti,ab.
81	or/71-80
82	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").ti,ab.
83	70 and 81
84	70 and 82
85	or/83-84
86	limit 85 to english language
87	LETTER/
88	EDITORIAL/
89	NEWS/
90	exp HISTORICAL ARTICLE/
91	ANECDOTES AS TOPIC/

#	Searches
92	COMMENT/
93	CASE REPORT/
94	(letter or comment*).ti.
95	or/87-94
96	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
97	95 not 96
98	ANIMALS/ not HUMANS/
99	exp ANIMALS, LABORATORY/
100	exp ANIMAL EXPERIMENTATION/
101	exp MODELS, ANIMAL/
102	exp RODENTIA/
103	(rat or rats or mouse or mice).ti.
104	or/97-103
105	86 not 104
106	10 and 105
107	23 and 105
108	27 and 105
109	or/106-108

## E.4.2 Cochrane Central Register of Controlled Trials (CCTR)

#	Searches
1	META-ANALYSIS/
2	META-ANALYSIS AS TOPIC/
3	(meta analy* or metanaly* or metaanaly*).ti,ab.
4	((systematic* or evidence*) adj2 (review* or overview*)).ti,ab.
5	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.
6	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
7	(search* adj4 literature).ab.
8	(medline or pubmed or cochrane or embase or psychlit or psyclit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab.
9	cochrane.jw.
10	or/1-9
11	COHORT STUDIES/
12	cohort?.ti,ab.
13	FOLLOW-UP STUDIES/
14	(Follow\$ up adj3 (study or studies)).ti,ab.
15	LONGITUDINAL STUDIES/
16	longitudinal\$.ti,ab.
17	PROSPECTIVE STUDIES/
18	prospective\$.ti,ab.
19	RETROSPECTIVE STUDIES/
20	retrospective\$.ti,ab.
21	CASE CONTROL STUDIES/
22	case control\$.ti,ab.
23	or/11-22
24	CONTROL GROUPS/
25	control group?.ti,ab.
26	control?.ab. /freq=2
27	or/24-26
28	10 or 23 or 27
29	CHILD, PRESCHOOL/
30	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab,kw.
31	exp INFANT/
32	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab,kw.
33	exp PEDIATRICS/
34	p?ediatric\$.ti,ab,kw.
35	or/29-34
36	FAILURE TO THRIVE/
37	(fail\$ adj2 thrive\$).ti,ab.
38	FTT.ti,ab.
39	(falter\$ adj3 (weight or grow\$)).ti,ab.
40	or/36-39
41	35 and 40
42	*WEIGHT LOSS/
43	WEIGHT LOSS/ph [Physiology]
44	BODY WEIGHT CHANGES/
45	BODY WEIGHT MAINTENANCE/
46	IDEAL BODY WEIGHT/
47	WASTING SYNDROME/

#	Searches
48	*THINNESS/
49	EMACIATION/
50	ANOREXIA/
51	or/42-50
52	35 and 51
53	*CHILD NUTRITION DISORDERS/
54	*INFANT NUTRITION DISORDERS/
55	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
56	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
57	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
58	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).ti,ab.
59	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or poor nutrition\$ or undernourish\$ or underweight\$ or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
60	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
61	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
62	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
63	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
64	or/53-63
65	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
66	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
67	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
68	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
69	or/65-68
70	41 or 52 or 64 or 69
71	DIET RECORDS/
72	((food? or diet\$) adj2 (diary or diaries or record\$)).ti,ab.
73	FEEDING BEHAVIOR/ or FEEDING METHODS/ or BREAST FEEDING/ or BOTTLE FEEDING/ or MEALS/
74	((assess\$ or observ\$) adj3 (breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$ or eat\$ or meal\$)).ti,ab.
75	exp VIDEO RECORDING/
76	video\$.ti,ab.
77	((eat\$ or feed\$ or meal\$) adj3 (questionnaire? or scale? or tool?)).ti,ab.
78	(Children\$ eating behaviour questionnaire or CEBQ\$ or P?ediatric Eating Assessment Tool or Pedi-EAT or (Development and Well-Being Assessment) or DAWBA\$ or Behavio?ral P?ediatrics Feeding Assessment Scale or BPFAS or Child Eating Behavio?r Inventory or CEBI or Children\$ Feeding Assessment Questionnaire or CFAQ or Mealtime Behavio?r Questionnaire or MBQ or Montreal Children\$ Hospital Feeding Scale or MCH Feeding Scale).ti,ab.
79	((behav\$ or practice?) adj3 (breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$ or eat\$ or meal\$)).ti,ab.
80	((identif\$ or differen\$) adj3 (breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$ or eat\$ or meal\$)).ti,ab.
81	or/71-80
82	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").ti,ab.
83	70 and 81
84	70 and 82
85	or/83-84
86	10 and 85
87	23 and 85
88	27 and 85
89	or/86-88

### E.4.3 Cochrane Database of Systematic Reviews (CDSR)

#	Searches
1	CHILD, PRESCHOOL.kw.
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
3	INFANT.kw.
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.



#	Searches
5	PEDIATRICS.kw.
6	p?ediatric\$.ti,ab.
7	or/1-6
8	FAILURE TO THRIVE.kw.
9	(fail\$ adj2 thriv\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	WEIGHT LOSS.kw.
15	BODY WEIGHT CHANGES.kw.
16	BODY WEIGHT MAINTENANCE.kw.
17	IDEAL BODY WEIGHT.kw.
18	WASTING SYNDROME.kw.
19	THINNESS.kw.
20	EMACIATION.kw.
21	ANOREXIA.kw.
22	or/14-21
23	7 and 22
24	CHILD NUTRITION DISORDERS.kw.
25	INFANT NUTRITION DISORDERS.kw.
26	"FEEDING AND EATING DISORDERS OF CHILDHOOD".kw.
27	((CHILD, PRESCHOOL or INFANT) and MALNUTRITION).kw.
28	((CHILD, PRESCHOOL or INFANT) and GROWTH DISORDERS).kw.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).ti,ab.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$)).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
35	or/24-34
36	(INFANT and (HYPERNATREMIA or DEHYDRATION)).kw.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
40	or/36-39
41	13 or 23 or 35 or 40
42	DIET RECORDS.kw.
43	((food? or diet\$) adj2 (diary or diaries or record\$)).ti,ab.
44	(FEEDING BEHAVIOR or FEEDING METHODS or BREAST FEEDING or BOTTLE FEEDING or MEALS).kw.
45	((assess\$ or observ\$) adj3 (breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$ or eat\$ or meal\$)).ti,ab.
46	VIDEO RECORDING.kw.
47	video\$.ti,ab.
48	((eat\$ or feed\$ or meal\$) adj3 (questionnaire? or scale? or tool?)).ti,ab.
49	(Children\$ eating behaviour questionnaire or CEBQ\$ or P?ediatric Eating Assessment Tool or Pedi-EAT or (Development and Well-Being Assessment) or DAWBA\$ or Behavio?ral P?ediatrics Feeding Assessment Scale or BPFAS or Child Eating Behavio?r Inventory or CEBI or Children\$ Feeding Assessment Questionnaire or CFAQ or Mealtime Behavio?r Questionnaire or MBQ or Montreal Children\$ Hospital Feeding Scale or MCH Feeding Scale).ti,ab.
50	((behav\$ or practice?) adj3 (breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$ or eat\$ or meal\$)).ti,ab.
51	((identif\$ or differen\$) adj3 (breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$ or eat\$ or meal\$)).ti,ab.
52	or/42-51
53	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").ti,ab.
54	41 and 52

#	Searches
55	41 and 53
56	or/54-55

#### E.4.4 Database of Abstracts of Reviews of Effects (DARE)

#	Searches
1	CHILD, PRESCHOOL.kw.
2	(child\$ or preschool\$ or pre-school\$ or toddler\$.)tw,tx.
3	INFANT.kw.
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw,tx.
5	PEDIATRICS.kw.
6	p?ediatric\$.tw,tx.
7	or/1-6
8	FAILURE TO THRIVE.kw.
9	(fail\$ adj2 thriv\$).tw,tx.
10	FTT.tw,tx.
11	(falter\$ adj3 (weight or grow\$)).tw,tx.
12	or/8-11
13	7 and 12
14	WEIGHT LOSS.kw.
15	BODY WEIGHT CHANGES.kw.
16	BODY WEIGHT MAINTENANCE.kw.
17	IDEAL BODY WEIGHT.kw.
18	WASTING SYNDROME.kw.
19	THINNESS.kw.
20	EMACIATION.kw.
21	ANOREXIA.kw.
22	or/14-21
23	7 and 22
24	CHILD NUTRITION DISORDERS.kw.
25	INFANT NUTRITION DISORDERS.kw.
26	"FEEDING AND EATING DISORDERS OF CHILDHOOD".kw.
27	((CHILD, PRESCHOOL or INFANT) and MALNUTRITION).kw.
28	((CHILD, PRESCHOOL or INFANT) and GROWTH DISORDERS).kw.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).tw,tx.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).tw,tx.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw,tx.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).tw,tx.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder\$ or deficien\$ or poor\$ or fail\$))).tw,tx.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).tw,tx.
35	or/24-34
36	(INFANT and (HYPERNATREMIA or DEHYDRATION)).kw.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).tw,tx.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum\$ or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw,tx.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw,tx.
40	or/36-39
41	13 or 23 or 35 or 40
42	DIET RECORDS.kw.
43	((food? or diet\$) adj2 (diary or diaries or record\$)).tw,tx.
44	(FEEDING BEHAVIOR or FEEDING METHODS or BREAST FEEDING or BOTTLE FEEDING or MEALS).kw.
45	((assess\$ or observ\$) adj3 (breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefed\$ or bottlefed\$ or bottle fed\$ or feed\$ or eat\$ or meal\$)).tw,tx.
46	VIDEO RECORDING.kw.
47	video\$.tw,tx.
48	((eat\$ or feed\$ or meal\$) adj3 (questionnaire? or scale? or tool?)).tw,tx.
49	(Children\$ eating behaviour questionnaire or CEBQ\$ or P?ediatric Eating Assessment Tool or Pedi-EAT or (Development and Well-Being Assessment) or DAWBA\$ or Behavio?ral P?ediatrics Feeding Assessment Scale or BPFAS or Child Eating Behavio?r Inventory or CEBI or Children\$ Feeding Assessment Questionnaire or CFAQ or Mealtime Behavio?r Questionnaire or MBQ or Montreal Children\$ Hospital Feeding Scale or MCH Feeding



#	Searches
	Scale).tw,tx.
50	((behav\$ or practice?) adj3 (breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$ or eat\$ or meal\$)).tw,tx.
51	((identif\$ or differen\$) adj3 (breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$ or eat\$ or meal\$)).tw,tx.
52	or/42-51
53	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").tw,tx.
54	41 and 52
55	41 and 53
56	or/54-55

#### E.4.5 Health Technology Assessment (HTA)

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).tw.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw.
5	exp PEDIATRICS/
6	p?ediatric\$.tw.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thrive\$).tw.
10	FTT.tw.
11	(falter\$ adj3 (weight or grow\$)).tw.
12	or/8-11
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).tw.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).tw.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).tw.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).tw.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).tw.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).tw.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw.
41	or/37-40
42	13 or 24 or 36 or 41
43	DIET RECORDS/

#	Searches
44	((food? or diet\$) adj2 (diary or diaries or record\$)).tw.
45	FEEDING BEHAVIOR/ or FEEDING METHODS/ or BREAST FEEDING/ or BOTTLE FEEDING/ or MEALS/
46	((assess\$ or observ\$) adj3 (breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$ or eat\$ or meal\$)).tw.
47	exp VIDEO RECORDING/
48	video\$.tw.
49	((eat\$ or feed\$ or meal\$) adj3 (questionnaire? or scale? or tool?)).tw.
50	(Children\$ eating behaviour questionnaire or CEBQ\$ or P?ediatric Eating Assessment Tool or Pedi-EAT or (Development and Well-Being Assessment) or DAWBA\$ or Behavio?ral P?ediatrics Feeding Assessment Scale or BPFAS or Child Eating Behavio?r Inventory or CEBI or Children\$ Feeding Assessment Questionnaire or CFAQ or Mealtime Behavio?r Questionnaire or MBQ or Montreal Children\$ Hospital Feeding Scale or MCH Feeding Scale).tw.
51	((behav\$ or practice?) adj3 (breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$ or eat\$ or meal\$)).tw.
52	((identif\$ or differen\$) adj3 (breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$ or eat\$ or meal\$)).tw.
53	or/43-52
54	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").tw.
55	42 and 53
56	42 and 54
57	or/55-56

## E.4.6 Embase

#	Searches
1	SYSTEMATIC REVIEW/
2	META-ANALYSIS/
3	(meta analy* or metanaly* or metaanaly*).ti,ab.
4	((systematic or evidence) adj2 (review* or overview*)).ti,ab.
5	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.
6	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
7	(search* adj4 literature).ab.
8	(medline or pubmed or cochrane or embase or psychlit or psyclit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab.
9	((pool* or combined) adj2 (data or trials or studies or results)).ab.
10	cochrane.jw.
11	or/1-10
12	COHORT ANALYSIS/
13	cohort?.ti,ab.
14	FOLLOW-UP/
15	(Follow\$ up adj3 (study or studies)).ti,ab.
16	LONGITUDINAL STUDY/
17	longitudinal\$.ti,ab.
18	PROSPECTIVE STUDY/
19	prospective\$.ti,ab.
20	RETROSPECTIVE STUDY/
21	retrospective\$.ti,ab.
22	exp CASE CONTROL STUDY/
23	case control\$.ti,ab.
24	or/12-23
25	CONTROL GROUP/
26	control group?.ti,ab.
27	control?.ab. /freq=2
28	or/25-27
29	11 or 24 or 28
30	PRESCHOOL CHILD/ or TODDLER/
31	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
32	exp INFANT/
33	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
34	exp PEDIATRICS/
35	p?ediatric\$.ti,ab.
36	or/30-35
37	FAILURE TO THRIVE/
38	(fail\$ adj2 thriv\$).ti,ab.
39	FTT.ti,ab.
40	(falter\$ adj3 (weight or grow\$)).ti,ab.
41	or/37-40
42	36 and 41
43	*WEIGHT REDUCTION/
44	WEIGHT CHANGE/

#	Searches
45	WEIGHT FLUCTUATION/
46	WEIGHT VARIATION/
47	WASTING SYNDROME/
48	EMACIATION/
49	*ANOREXIA/
50	or/43-49
51	36 and 50
52	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *NUTRITIONAL DISORDER/
53	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *EATING DISORDER/
54	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *MALNUTRITION/
55	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *GROWTH DISORDER/
56	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).ti,ab.
57	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
58	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
59	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
60	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$)).ti,ab.
61	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
62	or/52-61
63	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
64	NEONATAL WEIGHT LOSS/
65	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
66	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
67	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
68	or/63-67
69	42 or 51 or 62 or 68
70	((food? or diet\$) adj2 (diary or diaries or record\$)).ti,ab.
71	*FEEDING BEHAVIOR/ or *FOOD INTAKE/ or exp *INFANT FEEDING/ or *MEAL/
72	((assess\$ or observ\$) adj3 (breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$ or eat\$ or meal\$)).ti,ab.
73	VIDEORECORDING/
74	video\$.ti,ab.
75	((eat\$ or feed\$ or meal\$) adj3 (questionnaire? or scale? or tool?)).ti,ab.
76	(Children\$ eating behaviour questionnaire or CEBQ\$ or P?ediatric Eating Assessment Tool or Pedi-EAT or (Development and Well-Being Assessment) or DAWBA\$ or Behavior?ral P?ediatrics Feeding Assessment Scale or BPFAS or Child Eating Behavior?r Inventory or CEBI or Children\$ Feeding Assessment Questionnaire or CFAQ or Mealtime Behavior?r Questionnaire or MBQ or Montreal Children\$ Hospital Feeding Scale or MCH Feeding Scale).ti,ab.
77	((behav\$ or practice?) adj3 (breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$ or eat\$ or meal\$)).ti,ab.
78	((identif\$ or differen\$) adj3 (breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$ or eat\$ or meal\$)).ti,ab.
79	or/70-78
80	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").ti,ab.
81	69 and 79
82	69 and 80
83	or/81-82
84	limit 83 to english language
85	letter.pt. or LETTER/
86	note.pt.
87	editorial.pt.
88	CASE REPORT/ or CASE STUDY/
89	(letter or comment*).ti.
90	or/85-89
91	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
92	90 not 91
93	ANIMAL/ not HUMAN/
94	NONHUMAN/

#	Searches
95	exp ANIMAL EXPERIMENT/
96	exp EXPERIMENTAL ANIMAL/
97	ANIMAL MODEL/
98	exp RODENT/
99	(rat or rats or mouse or mice).ti.
100	or/92-99
101	84 not 100
102	11 and 101
103	24 and 101
104	28 and 101
105	or/102-104

## E.5 Approaches in assessing feeding and eating

### E.5.1 Medline and Medline In-Process & Other Non-Indexed Citations

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
5	exp PEDIATRICS/
6	p?ediatric\$.ti,ab.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thrive\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder\$ or deficien\$ or poor\$ or fail\$))).ti,ab.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum\$ or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.

#	Searches
41	or/37-40
42	13 or 24 or 36 or 41
43	(assess\$ or observ\$).ti. and (FEEDING BEHAVIOR/ or FEEDING METHODS/ or BREAST FEEDING/ or BOTTLE FEEDING/ or MEALS/)
44	(assess\$ or observ\$).ab. /freq=2 and (FEEDING BEHAVIOR/ or FEEDING METHODS/ or BREAST FEEDING/ or BOTTLE FEEDING/ or MEALS/)
45	((assess\$ or observ\$) adj3 (((breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$) and eat\$) or meal\$)).ti,ab.
46	MEDICAL HISTORY TAKING/ and (FEEDING BEHAVIOR/ or FEEDING METHODS/ or BREAST FEEDING/ or BOTTLE FEEDING/ or MEALS/)
47	(history adj5 (((breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$) and eat\$) or meal\$)).ti,ab.
48	WEANING/ and AGE FACTORS/
49	(age? adj3 wean\$).ti,ab.
50	*FOOD HABITS/
51	((rang\$ or type? or different or divers\$ or habit?) adj2 food?).ti,ab.
52	DIET RECORDS/
53	((food? or diet\$) adj2 (diary or diaries or record\$)).ti,ab.
54	exp VIDEO RECORDING/ and (FEEDING BEHAVIOR/ or FEEDING METHODS/ or BREAST FEEDING/ or BOTTLE FEEDING/ or MEALS/)
55	((video\$ or record\$) adj3 (((breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$) and eat\$) or meal\$)).ti,ab.
56	((eat\$ or feed\$ or meal\$) adj3 (questionnaire? or scale? or tool?)).ti,ab.
57	(Children\$ eating behaviour questionnaire or CEBQ\$ or P?ediatric Eating Assessment Tool or Pedi-EAT or (Development and Well-Being Assessment) or DAWBA\$ or Behavior?ral P?ediatrics Feeding Assessment Scale or BPFAS or Child Eating Behavior?r Inventory or CEBI or Children\$ Feeding Assessment Questionnaire or CFAQ or Mealtime Behavior?r Questionnaire or MBQ or Montreal Children\$ Hospital Feeding Scale or MCH Feeding Scale).ti,ab.
58	or/43-57
59	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").ti,ab.
60	42 and 58
61	42 and 59
62	or/60-61
63	limit 62 to english language
64	LETTER/
65	EDITORIAL/
66	NEWS/
67	exp HISTORICAL ARTICLE/
68	ANECDOTES AS TOPIC/
69	COMMENT/
70	CASE REPORT/
71	(letter or comment*).ti.
72	or/64-71
73	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
74	72 not 73
75	ANIMALS/ not HUMANS/
76	exp ANIMALS, LABORATORY/
77	exp ANIMAL EXPERIMENTATION/
78	exp MODELS, ANIMAL/
79	exp RODENTIA/
80	(rat or rats or mouse or mice).ti.
81	or/74-80
82	63 not 81

## E.5.2 Cochrane Central Register of Controlled Trials (CCTR)

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab,kw.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab,kw.
5	exp PEDIATRICS/
6	p?ediatric\$.ti,ab,kw.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thrive\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11

#	Searches
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or poor nutrition\$ or undernourish\$ or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder\$ or deficien\$ or poor\$ or fail\$))).ti,ab.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum\$ or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
41	or/37-40
42	13 or 24 or 36 or 41
43	(assess\$ or observ\$).ti. and (FEEDING BEHAVIOR/ or FEEDING METHODS/ or BREAST FEEDING/ or BOTTLE FEEDING/ or MEALS/)
44	(assess\$ or observ\$).ab. /freq=2 and (FEEDING BEHAVIOR/ or FEEDING METHODS/ or BREAST FEEDING/ or BOTTLE FEEDING/ or MEALS/)
45	((assess\$ or observ\$) adj3 (((breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$) and eat\$) or meal\$)).ti,ab.
46	MEDICAL HISTORY TAKING/ and (FEEDING BEHAVIOR/ or FEEDING METHODS/ or BREAST FEEDING/ or BOTTLE FEEDING/ or MEALS/)
47	(history adj5 (((breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$) and eat\$) or meal\$)).ti,ab.
48	WEANING/ and AGE FACTORS/
49	(age? adj3 wean\$).ti,ab.
50	*FOOD HABITS/
51	((rang\$ or type? or different or divers\$ or habit?) adj2 food?).ti,ab.
52	DIET RECORDS/
53	((food? or diet\$) adj2 (diary or diaries or record\$)).ti,ab.
54	exp VIDEO RECORDING/ and (FEEDING BEHAVIOR/ or FEEDING METHODS/ or BREAST FEEDING/ or BOTTLE FEEDING/ or MEALS/)
55	((video\$ or record\$) adj3 (((breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$) and eat\$) or meal\$)).ti,ab.
56	((eat\$ or feed\$ or meal\$) adj3 (questionnaire? or scale? or tool?)).ti,ab.
57	(Children\$ eating behaviour questionnaire or CEBQ\$ or P?ediatric Eating Assessment Tool or Pedi-EAT or (Development and Well-Being Assessment) or DAWBA\$ or Behavio?ral P?ediatrics Feeding Assessment Scale or BPFAS or Child Eating Behavio?r Inventory or CEBI or Children\$ Feeding Assessment Questionnaire or CFAQ or Mealtime Behavio?r Questionnaire or MBQ or Montreal Children\$ Hospital Feeding Scale or MCH Feeding Scale).ti,ab.
58	or/43-57
59	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in



#	Searches
	Bradford" or "UK 1990 Growth Reference").ti,ab.
60	42 and 58
61	42 and 59
62	or/60-61

### E.5.3 Cochrane Database of Systematic Reviews (CDSR)

#	Searches
1	CHILD, PRESCHOOL.kw.
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
3	INFANT.kw.
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
5	PEDIATRICS.kw.
6	p?ediatric\$.ti,ab.
7	or/1-6
8	FAILURE TO THRIVE.kw.
9	(fail\$ adj2 thriv\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	WEIGHT LOSS.kw.
15	BODY WEIGHT CHANGES.kw.
16	BODY WEIGHT MAINTENANCE.kw.
17	IDEAL BODY WEIGHT.kw.
18	WASTING SYNDROME.kw.
19	THINNESS.kw.
20	EMACIATION.kw.
21	ANOREXIA.kw.
22	or/14-21
23	7 and 22
24	CHILD NUTRITION DISORDERS.kw.
25	INFANT NUTRITION DISORDERS.kw.
26	"FEEDING AND EATING DISORDERS OF CHILDHOOD".kw.
27	((CHILD, PRESCHOOL or INFANT) and MALNUTRITION).kw.
28	((CHILD, PRESCHOOL or INFANT) and GROWTH DISORDERS).kw.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
35	or/24-34
36	(INFANT and (HYPERNATREMIA or DEHYDRATION)).kw.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
40	or/36-39
41	13 or 23 or 35 or 40
42	(assess\$ or observ\$).ti,ab. and (FEEDING BEHAVIOR or FEEDING METHODS or BREAST FEEDING or BOTTLE FEEDING or MEALS).kw.
43	((assess\$ or observ\$) adj3 (((breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$) and eat\$) or meal\$)).ti,ab.
44	(MEDICAL HISTORY TAKING and (FEEDING BEHAVIOR or FEEDING METHODS or BREAST FEEDING or BOTTLE FEEDING or MEALS)).kw.
45	(history adj5 (((breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$) and eat\$) or meal\$)).ti,ab.
46	(WEANING and AGE FACTORS).kw.
47	(age? adj3 wean\$).ti,ab.

#	Searches
48	FOOD HABITS.kw.
49	((rang\$ or type\$ or different or divers\$ or habit?) adj2 food?).ti,ab.
50	DIET RECORDS.kw.
51	((food\$ or diet\$) adj2 (diary or diaries or record\$)).ti,ab.
52	(VIDEO RECORDING and (FEEDING BEHAVIOR or FEEDING METHODS or BREAST FEEDING or BOTTLE FEEDING or MEALS)).kw.
53	((video\$ or record\$) adj3 (((breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$) and eat\$) or meal\$)).ti,ab.
54	((eat\$ or feed\$ or meal\$) adj3 (questionnaire? or scale? or tool?)).ti,ab.
55	(Children\$ eating behaviour questionnaire or CEBQ\$ or P?ediatric Eating Assessment Tool or Pedi-EAT or (Development and Well-Being Assessment) or DAWBA\$ or Behavio?ral P?ediatrics Feeding Assessment Scale or BPFAS or Child Eating Behavio?r Inventory or CEBI or Children\$ Feeding Assessment Questionnaire or CFAQ or Mealtime Behavio?r Questionnaire or MBQ or Montreal Children\$ Hospital Feeding Scale or MCH Feeding Scale).ti,ab.
56	or/42-55
57	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").ti,ab.
58	41 and 56
59	41 and 57
60	or/58-59

#### E.5.4 Database of Abstracts of Reviews of Effects (DARE)

#	Searches
1	CHILD, PRESCHOOL.kw.
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).tw,tx.
3	INFANT.kw.
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw,tx.
5	PEDIATRICS.kw.
6	p?ediatric\$.tw,tx.
7	or/1-6
8	FAILURE TO THRIVE.kw.
9	(fail\$ adj2 thrive\$).tw,tx.
10	FTT.tw,tx.
11	(falter\$ adj3 (weight or grow\$)).tw,tx.
12	or/8-11
13	7 and 12
14	WEIGHT LOSS.kw.
15	BODY WEIGHT CHANGES.kw.
16	BODY WEIGHT MAINTENANCE.kw.
17	IDEAL BODY WEIGHT.kw.
18	WASTING SYNDROME.kw.
19	THINNESS.kw.
20	EMACIATION.kw.
21	ANOREXIA.kw.
22	or/14-21
23	7 and 22
24	CHILD NUTRITION DISORDERS.kw.
25	INFANT NUTRITION DISORDERS.kw.
26	"FEEDING AND EATING DISORDERS OF CHILDHOOD".kw.
27	((CHILD, PRESCHOOL or INFANT) and MALNUTRITION).kw.
28	((CHILD, PRESCHOOL or INFANT) and GROWTH DISORDERS).kw.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).tw,tx.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight\$ or underweight\$ or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin\$ or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).tw,tx.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw,tx.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).tw,tx.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).tw,tx.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).tw,tx.
35	or/24-34
36	(INFANT and (HYPERNATREMIA or DEHYDRATION)).kw.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).tw,tx.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or



#	Searches
	postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).tw,tx.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).tw,tx.
40	or/36-39
41	13 or 23 or 35 or 40
42	(assess\$ or observ\$).tw,tx. and (FEEDING BEHAVIOR or FEEDING METHODS or BREAST FEEDING or BOTTLE FEEDING or MEALS).kw.
43	((assess\$ or observ\$) adj3 (((breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$) and eat\$) or meal\$)).tw,tx.
44	(MEDICAL HISTORY TAKING and (FEEDING BEHAVIOR or FEEDING METHODS or BREAST FEEDING or BOTTLE FEEDING or MEALS)).kw.
45	(history adj5 (((breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$) and eat\$) or meal\$)).tw,tx.
46	(WEANING and AGE FACTORS).kw.
47	(age? adj3 wean\$).tw,tx.
48	FOOD HABITS.kw.
49	((rang\$ or type? or different or divers\$ or habit?) adj2 food?).tw,tx.
50	DIET RECORDS.kw.
51	((food? or diet\$) adj2 (diary or diaries or record\$)).tw,tx.
52	(VIDEO RECORDING and (FEEDING BEHAVIOR or FEEDING METHODS or BREAST FEEDING or BOTTLE FEEDING or MEALS)).kw.
53	((video\$ or record\$) adj3 (((breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$) and eat\$) or meal\$)).tw,tx.
54	((eat\$ or feed\$ or meal\$) adj3 (questionnaire? or scale? or tool?)).tw,tx.
55	(Children\$ eating behaviour questionnaire or CEBQ\$ or P?ediatric Eating Assessment Tool or Pedi-EAT or (Development and Well-Being Assessment) or DAWBA\$ or Behavio?ral P?ediatrics Feeding Assessment Scale or BPFAS or Child Eating Behavio?r Inventory or CEBI or Children\$ Feeding Assessment Questionnaire or CFAQ or Mealtime Behavio?r Questionnaire or MBQ or Montreal Children\$ Hospital Feeding Scale or MCH Feeding Scale).tw,tx.
56	or/42-55
57	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").tw,tx.
58	41 and 56
59	41 and 57
60	or/58-59

## E.5.5 Health Technology Assessment (HTA)

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).tw.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw.
5	exp PEDIATRICS/
6	p?ediatric\$.tw.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thrive\$).tw.
10	FTT.tw.
11	(falter\$ adj3 (weight or grow\$)).tw.
12	or/8-11
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/

#	Searches
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).tw.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).tw.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).tw.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$)).tw.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$)).tw.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).tw.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).tw.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).tw.
41	or/37-40
42	13 or 24 or 36 or 41
43	(assess\$ or observ\$).ti. and (FEEDING BEHAVIOR/ or FEEDING METHODS/ or BREAST FEEDING/ or BOTTLE FEEDING/ or MEALS/)
44	(assess\$ or observ\$).tw. and (FEEDING BEHAVIOR/ or FEEDING METHODS/ or BREAST FEEDING/ or BOTTLE FEEDING/ or MEALS/)
45	((assess\$ or observ\$) adj3 (((breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$) and eat\$) or meal\$)).tw.
46	MEDICAL HISTORY TAKING/ and (FEEDING BEHAVIOR/ or FEEDING METHODS/ or BREAST FEEDING/ or BOTTLE FEEDING/ or MEALS/)
47	(history adj5 (((breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$) and eat\$) or meal\$)).tw.
48	WEANING/ and AGE FACTORS/
49	(age? adj3 wean\$).tw.
50	*FOOD HABITS/
51	((rang\$ or type? or different or divers\$ or habit?) adj2 food\$).tw.
52	DIET RECORDS/
53	((food? or diet\$) adj2 (diary or diaries or record\$)).tw.
54	exp VIDEO RECORDING/ and (FEEDING BEHAVIOR/ or FEEDING METHODS/ or BREAST FEEDING/ or BOTTLE FEEDING/ or MEALS/)
55	((video\$ or record\$) adj3 (((breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$) and eat\$) or meal\$)).tw.
56	((eat\$ or feed\$ or meal\$) adj3 (questionnaire? or scale? or tool?)).tw.
57	(Children\$ eating behaviour questionnaire or CEBQ\$ or P?ediatric Eating Assessment Tool or Pedi-EAT or (Development and Well-Being Assessment) or DAWBA\$ or Behavio?ral P?ediatrics Feeding Assessment Scale or BPFAS or Child Eating Behavio?r Inventory or CEBI or Children\$ Feeding Assessment Questionnaire or CFAQ or Mealtime Behavio?r Questionnaire or MBQ or Montreal Children\$ Hospital Feeding Scale or MCH Feeding Scale).tw.
58	or/43-57
59	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").tw.
60	42 and 58
61	42 and 59
62	or/60-61

## E.5.6 Embase

#	Searches
1	PRESCCHOOL CHILD/ or TODDLER/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
5	exp PEDIATRICS/
6	p?ediatric\$.ti,ab.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thriv\$).ti,ab.
10	FTT.ti,ab.

#	Searches
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	*WEIGHT REDUCTION/
15	WEIGHT CHANGE/
16	WEIGHT FLUCTUATION/
17	WEIGHT VARIATION/
18	WASTING SYNDROME/
19	EMACIATION/
20	*ANOREXIA/
21	or/14-20
22	7 and 21
23	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *NUTRITIONAL DISORDER/
24	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *EATING DISORDER/
25	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *MALNUTRITION/
26	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *GROWTH DISORDER/
27	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).ti,ab.
28	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
33	or/23-32
34	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
35	NEONATAL WEIGHT LOSS/
36	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
39	or/34-38
40	13 or 22 or 33 or 39
41	(assess\$ or observ\$).ti. and (FEEDING BEHAVIOR/ or FOOD INTAKE/ or exp INFANT FEEDING/ or MEAL/)
42	(assess\$ or observ\$).ab. /freq=2 and (*FEEDING BEHAVIOR/ or *FOOD INTAKE/ or exp *INFANT FEEDING/ or *MEAL/)
43	((assess\$ or observ\$) adj3 (((breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$) and eat\$) or meal\$)).ti,ab.
44	ANAMNESIS/ and (FEEDING BEHAVIOR/ or FOOD INTAKE/ or exp INFANT FEEDING/ or MEAL/)
45	(history adj5 (((breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$) and eat\$) or meal\$)).ti,ab.
46	WEANING/ and AGE/
47	(age? adj3 wean\$).ti,ab.
48	*EATING HABIT/ or *FOOD PREFERENCE/
49	((rang\$ or type? or different or divers\$ or habit?) adj2 food?).ti,ab.
50	((food? or diet\$) adj2 (diary or diaries or record\$)).ti,ab.
51	VIDEORECORDING/ and (FEEDING BEHAVIOR/ or FOOD INTAKE/ or exp INFANT FEEDING/ or MEAL/)
52	((video\$ or record\$) adj3 (((breastfeed\$ or breastfed\$ or breast fed\$ or (milk adj2 transfer\$) or bottlefeed\$ or bottlefed\$ or bottle fed\$ or feed\$) and eat\$) or meal\$)).ti,ab.
53	((eat\$ or feed\$ or meal\$) adj3 (questionnaire? or scale? or tool?)).ti,ab.
54	(Children\$ eating behaviour questionnaire or CEBQ\$ or P?ediatric Eating Assessment Tool or Pedi-EAT or (Development and Well-Being Assessment) or DAWBA\$ or Behavio?ral P?ediatrics Feeding Assessment Scale or BPFAS or Child Eating Behavio?r Inventory or CEBI or Children\$ Feeding Assessment Questionnaire or CFAQ or Mealtime Behavio?r Questionnaire or MBQ or Montreal Children\$ Hospital Feeding Scale or MCH Feeding Scale).ti,ab.
55	or/41-54
56	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").ti,ab.
57	40 and 55
58	40 and 56
59	or/57-58

#	Searches
60	limit 59 to english language
61	letter.pt. or LETTER/
62	note.pt.
63	editorial.pt.
64	CASE REPORT/ or CASE STUDY/
65	(letter or comment*).ti.
66	or/61-65
67	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
68	66 not 67
69	ANIMAL/ not HUMAN/
70	NONHUMAN/
71	exp ANIMAL EXPERIMENT/
72	exp EXPERIMENTAL ANIMAL/
73	ANIMAL MODEL/
74	exp RODENT/
75	(rat or rats or mouse or mice).ti.
76	or/68-75
77	60 not 76

## E.6 Risk factors

### E.6.1 Medline and Medline In-Process & Other Non-Indexed Citations

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
5	exp PEDIATRICS/
6	p?ediatric\$.ti,ab.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thriv\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)

#	Searches
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
41	or/37-40
42	13 or 24 or 36 or 41
43	*PREMATURE BIRTH/ or *INFANT, PREMATURE/ or *INFANT, EXTREMELY PREMATURE/
44	((preterm or pre-term or prematur\$ or pre-matur\$) adj1 (birth\$ or born or infan\$ or neonat\$ or newborn\$ or baby or babies)).ti,ab.
45	(pre#mie? or premie or premies).ti,ab.
46	*FETAL GROWTH RETARDATION/
47	((f?etus or f?etal or intrauter\$ or intra uter\$) adj3 (growth restrict\$ or growth retard\$)).ti,ab.
48	(FGR or IUGR).ti,ab.
49	exp *INFANT, LOW BIRTH WEIGHT/
50	(low birth weight? or small for gestational age? or small for date? or SGA or LBW or VLBW or ELBW).ti,ab.
51	or/43-50
52	MEDICAL HISTORY TAKING/
53	((family history or medical history) adj3 (fail\$ or falter\$) adj3 (thriv\$ or weight or grow\$)).ti,ab.
54	*DEVELOPMENTAL DISABILITIES/
55	((development\$ or neurodevelopment\$ or milestone?) adj2 (delay\$ or late\$)).ti.
56	((development\$ or neurodevelopment\$ or milestone?) adj2 (delay\$ or late\$)).ab. /freq=2
57	*MATERNAL BEHAVIOR/
58	*MOTHER-CHILD RELATIONS/
59	DEPRESSION, POSTPARTUM/
60	(MENTAL HEALTH/ or exp MENTAL DISORDERS/) and MOTHERS/
61	((maternal\$ or mother? or postpartum or post partum or postnatal or post natal or puerper\$) adj3 (mental health or depress\$ or eating disorder? or anorexi\$ or bulimi\$)).ti,ab.
62	(exp SUBSTANCE-RELATED DISORDERS/ or SMOKING/) and exp PARENTS/
63	((parent\$ or mother? or maternal\$ or father? or paternal\$ or carer? or family) adj3 (drug? or substance? or alcohol or tobacco) adj3 (abus\$ or misus\$ or use\$ or disorder? or addict\$ or depend\$)).ti,ab.
64	((parent\$ or mother? or maternal\$ or father? or paternal\$ or carer? or family) adj1 (alcoholic\$ or smoker? or smoking)).ti,ab.
65	*SOCIAL CLASS/
66	*SOCIOECONOMIC FACTORS/
67	((socioeconomic\$ or economic\$) adj (factor? or status\$ or level?)).ti.
68	((socioeconomic\$ or economic\$) adj (factor? or status\$ or level?)).ab. /freq=2
69	exp PARENTS/ and EDUCATIONAL STATUS/
70	((parent\$ or mother? or maternal\$ or father? or paternal\$ or carer?) adj3 (educat\$ or learn\$) adj3 (status\$ or level\$ or attain\$)).ti,ab.
71	exp *CHILD ABUSE/
72	((child\$ or infant? or baby or babies or physical or emotional or sexual) adj1 (abus\$ or neglect\$)).ti,ab.
73	DIET, CARBOHYDRATE-RESTRICTED/ or DIET FADS/ or DIET, FAT-RESTRICTED/ or DIET, GLUTEN-FREE/ or DIET, PROTEIN-RESTRICTED/ or DIET, REDUCING/ or exp DIET, VEGETARIAN/
74	((diet\$ or intake) adj3 (restrict\$ or reduc\$ or limit\$)).ti,ab.
75	or/52-74
76	exp COHORT STUDIES/
77	CAUSALITY/
78	exp RISK/
79	(risk factor? or risk ratio? or odds ratio?).ti,ab.
80	or/76-79
81	predict.ti.
82	(validat\$ or rule\$).ti,ab.
83	(predict\$ and (outcome\$ or risk\$ or model\$)).ti,ab.
84	((history or variable\$ or criteria or scor\$ or characteristic\$ or finding\$ or factor\$) and (predict\$ or model\$ or decision\$ or identif\$ or prognos\$)).ti,ab.
85	decision\$.ti,ab. and LOGISTIC MODELS/
86	(decision\$ and (model\$ or clinical\$)).ti,ab.
87	(prognostic and (history or variable\$ or criteria or scor\$ or characteristic\$ or finding\$ or factor\$ or model\$)).ti,ab.
88	(stratification or discrimination or discriminate or c statistic or "area under the curve" or AUC or calibration or indices or algorithm or multivariable).ti,ab.
89	ROC CURVE/
90	or/81-89
91	42 and 51 and (*RISK FACTORS/ or risk factor?.ti,ab.)
92	42 and 75 and (80 or 90)
93	42 and ("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Women's Survey" or "Born in Bradford").ti,ab.

#	Searches
94	*FAILURE TO THRIVE/ep, et [Epidemiology, Etiology]
95	or/91-94
96	limit 95 to english language
97	LETTER/
98	EDITORIAL/
99	NEWS/
100	exp HISTORICAL ARTICLE/
101	ANECDOTES AS TOPIC/
102	COMMENT/
103	CASE REPORT/
104	(letter or comment*).ti.
105	or/97-104
106	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
107	105 not 106
108	ANIMALS/ not HUMANS/
109	exp ANIMALS, LABORATORY/
110	exp ANIMAL EXPERIMENTATION/
111	exp MODELS, ANIMAL/
112	exp RODENTIA/
113	(rat or rats or mouse or mice).ti.
114	or/107-113
115	96 not 114

## E.6.2 Cochrane Central Register of Controlled Trials (CCTR)

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab,kw.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab,kw.
5	exp PEDIATRICS/
6	p?ediatric\$.ti,ab,kw.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thriv\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or poor nutrition\$ or undernourish\$ or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder\$ or deficien\$ or poor\$ or fail\$))).ti,ab.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)



#	Searches
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
41	or/37-40
42	13 or 24 or 36 or 41
43	*PREMATURE BIRTH/ or *INFANT, PREMATURE/ or *INFANT, EXTREMELY PREMATURE/ or PREMATURITY.kw.
44	((preterm or pre-term or prematur\$ or pre-matur\$) adj1 (birth\$ or born or infan\$ or neonat\$ or newborn\$ or baby or babies)).ti,ab.
45	(pre#mie? or premie or premies).ti,ab.
46	*FETAL GROWTH RETARDATION/
47	((f?etus or f?etal or intrauter\$ or intra uter\$) adj3 (growth restrict\$ or growth retard\$)).ti,ab,kw.
48	(FGR or IUGR).ti,ab.
49	exp *INFANT, LOW BIRTH WEIGHT/
50	(low birth weight? or small for gestational age? or small for date? or SGA or LBW or VLBW or ELBW).ti,ab,kw.
51	or/43-50
52	MEDICAL HISTORY TAKING/ or FAMILY HISTORY.kw.
53	((family history or medical history) adj3 (fail\$ or falter\$) adj3 (thriv\$ or weight or grow\$)).ti,ab.
54	*DEVELOPMENTAL DISABILITIES/ or DEVELOPMENTAL DISORDER.kw.
55	((development\$ or neurodevelopment\$ or milestone?) adj (delay\$ or late\$)).ti,ab.
56	*MATERNAL BEHAVIOR/ or MATERNAL BEHAVIOR.kw.
57	*MOTHER-CHILD RELATIONS/ or MOTHER CHILD RELATION.kw.
58	DEPRESSION, POSTPARTUM/ or PUERPERAL DEPRESSION.kw.
59	((MENTAL HEALTH/ or exp MENTAL DISORDERS/) and MOTHERS/) or ((MENTAL HEALTH or MENTAL DISEASE) and MOTHER).kw.
60	((maternal\$ or mother? or postpartum or post partum or postnatal or post natal or puerper\$) adj3 (mental health or depress\$ or eating disorder? or anorexi\$ or bulimi\$)).ti,ab.
61	((exp SUBSTANCE-RELATED DISORDERS/ or SMOKING/) and exp PARENTS/) or ((SUBSTANCE ABUSE or DRUG ABUSE or ALCOHOL ABUSE or ADDICTION or SMOKING) and PARENT).kw.
62	((parent\$ or mother? or maternal\$ or father? or paternal\$ or carer? or family) adj3 (drug? or substance? or alcohol or tobacco) adj3 (abus\$ or misus\$ or use\$ or disorder? or addict\$ or depend\$)).ti,ab.
63	((parent\$ or mother? or maternal\$ or father? or paternal\$ or carer? or family) adj1 (alcoholic\$ or smoker? or smoking)).ti,ab.
64	*SOCIAL CLASS/ or SOCIAL CLASS.kw.
65	*SOCIOECONOMIC FACTORS/ or SOCIOECONOMICS.kw.
66	((socioeconomic\$ or economic\$) adj (factor? or status\$ or level?)).ti,ab.
67	(exp PARENTS/ and EDUCATIONAL STATUS/) or (PARENT and EDUCATIONAL STATUS).kw.
68	((parent\$ or mother? or maternal\$ or father? or paternal\$ or carer?) adj3 (educat\$ or learn\$) adj3 (status\$ or level\$ or attain\$)).ti,ab.
69	exp *CHILD ABUSE/ or CHILD ABUSE.kw.
70	((child\$ or infant? or baby or babies or physical or emotional or sexual) adj1 (abus\$ or neglect\$)).ti,ab.
71	DIET, CARBOHYDRATE-RESTRICTED/ or DIET FADS/ or DIET, FAT-RESTRICTED/ or DIET, GLUTEN-FREE/ or DIET, PROTEIN-RESTRICTED/ or DIET, REDUCING/ or exp DIET, VEGETARIAN/ or DIET RESTRICTION.kw. or GLUTEN FREE DIET.kw. or LOW CALORY DIET.kw. or VEGETARIAN DIET.kw.
72	((diet\$ or intake) adj3 (restrict\$ or reduc\$ or limit\$)).ti,ab.
73	or/52-72
74	exp COHORT STUDIES/ or COHORT ANALYSIS.kw. or FOLLOW UP.kw. or LONGITUDINAL STUDY.kw. or PROSPECTIVE STUDY.kw. or RETROSPECTIVE STUDY.kw.
75	CAUSALITY/ or EPIDEMIOLOGY.kw. or DISEASE ASSOCIATION.kw.
76	exp RISK/ or RISK.kw. or RISK FACTOR.kw.
77	(risk factor? or risk ratio? or odds ratio?).ti,ab.
78	or/74-77
79	predict.ti.
80	(validat\$ or rule\$).ti,ab.
81	(predict\$ and (outcome\$ or risk\$ or model\$)).ti,ab.
82	((history or variable\$ or criteria or scor\$ or characteristic\$ or finding\$ or factor\$) and (predict\$ or model\$ or decision\$ or identif\$ or prognos\$)).ti,ab.
83	decision\$.ti,ab. and (LOGISTIC MODELS/ or STATISTICAL MODEL.kw.)
84	(decision\$ and (model\$ or clinical\$)).ti,ab.
85	(prognostic and (history or variable\$ or criteria or scor\$ or characteristic\$ or finding\$ or factor\$ or model\$)).ti,ab.
86	(stratification or discrimination or discriminate or c statistic or "area under the curve" or AUC or calibration or indices or algorithm or multivariable).ti,ab.
87	ROC CURVE/ or RECEIVER OPERATING CHARACTERISTIC.kw.
88	or/79-87
89	42 and 51 and (*RISK FACTORS/ or RISK FACTOR.kw. or risk factor?.ti,ab.)
90	42 and 73 and (78 or 88)
91	42 and ("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead



#	Searches
	Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Women's Survey" or "Born in Bradford").ti,ab.
92	*FAILURE TO THRIVE/ep, et [Epidemiology, Etiology]
93	(FAILURE TO THRIVE ep or FAILURE TO THRIVE et).kw. [Epidemiology, Etiology]
94	or/89-93

### E.6.3 Cochrane Database of Systematic Reviews (CDSR)

#	Searches
1	CHILD, PRESCHOOL.kw.
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
3	INFANT.kw.
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
5	PEDIATRICS.kw.
6	p?ediatric\$.ti,ab.
7	or/1-6
8	FAILURE TO THRIVE.kw.
9	(fail\$ adj2 thrive\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	WEIGHT LOSS.kw.
15	BODY WEIGHT CHANGES.kw.
16	BODY WEIGHT MAINTENANCE.kw.
17	IDEAL BODY WEIGHT.kw.
18	WASTING SYNDROME.kw.
19	THINNESS.kw.
20	EMACIATION.kw.
21	ANOREXIA.kw.
22	or/14-21
23	7 and 22
24	CHILD NUTRITION DISORDERS.kw.
25	INFANT NUTRITION DISORDERS.kw.
26	"FEEDING AND EATING DISORDERS OF CHILDHOOD".kw.
27	((CHILD, PRESCHOOL or INFANT) and MALNUTRITION).kw.
28	((CHILD, PRESCHOOL or INFANT) and GROWTH DISORDERS).kw.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
35	or/24-34
36	(INFANT and (HYPERNATREMIA or DEHYDRATION)).kw.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
40	or/36-39
41	13 or 23 or 35 or 40
42	(PREMATURE BIRTH or INFANT, PREMATURE or INFANT, EXTREMELY PREMATURE).kw.
43	((preterm or pre-term or prematur\$ or pre-matur\$) adj1 (birth\$ or born or infan\$ or neonat\$ or newborn\$ or baby or babies)).ab,ti.
44	(pre#mie? or premie or premies).ab,ti.
45	FETAL GROWTH RETARDATION.kw.
46	((f?etus or f?etal or intrauter\$ or intra uter\$) adj3 (growth restrict\$ or growth retard\$)).ab,ti.
47	(FGR or IUGR).ab,ti.
48	INFANT, LOW BIRTH WEIGHT.kw.

#	Searches
49	(low birth weight? or small for gestational age? or small for date? or SGA or LBW or VLBW or ELBW).ab,ti.
50	or/42-49
51	MEDICAL HISTORY TAKING.kw.
52	((family history or medical history) adj3 (fail\$ or falter\$) adj3 (thriv\$ or weight or grow\$)).ab,ti.
53	DEVELOPMENTAL DISABILITIES.kw.
54	((development\$ or neurodevelopment\$ or milestone?) adj (delay\$ or late\$)).ab,ti.
55	MATERNAL BEHAVIOR.kw.
56	MOTHER-CHILD RELATIONS.kw.
57	DEPRESSION, POSTPARTUM.kw.
58	((MENTAL HEALTH or MENTAL DISORDERS) and MOTHERS).kw.
59	((maternal\$ or mother? or postpartum or post partum or postnatal or post natal or puerper\$) adj3 (mental health or depress\$ or eating disorder? or anorexi\$ or bulimi\$)).ab,ti.
60	((SUBSTANCE-RELATED DISORDERS or SMOKING) and PARENTS).kw.
61	((parent\$ or mother? or maternal\$ or father? or paternal\$ or carer? or family) adj3 (drug? or substance? or alcohol or tobacco) adj3 (abus\$ or misus\$ or use\$ or disorder? or addict\$ or depend\$)).ab,ti.
62	((parent\$ or mother? or maternal\$ or father? or paternal\$ or carer? or family) adj1 (alcoholic\$ or smoker? or smoking)).ab,ti.
63	SOCIAL CLASS.kw.
64	SOCIOECONOMIC FACTORS.kw.
65	((socioeconomic\$ or economic\$) adj (factor? or status\$ or level?)).ab,ti.
66	(PARENTS and EDUCATIONAL STATUS).kw.
67	((parent\$ or mother? or maternal\$ or father? or paternal\$ or carer?) adj3 (educat\$ or learn\$) adj3 (status\$ or level\$ or attain\$)).ab,ti.
68	CHILD ABUSE.kw.
69	((child\$ or infant? or baby or babies or physical or emotional or sexual) adj1 (abus\$ or neglect\$)).ab,ti.
70	(DIET, CARBOHYDRATE-RESTRICTED or DIET FADS or DIET, FAT-RESTRICTED or DIET, GLUTEN-FREE or DIET, PROTEIN-RESTRICTED or DIET, REDUCING or DIET, VEGETARIAN).kw.
71	((diet\$ or intake) adj3 (restrict\$ or reduc\$ or limit\$)).ab,ti.
72	or/51-71
73	COHORT STUDIES.kw.
74	CAUSALITY.kw.
75	RISK.kw.
76	(risk factor? or risk ratio? or odds ratio?).ab,ti.
77	or/73-76
78	predict.ti.
79	(validat\$ or rule\$).ab,ti.
80	(predict\$ and (outcome\$ or risk\$ or model\$)).ab,ti.
81	((history or variable\$ or criteria or scor\$ or characteristic\$ or finding\$ or factor\$) and (predict\$ or model\$ or decision\$ or identifi\$ or prognos\$)).ab,ti.
82	decision\$.ab,ti. and LOGISTIC MODELS.kw.
83	(decision\$ and (model\$ or clinical\$)).ab,ti.
84	(prognostic and (history or variable\$ or criteria or scor\$ or characteristic\$ or finding\$ or factor\$ or model\$)).ab,ti.
85	(stratification or discrimination or discriminate or c statistic or "area under the curve" or AUC or calibration or indices or algorithm or multivariable).ab,ti.
86	ROC CURVE.kw.
87	or/78-86
88	41 and 50 and (RISK FACTORS.kw. or risk factor?.ab,ti.)
89	41 and 72 and (77 or 87)
90	41 and ("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Women's Survey" or "Born in Bradford").ab,ti.
91	or/88-90

#### E.6.4 Database of Abstracts of Reviews of Effects (DARE)

#	Searches
1	CHILD, PRESCHOOL.kw.
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).tw,tx.
3	INFANT.kw.
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw,tx.
5	PEDIATRICS.kw.
6	p?ediatric\$.tw,tx.
7	or/1-6
8	FAILURE TO THRIVE.kw.
9	(fail\$ adj2 thriv\$).tw,tx.
10	FTT.tw,tx.
11	(falter\$ adj3 (weight or grow\$)).tw,tx.
12	or/8-11
13	7 and 12
14	WEIGHT LOSS.kw.
15	BODY WEIGHT CHANGES.kw.

#	Searches
16	BODY WEIGHT MAINTENANCE.kw.
17	IDEAL BODY WEIGHT.kw.
18	WASTING SYNDROME.kw.
19	THINNESS.kw.
20	EMACIATION.kw.
21	ANOREXIA.kw.
22	or/14-21
23	7 and 22
24	CHILD NUTRITION DISORDERS.kw.
25	INFANT NUTRITION DISORDERS.kw.
26	"FEEDING AND EATING DISORDERS OF CHILDHOOD".kw.
27	((CHILD, PRESCHOOL or INFANT) and MALNUTRITION).kw.
28	((CHILD, PRESCHOOL or INFANT) and GROWTH DISORDERS).kw.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).tw,tx.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).tw,tx.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw,tx.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).tw,tx.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).tw,tx.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).tw,tx.
35	or/24-34
36	(INFANT and (HYPERNATREMIA or DEHYDRATION)).kw.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).tw,tx.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).tw,tx.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw,tx.
40	or/36-39
41	13 or 23 or 35 or 40
42	(PREMATURE BIRTH or INFANT, PREMATURE or INFANT, EXTREMELY PREMATURE).kw.
43	((preterm or pre-term or prematur\$ or pre-matur\$) adj1 (birth\$ or born or infan\$ or neonat\$ or newborn\$ or baby or babies)).tw,tx.
44	(pre#mie? or premie or premies).tw,tx.
45	FETAL GROWTH RETARDATION.kw.
46	((f?etus or f?etal or intrauter\$ or intra uter\$) adj3 (growth restrict\$ or growth retard\$)).tw,tx.
47	(FGR or IUGR).tw,tx.
48	INFANT, LOW BIRTH WEIGHT.kw.
49	(low birth weight? or small for gestational age? or small for date? or SGA or LBW or VLBW or ELBW).tw,tx.
50	or/42-49
51	MEDICAL HISTORY TAKING.kw.
52	((family history or medical history) adj3 (fail\$ or falter\$) adj3 (thriv\$ or weight or grow\$)).tw,tx.
53	DEVELOPMENTAL DISABILITIES.kw.
54	((development\$ or neurodevelopment\$ or milestone?) adj (delay\$ or late\$)).tw,tx.
55	MATERNAL BEHAVIOR.kw.
56	MOTHER-CHILD RELATIONS.kw.
57	DEPRESSION, POSTPARTUM.kw.
58	((MENTAL HEALTH or MENTAL DISORDERS) and MOTHERS).kw.
59	((maternal\$ or mother? or postpartum or post partum or postnatal or post natal or puerper\$) adj3 (mental health or depress\$ or eating disorder? or anorexi\$ or bulimi\$)).tw,tx.
60	((SUBSTANCE-RELATED DISORDERS or SMOKING) and PARENTS).kw.
61	((parent\$ or mother? or maternal\$ or father? or paternal\$ or carer? or family) adj3 (drug? or substance? or alcohol or tobacco) adj3 (abus\$ or misus\$ or use\$ or disorder? or addict\$ or depend\$)).tw,tx.
62	((parent\$ or mother? or maternal\$ or father? or paternal\$ or carer? or family) adj1 (alcoholic\$ or smoker? or smoking)).tw,tx.
63	SOCIAL CLASS.kw.
64	SOCIOECONOMIC FACTORS.kw.
65	((socioeconomic\$ or economic\$) adj (factor? or status\$ or level?)).tw,tx.
66	(PARENTS and EDUCATIONAL STATUS).kw.
67	((parent\$ or mother? or maternal\$ or father? or paternal\$ or carer?) adj3 (educat\$ or learn\$) adj3 (status\$ or level\$ or attain\$)).tw,tx.
68	CHILD ABUSE.kw.
69	((child\$ or infant? or baby or babies or physical or emotional or sexual) adj1 (abus\$ or neglect\$)).tw,tx.

#	Searches
70	(DIET, CARBOHYDRATE-RESTRICTED or DIET FADS or DIET, FAT-RESTRICTED or DIET, GLUTEN-FREE or DIET, PROTEIN-RESTRICTED or DIET, REDUCING or DIET, VEGETARIAN).kw.
71	((diet\$ or intake) adj3 (restrict\$ or reduc\$ or limit\$)).tw,tx.
72	or/51-71
73	COHORT STUDIES.kw.
74	CAUSALITY.kw.
75	RISK.kw.
76	(risk factor? or risk ratio? or odds ratio?).tw,tx.
77	or/73-76
78	predict.ti.
79	(validat\$ or rule\$).tw,tx.
80	(predict\$ and (outcome\$ or risk\$ or model\$)).tw,tx.
81	((history or variable\$ or criteria or scor\$ or characteristic\$ or finding\$ or factor\$) and (predict\$ or model\$ or decision\$ or identif\$ or prognos\$)).tw,tx.
82	decision\$.tw,tx. and LOGISTIC MODELS.kw.
83	(decision\$ and (model\$ or clinical\$)).tw,tx.
84	(prognostic and (history or variable\$ or criteria or scor\$ or characteristic\$ or finding\$ or factor\$ or model\$)).tw,tx.
85	(stratification or discrimination or discriminate or c statistic or "area under the curve" or AUC or calibration or indices or algorithm or multivariable).tw,tx.
86	ROC CURVE.kw.
87	or/78-86
88	41 and 50 and (RISK FACTORS.kw. or risk factor?.tw,tx.)
89	41 and 72 and (77 or 87)
90	41 and ("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Women's Survey" or "Born in Bradford").tw,tx.
91	or/88-90

### E.6.5 Health Technology Assessment (HTA)

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).tw.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw.
5	exp PEDIATRICS/
6	p?ediatric\$.tw.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thrive\$).tw.
10	FTT.tw.
11	(falter\$ adj3 (weight or grow\$)).tw.
12	or/8-11
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).tw.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).tw.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).tw.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or

#	Searches
	premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$)).tw.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$)).tw.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).tw.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).tw.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).tw.
41	or/37-40
42	13 or 24 or 36 or 41
43	*PREMATURE BIRTH/ or *INFANT, PREMATURE/ or *INFANT, EXTREMELY PREMATURE/
44	((preterm or pre-term or prematur\$ or pre-matur\$) adj1 (birth\$ or born or infan\$ or neonat\$ or newborn\$ or baby or babies)).tw.
45	(pre#mie? or premie or premies).tw.
46	*FETAL GROWTH RETARDATION/
47	((f?etus or f?etal or intrauter\$ or intra uter\$) adj3 (growth restrict\$ or growth retard\$)).tw.
48	(FGR or IUGR).tw.
49	exp *INFANT, LOW BIRTH WEIGHT/
50	(low birth weight? or small for gestational age? or small for date? or SGA or LBW or VLBW or ELBW).tw.
51	or/43-50
52	MEDICAL HISTORY TAKING/
53	((family history or medical history) adj3 (fail\$ or falter\$) adj3 (thriv\$ or weight or grow\$)).tw.
54	*DEVELOPMENTAL DISABILITIES/
55	((development\$ or neurodevelopment\$ or milestone?) adj (delay\$ or late\$)).tw.
56	*MATERNAL BEHAVIOR/
57	*MOTHER-CHILD RELATIONS/
58	DEPRESSION, POSTPARTUM/
59	(MENTAL HEALTH/ or exp MENTAL DISORDERS/) and MOTHERS/
60	((maternal\$ or mother? or postpartum or post partum or postnatal or post natal or puerper\$) adj3 (mental health or depress\$ or eating disorder? or anorexi\$ or bulimi\$)).tw.
61	(exp SUBSTANCE-RELATED DISORDERS/ or SMOKING/) and exp PARENTS/
62	((parent\$ or mother? or maternal\$ or father? or paternal\$ or carer? or family) adj3 (drug? or substance? or alcohol or tobacco) adj3 (abus\$ or misus\$ or use\$ or disorder? or addict\$ or depend\$)).tw.
63	((parent\$ or mother? or maternal\$ or father? or paternal\$ or carer? or family) adj1 (alcoholic\$ or smoker? or smoking)).tw.
64	*SOCIAL CLASS/
65	*SOCIOECONOMIC FACTORS/
66	((socioeconomic\$ or economic\$) adj (factor? or status\$ or level?)).tw.
67	exp PARENTS/ and EDUCATIONAL STATUS/
68	((parent\$ or mother? or maternal\$ or father? or paternal\$ or carer?) adj3 (educat\$ or learn\$) adj3 (status\$ or level\$ or attain\$)).tw.
69	exp *CHILD ABUSE/
70	((child\$ or infant? or baby or babies or physical or emotional or sexual) adj1 (abus\$ or neglect\$)).tw.
71	DIET, CARBOHYDRATE-RESTRICTED/ or DIET FADS/ or DIET, FAT-RESTRICTED/ or DIET, GLUTEN-FREE/ or DIET, PROTEIN-RESTRICTED/ or DIET, REDUCING/ or exp DIET, VEGETARIAN/
72	((diet\$ or intake) adj3 (restrict\$ or reduc\$ or limit\$)).tw.
73	or/52-72
74	exp COHORT STUDIES/
75	CAUSALITY/
76	exp RISK/
77	(risk factor? or risk ratio? or odds ratio?).tw.
78	or/74-77
79	predict.ti.
80	(validat\$ or rule\$).tw.
81	(predict\$ and (outcome\$ or risk\$ or model\$)).tw.
82	((history or variable\$ or criteria or scor\$ or characteristic\$ or finding\$ or factor\$) and (predict\$ or model\$ or decision\$ or identif\$ or prognos\$)).tw.
83	decision\$.tw. and LOGISTIC MODELS/
84	(decision\$ and (model\$ or clinical\$)).tw.
85	(prognostic and (history or variable\$ or criteria or scor\$ or characteristic\$ or finding\$ or factor\$ or model\$)).tw.
86	(stratification or discrimination or discriminate or c statistic or "area under the curve" or AUC or calibration or indices or algorithm or multivariable).tw.
87	ROC CURVE/
88	or/79-87
89	42 and 51 and (*RISK FACTORS/ or risk factor?.tw.)
90	42 and 73 and (78 or 88)

#	Searches
91	42 and ("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Women's Survey" or "Born in Bradford").tw.
92	*FAILURE TO THRIVE/ep, et [Epidemiology, Etiology]
93	or/89-92

## E.6.6 Embase

#	Searches
1	PRESCHOOL CHILD/ or TODDLER/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
5	exp PEDIATRICS/
6	p?ediatric\$.ti,ab.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thriv\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	*WEIGHT REDUCTION/
15	WEIGHT CHANGE/
16	WEIGHT FLUCTUATION/
17	WEIGHT VARIATION/
18	WASTING SYNDROME/
19	EMACIATION/
20	*ANOREXIA/
21	or/14-20
22	7 and 21
23	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *NUTRITIONAL DISORDER/
24	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *EATING DISORDER/
25	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *MALNUTRITION/
26	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *GROWTH DISORDER/
27	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).ti,ab.
28	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
33	or/23-32
34	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
35	NEONATAL WEIGHT LOSS/
36	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
39	or/34-38
40	13 or 22 or 33 or 39
41	*PREMATURITY/
42	((preterm or pre-term or prematur\$ or pre-matur\$) adj1 (birth\$ or born or infan\$ or neonat\$ or newborn\$ or baby or babies)).ti,ab.
43	(pre#mie? or premie or premies).ti,ab.
44	*INTRAUTERINE GROWTH RETARDATION/
45	((f?etus or f?etal or intrauter\$ or intra uter\$) adj3 (growth restrict\$ or growth retard\$)).ti,ab.
46	(FGR or IUGR).ti,ab.
47	exp *LOW BIRTH WEIGHT/
48	(low birth weight? or small for gestational age? or small for date? or SGA or LBW or VLBW or ELBW).ti,ab.



#	Searches
49	or/41-48
50	*FAMILY HISTORY/
51	((family history or medical history) adj3 (fail\$ or falter\$) adj3 (thrive\$ or weight or grow\$)).ti,ab.
52	*DEVELOPMENTAL DISORDER/
53	((development\$ or neurodevelopment\$ or milestone?) adj2 (delay\$ or late\$)).ti.
54	((development\$ or neurodevelopment\$ or milestone?) adj2 (delay\$ or late\$)).ab. /freq=2
55	*MATERNAL BEHAVIOR/ or *MOTHER CHILD RELATION/
56	*PUERPERAL DEPRESSION/
57	(*MENTAL HEALTH/ or exp *MENTAL DISEASE/) and *MOTHER/
58	((maternal\$ or mother? or postpartum or post partum or postnatal or post natal or puerper\$) adj3 (mental health or depress\$ or eating disorder? or anorexi\$ or bulimi\$)).ti,ab.
59	(*SUBSTANCE ABUSE/ or exp *DRUG ABUSE/ or exp *ALCOHOL ABUSE/ or *ADDICTION/ or exp *SMOKING/) and exp *PARENT/
60	((parent\$ or mother? or maternal\$ or father? or paternal\$ or carer? or family) adj3 (drug? or substance? or alcohol or tobacco) adj3 (abus\$ or misus\$ or use\$ or disorder? or addict\$ or depend\$)).ti,ab.
61	((parent\$ or mother? or maternal\$ or father? or paternal\$ or carer? or family) adj1 (alcoholic\$ or smoker? or smoking)).ti,ab.
62	*SOCIAL CLASS/ or *SOCIOECONOMICS/
63	((socioeconomic\$ or economic\$) adj (factor? or status\$ or level?)).ti.
64	((socioeconomic\$ or economic\$) adj (factor? or status\$ or level?)).ab. /freq=2
65	exp *PARENT/ and *EDUCATIONAL STATUS/
66	((parent\$ or mother? or maternal\$ or father? or paternal\$ or carer?) adj3 (educat\$ or learn\$) adj3 (status\$ or level\$ or attain\$)).ti,ab.
67	exp *CHILD ABUSE/
68	((child\$ or infant? or baby or babies or physical or emotional or sexual) adj1 (abus\$ or neglect\$)).ti,ab.
69	exp *DIET RESTRICTION/ or *GLUTEN FREE DIET/ or *LOW CALORY DIET/ or exp *VEGETARIAN DIET/
70	((diet\$ or intake) adj3 (restrict\$ or reduc\$ or limit\$)).ti,ab.
71	or/50-70
72	*COHORT ANALYSIS/ or *FOLLOW UP/ or *LONGITUDINAL STUDY/ or *PROSPECTIVE STUDY/ or *RETROSPECTIVE STUDY/
73	*EPIDEMIOLOGY/ or *DISEASE ASSOCIATION/
74	*RISK/ or *RISK FACTOR/
75	(risk factor? or risk ratio? or odds ratio?).ti,ab.
76	or/72-75
77	predict.ti.
78	(validat\$ or rule\$).ti,ab.
79	(predict\$ and (outcome\$ or risk\$ or model\$)).ti,ab.
80	((history or variable\$ or criteria or scor\$ or characteristic\$ or finding\$ or factor\$) and (predict\$ or model\$ or decision\$ or identif\$ or prognos\$)).ti,ab.
81	decision\$.ti,ab. and STATISTICAL MODEL/
82	(decision\$ and (model\$ or clinical\$)).ti,ab.
83	(prognostic and (history or variable\$ or criteria or scor\$ or characteristic\$ or finding\$ or factor\$ or model\$)).ti,ab.
84	(stratification or discrimination or discriminate or c statistic or "area under the curve" or AUC or calibration or indices or algorithm or multivariable).ti,ab.
85	RECEIVER OPERATING CHARACTERISTIC/
86	or/77-85
87	40 and 49 and (*RISK FACTOR/ or risk factor?.ti,ab.)
88	40 and 71 and (76 or 86)
89	40 and ("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Women's Survey" or "Born in Bradford").ti,ab.
90	*FAILURE TO THRIVE/ep, et [Epidemiology, Etiology]
91	or/87-90
92	limit 91 to english language
93	letter.pt. or LETTER/
94	note.pt.
95	editorial.pt.
96	CASE REPORT/ or CASE STUDY/
97	(letter or comment*).ti.
98	or/93-97
99	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
100	98 not 99
101	ANIMAL/ not HUMAN/
102	NONHUMAN/
103	exp ANIMAL EXPERIMENT/
104	exp EXPERIMENTAL ANIMAL/
105	ANIMAL MODEL/
106	exp RODENT/
107	(rat or rats or mouse or mice).ti.
108	or/100-107
109	92 not 108



## E.7 Prevalence of specific causative conditions

### E.7.1 Medline and Medline In-Process & Other Non-Indexed Citations

#	Searches
1	META-ANALYSIS/
2	META-ANALYSIS AS TOPIC/
3	(meta analy* or metanaly* or metaanaly*).ti,ab.
4	((systematic* or evidence*) adj2 (review* or overview*)).ti,ab.
5	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.
6	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
7	(search* adj4 literature).ab.
8	(medline or pubmed or cochrane or embase or psychlit or psyclit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab.
9	cochrane.jw.
10	or/1-9
11	PREVALENCE/
12	INCIDENCE/
13	exp MODELS, STATISTICAL/
14	(prevalen\$ or incidence? or model\$ or rate?).ti.
15	((prevalen\$ or incidence? or transversal\$) adj3 (study or studies)).ti,ab.
16	COHORT STUDIES/
17	(cohort adj3 (study or studies)).ti,ab.
18	(cohort adj3 analy\$).ti,ab.
19	FOLLOW-UP STUDIES/
20	(follow\$ up adj3 (study or studies)).ti,ab.
21	LONGITUDINAL STUDIES/
22	longitudinal\$.ti,ab.
23	PROSPECTIVE STUDIES/
24	prospective\$.ti,ab.
25	RETROSPECTIVE STUDIES/
26	retrospective\$.ti,ab.
27	CROSS-SECTIONAL STUDIES/
28	cross-sectional\$.ti,ab.
29	MULTICENTER STUDIES/
30	((multicent\$ or multi\$ cent\$) adj3 (study or studies)).ti,ab.
31	REGISTRIES/
32	(registr\$ or register?).ti,ab.
33	or/11-32
34	CHILD, PRESCHOOL/
35	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
36	exp INFANT/
37	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
38	exp PEDIATRICS/
39	p?ediatric\$.ti,ab.
40	or/34-39
41	FAILURE TO THRIVE/
42	(fail\$ adj2 thriv\$).ti,ab.
43	FTT.ti,ab.
44	(falter\$ adj3 (weight or grow\$)).ti,ab.
45	or/41-44
46	40 and 45
47	*WEIGHT LOSS/
48	WEIGHT LOSS/ph [Physiology]
49	BODY WEIGHT CHANGES/
50	BODY WEIGHT MAINTENANCE/
51	IDEAL BODY WEIGHT/
52	WASTING SYNDROME/
53	*THINNESS/
54	EMACIATION/
55	ANOREXIA/
56	or/47-55
57	40 and 56
58	*CHILD NUTRITION DISORDERS/
59	*INFANT NUTRITION DISORDERS/
60	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
61	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
62	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
63	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
64	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or

#	Searches
	premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
65	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
66	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
67	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
68	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
69	or/58-68
70	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
71	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
72	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
73	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
74	or/70-73
75	46 or 57 or 69 or 74
76	CELIAC DISEASE/
77	((coeliac or celiac) adj (disease? or syndrome?)).ti,ab.
78	((coeliac or celiac) adj3 sprue).ti,ab.
79	(gluten adj2 (enteropath\$ or sensitiv\$ or hypersensitiv\$ or intoleran\$)).ti,ab.
80	((nontropical or non tropical) adj sprue).ti,ab.
81	((glutenin or gliadin) adj2 (sensitiv\$ or hypersensitiv\$ or intoleran\$)).ti,ab.
82	((infant\$ or indigenou\$) adj3 sprue).ti,ab.
83	((wheat or rye or barley) adj2 (sensitiv\$ or hypersensitiv\$ or intoleran\$)).ti,ab.
84	endemic sprue.ti,ab.
85	or/76-84
86	HYPOTHYROIDISM/
87	CONGENITAL HYPOTHYROIDISM/
88	hypothyroidism.ti,ab.
89	cretin\$.ti,ab.
90	(thyroid adj3 (deficien\$ or failure or insufficiency)).ti,ab.
91	((underactive or under-active) adj3 thyroid).ti,ab.
92	or/86-91
93	RENAL INSUFFICIENCY, CHRONIC/
94	ACIDOSIS, RENAL TUBULAR/
95	(chronic adj (kidney disease or kidney insufficien\$)).ti,ab.
96	(chronic adj (renal disease or renal insufficien\$)).ti,ab.
97	chronic nephropath\$.ti,ab.
98	(progressive adj (kidney disease or kidney insufficien\$)).ti,ab.
99	(progressive adj (renal disease or renal insufficien\$)).ti,ab.
100	progressive nephropath\$.ti,ab.
101	(renal tubular adj1 acidosis).ti,ab.
102	*KIDNEY FAILURE, CHRONIC/
103	(kidney failure or renal failure).ti.
104	(kidney failure or renal failure).ab. /freq=2
105	or/93-104
106	exp URINARY TRACT INFECTIONS/
107	UTI?.ti,ab.
108	urinary tract infection\$.ti,ab.
109	(bacteriuria\$ or pyuria or schistosomiasis).ti,ab.
110	((bacteria\$ or microbial\$) adj3 (bladder\$ or genitourin\$ or kidney\$ or renal\$ or ureter\$ or ureth\$ or urin\$ or urolog\$ or urogen\$)).ti,ab.
111	(genitourinary tract infection\$ or genito-urinary tract infection\$).ti,ab.
112	or/106-111
113	(("no" or "not" or lack\$) adj3 (sign? or symtom?)).ti,ab.
114	(("no" or "not" or "non") adj3 disorder?).ti,ab.
115	(("no" or "not" or "non") adj2 caus\$).ti.
116	(("no" or "not" or "non") adj2 caus\$).ab. /freq=2
117	((non-identif\$ or unidentifi\$ or non-specifi\$) adj3 disorder).ti,ab.
118	((non-identif\$ or unidentifi\$ or non-specifi\$) adj2 caus\$).ti.
119	((non-identif\$ or unidentifi\$ or non-specifi\$) adj2 caus\$).ab. /freq=2
120	(organic adj3 disorder?).ti,ab.
121	(without adj3 underlying).ti,ab.
122	or/113-121

#	Searches
123	85 or 92 or 105 or 112 or 122
124	75 and 123
125	limit 124 to english language
126	LETTER/
127	EDITORIAL/
128	NEWS/
129	exp HISTORICAL ARTICLE/
130	ANECDOTES AS TOPIC/
131	COMMENT/
132	CASE REPORT/
133	(letter or comment*).ti.
134	or/126-133
135	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
136	134 not 135
137	ANIMALS/ not HUMANS/
138	exp ANIMALS, LABORATORY/
139	exp ANIMAL EXPERIMENTATION/
140	exp MODELS, ANIMAL/
141	exp RODENTIA/
142	(rat or rats or mouse or mice).ti.
143	or/136-142
144	125 not 143
145	10 and 144
146	33 and 144
147	or/145-146

## E.7.2 Cochrane Central Register of Controlled Trials (CCTR)

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab,kw.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab,kw.
5	exp PEDIATRICS/
6	p?ediatric\$.ti,ab,kw.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thriv\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or poor nutrition\$ or undernourish\$ or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciati\$ or anorexi\$ or stunting or stunted)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder\$ or deficien\$ or poor\$ or fail\$))).ti,ab.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or

#	Searches
	premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$)).ti,ab.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
41	or/37-40
42	13 or 24 or 36 or 41
43	CELIAC DISEASE.sh,kw.
44	((coeliac or celiac) adj (disease? or syndrome?)).ti,ab.
45	((coeliac or celiac) adj3 sprue).ti,ab.
46	(gluten adj2 (enteropath\$ or sensitiv\$ or hypersensitiv\$ or intoleran\$)).ti,ab.
47	((nontropical or non tropical) adj sprue).ti,ab.
48	((glutenin or gliadin) adj2 (sensitiv\$ or hypersensitiv\$ or intoleran\$)).ti,ab.
49	((infant\$ or indigenous) adj3 sprue).ti,ab.
50	((wheat or rye or barley) adj2 (sensitiv\$ or hypersensitiv\$ or intoleran\$)).ti,ab.
51	endemic sprue.ti,ab.
52	or/43-51
53	HYPOTHYROIDISM.sh,kw.
54	CONGENITAL HYPOTHYROIDISM.sh,kw.
55	hypothyroidism.ti,ab.
56	cretin\$.ti,ab.
57	(thyroid adj3 (deficien\$ or failure or insufficiency)).ti,ab.
58	((underactive or under-active) adj3 thyroid).ti,ab.
59	or/53-58
60	RENAL INSUFFICIENCY, CHRONIC/ or CHRONIC KIDNEY FAILURE.kw.
61	ACIDOSIS, RENAL TUBULAR/ or KIDNEY TUBULE ACIDOSIS.kw.
62	(chronic adj (kidney disease or kidney insufficien\$)).ti,ab.
63	(chronic adj (renal disease or renal insufficien\$)).ti,ab.
64	chronic nephropath\$.ti,ab.
65	(progressive adj (kidney disease or kidney insufficien\$)).ti,ab.
66	(progressive adj (renal disease or renal insufficien\$)).ti,ab.
67	progressive nephropath\$.ti,ab.
68	(renal tubular adj1 acidosis).ti,ab.
69	*KIDNEY FAILURE, CHRONIC/
70	(kidney failure or renal failure).ti.
71	(kidney failure or renal failure).ab. /freq=2
72	or/60-71
73	exp URINARY TRACT INFECTIONS/ or URINARY TRACT INFECTION.kw.
74	UTI?.ti,ab.
75	urinary tract infection\$.ti,ab.
76	(bacteriuria\$ or pyuria or schistosomiasis).ti,ab.
77	((bacteria\$ or microbial\$) adj3 (bladder\$ or genitourin\$ or kidney\$ or renal\$ or ureter\$ or ureth\$ or urin\$ or urolog\$ or urogen\$)).ti,ab.
78	(genitourinary tract infection\$ or genito-urinary tract infection\$).ti,ab.
79	or/73-78
80	(("no" or "not" or lack\$) adj3 (sign? or symtom?)).ti,ab.
81	(("no" or "not" or "non") adj3 disorder?).ti,ab.
82	(("no" or "not" or "non") adj2 caus\$).ti.
83	(("no" or "not" or "non") adj2 caus\$).ab. /freq=2
84	((non-identif\$ or unidentifi\$ or non-specifi\$) adj3 disorder).ti,ab.
85	((non-identif\$ or unidentifi\$ or non-specifi\$) adj2 caus\$).ti.
86	((non-identif\$ or unidentifi\$ or non-specifi\$) adj2 caus\$).ab. /freq=2
87	(organic adj3 disorder?).ti,ab.
88	(without adj3 underlying).ti,ab.
89	or/80-88
90	52 or 59 or 72 or 79 or 89
91	42 and 90

### E.7.3 Cochrane Database of Systematic Reviews (CDSR)

#	Searches
1	CHILD, PRESCHOOL.kw.
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
3	INFANT.kw.
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.

#	Searches
5	PEDIATRICS.kw.
6	p?ediatric\$.ti,ab.
7	or/1-6
8	FAILURE TO THRIVE.kw.
9	(fail\$ adj2 thrive\$.ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	WEIGHT LOSS.kw.
15	BODY WEIGHT CHANGES.kw.
16	BODY WEIGHT MAINTENANCE.kw.
17	IDEAL BODY WEIGHT.kw.
18	WASTING SYNDROME.kw.
19	THINNESS.kw.
20	EMACIATION.kw.
21	ANOREXIA.kw.
22	or/14-21
23	7 and 22
24	CHILD NUTRITION DISORDERS.kw.
25	INFANT NUTRITION DISORDERS.kw.
26	"FEEDING AND EATING DISORDERS OF CHILDHOOD".kw.
27	((CHILD, PRESCHOOL or INFANT) and MALNUTRITION).kw.
28	((CHILD, PRESCHOOL or INFANT) and GROWTH DISORDERS).kw.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).ti,ab.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$)).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
35	or/24-34
36	(INFANT and (HYPERNATREMIA or DEHYDRATION)).kw.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
40	or/36-39
41	13 or 23 or 35 or 40
42	CELIAC DISEASE.kw.
43	((coeliac or celiac) adj (disease? or syndrome?)).ti,ab.
44	((coeliac or celiac) adj3 sprue).ti,ab.
45	(gluten adj2 (enteropath\$ or sensitiv\$ or hypersensitiv\$ or intoleran\$)).ti,ab.
46	((nontropical or non tropical) adj sprue).ti,ab.
47	((glutenin or gliadin) adj2 (sensitiv\$ or hypersensitiv\$ or intoleran\$)).ti,ab.
48	((infant\$ or indigenous) adj3 sprue).ti,ab.
49	((wheat or rye or barley) adj2 (sensitiv\$ or hypersensitiv\$ or intoleran\$)).ti,ab.
50	endemic sprue.ti,ab.
51	or/42-50
52	HYPOTHYROIDISM.kw.
53	CONGENITAL HYPOTHYROIDISM.kw.
54	hypothyroidism.ti,ab.
55	cretin\$.ti,ab.
56	(thyroid adj3 (deficien\$ or failure or insufficiency)).ti,ab.
57	((underactive or under-active) adj3 thyroid).ti,ab.
58	or/52-57
59	RENAL INSUFFICIENCY, CHRONIC.kw.
60	ACIDOSIS, RENAL TUBULAR.kw.
61	(chronic adj (kidney disease or kidney insufficien\$)).ti,ab.
62	(chronic adj (renal disease or renal insufficien\$)).ti,ab.

#	Searches
63	chronic nephropath\$.ti,ab.
64	(progressive adj (kidney disease or kidney insufficien\$)).ti,ab.
65	(progressive adj (renal disease or renal insufficien\$)).ti,ab.
66	progressive nephropath\$.ti,ab.
67	(renal tubular adj1 acidosis).ti,ab.
68	KIDNEY FAILURE, CHRONIC.kw.
69	(kidney failure or renal failure).ti.
70	(kidney failure or renal failure).ab. /freq=2
71	or/59-70
72	URINARY TRACT INFECTIONS.kw.
73	UTI?.ti,ab.
74	urinary tract infection\$.ti,ab.
75	(bacteriuria\$ or pyuria or schistosomiasis).ti,ab.
76	((bacteria\$ or microbial\$) adj3 (bladder\$ or genitourin\$ or kidney\$ or renal\$ or ureter\$ or ureth\$ or urin\$ or urolog\$ or urogen\$)).ti,ab.
77	(genitourinary tract infection\$ or genito-urinary tract infection\$).ti,ab.
78	or/72-77
79	(("no" or "not" or lack\$) adj3 (sign? or symtom?)).ti,ab.
80	(("no" or "not" or "non") adj3 disorder?).ti,ab.
81	(("no" or "not" or "non") adj2 caus\$).ti,ab.
82	((non-identif\$ or unidentifi\$ or non-specifi\$) adj2 caus\$).ti,ab.
83	((non-identif\$ or unidentifi\$ or non-specifi\$) adj3 disorder).ti,ab.
84	(organic adj3 disorder?).ti,ab.
85	(without adj3 underlying).ti,ab.
86	or/79-85
87	51 or 58 or 71 or 78 or 86
88	41 and 87

#### E.7.4 Database of Abstracts of Reviews of Effects (DARE)

#	Searches
1	CHILD, PRESCHOOL.kw.
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).tw,tx.
3	INFANT.kw.
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw,tx.
5	PEDIATRICS.kw.
6	p?ediatric\$.tw,tx.
7	or/1-6
8	FAILURE TO THRIVE.kw.
9	(fail\$ adj2 thriv\$).tw,tx.
10	FTT.tw,tx.
11	(falter\$ adj3 (weight or grow\$)).tw,tx.
12	or/8-11
13	7 and 12
14	WEIGHT LOSS.kw.
15	BODY WEIGHT CHANGES.kw.
16	BODY WEIGHT MAINTENANCE.kw.
17	IDEAL BODY WEIGHT.kw.
18	WASTING SYNDROME.kw.
19	THINNESS.kw.
20	EMACIATION.kw.
21	ANOREXIA.kw.
22	or/14-21
23	7 and 22
24	CHILD NUTRITION DISORDERS.kw.
25	INFANT NUTRITION DISORDERS.kw.
26	"FEEDING AND EATING DISORDERS OF CHILDHOOD".kw.
27	((CHILD, PRESCHOOL or INFANT) and MALNUTRITION).kw.
28	((CHILD, PRESCHOOL or INFANT) and GROWTH DISORDERS).kw.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).tw,tx.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaci\$ or anorexi\$ or stunting or stunted)).tw,tx.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw,tx.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).tw,tx.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).tw,tx.



#	Searches
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).tw,tx.
35	or/24-34
36	(INFANT and (HYPERNATREMIA or DEHYDRATION)).kw.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypenatr\$ or dehydrat\$)).tw,tx.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw,tx.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw,tx.
40	or/36-39
41	13 or 23 or 35 or 40
42	CELIAC DISEASE.kw.
43	((coeliac or celiac) adj (disease? or syndrome?)).tw,tx.
44	((coeliac or celiac) adj3 sprue).tw,tx.
45	(gluten adj2 (enteropath\$ or sensitiv\$ or hypersensitiv\$ or intoleran\$)).tw,tx.
46	((nontropical or non tropical) adj sprue).tw,tx.
47	((glutenin or gliadin) adj2 (sensitiv\$ or hypersensitiv\$ or intoleran\$)).tw,tx.
48	((infant\$ or indigenous) adj3 sprue).tw,tx.
49	((wheat or rye or barley) adj2 (sensitiv\$ or hypersensitiv\$ or intoleran\$)).tw,tx.
50	endemic sprue.tw,tx.
51	or/42-50
52	HYPOTHYROIDISM.kw.
53	CONGENITAL HYPOTHYROIDISM.kw.
54	hypothyroidism.tw,tx.
55	cretin\$.tw,tx.
56	(thyroid adj3 (deficien\$ or failure or insufficiency)).tw,tx.
57	((underactive or under-active) adj3 thyroid).tw,tx.
58	or/52-57
59	RENAL INSUFFICIENCY, CHRONIC.kw.
60	ACIDOSIS, RENAL TUBULAR.kw.
61	(chronic adj (kidney disease or kidney insufficien\$)).tw,tx.
62	(chronic adj (renal disease or renal insufficien\$)).tw,tx.
63	chronic nephropath\$.tw,tx.
64	(progressive adj (kidney disease or kidney insufficien\$)).tw,tx.
65	(progressive adj (renal disease or renal insufficien\$)).tw,tx.
66	progressive nephropath\$.tw,tx.
67	(renal tubular adj1 acidosis).tw,tx.
68	KIDNEY FAILURE, CHRONIC.kw.
69	(kidney failure or renal failure).tw,tx.
70	or/59-69
71	URINARY TRACT INFECTIONS.kw.
72	UTI?.tw,tx.
73	urinary tract infection\$.tw,tx.
74	(bacteriuria\$ or pyuria or schistosomiasis).tw,tx.
75	((bacteria\$ or microbial\$) adj3 (bladder\$ or genitourin\$ or kidney\$ or renal\$ or ureter\$ or ureth\$ or urin\$ or urolog\$ or urogen\$)).tw,tx.
76	(genitourinary tract infection\$ or genito-urinary tract infection\$).tw,tx.
77	or/71-76
78	(("no" or "not" or lack\$) adj3 (sign? or symtom?)).tw,tx.
79	(("no" or "not" or "non") adj3 disorder?).tw,tx.
80	(("no" or "not" or "non") adj2 caus\$).tw,tx.
81	((non-identif\$ or unidentifi\$ or non-specifi\$) adj2 caus\$).tw,tx.
82	((non-identif\$ or unidentifi\$ or non-specifi\$) adj3 disorder).tw,tx.
83	(organic adj3 disorder?).tw,tx.
84	(without adj3 underlying).tw,tx.
85	or/78-84
86	51 or 58 or 70 or 77 or 85
87	41 and 86

### E.7.5 Health Technology Assessment (HTA)

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).tw.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw.
5	exp PEDIATRICALS/
6	p?ediatric\$.tw.



#	Searches
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thriv\$).tw.
10	FTT.tw.
11	(falter\$ adj3 (weight or grow\$)).tw.
12	or/8-11
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).tw.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).tw.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).tw.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).tw.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).tw.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).tw.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw.
41	or/37-40
42	13 or 24 or 36 or 41
43	CELIAC DISEASE.sh,kw.
44	((coeliac or celiac) adj (disease? or syndrome?)).tw.
45	((coeliac or celiac) adj3 sprue).tw.
46	(gluten adj2 (enteropath\$ or sensitiv\$ or hypersensitiv\$ or intoleran\$)).tw.
47	[((nontropical or non tropical) adj sprue).tw.]
48	((glutenin or gliadin) adj2 (sensitiv\$ or hypersensitiv\$ or intoleran\$)).tw.
49	((infant\$ or indigenous) adj3 sprue).tw.
50	((wheat or rye or barley) adj2 (sensitiv\$ or hypersensitiv\$ or intoleran\$)).tw.
51	endemic sprue.tw.
52	or/43-51
53	HYPOTHYROIDISM/
54	CONGENITAL HYPOTHYROIDISM/
55	hypothyroidism.tw.
56	cretin\$.tw.
57	(thyroid adj3 (deficien\$ or failure or insufficiency)).tw.
58	((underactive or under-active) adj3 thyroid).tw.
59	or/53-58
60	RENAL INSUFFICIENCY, CHRONIC/
61	(chronic adj (kidney disease or kidney insufficien\$)).tw.
62	(chronic adj (renal disease or renal insufficien\$)).tw.
63	chronic nephropath\$.tw.
64	(progressive adj (kidney disease or kidney insufficien\$)).tw.

#	Searches
65	(progressive adj (renal disease or renal insufficien\$)).tw.
66	progressive nephropath\$.tw.
67	(renal tubular adj1 acidosis).tw.
68	*KIDNEY FAILURE, CHRONIC/
69	(kidney failure or renal failure).tw.
70	or/60-69
71	exp URINARY TRACT INFECTIONS/
72	UTI?.tw.
73	urinary tract infection\$.tw.
74	(bacteriuria\$ or pyuria or schistosomiasis).tw.
75	((bacteria\$ or microbial\$) adj3 (bladder\$ or genitourin\$ or kidney\$ or renal\$ or ureter\$ or ureth\$ or urin\$ or urolog\$ or urogen\$)).tw.
76	(genitourinary tract infection\$ or genito-urinary tract infection\$).tw.
77	or/71-76
78	(("no" or "not" or lack\$) adj3 (sign? or symtom?)).tw.
79	(("no" or "not" or "non") adj3 disorder?).tw.
80	(("no" or "not" or "non") adj2 caus\$).tw.
81	((non-identif\$ or unidentifi\$ or non-specifi\$) adj3 disorder).tw.
82	((non-identif\$ or unidentifi\$ or non-specifi\$) adj2 caus\$).tw.
83	(organic adj3 disorder?).tw.
84	(without adj3 underlying).tw.
85	or/78-84
86	52 or 59 or 70 or 77 or 85
87	42 and 86

## E.7.6 Embase

#	Searches
1	SYSTEMATIC REVIEW/
2	META-ANALYSIS/
3	(meta analy* or metanaly* or metaanaly*).ti,ab.
4	((systematic or evidence) adj2 (review* or overview*)).ti,ab.
5	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.
6	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
7	(search* adj4 literature).ab.
8	(medline or pubmed or cochrane or embase or psychlit or psyclit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab.
9	((pool* or combined) adj2 (data or trials or studies or results)).ab.
10	cochrane.jw.
11	or/1-10
12	PREVALENCE/
13	*STATISTICAL MODEL/
14	(prevalen\$ or incidence? or model\$ or rate?).ti.
15	((prevalen\$ or incidence? or transversal\$) adj3 (study or studies)).ti,ab.
16	*COHORT ANALYSIS/
17	(cohort adj3 (study or studies)).ti,ab.
18	(cohort adj3 analy\$).ti,ab.
19	*FOLLOW UP/
20	(follow\$ up adj3 (study or studies)).ti,ab.
21	*LONGITUDINAL STUDY/
22	longitudinal\$.ti,ab.
23	*PROSPECTIVE STUDY/
24	prospective\$.ti,ab.
25	*RETROSPECTIVE STUDY/
26	retrospective\$.ti,ab.
27	*CROSS-SECTIONAL STUDY/
28	cross-sectional\$.ti,ab.
29	**MULTICENTER STUDY (TOPIC)"/
30	((multicent\$ or multi\$ cent\$) adj3 (study or studies)).ti,ab.
31	*REGISTER/
32	(registr\$ or register?).ti,ab.
33	or/12-32
34	PRESCHOOL CHILD/ or TODDLER/
35	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
36	exp INFANT/
37	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
38	exp PEDIATRICS/
39	p?ediatric\$.ti,ab.
40	or/34-39
41	FAILURE TO THRIVE/

#	Searches
42	(fail\$ adj2 thriv\$).ti,ab.
43	FTT.ti,ab.
44	(falter\$ adj3 (weight or grow\$)).ti,ab.
45	or/41-44
46	40 and 45
47	*WEIGHT REDUCTION/
48	WEIGHT CHANGE/
49	WEIGHT FLUCTUATION/
50	WEIGHT VARIATION/
51	WASTING SYNDROME/
52	EMACIATION/
53	*ANOREXIA/
54	or/47-53
55	40 and 54
56	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *NUTRITIONAL DISORDER/
57	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *EATING DISORDER/
58	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *MALNUTRITION/
59	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *GROWTH DISORDER/
60	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).ti,ab.
61	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
62	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
63	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
64	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$)).ti,ab.
65	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
66	or/56-65
67	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
68	NEONATAL WEIGHT LOSS/
69	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehyrat\$)).ti,ab.
70	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
71	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
72	or/67-71
73	46 or 55 or 66 or 72
74	*CELIAC DISEASE/
75	((coeliac or celiac) adj (disease? or syndrome?)).ti,ab.
76	((coeliac or celiac) adj3 sprue).ti,ab.
77	(gluten adj2 (enteropath\$ or sensitiv\$ or hypersensitiv\$ or intoleran\$)).ti,ab.
78	((nontropical or non tropical) adj sprue).ti,ab.
79	((glutenin or gliadin) adj2 (sensitiv\$ or hypersensitiv\$ or intoleran\$)).ti,ab.
80	((infant\$ or indigenous) adj3 sprue).ti,ab.
81	((wheat or rye or barley) adj2 (sensitiv\$ or hypersensitiv\$ or intoleran\$)).ti,ab.
82	endemic sprue.ti,ab.
83	or/74-82
84	*HYPOTHYROIDISM/
85	CONGENITAL HYPOTHYROIDISM/
86	hypothyroidism.ti,ab.
87	cretin\$.ti,ab.
88	(thyroid adj3 (deficien\$ or failure or insufficiency)).ti,ab.
89	((underactive or under-active) adj3 thyroid).ti,ab.
90	or/84-89
91	*CHRONIC KIDNEY FAILURE/
92	*KIDNEY TUBULE ACIDOSIS/
93	(chronic adj (kidney disease or kidney insufficien\$)).ti,ab.
94	(chronic adj (renal disease or renal insufficien\$)).ti,ab.
95	chronic nephropath\$.ti,ab.
96	(progressive adj (kidney disease or kidney insufficien\$)).ti,ab.
97	(progressive adj (renal disease or renal insufficien\$)).ti,ab.
98	progressive nephropath\$.ti,ab.
99	(renal tubular adj1 acidosis).ti,ab.

#	Searches
100	(kidney failure or renal failure).ti.
101	(kidney failure or renal failure).ab. /freq=2
102	or/91-101
103	exp *URINARY TRACT INFECTION/
104	UTI?.ti,ab.
105	urinary tract infection\$.ti,ab.
106	(bacteriuria\$ or pyuria or schistosomiasis).ti,ab.
107	((bacteria\$ or microbial\$) adj3 (bladder\$ or genitourin\$ or kidney\$ or renal\$ or ureter\$ or ureth\$ or urin\$ or urolog\$ or urogen\$).ti,ab.
108	(genitourinary tract infection\$ or genito-urinary tract infection\$).ti,ab.
109	or/103-108
110	(("no" or "not" or lack\$) adj3 (sign? or symtom?)).ti,ab.
111	(("no" or "not" or "non") adj3 disorder?).ti,ab.
112	(("no" or "not" or "non") adj2 caus\$).ti.
113	(("no" or "not" or "non") adj2 caus\$).ab. /freq=2
114	((non-identif\$ or unidentifi\$ or non-specifi\$) adj3 disorder).ti,ab.
115	((non-identif\$ or unidentifi\$ or non-specifi\$) adj2 caus\$).ab. /freq=2
116	(organic adj3 disorder?).ti,ab.
117	(without adj3 underlying).ti,ab.
118	or/110-117
119	83 or 90 or 102 or 109 or 118
120	73 and 119
121	limit 120 to english language
122	letter.pt. or LETTER/
123	note.pt.
124	editorial.pt.
125	CASE REPORT/ or CASE STUDY/
126	(letter or comment*).ti.
127	or/122-126
128	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
129	127 not 128
130	ANIMAL/ not HUMAN/
131	NONHUMAN/
132	exp ANIMAL EXPERIMENT/
133	exp EXPERIMENTAL ANIMAL/
134	ANIMAL MODEL/
135	exp RODENT/
136	(rat or rats or mouse or mice).ti.
137	or/129-136
138	121 not 137
139	11 and 138
140	33 and 138
141	or/139-140

## E.8 Breastfeeding support

### E.8.1 Medline and Medline In-Process & Other Non-Indexed Citations

#	Searches
1	META-ANALYSIS/
2	META-ANALYSIS AS TOPIC/
3	(meta analy* or metanaly* or metaanaly*).ti,ab.
4	((systematic* or evidence*) adj2 (review* or overview*)).ti,ab.
5	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.
6	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
7	(search* adj4 literature).ab.
8	(medline or pubmed or cochrane or embase or psychlit or psychlit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab.
9	cochrane.jw.
10	or/1-9
11	randomized controlled trial.pt.
12	controlled clinical trial.pt.
13	pragmatic clinical trial.pt.
14	randomi#ed.ab.
15	placebo.ab.
16	randomly.ab.
17	CLINICAL TRIALS AS TOPIC/
18	trial.ti.
19	or/11-18

#	Searches
20	or/10,19
21	CHILD, PRESCHOOL/
22	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
23	exp INFANT/
24	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
25	exp PEDIATRICS/
26	p?ediatric\$.ti,ab.
27	or/21-26
28	FAILURE TO THRIVE/
29	(fail\$ adj2 thriv\$).ti,ab.
30	FTT.ti,ab.
31	(falter\$ adj3 (weight or grow\$)).ti,ab.
32	or/28-31
33	27 and 32
34	*WEIGHT LOSS/
35	WEIGHT LOSS/ph [Physiology]
36	BODY WEIGHT CHANGES/
37	BODY WEIGHT MAINTENANCE/
38	IDEAL BODY WEIGHT/
39	WASTING SYNDROME/
40	*THINNESS/
41	EMACIATION/
42	ANOREXIA/
43	or/34-42
44	27 and 43
45	*CHILD NUTRITION DISORDERS/
46	*INFANT NUTRITION DISORDERS/
47	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
48	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
49	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
50	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
51	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
52	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
53	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
54	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
55	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
56	or/45-55
57	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
58	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
59	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
60	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
61	or/57-60
62	33 or 44 or 56 or 61
63	exp *BREAST FEEDING/
64	breastfe\$.ti,ab.
65	(breast adj1 fe\$).ti,ab.
66	(breast\$ adj3 (pump\$ or express\$ or collect\$)).ti,ab.
67	*MILK, HUMAN/
68	breastmilk.ti,ab.
69	((breast or human) adj1 milk).ti,ab.
70	*LACTATION/
71	lactat\$.ti,ab.
72	*GALACTAGOGUES/
73	galact#gog\$.ti,ab.
74	*LINGUAL FRENUM/
75	*TONGUE/
76	*TONGUE DISEASES/
77	*MOUTH ABNORMALITIES/

#	Searches
78	((tongue\$ or lip\$ or oral\$ or frenu\$) adj3 (tether\$ or tie\$)).ti,ab.
79	(frenotom\$ or frenulotom\$ or ankyloglossi\$).ti,ab.
80	or/63-79
81	**"GROWTH AND DEVELOPMENT"/
82	*CHILD DEVELOPMENT/
83	exp *GROWTH/
84	exp *ANTHROPOMETRY/
85	(growth\$ or weight\$ or height\$ or length\$ or body mass ind\$ or BMI? or anthropomet\$).ti.
86	((growth\$ or weight\$ or height\$ or length\$ or body mass ind\$ or BMI? or anthropomet\$) adj2 (infan\$ or neonat\$ or newborn\$ or baby\$ or babies\$ or measur\$ or parameter? or outcome? or gain\$ or increas\$ or decreas\$ or loss\$ or lose\$ or chang\$)).ab.
87	or/81-86
88	exp BREAST FEEDING/mt [Methods]
89	((breastfe\$ or breast fe\$ or breastmilk\$ or breast milk\$ or lactat\$) adj3 (support\$ or interven\$ or promot\$ or educat\$ or inform\$ or advis\$ or therap\$ or psychotherap\$ or schedul\$ or baby led\$ or supplement\$ or produc\$ or diet\$ or stress\$ or depress\$ or position\$ or attach\$)).ti,ab.
90	88 or 89
91	62 and 80
92	27 and 87 and 90
93	or/91-92
94	limit 93 to english language
95	LETTER/
96	EDITORIAL/
97	NEWS/
98	exp HISTORICAL ARTICLE/
99	ANECDOTES AS TOPIC/
100	COMMENT/
101	CASE REPORT/
102	(letter\$ or comment\$).ti.
103	or/95-102
104	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
105	103 not 104
106	ANIMALS/ not HUMANS/
107	exp ANIMALS, LABORATORY/
108	exp ANIMAL EXPERIMENTATION/
109	exp MODELS, ANIMAL/
110	exp RODENTIA/
111	(rat\$ or rats\$ or mouse\$ or mice\$).ti.
112	or/105-111
113	94 not 112
114	20 and 113

## E.8.2 Cochrane Central Register of Controlled Trials (CCTR)

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab,kw.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby\$ or babies\$ or pre#mie? or premie\$ or premies\$).ti,ab,kw.
5	exp PEDIATRICS/
6	p?ediatric\$.ti,ab,kw.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thriv\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight\$ or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/

#	Searches
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or poor nutrition\$ or undernourish\$ or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$)).ti,ab.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
41	or/37-40
42	13 or 24 or 36 or 41
43	exp *BREAST FEEDING/
44	breastfe\$.ti,ab,kw.
45	(breast adj1 fe\$).ti,ab,kw.
46	(breast\$ adj3 (pump\$ or express\$ or collect\$)).ti,ab,kw.
47	*MILK, HUMAN/
48	breastmilk.ti,ab,kw.
49	((breast or human) adj1 milk).ti,ab,kw.
50	*LACTATION/ or MILK PRODUCTION.kw.
51	lactat\$.ti,ab,kw.
52	*GALACTAGOGUES/
53	galact#gog\$.ti,ab,kw.
54	*LINGUAL FRENUM/
55	*TONGUE/
56	*TONGUE DISEASES/
57	*MOUTH ABNORMALITIES/
58	((tongue or lip or oral\$ or frenu\$) adj3 (tether\$ or tie\$)).ti,ab.
59	(frenotom\$ or frenulotom\$ or ankyloglossi\$).ti,ab,kw.
60	or/43-59
61	"GROWTH AND DEVELOPMENT"/
62	"GROWTH, DEVELOPMENT AND AGING".kw.
63	*CHILD DEVELOPMENT/
64	CHILD DEVELOPMENT.kw.
65	exp *GROWTH/
66	exp *ANTHROPOMETRY/
67	(growth\$ or weight\$ or height\$ or length\$ or body mass ind\$ or BMI? or anthropomet\$).ti,kw.
68	((growth\$ or weight\$ or height\$ or length\$ or body mass ind\$ or BMI? or anthropomet\$) adj2 (infan\$ or neonat\$ or newborn\$ or baby or babies or measur\$ or parameter? or outcome? or gain\$ or increas\$ or decreas\$ or loss\$ or lose or chang\$)).ab.
69	or/61-68
70	exp BREAST FEEDING/mt [Methods]
71	BREAST FEEDING EDUCATION.kw.
72	((breastfe\$ or breast fe\$ or breastmilk\$ or breast milk\$ or lactat\$) adj3 (support\$ or interven\$ or promot\$ or educat\$ or inform\$ or advis\$ or therap\$ or psychotherap\$ or schedul\$ or baby led or supplement\$ or produc\$ or diet\$ or stress\$ or depress\$ or position\$ or attach\$)).ti,ab.
73	or/70-72
74	42 and 60
75	7 and 69 and 73
76	or/74-75

### E.8.3 Cochrane Database of Systematic Reviews (CDSR)

#	Searches
1	CHILD, PRESCHOOL.kw.



#	Searches
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
3	INFANT.kw.
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
5	PEDIATRICS.kw.
6	p?ediatric\$.ti,ab.
7	or/1-6
8	FAILURE TO THRIVE.kw.
9	(fail\$ adj2 thriv\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	WEIGHT LOSS.kw.
15	BODY WEIGHT CHANGES.kw.
16	BODY WEIGHT MAINTENANCE.kw.
17	IDEAL BODY WEIGHT.kw.
18	WASTING SYNDROME.kw.
19	THINNESS.kw.
20	EMACIATION.kw.
21	ANOREXIA.kw.
22	or/14-21
23	7 and 22
24	CHILD NUTRITION DISORDERS.kw.
25	INFANT NUTRITION DISORDERS.kw.
26	"FEEDING AND EATING DISORDERS OF CHILDHOOD".kw.
27	((CHILD, PRESCHOOL or INFANT) and MALNUTRITION).kw.
28	((CHILD, PRESCHOOL or INFANT) and GROWTH DISORDERS).kw.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
35	or/24-34
36	(INFANT and (HYPERNATREMIA or DEHYDRATION)).kw.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
40	or/36-39
41	13 or 23 or 35 or 40
42	breastfe\$.ti,ab.
43	(breast adj1 fe\$).ti,ab.
44	(breast\$ adj3 (pump\$ or express\$ or collect\$)).ti,ab.
45	breastmilk.ti,ab.
46	((breast or human) adj1 milk).ti,ab.
47	lactat\$.ti,ab.
48	galact#gog\$.ti,ab.
49	LINGUAL FRENUM.kw.
50	TONGUE.kw.
51	TONGUE DISEASES.kw.
52	MOUTH ABNORMALITIES.kw.
53	((tongue or lip or oral\$ or frenu\$) adj3 (tether\$ or tie\$)).ti,ab.
54	(frenotom\$ or frenulotom\$ or ankyloglossi\$).ti,ab.
55	or/42-54
56	"GROWTH AND DEVELOPMENT".kw.
57	CHILD DEVELOPMENT.kw.
58	GROWTH.kw.
59	ANTHROPOMETRY.kw.

#	Searches
60	(growth\$ or weight\$ or height\$ or length\$ or body mass ind\$ or BMI? or anthropomet\$).ti,ab.
61	((growth\$ or weight\$ or height\$ or length\$ or body mass ind\$ or BMI? or anthropomet\$) adj2 (infan\$ or neonat\$ or newborn\$ or baby or babies or measur\$ or parameter? or outcome? or gain\$ or increas\$ or decreas\$ or loss\$ or lose or chang\$)).ti,ab.
62	or/56-61
63	((breastfe\$ or breast fe\$ or breastmilk\$ or breast milk\$ or lactat\$) adj3 (support\$ or interven\$ or promot\$ or educat\$ or inform\$ or advis\$ or therap\$ or psychotherap\$ or schedul\$ or baby led or supplement\$ or produc\$ or diet\$ or stress\$ or depress\$ or position\$ or attach\$)).ti,ab.
64	41 and 55
65	7 and 62 and 63
66	or/64-65

#### E.8.4 Database of Abstracts of Reviews of Effects (DARE)

#	Searches
1	CHILD, PRESCHOOL.kw.
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).tw,tx.
3	INFANT.kw.
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw,tx.
5	PEDIATRICS.kw.
6	p?ediatric\$.tw,tx.
7	or/1-6
8	FAILURE TO THRIVE.kw.
9	(fail\$ adj2 thrive\$).tw,tx.
10	FTT.tw,tx.
11	(falter\$ adj3 (weight or grow\$)).tw,tx.
12	or/8-11
13	7 and 12
14	WEIGHT LOSS.kw.
15	BODY WEIGHT CHANGES.kw.
16	BODY WEIGHT MAINTENANCE.kw.
17	IDEAL BODY WEIGHT.kw.
18	WASTING SYNDROME.kw.
19	THINNESS.kw.
20	EMACIATION.kw.
21	ANOREXIA.kw.
22	or/14-21
23	7 and 22
24	CHILD NUTRITION DISORDERS.kw.
25	INFANT NUTRITION DISORDERS.kw.
26	"FEEDING AND EATING DISORDERS OF CHILDHOOD".kw.
27	((CHILD, PRESCHOOL or INFANT) and MALNUTRITION).kw.
28	((CHILD, PRESCHOOL or INFANT) and GROWTH DISORDERS).kw.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).tw,tx.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).tw,tx.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw,tx.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).tw,tx.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).tw,tx.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).tw,tx.
35	or/24-34
36	(INFANT and (HYPERNATREMIA or DEHYDRATION)).kw.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).tw,tx.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw,tx.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw,tx.
40	or/36-39
41	13 or 23 or 35 or 40
42	breastfe\$.tw,tx.
43	(breast adj1 fe\$).tw,tx.
44	(breast\$ adj3 (pump\$ or express\$ or collect\$)).tw,tx.

#	Searches
45	breastmilk.tw.tx.
46	((breast or human) adj1 milk).tw.tx.
47	lactat\$.tw.tx.
48	galact#gog\$.tw.tx.
49	LINGUAL FRENUM.kw.
50	TONGUE.kw.
51	TONGUE DISEASES.kw.
52	MOUTH ABNORMALITIES.kw.
53	((tongue or lip or oral\$ or frenu\$) adj3 (tether\$ or tie\$)).tw.tx.
54	(frenotom\$ or frenulotom\$ or ankyloglossi\$).tw.tx.
55	or/42-54
56	"GROWTH AND DEVELOPMENT".kw.
57	CHILD DEVELOPMENT.kw.
58	GROWTH.kw.
59	ANTHROPOMETRY.kw.
60	(growth\$ or weight\$ or height\$ or length\$ or body mass ind\$ or BMI? or anthropomet\$).tw.tx.
61	((growth\$ or weight\$ or height\$ or length\$ or body mass ind\$ or BMI? or anthropomet\$) adj2 (infan\$ or neonat\$ or newborn\$) or baby or babies or measur\$ or parameter? or outcome? or gain\$ or increas\$ or decreas\$ or loss\$ or lose or chang\$)).tw.tx.
62	or/56-61
63	((breastfe\$ or breast fe\$ or breastmilk\$ or breast milk\$ or lactat\$) adj3 (support\$ or interven\$ or promot\$ or educat\$ or inform\$ or advis\$ or therap\$ or psychotherap\$ or schedul\$ or baby led or supplement\$ or produc\$ or diet\$ or stress\$ or depress\$ or position\$ or attach\$)).tw.tx.
64	41 and 55
65	7 and 62 and 63
66	or/64-65

### E.8.5 Health Technology Assessment (HTA)

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).tw.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw.
5	exp PEDIATRICS/
6	p?ediatric\$.tw.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thriv\$).tw.
10	FTT.tw.
11	(falter\$ adj3 (weight or grow\$)).tw.
12	or/8-11
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).tw.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).tw.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).tw.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).tw.

#	Searches
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).tw.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypnatr\$ or dehydrat\$)).tw.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw.
41	or/37-40
42	13 or 24 or 36 or 41
43	exp BREAST FEEDING/
44	breastfe\$.tw.
45	(breast adj1 fe\$).tw.
46	(breast\$ adj3 (pump\$ or express\$ or collect\$)).tw.
47	MILK, HUMAN/
48	breastmilk.tw.
49	((breast or human) adj1 milk).tw.
50	LACTATION/
51	lactat\$.tw.
52	GALACTAGOGUES/
53	galact#gog\$.tw.
54	LINGUAL FRENUM/
55	TONGUE/
56	TONGUE DISEASES/
57	MOUTH ABNORMALITIES/
58	((tongue or lip or oral\$ or frenu\$) adj3 (tether\$ or tie\$)).tw.
59	(frenotom\$ or frenulotom\$ or ankyloglossi\$).tw.
60	or/43-59
61	"GROWTH AND DEVELOPMENT"/
62	CHILD DEVELOPMENT/
63	exp GROWTH/
64	exp ANTHROPOMETRY/
65	(growth\$ or weight\$ or height\$ or length\$ or body mass ind\$ or BMI? or anthropomet\$).ti.
66	((growth\$ or weight\$ or height\$ or length\$ or body mass ind\$ or BMI? or anthropomet\$) adj2 (infan\$ or neonat\$ or newborn\$ or baby or babies or measur\$ or parameter? or outcome? or gain\$ or increas\$ or decreas\$ or loss\$ or lose or chang\$)).tx.
67	or/61-66
68	((breastfe\$ or breast fe\$ or breastmilk\$ or breast milk\$ or lactat\$) adj3 (support\$ or interven\$ or promot\$ or educat\$ or inform\$ or advis\$ or therap\$ or psychotherap\$ or schedul\$ or baby led or supplement\$ or produc\$ or diet\$ or stress\$ or depress\$ or position\$ or attach\$)).tw.
69	42 and 60
70	7 and 67 and 68
71	or/69-70

## E.8.6 Embase

#	Searches
1	SYSTEMATIC REVIEW/
2	META-ANALYSIS/
3	(meta analy* or metanaly* or metaanaly*).ti,ab.
4	((systematic or evidence) adj2 (review* or overview*)).ti,ab.
5	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.
6	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
7	(search* adj4 literature).ab.
8	(medline or pubmed or cochrane or embase or psychlit or psyclit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab.
9	((pool* or combined) adj2 (data or trials or studies or results)).ab.
10	cochrane.jw.
11	or/1-10
12	random*.ti,ab.
13	factorial*.ti,ab.
14	(crossover* or cross over*).ti,ab.
15	((doubl* or singl*) adj blind*).ti,ab.
16	(assign* or allocat* or volunteer* or placebo*).ti,ab.
17	CROSSOVER PROCEDURE/
18	SINGLE BLIND PROCEDURE/
19	RANDOMIZED CONTROLLED TRIAL/

#	Searches
20	DOUBLE BLIND PROCEDURE/
21	or/12-20
22	or/11,21
23	PRESCHOOL CHILD/ or TODDLER/
24	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
25	exp INFANT/
26	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
27	exp PEDIATRICS/
28	p?ediatric\$.ti,ab.
29	or/23-28
30	FAILURE TO THRIVE/
31	(fail\$ adj2 thriv\$).ti,ab.
32	FTT.ti,ab.
33	(falter\$ adj3 (weight or grow\$)).ti,ab.
34	or/30-33
35	29 and 34
36	*WEIGHT REDUCTION/
37	WEIGHT CHANGE/
38	WEIGHT FLUCTUATION/
39	WEIGHT VARIATION/
40	WASTING SYNDROME/
41	EMACIATION/
42	*ANOREXIA/
43	or/36-42
44	29 and 43
45	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *NUTRITIONAL DISORDER/
46	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *EATING DISORDER/
47	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *MALNUTRITION/
48	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *GROWTH DISORDER/
49	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
50	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
51	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
52	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
53	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
54	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
55	or/45-54
56	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
57	NEONATAL WEIGHT LOSS/
58	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
59	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
60	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
61	or/56-60
62	35 or 44 or 55 or 61
63	exp *BREAST FEEDING/
64	*BREAST FEEDING EDUCATION/
65	breastfe\$.ti,ab.
66	(breast\$ adj1 fe\$).ti,ab.
67	exp *BREAST PUMP/
68	(breast\$ adj3 (pump\$ or express\$ or collect\$)).ti,ab.
69	*BREAST MILK/
70	breastmilk.ti,ab.
71	((breast or human) adj1 milk).ti,ab.
72	*LACTATION/
73	*MILK PRODUCTION/
74	lactat\$.ti,ab.
75	*GALACTAGOGUE/
76	galact#gog\$.ti,ab.
77	*ANKYLOGLOSSIA/

#	Searches
78	((tongue\$ or lip\$ or oral\$ or frenu\$) adj3 (tether\$ or tie\$)).ti,ab.
79	(frenotom\$ or frenulotom\$ or ankyloglossi\$).ti,ab.
80	or/63-79
81	**"GROWTH, DEVELOPMENT AND AGING"/
82	*CHILD DEVELOPMENT/
83	exp *GROWTH/
84	exp *ANTHROPOMETRIC PARAMETERS/
85	*HEIGHT/
86	*LENGTH/
87	exp *"WEIGHT, MASS AND SIZE"/
88	WEIGHT GAIN/
89	(growth\$ or weight\$ or height\$ or length\$ or body mass ind\$ or BMI? or anthropomet\$).ti.
90	((growth\$ or weight\$ or height\$ or length\$ or body mass ind\$ or BMI? or anthropomet\$) adj2 (infan\$ or neonat\$ or newborn\$ or baby\$ or babies\$ or measur\$ or parameter? or outcome? or gain\$ or increas\$ or decreas\$ or loss\$ or lose\$ or chang\$)).ab.
91	or/81-90
92	BREAST FEEDING EDUCATION/
93	((breastfe\$ or breast fe\$ or breastmilk\$ or breast milk\$ or lactat\$) adj3 (support\$ or interven\$ or promot\$ or educat\$ or inform\$ or advis\$ or therap\$ or psychotherap\$ or schedul\$ or baby led or supplement\$ or produc\$ or diet\$ or stress\$ or depress\$ or position\$ or attach\$)).ti,ab.
94	or/92-93
95	62 and 80
96	29 and 91 and 94
97	or/95-96
98	limit 97 to english language
99	letter.pt. or LETTER/
100	note.pt.
101	editorial.pt.
102	CASE REPORT/ or CASE STUDY/
103	(letter or comment*).ti.
104	or/99-103
105	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
106	104 not 105
107	ANIMAL/ not HUMAN/
108	NONHUMAN/
109	exp ANIMAL EXPERIMENT/
110	exp EXPERIMENTAL ANIMAL/
111	ANIMAL MODEL/
112	exp RODENT/
113	(rat or rats or mouse or mice).ti.
114	or/106-113
115	98 not 114
116	22 and 115

### E.8.7 Cumulative Index to Nursing and Allied Health Literature (CINAHL)

#	Searches
1	exp CLINICAL TRIALS/
2	((singl* adj1 blind*) OR (singl* adj1 mask*) OR (doubl* adj1 blind*) OR (doubl* adj1 mask*) OR (tripl* adj1 blind*) OR (tripl* adj1 mask*) OR (trebl* adj1 blind*) OR (trebl* adj1 mask\$)).ti,ab
3	(clinic* adj1 trial*).ti,ab
4	"randomi* control* trial".ti,ab
5	RANDOM ASSIGNMENT/
6	(random* adj1 allocat*).ti,ab
7	PLACEBOS/
8	placebo*.ti,ab
9	QUANTITATIVE STUDIES/
10	or/1-9
11	CHILD, PRESCHOOL/
12	(child* or preschool* or pre-school* or toddler*).ti,ab.
13	INFANT/ OR exp INFANT, NEWBORN/
14	(infan* or neonat* or newborn* or baby\$ or babies\$ or premie\$ or premies).ti,ab.
15	exp PEDIATRICS/
16	(paediatric* OR pediatric*).ti,ab
17	or/11-16
18	FAILURE TO THRIVE/
19	(fail* adj2 thriv*).ti,ab.
20	FTT.ti,ab.
21	(falter* adj3 (weight\$ or grow\$)).ti,ab.
22	or/28-31
23	17 and 22

#	Searches
24	*WEIGHT LOSS/
25	BODY WEIGHT CHANGES/
26	WASTING SYNDROME/
27	*THINNESS/
28	ANOREXIA/
29	or/24-28
30	17 and 29
31	*CHILD NUTRITION DISORDERS/
32	*INFANT NUTRITION DISORDERS/
33	FEEDING AND EATING DISORDERS OF CHILDHOOD/
34	(CHILD, PRESCHOOL/ or INFANT/ or exp INFANT, NEWBORN/) and *MALNUTRITION/
35	(CHILD, PRESCHOOL/ or INFANT/ or exp INFANT, NEWBORN/) and *GROWTH DISORDERS/
36	((child* or preschool* or pre-school* or toddler* or infan* or neonat* or newborn* or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc* or decreas* or deficien*))).ti,ab.
37	((child* or preschool* or pre-school* or toddler* or infan* or neonat* or newborn* or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition* or "under nutrition*" or "poor nutrition*" or undernourish* or "under nourish*" or "under weight?" or underweight? or ((feed* or eat* or nutrition*) adj1 (disorder* or problem*))) or wasting or thin or thinn* or emaciat* or anorexi* or stunting or stunted)).ti,ab.
38	((child* or preschool* or pre-school* or toddler* or infan* or neonat* or newborn* or baby or babies or pre#mie? or premie or premies) adj7 ((Slow* or insufficient*) adj2 weight adj2 gain*))).ti,ab.
39	((child* or preschool* or pre-school* or toddler* or infan* or neonat* or newborn* or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition* or malnourish*))).ti,ab.
40	((child* or preschool* or pre-school* or toddler* or infan* or neonat* or newborn* or baby or babies or pre#mie? or premie or premies) adj7 (grow* adj1 (disorder or deficien* or poor* or fail*))).ti,ab.
41	((child* or preschool* or pre-school* or toddler* or infan* or neonat* or newborn* or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor* or deficien* or short* or small* or retard*))).ti,ab.
42	or/31-41
43	(CHILD, PRESCHOOL/ OR INFANT/ OR exp INFANT, NEWBORN/) and (HYPERNATREMIA/ or *DEHYDRATION/)
44	((infan* or neonat* or newborn* or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr* or dehydrat*)).ti,ab.
45	((infan* or neonat* or newborn* or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal* or postpartum or "follow* birth?") adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc* or decreas* or deficien* or physiolog*))).ti,ab.
46	or/43-45
47	23 or 30 or 42 or 46
48	exp *BREAST FEEDING/
49	breastfe*.ti,ab.
50	(breast adj1 fe*).ti,ab.
51	(breast* adj3 (pump* or express* or collect*)).ti,ab.
52	*MILK, HUMAN/
53	breastmilk.ti,ab.
54	((breast or human) adj1 milk).ti,ab.
55	*LACTATION/
56	lactat*.ti,ab.
57	galact#gog*.ti,ab.
58	*TONGUE/
59	*TONGUE DISEASES/
60	*MOUTH ABNORMALITIES/
61	((tongue or lip or oral* or frenu*) adj3 (tether* or tie*)).ti,ab.
62	(frenotom* or frenulotom* or ankyloglossi*).ti,ab.
63	or/48-62
64	*CHILD DEVELOPMENT/
65	*GROWTH/
66	*ANTHROPOMETRY/
67	(growth* or weight* or height* or length* or "body mass ind*" or BMI? or anthropomet*).ti.
68	((growth* or weight* or height* or length* or "body mass ind*" or BMI? or anthropomet*) adj2 (infan* or neonat* or newborn* or baby or babies or measur* or parameter? or outcome? or gain* or increas* or decreas* or loss* or lose or chang*)).ab.
69	or/64-68
70	((breastfe* or breast fe* or breastmilk* or "breast milk*" or lactat*) adj3 (support* or interven* or promot* or educat* or inform* or advis* or therap* or psychotherap* or schedul* or "baby led" or supplement* or produc* or diet* or stress* or depress* or position* or attach*)).ti,ab.
71	47 and 63
72	69 and 70
73	or/71-72
74	10 and 73 [Limit to: (Language English)]



## E.9 Dietary advice and supplementation

### E.9.1 Medline and Medline In-Process & Other Non-Indexed Citations

#	Searches
1	META-ANALYSIS/
2	META-ANALYSIS AS TOPIC/
3	(meta analy* or metanaly* or metaanaly*).ti,ab.
4	((systematic* or evidence*) adj2 (review* or overview*)).ti,ab.
5	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.
6	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
7	(search* adj4 literature).ab.
8	(medline or pubmed or cochrane or embase or psychlit or psyclit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab.
9	cochrane.jw.
10	or/1-9
11	randomized controlled trial.pt.
12	controlled clinical trial.pt.
13	pragmatic clinical trial.pt.
14	randomi#ed.ab.
15	placebo.ab.
16	randomly.ab.
17	CLINICAL TRIALS AS TOPIC/
18	trial.ti.
19	or/11-18
20	or/10,19
21	CHILD, PRESCHOOL/
22	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
23	exp INFANT/
24	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
25	exp PEDIATRICS/
26	p?ediatric\$.ti,ab.
27	or/21-26
28	FAILURE TO THRIVE/
29	(fail\$ adj2 thriv\$).ti,ab.
30	FTT.ti,ab.
31	(falter\$ adj3 (weight or grow\$)).ti,ab.
32	or/28-31
33	27 and 32
34	*WEIGHT LOSS/
35	WEIGHT LOSS/ph [Physiology]
36	BODY WEIGHT CHANGES/
37	BODY WEIGHT MAINTENANCE/
38	IDEAL BODY WEIGHT/
39	WASTING SYNDROME/
40	*THINNESS/
41	EMACIATION/
42	ANOREXIA/
43	or/34-42
44	27 and 43
45	*CHILD NUTRITION DISORDERS/
46	*INFANT NUTRITION DISORDERS/
47	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
48	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
49	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
50	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
51	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted).ti,ab.
52	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
53	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
54	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
55	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
56	or/45-55
57	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)

#	Searches
58	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
59	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
60	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
61	or/57-60
62	33 or 44 or 56 or 61
63	exp *DIET THERAPY/
64	NUTRITION THERAPY/
65	exp MEALS/
66	*DIET/
67	DIETETICS/
68	BOTTLE FEEDING/
69	((diet\$ or nutrition\$ or food or feed\$ or bottlefeed\$ or meal? or mealtime? or milk\$ or breastmilk\$) adj1 (adv\$ or modif\$ or chang\$ or vary or vari\$ or frequen\$ or volume?)).ti,ab.
70	*DIETARY SUPPLEMENTS/
71	DIET, HIGH-FAT/
72	exp FOOD, FORMULATED/
73	exp *INFANT FOOD/
74	*FOOD, FORTIFIED/
75	*ENERGY INTAKE/
76	exp *MICRONUTRIENTS/
77	((calori\$ or fat? or protein? or energy) adj1 supplement\$).ti,ab.
78	((high or increase) adj (calori\$ or fat? or protein? or energy) adj (diet\$ or intake?)).ti,ab.
79	energy dens\$.ti,ab.
80	((milk\$ or breastmilk\$ or formula\$) adj3 (fortif\$ or concentrat\$ or supplement\$ or compl#ment\$)).ti,ab.
81	((diet\$ or nutrition\$ or food? or feed\$) adj (treatment? or therap\$ or support\$ or product\$ or supplement\$ or compl#ment\$ or fortif\$)).ti,ab.
82	((nutrient\$ or macronutrient\$ or micronutrient\$ or vitamin? or mineral? or trace element? or biometal\$ or zinc or iron or calcium) adj1 (supplement\$ or compl#ment\$ or fortif\$)).ti,ab.
83	(nutrition\$ feed\$ or energy powder?).ti,ab.
84	sip feed\$.ti,ab.
85	("ready to use" adj2 (feed\$ or formula\$ or food?)).ti,ab.
86	ready to feed.ti,ab.
87	(RUTF or RTF or PediaSure).ti,ab.
88	(oral nutrition\$ supplement\$ or ONS).ti,ab.
89	NUTRITIONAL SUPPORT/
90	*ENTERAL NUTRITION/
91	INTUBATION, GASTROINTESTINAL/
92	((enteral\$ or enteric\$ or intragastric\$ or intra gastric\$ or nasogastric\$ or naso gastric\$ or intrainestinal\$ or intra intestinal\$ or tube) adj1 (feed\$ or fed)).ti,ab.
93	or/63-92
94	62 and 93
95	27 and *NUTRITION DISORDERS/dh [Diet Therapy]
96	27 and **FEEDING AND EATING DISORDERS"/dh [Diet Therapy]
97	CHILD NUTRITION DISORDERS/dh [Diet Therapy]
98	INFANT NUTRITION DISORDERS/dh [Diet Therapy]
99	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/dh [Diet Therapy]
100	FAILURE TO THRIVE/dh [Diet Therapy]
101	or/94-100
102	limit 101 to english language
103	LETTER/
104	EDITORIAL/
105	NEWS/
106	exp HISTORICAL ARTICLE/
107	ANECDOTES AS TOPIC/
108	COMMENT/
109	CASE REPORT/
110	(letter or comment*).ti.
111	or/103-110
112	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
113	111 not 112
114	ANIMALS/ not HUMANS/
115	exp ANIMALS, LABORATORY/
116	exp ANIMAL EXPERIMENTATION/
117	exp MODELS, ANIMAL/
118	exp RODENTIA/
119	(rat or rats or mouse or mice).ti.

#	Searches
120	or/113-119
121	102 not 120
122	20 and 121

## E.9.2 Cochrane Central Register of Controlled Trials (CCTR)

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab,kw.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab,kw.
5	exp PEDIATRICS/
6	p?ediatric\$.ti,ab,kw.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thrive\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or poor nutrition\$ or undernourish\$ or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
41	or/37-40
42	13 or 24 or 36 or 41
43	exp *DIET THERAPY/ or DIET THERAPY.kw.
44	*NUTRITION THERAPY/
45	exp *MEALS/ or MEAL.kw.
46	*DIET/ or DIET.kw.
47	DIETETICS.sh,kw.
48	*BOTTLE FEEDING/ or BOTTLE FEEDING.kw.
49	((diet\$ or nutrition\$ or food or feed\$ or bottlefeed\$ or meal? or mealtime? or milk\$ or breastmilk\$) adj1 (advi\$ or modif\$ or chang\$ or vary or vari\$ or frequen\$ or volume?)).ti,ab.
50	*DIETARY SUPPLEMENTS/ or DIET SUPPLEMENTATION.kw.

#	Searches
51	*DIET, HIGH-FAT/ or LIPID DIET.kw.
52	exp *FOOD, FORMULATED/ or ELEMENTAL DIET.kw.
53	exp *INFANT FOOD/ or BABY FOOD.kw.
54	*FOOD, FORTIFIED/
55	*ENERGY INTAKE/ or CALORIC INTAKE.kw.
56	exp *MICRONUTRIENTS/ or (MACRONUTRIENT or TRACE ELEMENT or VITAMIN).kw.
57	((calori\$ or fat? or protein? or energy) adj1 supplement\$).ti,ab.
58	((high or increase) adj (calori\$ or fat? or protein? or energy) adj (diet\$ or intake?)).ti,ab.
59	energy dens\$.ti,ab.
60	((milk\$ or breastmilk\$ or formula\$) adj3 (fortif\$ or concentrat\$ or supplement\$ or compl#ment\$)).ti,ab.
61	((diet\$ or nutrition\$ or food? or feed\$) adj (treatment? or therap\$ or support\$ or product\$ or supplement\$ or compl#ment\$ or fortif\$)).ti,ab.
62	((nutrient\$ or macronutrient\$ or micronutrient\$ or vitamin? or mineral? or trace element? or biometal\$ or zinc or iron or calcium) adj1 (supplement\$ or compl#ment\$ or fortif\$)).ti,ab.
63	(nutrition\$ feed\$ or energy powder?).ti,ab.
64	sip feed\$.ti,ab.
65	("ready to use" adj2 (feed\$ or formula\$ or food?)).ti,ab.
66	ready to feed.ti,ab.
67	(RUTF or RTF or PediaSure).ti,ab.
68	(oral nutrition\$ supplement\$ or ONS).ti,ab.
69	*NUTRITIONAL SUPPORT/ or NUTRITIONAL SUPPORT.kw.
70	*ENTERAL NUTRITION/
71	INTUBATION, GASTROINTESTINAL/ or DIGESTIVE TRACT INTUBATION.kw.
72	((enteral\$ or enteric\$ or intragastric\$ or intra gastric\$ or nasogastric\$ or naso gastric\$ or intrainestinal\$ or intra intestinal\$ or tube) adj1 (feed\$ or fed)).ti,ab,kw.
73	or/43-72
74	42 and 73
75	7 and *NUTRITION DISORDERS/dh [Diet Therapy]
76	*CHILD NUTRITION DISORDERS/dh [Diet Therapy]
77	*INFANT NUTRITION DISORDERS/dh [Diet Therapy]
78	**FEEDING AND EATING DISORDERS OF CHILDHOOD"/dh [Diet Therapy]
79	FAILURE TO THRIVE/dh [Diet Therapy]
80	or/74-79

### E.9.3 Cochrane Database of Systematic Reviews (CDSR)

#	Searches
1	CHILD, PRESCHOOL.kw.
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
3	INFANT.kw.
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
5	PEDIATRICS.kw.
6	p?ediatric\$.ti,ab.
7	or/1-6
8	FAILURE TO THRIVE.kw.
9	(fail\$ adj2 thriv\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	WEIGHT LOSS.kw.
15	BODY WEIGHT CHANGES.kw.
16	BODY WEIGHT MAINTENANCE.kw.
17	IDEAL BODY WEIGHT.kw.
18	WASTING SYNDROME.kw.
19	THINNESS.kw.
20	EMACIATION.kw.
21	ANOREXIA.kw.
22	or/14-21
23	7 and 22
24	CHILD NUTRITION DISORDERS.kw.
25	INFANT NUTRITION DISORDERS.kw.
26	"FEEDING AND EATING DISORDERS OF CHILDHOOD".kw.
27	((CHILD, PRESCHOOL or INFANT) and MALNUTRITION).kw.
28	((CHILD, PRESCHOOL or INFANT) and GROWTH DISORDERS).kw.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.

#	Searches
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
35	or/24-34
36	(INFANT and (HYPERNATREMIA or DEHYDRATION)).kw.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
40	or/36-39
41	13 or 23 or 35 or 40
42	DIET THERAPY.kw.
43	NUTRITION THERAPY.kw.
44	MEALS.kw.
45	DIET.kw.
46	DIETETICS.kw.
47	BOTTLE FEEDING.kw.
48	((diet\$ or nutrition\$ or food or feed\$ or bottlefeed\$ or meal? or mealtime? or milk\$ or breastmilk\$) adj1 (advi\$ or modif\$ or chang\$ or vary or vari\$ or frequen\$ or volume?)).ab,ti.
49	DIETARY SUPPLEMENTS.kw.
50	DIET, HIGH-FAT.kw.
51	(FOOD, FORMULATED or INFANT FORMULA).kw.
52	INFANT FOOD.kw.
53	FOOD, FORTIFIED.kw.
54	ENERGY INTAKE.kw.
55	(MICRONUTRIENTS or TRACE ELEMENTS or VITAMINS).kw.
56	((calori\$ or fat? or protein? or energy) adj1 supplement\$).ab,ti.
57	((high or increase) adj (calori\$ or fat? or protein? or energy) adj (diet\$ or intake?)).ab,ti.
58	energy dens\$.ab,ti.
59	((milk\$ or breastmilk\$ or formula\$) adj3 (fortif\$ or concentrat\$ or supplement\$ or compl#ment\$)).ab,ti.
60	((diet\$ or nutrition\$ or food? or feed\$) adj (treatment? or therap\$ or support\$ or product\$ or supplement\$ or compl#ment\$ or fortif\$)).ab,ti.
61	((nutrient\$ or macronutrient\$ or micronutrient\$ or vitamin? or mineral? or trace element? or biometal\$ or zinc or iron or calcium) adj1 (supplement\$ or compl#ment\$ or fortif\$)).ab,ti.
62	(nutrition\$ feed\$ or energy powder?).ab,ti.
63	sip feed\$.ab,ti.
64	("ready to use" adj2 (feed\$ or formula\$ or food?)).ab,ti.
65	ready to feed.ab,ti.
66	(RUTF or RTF or PediaSure).ab,ti.
67	(oral nutrition\$ supplement\$ or ONS).ab,ti.
68	NUTRITIONAL SUPPORT.kw.
69	ENTERAL NUTRITION.kw.
70	INTUBATION, GASTROINTESTINAL.kw.
71	((enteral\$ or enteric\$ or intragastric\$ or intra gastric\$ or nasogastric\$ or naso gastric\$ or intrainestinal\$ or intra intestinal\$ or tube) adj1 (feed\$ or fed)).ab,ti.
72	or/42-71
73	41 and 72

#### E.9.4 Database of Abstracts of Reviews of Effects (DARE)

#	Searches
1	CHILD, PRESCHOOL.kw.
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).tw,tx.
3	INFANT.kw.
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw,tx.
5	PEDIATRICS.kw.
6	p?ediatric\$.tw,tx.
7	or/1-6
8	FAILURE TO THRIVE.kw.
9	(fail\$ adj2 thrive\$).tw,tx.
10	FTT.tw,tx.
11	(falter\$ adj3 (weight or grow\$)).tw,tx.

#	Searches
12	or/8-11
13	7 and 12
14	WEIGHT LOSS.kw.
15	BODY WEIGHT CHANGES.kw.
16	BODY WEIGHT MAINTENANCE.kw.
17	IDEAL BODY WEIGHT.kw.
18	WASTING SYNDROME.kw.
19	THINNESS.kw.
20	EMACIATION.kw.
21	ANOREXIA.kw.
22	or/14-21
23	7 and 22
24	CHILD NUTRITION DISORDERS.kw.
25	INFANT NUTRITION DISORDERS.kw.
26	"FEEDING AND EATING DISORDERS OF CHILDHOOD".kw.
27	((CHILD, PRESCHOOL or INFANT) and MALNUTRITION).kw.
28	((CHILD, PRESCHOOL or INFANT) and GROWTH DISORDERS).kw.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).tw,tx.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).tw,tx.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw,tx.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).tw,tx.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder\$ or deficien\$ or poor\$ or fail\$))).tw,tx.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).tw,tx.
35	or/24-34
36	(INFANT and (HYPERNATREMIA or DEHYDRATION)).kw.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).tw,tx.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw,tx.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw,tx.
40	or/36-39
41	13 or 23 or 35 or 40
42	DIET THERAPY.kw.
43	NUTRITION THERAPY.kw.
44	MEALS.kw.
45	DIET.kw.
46	DIETETICS.kw.
47	BOTTLE FEEDING.kw.
48	((diet\$ or nutrition\$ or food or feed\$ or bottlefeed\$ or meal? or mealtime? or milk\$ or breastmilk\$) adj1 (advi\$ or modif\$ or chang\$ or vary or vari\$ or frequen\$ or volume?)).tw,tx.
49	DIETARY SUPPLEMENTS.kw.
50	DIET, HIGH-FAT.kw.
51	(FOOD, FORMULATED or INFANT FORMULA).kw.
52	INFANT FOOD.kw.
53	FOOD, FORTIFIED.kw.
54	ENERGY INTAKE.kw.
55	(MICRONUTRIENTS or TRACE ELEMENTS or VITAMINS).kw.
56	((calori\$ or fat? or protein? or energy) adj1 supplement\$).tw,tx.
57	((high or increase) adj (calori\$ or fat? or protein? or energy) adj (diet\$ or intake?)).tw,tx.
58	energy dens\$.tw,tx.
59	((milk\$ or breastmilk\$ or formula\$) adj3 (fortif\$ or concentrat\$ or supplement\$ or compl#ment\$)).tw,tx.
60	((diet\$ or nutrition\$ or food? or feed\$) adj (treatment? or therap\$ or support\$ or product\$ or supplement\$ or compl#ment\$ or fortif\$)).tw,tx.
61	((nutrient\$ or macronutrient\$ or micronutrient\$ or vitamin? or mineral? or trace element? or biometal\$ or zinc or iron or calcium) adj1 (supplement\$ or compl#ment\$ or fortif\$)).tw,tx.
62	(nutrition\$ feed\$ or energy powder?).tw,tx.
63	sip feed\$.tw,tx.
64	("ready to use" adj2 (feed\$ or formula\$ or food?)).tw,tx.
65	ready to feed.tw,tx.
66	(RUTF or RTF or PediaSure).tw,tx.



#	Searches
67	(oral nutrition\$ supplement\$ or ONS).tw,tx.
68	NUTRITIONAL SUPPORT.kw.
69	ENTERAL NUTRITION.kw.
70	INTUBATION, GASTROINTESTINAL.kw.
71	((enteral\$ or enteric\$ or intragastric\$ or intra gastric\$ or nasogastric\$ or naso gastric\$ or intrainestinal\$ or intra intestinal\$ or tube) adj1 (feed\$ or fed)).tw,tx.
72	or/42-71
73	41 and 72

## E.9.5 Health Technology Assessment (HTA)

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).tw.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw.
5	exp PEDIATRICS/
6	p?ediatric\$.tw.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thrive\$).tw.
10	FTT.tw.
11	(falter\$ adj3 (weight or grow\$)).tw.
12	or/8-11
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).tw.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).tw.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).tw.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder\$ or deficien\$ or poor\$ or fail\$))).tw.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).tw.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).tw.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw.
41	or/37-40
42	13 or 24 or 36 or 41
43	exp DIET THERAPY/
44	NUTRITION THERAPY/
45	exp FOOD SERVICES/
46	DIET/



#	Searches
47	DIETETICS/
48	BOTTLE FEEDING/
49	((diet\$ or nutrition\$ or food or feed\$ or bottlefeed\$ or meal? or mealtime? or milk\$ or breastmilk\$) adj1 (advi\$ or modif\$ or chang\$ or vary or vari\$ or frequen\$ or volume?)).tw.
50	DIETARY SUPPLEMENTS/
51	DIET, HIGH-FAT/
52	exp FOOD, FORMULATED/
53	exp INFANT FOOD/
54	FOOD, FORTIFIED/
55	ENERGY INTAKE/
56	exp MICRONUTRIENTS/
57	((calori\$ or fat? or protein? or energy) adj1 supplement\$).tw.
58	((high or increase) adj (calori\$ or fat? or protein? or energy) adj (diet\$ or intake?)).tw.
59	energy dens\$.tw.
60	((milk\$ or breastmilk\$ or formula\$) adj3 (fortif\$ or concentrat\$ or supplement\$ or compl#ment\$)).tw.
61	((diet\$ or nutrition\$ or food? or feed\$) adj (treatment? or therap\$ or support\$ or product\$ or supplement\$ or compl#ment\$ or fortif\$)).tw.
62	((nutrient\$ or macronutrient\$ or micronutrient\$ or vitamin? or mineral? or trace element? or biometal\$ or zinc or iron or calcium) adj1 (supplement\$ or compl#ment\$ or fortif\$)).tw.
63	(nutrition\$ feed\$ or energy powder?).tw.
64	sip feed\$.tw.
65	("ready to use" adj2 (feed\$ or formula\$ or food?)).tw.
66	ready to feed.tw.
67	(RUTF or RTF or PediaSure).tw.
68	(oral nutrition\$ supplement\$ or ONS).tw.
69	NUTRITIONAL SUPPORT/
70	ENTERAL NUTRITION/
71	INTUBATION, GASTROINTESTINAL/
72	((enteral\$ or enteric\$ or intragastric\$ or intra gastric\$ or nasogastric\$ or naso gastric\$ or intrainestinal\$ or intra intestinal\$ or tube) adj1 (feed\$ or fed)).tw.
73	or/43-72
74	42 and 73
75	7 and NUTRITION DISORDERS/dh [Diet Therapy]
76	7 and "FEEDING AND EATING DISORDERS"/dh [Diet Therapy]
77	CHILD NUTRITION DISORDERS/dh [Diet Therapy]
78	INFANT NUTRITION DISORDERS/dh [Diet Therapy]
79	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/dh [Diet Therapy]
80	FAILURE TO THRIVE/dh [Diet Therapy]
81	or/74-80

## E.9.6 Embase

#	Searches
1	SYSTEMATIC REVIEW/
2	META-ANALYSIS/
3	(meta analy* or metanaly* or metaanaly*).ti,ab.
4	((systematic or evidence) adj2 (review* or overview*)).ti,ab.
5	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.
6	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
7	(search* adj4 literature).ab.
8	(medline or pubmed or cochrane or embase or psychlit or psychlit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab.
9	((pool* or combined) adj2 (data or trials or studies or results)).ab.
10	cochrane.jw.
11	or/1-10
12	random*.ti,ab.
13	factorial*.ti,ab.
14	(crossover* or cross over*).ti,ab.
15	((doubl* or singl*) adj blind*).ti,ab.
16	(assign* or allocat* or volunteer* or placebo*).ti,ab.
17	CROSSOVER PROCEDURE/
18	SINGLE BLIND PROCEDURE/
19	RANDOMIZED CONTROLLED TRIAL/
20	DOUBLE BLIND PROCEDURE/
21	or/12-20
22	or/11,21
23	PRESCHOOL CHILD/ or TODDLER/
24	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
25	exp INFANT/
26	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
27	exp PEDIATRICS/

#	Searches
28	p?ediatric\$.ti,ab.
29	or/23-28
30	FAILURE TO THRIVE/
31	(fail\$ adj2 thriv\$).ti,ab.
32	FTT.ti,ab.
33	(falter\$ adj3 (weight or grow\$)).ti,ab.
34	or/30-33
35	29 and 34
36	*WEIGHT REDUCTION/
37	WEIGHT CHANGE/
38	WEIGHT FLUCTUATION/
39	WEIGHT VARIATION/
40	WASTING SYNDROME/
41	EMACIATION/
42	*ANOREXIA/
43	or/36-42
44	29 and 43
45	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *NUTRITIONAL DISORDER/
46	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *EATING DISORDER/
47	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *MALNUTRITION/
48	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *GROWTH DISORDER/
49	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
50	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaci\$ or anorexi\$ or stunting or stunted)).ti,ab.
51	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
52	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
53	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
54	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
55	or/45-54
56	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
57	NEONATAL WEIGHT LOSS/
58	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
59	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
60	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
61	or/56-60
62	35 or 44 or 55 or 61
63	exp *DIET THERAPY/
64	*MEAL/
65	*DIET/
66	*DIETETICS/
67	*BOTTLE FEEDING/
68	((diet\$ or nutrition\$ or food or feed\$ or bottlefeed\$ or meal? or mealtime? or milk\$ or breastmilk\$) adj1 (advi\$ or modif\$ or chang\$ or vary or vari\$ or frequen\$ or volume?)).ti,ab.
69	*DIET SUPPLEMENTATION/
70	*LIPID DIET/
71	exp *BABY FOOD/
72	*ELEMENTAL DIET/
73	*CALORIC INTAKE/
74	*MACRONUTRIENT/
75	exp *TRACE ELEMENT/
76	exp *VITAMIN/
77	((calori\$ or fat? or protein? or energy) adj1 supplement\$).ti,ab.
78	((high or increase) adj (calori\$ or fat? or protein? or energy) adj (diet\$ or intake?)).ti,ab.
79	energy dens\$.ti,ab.
80	((milk\$ or breastmilk\$ or formula\$) adj3 (fortif\$ or concentrat\$ or supplement\$ or compl#ment\$)).ti,ab.
81	((diet\$ or nutrition\$ or food? or feed\$) adj (treatment? or therap\$ or support\$ or product\$ or supplement\$ or compl#ment\$ or fortif\$)).ti,ab.
82	((nutrient\$ or macronutrient\$ or micronutrient\$ or vitamin? or mineral? or trace element? or biometal\$ or zinc or iron or calcium) adj1 (supplement\$ or compl#ment\$ or fortif\$)).ti,ab.

#	Searches
83	(nutrition\$ feed\$ or energy powder?).ti,ab.
84	sip feed\$.ti,ab.
85	("ready to use" adj2 (feed\$ or formula\$ or food?)).ti,ab.
86	ready to feed.ti,ab.
87	(RUTF or RTF or PediaSure).ti,ab.
88	(oral nutrition\$ supplement\$ or ONS).ti,ab.
89	*NUTRITIONAL SUPPORT/
90	*ENTERIC FEEDING/
91	exp *DIGESTIVE TRACT INTUBATION/
92	((enteral\$ or enteric\$ or intragastric\$ or intra gastric\$ or nasogastric\$ or naso gastric\$ or intrainestinal\$ or intra intestinal\$ or tube) adj1 (feed\$ or fed)).ti,ab.
93	or/63-92
94	62 and 93
95	limit 94 to english language
96	letter.pt. or LETTER/
97	note.pt.
98	editorial.pt.
99	CASE REPORT/ or CASE STUDY/
100	(letter or comment*).ti.
101	or/96-100
102	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
103	101 not 102
104	ANIMAL/ not HUMAN/
105	NONHUMAN/
106	exp ANIMAL EXPERIMENT/
107	exp EXPERIMENTAL ANIMAL/
108	ANIMAL MODEL/
109	exp RODENT/
110	(rat or rats or mouse or mice).ti.
111	or/103-110
112	95 not 111
113	22 and 112

## E.10 Non-nutritional interventions

### E.10.1 Medline and Medline In-Process & Other Non-Indexed Citations

#	Searches
1	META-ANALYSIS/
2	META-ANALYSIS AS TOPIC/
3	(meta analy* or metanaly* or metaanaly*).ti,ab.
4	((systematic* or evidence*) adj2 (review* or overview*)).ti,ab.
5	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.
6	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
7	(search* adj4 literature).ab.
8	(medline or pubmed or cochrane or embase or psychlit or psyclit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab.
9	cochrane.jw.
10	or/1-9
11	randomized controlled trial.pt.
12	controlled clinical trial.pt.
13	pragmatic clinical trial.pt.
14	randomi#ed.ab.
15	placebo.ab.
16	randomly.ab.
17	CLINICAL TRIALS AS TOPIC/
18	trial.ti.
19	or/11-18
20	or/10,19
21	CHILD, PRESCHOOL/
22	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
23	exp INFANT/
24	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
25	exp PEDIATRICS/
26	p?ediatric\$.ti,ab.
27	or/21-26
28	FAILURE TO THRIVE/
29	(fail\$ adj2 thriv\$).ti,ab.
30	FTT.ti,ab.

#	Searches
31	(falter\$ adj3 (weight or grow\$)).ti,ab.
32	or/28-31
33	27 and 32
34	*WEIGHT LOSS/
35	WEIGHT LOSS/ph [Physiology]
36	BODY WEIGHT CHANGES/
37	BODY WEIGHT MAINTENANCE/
38	IDEAL BODY WEIGHT/
39	WASTING SYNDROME/
40	*THINNESS/
41	EMACIATION/
42	ANOREXIA/
43	or/34-42
44	27 and 43
45	*CHILD NUTRITION DISORDERS/
46	*INFANT NUTRITION DISORDERS/
47	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
48	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
49	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
50	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).ti,ab.
51	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
52	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
53	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
54	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
55	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
56	or/45-55
57	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
58	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
59	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
60	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
61	or/57-60
62	33 or 44 or 56 or 61
63	exp BEHAVIOR THERAPY/
64	BEHAVIOR CONTROL/
65	exp FOOD HABITS/
66	EATING/px [Psychology]
67	WEANING/
68	FEEDING BEHAVIOR/
69	FOOD PREFERENCES/
70	FEEDING METHODS/
71	MYOFUNCTIONAL THERAPY/
72	SOCIAL BEHAVIOR/
73	COOPERATIVE BEHAVIOR/
74	exp FAMILY RELATIONS/
75	exp DESENSITIZATION, PSYCHOLOGIC/
76	"COOKING AND EATING UTENSILS"/
77	CHILD CARE/
78	CHILD DAY CARE CENTERS/
79	NURSERIES/
80	((feed\$ or meal\$) adj3 (behav\$ or routine? or setting? or duration? or frequen\$)).ti,ab.
81	(famil\$ adj3 (meal\$ or food or feed\$ or fed or eat\$)).ti,ab.
82	wean\$.ti,ab.
83	social model\$.ti,ab.
84	((parent\$ or mother? or father? or carer? or caregiver?) adj3 (respons\$ or praise? or praising or reward\$ or ignore? or ignoring)).ti,ab.
85	((feed\$ or meal\$) adj3 (practi#e? or forc\$ or mechanistic\$ or persecut\$ or punish\$ or punitive\$)).ti,ab.
86	((feed\$ or meal\$) adj3 (observ\$ or video\$ or record\$ or support\$ or therap\$)).ti,ab.
87	((sensory or behav\$) adj3 (intervention\$ or modif\$ or therap\$)).ti,ab.

#	Searches
88	sequential oral sensory.ti,ab.
89	(SOS adj3 feed\$.ti,ab.
90	((eat\$ or masticat\$ or chew\$ or drink\$) adj3 (method? or technique? or practi#e? or experience\$)).ti,ab.
91	((speed\$ or slow\$ or fast\$ or pace? or pacing or efficien\$) adj3 (food? or feed\$ or fed or eat\$ or masticat\$ or meal\$ or drink\$)).ti,ab.
92	(ABA or applied behavio?ral analysis).ti,ab.
93	((oral or oralmotor or oromotor or oro motor or chew\$ or masticat\$) adj3 (therap\$ or intervention\$ or exercise\$ or train\$ or treat\$)).ti,ab.
94	(myofunctional therap\$ or oral myotherap\$ or orofacial myotherap\$ or oro facial myotherap\$).ti,ab.
95	((facial or buccal or labial or lingual or cheek? or lip? or tongue) adj3 (exercis\$ or strengthen\$)).ti,ab.
96	(child led feed\$ or finger food? or self fe?d\$).ti,ab.
97	(desensiti\$ or de-sensiti\$).ti,ab.
98	((cup? or utensil?) adj3 (feed\$ or fed or eat\$)).ti,ab.
99	(daycare? or day care? or childminder? or child minder? or babysit\$ or nursery or nurseries or kindergar#en?).ti,ab.
100	((attend\$ or place\$ or care?) adj3 (preschool? or pre school?)).ti,ab.
101	or/63-100
102	62 and 101
103	27 and NUTRITION DISORDERS/px, rh [Psychology, Rehabilitation]
104	27 and **FEEDING AND EATING DISORDERS"/px, rh, th [Psychology, Rehabilitation, Therapy]
105	CHILD NUTRITION DISORDERS/px, rh [Psychology, Rehabilitation]
106	INFANT NUTRITION DISORDERS/px, rh [Psychology, Rehabilitation]
107	**FEEDING AND EATING DISORDERS OF CHILDHOOD"/px, rh, th [Psychology, Rehabilitation, Therapy]
108	FAILURE TO THRIVE/px, rh, th [Psychology, Rehabilitation, Therapy]
109	or/102-108
110	limit 109 to english language
111	LETTER/
112	EDITORIAL/
113	NEWS/
114	exp HISTORICAL ARTICLE/
115	ANECDOTES AS TOPIC/
116	COMMENT/
117	CASE REPORT/
118	(letter or comment*).ti.
119	or/111-118
120	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
121	119 not 120
122	ANIMALS/ not HUMANS/
123	exp ANIMALS, LABORATORY/
124	exp ANIMAL EXPERIMENTATION/
125	exp MODELS, ANIMAL/
126	exp RODENTIA/
127	(rat or rats or mouse or mice).ti.
128	or/121-127
129	110 not 128
130	20 and 129

## E.10.2 Cochrane Central Register of Controlled Trials (CCTR)

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab,kw.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab,kw.
5	exp PEDIATRICS/
6	p?ediatric\$.ti,ab,kw.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thriv\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/

#	Searches
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or poor nutrition\$ or undernourish\$ or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$)).ti,ab.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$)).ti,ab.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
41	or/37-40
42	13 or 24 or 36 or 41
43	exp *BEHAVIOR THERAPY/ or BEHAVIOR THERAPY.kw.
44	*BEHAVIOR CONTROL/ or BEHAVIOR CONTROL.kw.
45	exp *FOOD HABITS/ or EATING HABIT.kw.
46	*EATING/px [Psychology]
47	*WEANING/ or WEANING.kw.
48	INFANT FEEDING.kw.
49	*FEEDING BEHAVIOR/ or FEEDING BEHAVIOR.kw.
50	*FOOD PREFERENCES/ or FOOD PREFERENCES.kw.
51	*FEEDING METHODS/
52	*MYOFUNCTIONAL THERAPY/ or MUSCLE TRAINING.kw.
53	*SOCIAL BEHAVIOR/ or SOCIAL BEHAVIOR.kw.
54	*COOPERATIVE BEHAVIOR/ or COOPERATION.kw.
55	exp *FAMILY RELATIONS/ or (FAMILY RELATION or FAMILY LIFE).kw.
56	exp *DESENSITIZATION, PSYCHOLOGIC/
57	**"COOKING AND EATING UTENSILS"/ or KITCHEN.kw.
58	*CHILD CARE/ or CHILD CARE.kw.
59	*CHILD DAY CARE CENTERS/ or DAY CARE.kw.
60	*NURSERIES/ or (NURSERY or KINDERGARTEN).kw.
61	((feed\$ or meal\$) adj3 (behav\$ or routine? or setting? or duration? or frequen\$)).ti,ab.
62	(famil\$ adj3 (meal\$ or food or feed\$ or fed or eat\$)).ti,ab.
63	wean\$.ti,ab.
64	social model\$.ti,ab.
65	((parent\$ or mother? or father? or carer? or caregiver?) adj3 (respons\$ or praise? or praising or reward\$ or ignore? or ignoring)).ti,ab.
66	((feed\$ or meal\$) adj3 (practi#e? or forc\$ or mechanistic\$ or persecut\$ or punish\$ or punitive\$)).ti,ab.
67	((feed\$ or meal\$) adj3 (observ\$ or video\$ or record\$ or support\$ or therap\$)).ti,ab.
68	((sensory or behav\$) adj3 (intervention\$ or modif\$ or therap\$)).ti,ab.
69	sequential oral sensory.ti,ab.
70	(SOS adj3 feed\$).ti,ab.
71	((eat\$ or masticat\$ or chew\$ or drink\$) adj3 (method? or technique? or practi#e? or experience\$)).ti,ab.
72	((speed\$ or slow\$ or fast\$ or pace? or pacing or efficien\$) adj3 (food? or feed\$ or fed or eat\$ or masticat\$ or meal\$ or drink\$)).ti,ab.
73	(ABA or applied behavio?ral analysis).ti,ab.
74	((oral or oralmotor or oromotor or oro motor or chew\$ or masticat\$) adj3 (therap\$ or intervention\$ or exercise\$ or train\$ or treat\$)).ti,ab.
75	(myofunctional therap\$ or oral myotherap\$ or orofacial myotherap\$ or oro facial myotherap\$).ti,ab.
76	((facial or buccal or labial or lingual or cheek? or lip? or tongue) adj3 (exercis\$ or strengthen\$)).ti,ab.



#	Searches
77	(child led feed\$ or finger food? or self fe?d\$).ti,ab.
78	(desensiti\$ or de-sensiti\$).ti,ab.
79	((cup? or utensil?) adj3 (feed\$ or fed or eat\$)).ti,ab.
80	(daycare? or day care? or childminder? or child minder? or babysit\$ or nursery or nurseries or kindergar#en?).ti,ab.
81	((attend\$ or place\$ or care?) adj3 (preschool? or pre school?)).ti,ab.
82	or/43-81
83	42 and 82
84	7 and NUTRITION DISORDERS/px, rh [Psychology, Rehabilitation]
85	7 and "FEEDING AND EATING DISORDERS"/px, rh, th [Psychology, Rehabilitation, Therapy]
86	CHILD NUTRITION DISORDERS/px, rh [Psychology, Rehabilitation]
87	INFANT NUTRITION DISORDERS/px, rh [Psychology, Rehabilitation]
88	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/px, rh, th [Psychology, Rehabilitation, Therapy]
89	FAILURE TO THRIVE/px, rh, th [Psychology, Rehabilitation, Therapy]
90	or/83-89

### E.10.3 Cochrane Database of Systematic Reviews (CDSR)

#	Searches
1	CHILD, PRESCHOOL.kw.
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
3	INFANT.kw.
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
5	PEDIATRICS.kw.
6	p?ediatric\$.ti,ab.
7	or/1-6
8	FAILURE TO THRIVE.kw.
9	(fail\$ adj2 thriv\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	WEIGHT LOSS.kw.
15	BODY WEIGHT CHANGES.kw.
16	BODY WEIGHT MAINTENANCE.kw.
17	IDEAL BODY WEIGHT.kw.
18	WASTING SYNDROME.kw.
19	THINNESS.kw.
20	EMACIATION.kw.
21	ANOREXIA.kw.
22	or/14-21
23	7 and 22
24	CHILD NUTRITION DISORDERS.kw.
25	INFANT NUTRITION DISORDERS.kw.
26	"FEEDING AND EATING DISORDERS OF CHILDHOOD".kw.
27	((CHILD, PRESCHOOL or INFANT) and MALNUTRITION).kw.
28	((CHILD, PRESCHOOL or INFANT) and GROWTH DISORDERS).kw.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).ti,ab.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$)).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$)).ti,ab.
35	or/24-34
36	(INFANT and (HYPERNATREMIA or DEHYDRATION)).kw.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
40	or/36-39



#	Searches
41	13 or 23 or 35 or 40
42	BEHAVIOR THERAPY.kw.
43	BEHAVIOR CONTROL.kw.
44	FOOD HABITS.kw.
45	WEANING.kw.
46	FEEDING BEHAVIOR.kw.
47	FOOD PREFERENCES.kw.
48	FEEDING METHODS.kw.
49	MYOFUNCTIONAL THERAPY.kw.
50	SOCIAL BEHAVIOR.kw.
51	COOPERATIVE BEHAVIOR.kw.
52	FAMILY RELATIONS.kw.
53	DESENSITIZATION, PSYCHOLOGIC.kw.
54	"COOKING AND EATING UTENSILS".kw.
55	CHILD CARE.kw.
56	CHILD DAY CARE CENTERS.kw.
57	NURSERIES.kw.
58	((feed\$ or meal\$) adj3 (behav\$ or routine? or setting? or duration? or frequen\$)).ti,ab.
59	(famil\$ adj3 (meal\$ or food or feed\$ or fed or eat\$)).ti,ab.
60	wean\$.ti,ab.
61	social model\$.ti,ab.
62	((parent\$ or mother? or father? or carer? or caregiver?) adj3 (respons\$ or praise? or praising or reward\$ or ignore? or ignoring)).ti,ab.
63	((feed\$ or meal\$) adj3 (practi#e? or forc\$ or mechanistic\$ or persecut\$ or punish\$ or punitive\$)).ti,ab.
64	((feed\$ or meal\$) adj3 (observ\$ or video\$ or record\$ or support\$ or therap\$)).ti,ab.
65	((sensory or behav\$) adj3 (intervention\$ or modif\$ or therap\$)).ti,ab.
66	sequential oral sensory.ti,ab.
67	(SOS adj3 feed\$).ti,ab.
68	((eat\$ or masticat\$ or chew\$ or drink\$) adj3 (method? or technique? or practi#e? or experience\$)).ti,ab.
69	((speed\$ or slow\$ or fast\$ or pace? or pacing or efficien\$) adj3 (food? or feed\$ or fed or eat\$ or masticat\$ or meal\$ or drink\$)).ti,ab.
70	(ABA or applied behavio?ral analysis).ti,ab.
71	((oral or oralmotor or oromotor or oro motor or chew\$ or masticat\$) adj3 (therap\$ or intervention\$ or exercise\$ or train\$ or treat\$)).ti,ab.
72	(myofunctional therap\$ or oral myotherap\$ or orofacial myotherap\$ or oro facial myotherap\$).ti,ab.
73	((facial or buccal or labial or lingual or cheek? or lip? or tongue) adj3 (exercis\$ or strengthen\$)).ti,ab.
74	(child led feed\$ or finger food? or self fe?d\$).ti,ab.
75	(desensiti\$ or de-sensiti\$).ti,ab.
76	((cup? or utensil?) adj3 (feed\$ or fed or eat\$)).ti,ab.
77	(daycare? or day care? or childminder? or child minder? or babysit\$ or nursery or nurseries or kindergar#en?).ti,ab.
78	((attend\$ or place\$ or care?) adj3 (preschool? or pre school?)).ti,ab.
79	or/42-78
80	41 and 79

#### E.10.4 Database of Abstracts of Reviews of Effects (DARE)

#	Searches
1	CHILD, PRESCHOOL.kw.
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).tw,tx.
3	INFANT.kw.
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw,tx.
5	PEDIATRICS.kw.
6	p?ediatric\$.tw,tx.
7	or/1-6
8	FAILURE TO THRIVE.kw.
9	(fail\$ adj2 thriv\$).tw,tx.
10	FTT.tw,tx.
11	(falter\$ adj3 (weight or grow\$)).tw,tx.
12	or/8-11
13	7 and 12
14	WEIGHT LOSS.kw.
15	BODY WEIGHT CHANGES.kw.
16	BODY WEIGHT MAINTENANCE.kw.
17	IDEAL BODY WEIGHT.kw.
18	WASTING SYNDROME.kw.
19	THINNESS.kw.
20	EMACIATION.kw.
21	ANOREXIA.kw.
22	or/14-21
23	7 and 22

#	Searches
24	CHILD NUTRITION DISORDERS.kw.
25	INFANT NUTRITION DISORDERS.kw.
26	"FEEDING AND EATING DISORDERS OF CHILDHOOD".kw.
27	((CHILD, PRESCHOOL or INFANT) and MALNUTRITION).kw.
28	((CHILD, PRESCHOOL or INFANT) and GROWTH DISORDERS).kw.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).tw,tx.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).tw,tx.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw,tx.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).tw,tx.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder\$ or deficien\$ or poor\$ or fail\$)).tw,tx.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$)).tw,tx.
35	or/24-34
36	(INFANT and (HYPERNATREMIA or DEHYDRATION)).kw.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).tw,tx.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum\$ or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).tw,tx.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).tw,tx.
40	or/36-39
41	13 or 23 or 35 or 40
42	BEHAVIOR THERAPY.kw.
43	BEHAVIOR CONTROL.kw.
44	FOOD HABITS.kw.
45	WEANING.kw.
46	FEEDING BEHAVIOR.kw.
47	FOOD PREFERENCES.kw.
48	FEEDING METHODS.kw.
49	MYOFUNCTIONAL THERAPY.kw.
50	SOCIAL BEHAVIOR.kw.
51	COOPERATIVE BEHAVIOR.kw.
52	FAMILY RELATIONS.kw.
53	DESENSITIZATION, PSYCHOLOGIC.kw.
54	"COOKING AND EATING UTENSILS".kw.
55	CHILD CARE.kw.
56	CHILD DAY CARE CENTERS.kw.
57	NURSERIES.kw.
58	((feed\$ or meal\$) adj3 (behav\$ or routine? or setting? or duration? or frequen\$)).tw,tx.
59	(famil\$ adj3 (meal\$ or food or feed\$ or fed or eat\$)).tw,tx.
60	wean\$.tw,tx.
61	social model\$.tw,tx.
62	((parent\$ or mother? or father? or carer? or caregiver?) adj3 (respons\$ or praise? or praising or reward\$ or ignore? or ignoring)).tw,tx.
63	((feed\$ or meal\$) adj3 (practi#e? or forc\$ or mechanistic\$ or persecut\$ or punish\$ or punitive\$)).tw,tx.
64	((feed\$ or meal\$) adj3 (observ\$ or video\$ or record\$ or support\$ or therap\$)).tw,tx.
65	((sensory or behav\$) adj3 (intervention\$ or modif\$ or therap\$)).tw,tx.
66	sequential oral sensory.tw,tx.
67	(SOS adj3 feed\$).tw,tx.
68	((eat\$ or masticat\$ or chew\$ or drink\$) adj3 (method? or technique? or practi#e? or experience\$)).tw,tx.
69	((speed\$ or slow\$ or fast\$ or pace? or pacing or efficien\$) adj3 (food? or feed\$ or fed or eat\$ or masticat\$ or meal\$ or drink\$)).tw,tx.
70	(ABA or applied behavio?ral analysis).tw,tx.
71	((oral or oralmotor or oromotor or oro motor or chew\$ or masticat\$) adj3 (therap\$ or intervention\$ or exercise\$ or train\$ or treat\$)).tw,tx.
72	(myofunctional therap\$ or oral myotherap\$ or orofacial myotherap\$ or oro facial myotherap\$).tw,tx.
73	((facial or buccal or labial or lingual or cheek? or lip? or tongue) adj3 (exercis\$ or strengthen\$)).tw,tx.
74	(child led feed\$ or finger food? or self fe?d\$).tw,tx.
75	(desensiti\$ or de-sensiti\$).tw,tx.
76	((cup? or utensil?) adj3 (feed\$ or fed or eat\$)).tw,tx.
77	(daycare? or day care? or childminder? or child minder? or babysit\$ or nursery or nurseries or kindergar#en?).tw,tx.
78	((attend\$ or place\$ or care?) adj3 (preschool? or pre school?)).tw,tx.

#	Searches
79	or/42-78
80	41 and 79

### E.10.5 Health Technology Assessment (HTA)

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).tw.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw.
5	exp PEDIATRICS/
6	p?ediatric\$.tw.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thriv\$).tw.
10	FTT.tw.
11	(falter\$ adj3 (weight or grow\$)).tw.
12	or/8-11
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).tw.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).tw.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).tw.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).tw.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).tw.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).tw.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw.
41	or/37-40
42	13 or 24 or 36 or 41
43	exp BEHAVIOR THERAPY/
44	BEHAVIOR CONTROL/
45	exp FOOD HABITS/
46	EATING/px [Psychology]
47	WEANING/
48	FEEDING BEHAVIOR/
49	FOOD PREFERENCES/
50	FEEDING METHODS/
51	MYOFUNCTIONAL THERAPY/
52	SOCIAL BEHAVIOR/

#	Searches
53	COOPERATIVE BEHAVIOR/
54	exp FAMILY RELATIONS/
55	exp DESENSITIZATION, PSYCHOLOGIC/
56	"COOKING AND EATING UTENSILS"/
57	CHILD CARE/
58	CHILD DAY CARE CENTERS/
59	NURSERIES/
60	((feed\$ or meal\$) adj3 (behav\$ or routine? or setting? or duration? or frequen\$)).tw.
61	(famil\$ adj3 (meal\$ or food or feed\$ or fed or eat\$)).tw.
62	wean\$.tw.
63	social model\$.tw.
64	((parent\$ or mother? or father? or carer? or caregiver?) adj3 (respons\$ or praise? or praising or reward\$ or ignore? or ignoring)).tw.
65	((feed\$ or meal\$) adj3 (practi#e? or forc\$ or mechanistic\$ or persecut\$ or punish\$ or punitive\$)).tw.
66	((feed\$ or meal\$) adj3 (observ\$ or video\$ or record\$ or support\$ or therap\$)).tw.
67	((sensory or behav\$) adj3 (intervention\$ or modif\$ or therap\$)).tw.
68	sequential oral sensory.tw.
69	(SOS adj3 feed\$).tw.
70	((eat\$ or masticat\$ or chew\$ or drink\$) adj3 (method? or technique? or practi#e? or experience\$)).tw.
71	((speed\$ or slow\$ or fast\$ or pace? or pacing or efficien\$) adj3 (food? or feed\$ or fed or eat\$ or masticat\$ or meal\$ or drink\$)).tw.
72	(ABA or applied behavio?ral analysis).tw.
73	((oral or oralmotor or oromotor or oro motor or chew\$ or masticat\$) adj3 (therap\$ or intervention\$ or exercise\$ or train\$ or treat\$)).tw.
74	(myofunctional therap\$ or oral myotherap\$ or orofacial myotherap\$ or oro facial myotherap\$).tw.
75	((facial or buccal or labial or lingual or cheek? or lip? or tongue) adj3 (exercis\$ or strengthen\$)).tw.
76	(child led feed\$ or finger food? or self fe?d\$).tw.
77	(desensiti\$ or de-sensiti\$).tw.
78	((cup? or utensil?) adj3 (feed\$ or fed or eat\$)).tw.
79	(daycare? or day care? or childminder? or child minder? or babysit\$ or nursery or nurseries or kindergar#en?).tw.
80	((attend\$ or place\$ or care?) adj3 (preschool? or pre school?)).tw.
81	or/43-80
82	42 and 81
83	7 and NUTRITION DISORDERS/px, rh [Psychology, Rehabilitation]
84	7 and "FEEDING AND EATING DISORDERS"/px, rh, th [Psychology, Rehabilitation, Therapy]
85	CHILD NUTRITION DISORDERS/px, rh [Psychology, Rehabilitation]
86	INFANT NUTRITION DISORDERS/px, rh [Psychology, Rehabilitation]
87	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/px, rh, th [Psychology, Rehabilitation, Therapy]
88	FAILURE TO THRIVE/px, rh, th [Psychology, Rehabilitation, Therapy]
89	or/82-88

## E.10.6 Embase

#	Searches
1	SYSTEMATIC REVIEW/
2	META-ANALYSIS/
3	(meta analy* or metanaly* or metaanaly*).ti,ab.
4	((systematic or evidence) adj2 (review* or overview*)).ti,ab.
5	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.
6	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
7	(search* adj4 literature).ab.
8	(medline or pubmed or cochrane or embase or psychlit or psyclit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab.
9	((pool* or combined) adj2 (data or trials or studies or results)).ab.
10	cochrane.jw.
11	or/1-10
12	random*.ti,ab.
13	factorial*.ti,ab.
14	(crossover* or cross over*).ti,ab.
15	((doubl* or singl*) adj blind*).ti,ab.
16	(assign* or allocat* or volunteer* or placebo*).ti,ab.
17	CROSSOVER PROCEDURE/
18	SINGLE BLIND PROCEDURE/
19	RANDOMIZED CONTROLLED TRIAL/
20	DOUBLE BLIND PROCEDURE/
21	or/12-20
22	or/11,21
23	PRESCHOOL CHILD/ or TODDLER/
24	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
25	exp INFANT/
26	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.

#	Searches
27	exp PEDIATRICS/
28	p?ediatric\$.ti,ab.
29	or/23-28
30	FAILURE TO THRIVE/
31	(fail\$ adj2 thrive\$).ti,ab.
32	FTT.ti,ab.
33	(falter\$ adj3 (weight or grow\$)).ti,ab.
34	or/30-33
35	29 and 34
36	*WEIGHT REDUCTION/
37	WEIGHT CHANGE/
38	WEIGHT FLUCTUATION/
39	WEIGHT VARIATION/
40	WASTING SYNDROME/
41	EMACIATION/
42	*ANOREXIA/
43	or/36-42
44	29 and 43
45	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *NUTRITIONAL DISORDER/
46	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *EATING DISORDER/
47	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *MALNUTRITION/
48	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *GROWTH DISORDER/
49	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
50	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
51	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
52	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
53	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
54	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
55	or/45-54
56	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
57	NEONATAL WEIGHT LOSS/
58	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
59	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
60	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
61	or/56-60
62	35 or 44 or 55 or 61
63	*BEHAVIOR THERAPY/
64	*BEHAVIOR CONTROL/
65	*FEEDING BEHAVIOR/
66	*FOOD PREFERENCES/
67	*EATING HABIT/
68	*WEANING/
69	*INFANT FEEDING/
70	*MUSCLE TRAINING/
71	*SOCIAL BEHAVIOR/
72	*COOPERATION/
73	exp *FAMILY RELATION/
74	exp *FAMILY LIFE/
75	*KITCHEN/
76	*CHILD CARE/
77	*KINDERGARTEN/
78	*NURSERY/
79	*DAY CARE/
80	((feed\$ or meal\$) adj3 (behav\$ or routine? or setting? or duration? or frequen\$)).ti,ab.
81	(famil\$ adj3 (meal\$ or food or feed\$ or fed or eat\$)).ti,ab.
82	wean\$.ti,ab.
83	social model\$.ti,ab.
84	((parent\$ or mother? or father? or carer? or caregiver?) adj3 (respons\$ or praise? or praising or reward\$ or ignore? or

#	Searches
	ignoring)).ti,ab.
85	((feed\$ or meal\$) adj3 (practi#e? or forc\$ or mechanistic\$ or persecut\$ or punish\$ or punitive\$)).ti,ab.
86	((feed\$ or meal\$) adj3 (observ\$ or video\$ or record\$ or support\$ or therap\$)).ti,ab.
87	((sensory or behav\$) adj3 (intervention\$ or modif\$ or therap\$)).ti,ab.
88	sequential oral sensory.ti,ab.
89	(SOS adj3 feed\$).ti,ab.
90	((eat\$ or masticat\$ or chew\$ or drink\$) adj3 (method? or technique? or practi#e? or experience\$)).ti,ab.
91	((speed\$ or slow\$ or fast\$ or pace? or pacing or efficien\$) adj3 (food? or feed\$ or fed or eat\$ or masticat\$ or meal\$ or drink\$)).ti,ab.
92	(ABA or applied behavio?ral analysis).ti,ab.
93	((oral or oralmotor or oromotor or oro motor or chew\$ or masticat\$) adj3 (therap\$ or intervention\$ or exercise\$ or train\$ or treat\$)).ti,ab.
94	(myofunctional therap\$ or oral myotherap\$ or orofacial myotherap\$ or oro facial myotherap\$).ti,ab.
95	((facial or buccal or labial or lingual or cheek? or lip? or tongue) adj3 (exercis\$ or strengthen\$)).ti,ab.
96	(child led feed\$ or finger food? or self fe?d\$).ti,ab.
97	(desensiti\$ or de-sensiti\$).ti,ab.
98	((cup? or utensil?) adj3 (feed\$ or fed or eat\$)).ti,ab.
99	(daycare? or day care? or childminder? or child minder? or babysit\$ or nursery or nurseries or kindergar#en?).ti,ab.
100	((attend\$ or place\$ or care?) adj3 (preschool? or pre school?)).ti,ab.
101	or/63-100
102	62 and 101
103	29 and NUTRITIONAL DISORDER/rh [Rehabilitation]
104	29 and *FEEDING DISORDER/rh, th [Rehabilitation, Therapy]
105	29 and *EATING DISORDER/rh, th [Rehabilitation, Therapy]
106	FAILURE TO THRIVE/rh, th [Rehabilitation, Therapy]
107	or/102-106
108	limit 107 to english language
109	letter.pt. or LETTER/
110	note.pt.
111	editorial.pt.
112	CASE REPORT/ or CASE STUDY/
113	(letter or comment*).ti.
114	or/109-113
115	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
116	114 not 115
117	ANIMAL/ not HUMAN/
118	NONHUMAN/
119	exp ANIMAL EXPERIMENT/
120	exp EXPERIMENTAL ANIMAL/
121	ANIMAL MODEL/
122	exp RODENT/
123	(rat or rats or mouse or mice).ti.
124	or/116-123
125	108 not 124
126	22 and 125

## E.10.7 Psyclnfo

#	Searches
1	control:.tw.
2	effectiveness.tw.
3	risk:.tw.
4	or/1-3
5	double-blind.tw.
6	random: assigned.tw.
7	control.tw.
8	or/5-7
9	("120" or "140" or "160").ag.
10	PRESCHOOL STUDENTS/
11	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab,hw,id,jw.
12	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab,hw,id,jw.
13	exp PEDIATRICS/
14	p?ediatric\$.ti,ab,hw,id,jw.
15	or/9-14
16	FAILURE TO THRIVE/
17	(fail\$ adj2 thriv\$).ti,ab.
18	FTT.ti,ab.
19	(falter\$ adj3 (weight or grow\$)).ti,ab.
20	or/16-19
21	15 and 20



#	Searches
22	WEIGHT LOSS/
23	UNDERWEIGHT/
24	CACHEXIA/
25	ANOREXIA NERVOSA/
26	or/22-25
27	15 and 26
28	EATING DISORDER/
29	FEEDING DISORDER/
30	NUTRITIONAL DEFICIENCIES/
31	or/28-30
32	15 and 31
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
36	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
37	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder\$ or deficien\$ or poor\$ or fail\$))).ti,ab.
38	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
39	or/33-38
40	("120" or "140").ag.
41	exp DEHYDRATION/
42	40 and 41
43	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
44	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum\$ or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
45	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
46	or/43-45
47	21 or 27 or 32 or 39 or 42 or 46
48	exp BEHAVIOR THERAPY/
49	BEHAVIOR MODIFICATION/
50	WEANING/
51	FOOD PREFERENCES/
52	SOCIAL BEHAVIOR/
53	COOPERATION/
54	SYSTEMATIC DESENSITIZATION THERAPY/
55	CHILD CARE/
56	CHILD DAY CARE/
57	DAY CARE CENTERS/
58	NURSERY SCHOOLS/
59	((feed\$ or meal\$) adj2 (behav\$ or routine? or setting? or duration? or frequen\$) adj2 (advis\$ or interact\$ or chang\$ or modif\$ or therap\$)).ti,ab,id.
60	(famil\$ adj2 (meal\$ or food or feed\$ or fed or eat\$) adj2 (advis\$ or interact\$ or chang\$ or modif\$ or therap\$)).ti,ab,id.
61	wean\$.ti,ab,id.
62	social model\$.ti,ab,id.
63	((parent\$ or mother? or father? or carer? or caregiver?) adj3 (respons\$ or praise? or praising or reward\$ or ignore? or ignoring)).ti,ab,id.
64	((feed\$ or meal\$) adj3 (practi#e? or forc\$ or mechanistic\$ or persecut\$ or punish\$ or punitive\$)).ti,ab,id.
65	((feed\$ or meal\$) adj3 (observ\$ or video\$ or record\$ or support\$ or therap\$)).ti,ab,id.
66	((sensory or behav\$) adj1 (intervention\$ or modif\$ or therap\$)).ti,ab,id.
67	sequential oral sensory.ti,ab,id.
68	(SOS adj3 feed\$).ti,ab,id.
69	((eat\$ or masticat\$ or chew\$ or drink\$) adj2 (method? or technique? or practi#e?) adj2 (advis\$ or interact\$ or chang\$ or modif\$ or therap\$)).ti,ab,id.
70	((speed\$ or slow\$ or fast\$ or pace? or pacing or efficien\$) adj2 (food? or feed\$ or fed or eat\$ or masticat\$ or meal\$ or drink\$) adj2 (advis\$ or interact\$ or chang\$ or modif\$ or therap\$)).ti,ab,id.
71	(ABA or applied behavio?ral analysis).ti,ab,id.
72	((oral or oralmotor or oromotor or oro motor or chew\$ or masticat\$) adj3 (therap\$ or intervention\$ or exercise\$ or train\$ or treat\$)).ti,ab,id.
73	(myofunctional therap\$ or oral myotherap\$ or orofacial myotherap\$ or oro facial myotherap\$).ti,ab,id.
74	((facial or buccal or labial or lingual or cheek? or lip? or tongue) adj3 (exercis\$ or strengthen\$)).ti,ab,id.
75	(child led feed\$ or finger food? or self fe?d\$).ti,ab,id.



#	Searches
76	(desensiti\$ or de-sensiti\$).ti,ab,id.
77	((cup? or utensil?) adj3 (feed\$ or fed or eat\$)).ti,ab,id.
78	(daycare? or day care? or childminder? or child minder? or babysit\$ or nursery or nurseries or kindergar#en?).ti,ab,id.
79	((attend\$ or place\$ or care?) adj3 (preschool? or pre school?)).ti,ab,id.
80	or/48-79
81	47 and 80
82	limit 81 to english language
83	4 and 82
84	8 and 82
85	or/83-84

## E.10.8 Cumulative Index to Nursing and Allied Health Literature (CINAHL)

#	Searches
1	exp CLINICAL TRIALS/
2	((singl* adj1 blind*) OR (singl* adj1 mask*) OR (doubl* adj1 blind*) OR (doubl* adj1 mask*) OR (tripl* adj1 blind*) OR (tripl* adj1 mask*) OR (trebl* adj1 blind*) OR (trebl* adj1 mask*)).ti,ab
3	(clinic* adj1 trial*).ti,ab
4	"randomi* control* trial*".ti,ab
5	RANDOM ASSIGNMENT/
6	(random* adj1 allocat*).ti,ab
7	PLACEBOS/
8	placebo*.ti,ab
9	QUANTITATIVE STUDIES/
10	or/1-9
11	CHILD, PRESCHOOL/
12	(child* or preschool* or pre-school* or toddler*).ti,ab.
13	INFANT/ OR exp INFANT, NEWBORN/
14	(infan* or neonat* or newborn* or baby or babies or premie or premies).ti,ab.
15	exp PEDIATRICS/
16	(paediatric* OR pediatric*).ti,ab
17	or/11-16
18	FAILURE TO THRIVE/
19	(fail* adj2 thrive*).ti,ab.
20	FTT.ti,ab.
21	(falter* adj3 (weight or grow*)).ti,ab.
22	or/28-31
23	17 and 22
24	*WEIGHT LOSS/
25	BODY WEIGHT CHANGES/
26	WASTING SYNDROME/
27	*THINNESS/
28	ANOREXIA/
29	or/24-28
30	17 and 29
31	*CHILD NUTRITION DISORDERS/
32	*INFANT NUTRITION DISORDERS/
33	FEEDING AND EATING DISORDERS OF CHILDHOOD/
34	(CHILD, PRESCHOOL/ or INFANT/ or exp INFANT, NEWBORN/) and *MALNUTRITION/
35	(CHILD, PRESCHOOL/ or INFANT/ or exp INFANT, NEWBORN/) and *GROWTH DISORDERS/
36	((child* or preschool* or pre-school* or toddler* or infan* or neonat* or newborn* or baby or babies or pre*mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc* or decreas* or deficient*))).ti,ab.
37	((child* or preschool* or pre-school* or toddler* or infan* or neonat* or newborn* or baby or babies or pre*mie? or premie or premies) adj5 (undernutrition* or "under nutrition*" or "poor nutrition*" or undernourish* or "under nourish*" or "under weight?" or underweight? or ((feed* or eat* or nutrition*) adj1 (disorder* or problem*)) or wasting or thin or thinn* or emaciat* or anorexi* or stunting or stunted)).ti,ab.
38	((child* or preschool* or pre-school* or toddler* or infan* or neonat* or newborn* or baby or babies or pre*mie? or premie or premies) adj7 ((Slow* or insufficient*) adj2 weight adj2 gain*)).ti,ab.
39	((child* or preschool* or pre-school* or toddler* or infan* or neonat* or newborn* or baby or babies or pre*mie? or premie or premies) adj2 (malnutrition* or malnourish*)).ti,ab.
40	((child* or preschool* or pre-school* or toddler* or infan* or neonat* or newborn* or baby or babies or pre*mie? or premie or premies) adj7 (grow* adj1 (disorder or deficient* or poor* or fail*))).ti,ab.
41	((child* or preschool* or pre-school* or toddler* or infan* or neonat* or newborn* or baby or babies or pre*mie? or premie or premies) adj7 (height? adj3 (poor* or deficient* or short* or small* or retard*))).ti,ab.
42	or/31-41
43	(CHILD, PRESCHOOL/ OR INFANT/ OR exp INFANT, NEWBORN/) and (HYPERNATREMIA/ or *DEHYDRATION/)
44	((infan* or neonat* or newborn* or baby or babies or pre*mie? or premie or premies) adj10 (hypernatr* or dehydrat*)).ti,ab.
45	((infan* or neonat* or newborn* or baby or babies or pre*mie? or premie or premies) adj10 (early or postnatal* or postpartum or "follow* birth?") adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc* or decreas* or deficient* or physiolog*))).ti,ab.

#	Searches
46	or/43-45
47	23 or 30 or 42 or 46
48	Exp BEHAVIOR THERAPY/
49	FOOD HABITS/
50	WEANING/
51	EATING BEHAVIOR/
52	FOOD PREFERENCES/
53	FEEDING METHODS/
54	SOCIAL BEHAVIOR/
55	COOPERATIVE BEHAVIOR/
56	Exp FAMILY RELATIONS/
57	Exp DESENSITIZATION, PSYCHOLOGIC/
58	CHILD CARE/
59	CHILD DAY CARE/
60	Exp SCHOOLS, NURSERY/
61	((feed* or meal*) ADJ3 (behav* or routine* or setting* or duration* or frequen*)).ti,ab.
62	(famil* ADJ3 (meal* or food or feed* or fed or eat*)).ti,ab.
63	(wean* or "social model*").ti,ab.
64	((parent* or mother* or father* or carer* or caregiver*) ADJ3 (respons* or praise* or praising or reward* or ignore* or ignoring)).ti,ab.
65	((feed* or meal*) ADJ3 (practice* or forc* or mechanistic* or persecut* or punish* or punitive*)).ti,ab.
66	((feed* or meal*) ADJ3 (observ* or video* or record* or support* or therap*)).ti,ab.
67	((sensory or behav*) ADJ3 (intervention* or modif* or therap*)).ti,ab.
68	"sequential oral sensory".ti,ab.
69	(SOS ADJ3 feed*).ti,ab.
70	((eat* or masticat* or chew* or drink*) ADJ3 (method* or technique* or practice* or experience*)).ti,ab.
71	((speed* or slow* or fast* or pace* or pacing or efficien*) ADJ3 (food* or feed* or fed or eat* or masticat* or meal* or drink*)).ti,ab.
72	(ABA or "applied behavio* analysis").ti,ab.
73	((oral or oralmotor or oromotor or "oro motor" or chew* or masticat*) ADJ3 (therap* or intervention* or exercise* or train* or treat*)).ti,ab.
74	("myofunctional therap*" or "oral myotherap*" or "orofacial myotherap*" or "oro facial myotherap*").ti,ab.
75	((facial or buccal or labial or lingual or cheek* or lip* or tongue) ADJ3 (exercis* or strengthen*)).ti,ab.
76	("child led feed*" or "finger food*" or "self fed" or "self feed*").ti,ab.
77	(desensiti* or "de-sensiti*£).ti,ab.
78	((cup* or utensil*) ADJ3 (feed* or fed or eat*)).ti,ab.
79	(daycare* or "day care*" or childminder* or "child minder*" or babysit* or nursery or nurseries or kindergarden*).ti,ab.
80	((attend* or place* or care*) ADJ3 (preschool* or "pre school*").ti,ab.
81	or/48-80
82	47 and 81
83	10 and 82 [Limit to: (Language English)]

### E.10.9 Allied and Complementary Medicine Database (AMED)

#	Searches
1	CHILD PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
5	PEDIATRICS/
6	p?ediatric\$.ti,ab.
7	or/1-6
8	(fail\$ adj2 thriv\$).ti,ab.
9	FTT.ti,ab.
10	(falter\$ adj3 (weight or grow\$)).ti,ab.
11	or/8-10
12	7 and 11
13	WEIGHT LOSS/
14	ANOREXIA/
15	or/13-14
16	7 and 15
17	(CHILD PRESCHOOL/ or exp INFANT/) and NUTRITION DISORDERS/
18	(CHILD PRESCHOOL/ or exp INFANT/) and MALNUTRITION/
19	(CHILD PRESCHOOL/ or exp INFANT/) and GROWTH DISORDERS/
20	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
21	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or poor nutrition\$ or undernourish\$ or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
22	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or

#	Searches
	premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
23	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
24	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
25	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
26	or/17-25
27	exp INFANT/ and DEHYDRATION/
28	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
29	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
30	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
31	or/27-30
32	12 or 16 or 26 or 31
33	exp BEHAVIOR THERAPY/
34	FEEDING BEHAVIOR/
35	FEEDING METHODS/
36	SOCIAL BEHAVIOR/
37	COOPERATIVE BEHAVIOR/
38	exp FAMILY RELATIONS/
39	CHILD CARE/
40	((feed\$ or meal\$) adj3 (behav\$ or routine? or setting? or duration? or frequen\$)).ti,ab.
41	(famil\$ adj3 (meal\$ or food or feed\$ or fed or eat\$)).ti,ab.
42	wean\$.ti,ab.
43	social model\$.ti,ab.
44	((parent\$ or mother? or father? or carer? or caregiver?) adj3 (respons\$ or praise? or praising or reward\$ or ignore? or ignoring)).ti,ab.
45	((feed\$ or meal\$) adj3 (practi#e? or forc\$ or mechanistic\$ or persecut\$ or punish\$ or punitive\$)).ti,ab.
46	((feed\$ or meal\$) adj3 (observ\$ or video\$ or record\$ or support\$ or therap\$)).ti,ab.
47	((sensory or behav\$) adj3 (intervention\$ or modif\$ or therap\$)).ti,ab.
48	sequential oral sensory.ti,ab.
49	(SOS adj3 feed\$).ti,ab.
50	((eat\$ or masticat\$ or chew\$ or drink\$) adj3 (method? or technique? or practi#e? or experience\$)).ti,ab.
51	((speed\$ or slow\$ or fast\$ or pace? or pacing or efficien\$) adj3 (food? or feed\$ or fed or eat\$ or masticat\$ or meal\$ or drink\$)).ti,ab.
52	(ABA or applied behavio?ral analysis).ti,ab.
53	((oral or oralmotor or oromotor or oro motor or chew\$ or masticat\$) adj3 (therap\$ or intervention\$ or exercise\$ or train\$ or treat\$)).ti,ab.
54	(myofunctional therap\$ or oral myotherap\$ or orofacial myotherap\$ or oro facial myotherap\$).ti,ab.
55	((facial or buccal or labial or lingual or cheek? or lip? or tongue) adj3 (exercis\$ or strengthen\$)).ti,ab.
56	(child led feed\$ or finger food? or self fe?d\$).ti,ab.
57	(desensiti\$ or de-sensiti\$).ti,ab.
58	((cup? or utensil?) adj3 (feed\$ or fed or eat\$)).ti,ab.
59	(daycare? or day care? or childminder? or child minder? or babysit\$ or nursery or nurseries or kindergar#en?).ti,ab.
60	((attend\$ or place\$ or care?) adj3 (preschool? or pre school?)).ti,ab.
61	or/33-60
62	32 and 61

## E.11 Monitoring

### E.11.1 Medline and Medline In-Process & Other Non-Indexed Citations

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
5	exp PEDIATRICS/
6	p?ediatric\$.ti,ab.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thriv\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11

#	Searches
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder\$ or deficien\$ or poor\$ or fail\$)).ti,ab.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$)).ti,ab.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum\$ or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
41	or/37-40
42	13 or 24 or 36 or 41
43	monitor\$.ti.
44	monitor\$.ab. /freq=2
45	((frequen\$ or regular\$ or routine\$) adj7 monitor\$).ti,ab.
46	((increas\$ or further or extra or additional\$ or more) adj7 monitor\$).ti,ab.
47	((professional\$ or parent\$ or mother? or father? or grandparent? or grandmother? or grandfather? or carer?) adj7 (monitor\$ or concern\$)).ti,ab.
48	*BODY HEIGHT/ph [Physiology]
49	*BODY WEIGHT/ph [Physiology]
50	((height? or weight?) adj7 monitor\$).ti,ab.
51	((weigh or weighed) adj10 (week\$ or month\$ or year\$)).ti,ab.
52	*GROWTH/ph [Physiology]
53	*CHILD DEVELOPMENT/ph [Physiology]
54	exp **OUTCOME AND PROCESS ASSESSMENT (HEALTH CARE)"/
55	or/43-54
56	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").ti,ab.
57	42 and 55
58	42 and 56
59	or/57-58
60	limit 59 to english language
61	LETTER/
62	EDITORIAL/
63	NEWS/
64	exp HISTORICAL ARTICLE/
65	ANECDOTES AS TOPIC/
66	COMMENT/
67	CASE REPORT/

#	Searches
68	(letter or comment*).ti.
69	or/61-68
70	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
71	69 not 70
72	ANIMALS/ not HUMANS/
73	exp ANIMALS, LABORATORY/
74	exp ANIMAL EXPERIMENTATION/
75	exp MODELS, ANIMAL/
76	exp RODENTIA/
77	(rat or rats or mouse or mice).ti.
78	or/71-77
79	60 not 78

## E.11.2 Cochrane Central Register of Controlled Trials (CCTR)

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab,kw.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab,kw.
5	exp PEDIATRICS/
6	p?ediatric\$.ti,ab,kw.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thrive\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or poor nutrition\$ or undernourish\$ or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder\$ or deficien\$ or poor\$ or fail\$))).ti,ab.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
41	or/37-40
42	13 or 24 or 36 or 41

#	Searches
43	monitor\$.ti.
44	monitor\$.ab. /freq=2
45	((frequen\$ or regular\$ or routine\$) adj5 monitor\$.ti,ab.
46	((increas\$ or further\$ or extra\$ or additional\$ or more\$) adj5 monitor\$.ti,ab.
47	((professional\$ or parent\$ or mother? or father? or grandparent? or grandmother? or grandfather? or carer?) adj5 (monitor\$ or concern\$).ti,ab.
48	*BODY HEIGHT/ph [Physiology]
49	*BODY WEIGHT/ph [Physiology]
50	((height? or weight?) adj5 monitor\$.ti,ab.
51	((weigh or weighed) adj5 (week\$ or month\$ or year\$)).ti,ab.
52	*GROWTH/ph [Physiology]
53	*CHILD DEVELOPMENT/ph [Physiology]
54	exp **"OUTCOME AND PROCESS ASSESSMENT (HEALTH CARE)"/
55	or/43-54
56	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").ti,ab.
57	42 and 55
58	42 and 56
59	or/57-58

### E.11.3 Cochrane Database of Systematic Reviews (CDSR)

#	Searches
1	CHILD, PRESCHOOL.kw.
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
3	INFANT.kw.
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
5	PEDIATRICS.kw.
6	p?ediatric\$.ti,ab.
7	or/1-6
8	FAILURE TO THRIVE.kw.
9	(fail\$ adj2 thriv\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	WEIGHT LOSS.kw.
15	BODY WEIGHT CHANGES.kw.
16	BODY WEIGHT MAINTENANCE.kw.
17	IDEAL BODY WEIGHT.kw.
18	WASTING SYNDROME.kw.
19	THINNESS.kw.
20	EMACIATION.kw.
21	ANOREXIA.kw.
22	or/14-21
23	7 and 22
24	CHILD NUTRITION DISORDERS.kw.
25	INFANT NUTRITION DISORDERS.kw.
26	"FEEDING AND EATING DISORDERS OF CHILDHOOD".kw.
27	((CHILD, PRESCHOOL or INFANT) and MALNUTRITION).kw.
28	((CHILD, PRESCHOOL or INFANT) and GROWTH DISORDERS).kw.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder\$ or deficien\$ or poor\$ or fail\$))).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
35	or/24-34
36	(INFANT and (HYPERNATREMIA or DEHYDRATION)).kw.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or



#	Searches
	postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
40	or/36-39
41	13 or 23 or 35 or 40
42	monitor\$.ti.
43	monitor\$.ab. /freq=2
44	((frequen\$ or regular\$ or routine\$) adj7 monitor\$).ti,ab.
45	((increas\$ or further or extra or additional\$ or more) adj7 monitor\$).ti,ab.
46	((professional\$ or parent\$ or mother? or father? or grandparent? or grandmother? or grandfather? or carer?) adj7 (monitor\$ or concern\$)).ti,ab.
47	((height? or weight?) adj7 monitor\$).ti,ab.
48	((weigh or weighed) adj10 (week\$ or month\$ or year\$)).ti,ab.
49	"OUTCOME AND PROCESS ASSESSMENT (HEALTH CARE)".kw.
50	or/42-49
51	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").ti,ab.
52	41 and 50
53	41 and 51
54	or/52-53

#### E.11.4 Database of Abstracts of Reviews of Effects (DARE)

#	Searches
1	CHILD, PRESCHOOL.kw.
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).tw,tx.
3	INFANT.kw.
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw,tx.
5	PEDIATRICS.kw.
6	p?ediatric\$.tw,tx.
7	or/1-6
8	FAILURE TO THRIVE.kw.
9	(fail\$ adj2 thriv\$).tw,tx.
10	FTT.tw,tx.
11	(falter\$ adj3 (weight or grow\$)).tw,tx.
12	or/8-11
13	7 and 12
14	WEIGHT LOSS.kw.
15	BODY WEIGHT CHANGES.kw.
16	BODY WEIGHT MAINTENANCE.kw.
17	IDEAL BODY WEIGHT.kw.
18	WASTING SYNDROME.kw.
19	THINNESS.kw.
20	EMACIATION.kw.
21	ANOREXIA.kw.
22	or/14-21
23	7 and 22
24	CHILD NUTRITION DISORDERS.kw.
25	INFANT NUTRITION DISORDERS.kw.
26	"FEEDING AND EATING DISORDERS OF CHILDHOOD".kw.
27	((CHILD, PRESCHOOL or INFANT) and MALNUTRITION).kw.
28	((CHILD, PRESCHOOL or INFANT) and GROWTH DISORDERS).kw.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).tw,tx.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).tw,tx.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw,tx.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).tw,tx.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder\$ or deficien\$ or poor\$ or fail\$))).tw,tx.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).tw,tx.
35	or/24-34
36	(INFANT and (HYPERNATREMIA or DEHYDRATION)).kw.



#	Searches
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).tw.tx.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw.tx.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw.tx.
40	or/36-39
41	13 or 23 or 35 or 40
42	monitor\$.ti.
43	((frequen\$ or regular\$ or routine\$) adj7 monitor\$).tw.tx.
44	((increas\$ or further or extra or additional\$ or more) adj7 monitor\$).tw.tx.
45	((professional\$ or parent\$ or mother? or father? or grandparent? or grandmother? or grandfather? or carer?) adj7 (monitor\$ or concern\$)).tw.tx.
46	((height? or weight?) adj7 monitor\$).tw.tx.
47	((weigh or weighed) adj10 (week\$ or month\$ or year\$)).tw.tx.
48	"OUTCOME AND PROCESS ASSESSMENT (HEALTH CARE)".kw.
49	or/42-48
50	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").tw.tx.
51	41 and 49
52	41 and 50
53	or/51-52

### E.11.5 Health Technology Assessment (HTA)

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).tw.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw.
5	exp PEDIATRICS/
6	p?ediatric\$.tw.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thrive\$).tw.
10	FTT.tw.
11	(falter\$ adj3 (weight or grow\$)).tw.
12	or/8-11
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).tw.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).tw.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).tw.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).tw.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or

#	Searches
	premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$)).tw.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).tw.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).tw.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).tw.
41	or/37-40
42	13 or 24 or 36 or 41
43	monitor\$.tw.
44	((frequen\$ or regular\$ or routine\$) adj7 monitor\$).tw.
45	((increas\$ or further or extra or additional\$ or more) adj7 monitor\$).tw.
46	((professional\$ or parent\$ or mother? or father? or grandparent? or grandmother? or grandfather? or carer?) adj7 (monitor\$ or concern\$)).tw.
47	*BODY HEIGHT/ph [Physiology]
48	*BODY WEIGHT/ph [Physiology]
49	((height? or weight?) adj7 monitor\$).tw.
50	((weigh or weighed) adj10 (week\$ or month\$ or year\$)).tw.
51	*GROWTH/ph [Physiology]
52	*CHILD DEVELOPMENT/ph [Physiology]
53	exp *"OUTCOME AND PROCESS ASSESSMENT (HEALTH CARE)"/
54	or/43-53
55	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").tw.
56	42 and 54
57	42 and 55
58	or/56-57

### E.11.6 Embase

#	Searches
1	PRESCHOOL CHILD/ or TODDLER/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
5	exp PEDIATRICS/
6	p?ediatric\$.ti,ab.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thrive\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	*WEIGHT REDUCTION/
15	WEIGHT CHANGE/
16	WEIGHT FLUCTUATION/
17	WEIGHT VARIATION/
18	WASTING SYNDROME/
19	EMACIATION/
20	*ANOREXIA/
21	or/14-20
22	7 and 21
23	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *NUTRITIONAL DISORDER/
24	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *EATING DISORDER/
25	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *MALNUTRITION/
26	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *GROWTH DISORDER/
27	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).ti,ab.
28	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or

#	Searches
	premie or premies) adj2 (malnutrition\$ or malnourish\$).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$)).ti,ab.
33	or/23-32
34	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/
35	NEONATAL WEIGHT LOSS/
36	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$).ti,ab.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
39	or/34-38
40	13 or 22 or 33 or 39
41	MONITORING/
42	monitor\$.ti.
43	monitor\$.ab. /freq=2
44	((frequen\$ or regular\$ or routine\$) adj7 monitor\$).ti,ab.
45	((increas\$ or further or extra or additional\$ or more) adj7 monitor\$).ti,ab.
46	((professional\$ or parent\$ or mother? or father? or grandparent? or grandmother? or grandfather? or carer?) adj7 (monitor\$ or concern\$).ti,ab.
47	((height? or weight?) adj7 monitor\$).ti,ab.
48	((weigh or weighed) adj10 (week\$ or month\$ or year\$)).ti,ab.
49	or/41-48
50	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").ti,ab.
51	40 and 49
52	40 and 50
53	or/51-52
54	limit 53 to english language
55	letter.pt. or LETTER/
56	note.pt.
57	editorial.pt.
58	CASE REPORT/ or CASE STUDY/
59	(letter or comment*).ti.
60	or/55-59
61	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
62	60 not 61
63	ANIMAL/ not HUMAN/
64	NONHUMAN/
65	exp ANIMAL EXPERIMENT/
66	exp EXPERIMENTAL ANIMAL/
67	ANIMAL MODEL/
68	exp RODENT/
69	(rat or rats or mouse or mice).ti.
70	or/62-69
71	54 not 70

## E.12 Referral

### E.12.1 Medline and Medline In-Process & Other Non-Indexed Citations

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
5	exp PEDIATRICS/
6	p?ediatric\$.ti,ab.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thriv\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11

#	Searches
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
41	or/37-40
42	13 or 24 or 36 or 41
43	"REFERRAL AND CONSULTATION"/
44	SECONDARY CARE/
45	TERTIARY HEALTHCARE/
46	(refer or referr\$).ti.
47	(refer or referr\$).ab. /freq=2
48	(second\$ adj5 (care or service? or hospital?)).ti,ab.
49	(special\$ adj5 (care or service? or hospital?)).ti,ab.
50	(tertiary adj5 (care or service? or hospital?)).ti,ab.
51	((criteria? or protocol? or guidance or guideline? or factor? or consensus\$) adj7 (refer or referr\$)).ti,ab.
52	((criteria? or protocol? or guidance or guideline? or factor? or consensus\$) adj15 (primary adj7 secondary)).ti,ab.
53	((criteria? or protocol? or guidance or guideline? or factor? or consensus\$) adj15 ((primary or secondary) adj7 tertiary)).ti,ab.
54	(diagnos\$ adj5 (uncertain\$ or unclear\$ or unsure or un-certain\$ or un-clear\$ or un-sure)).ti,ab.
55	(diagnos\$ adj3 (difficult\$ or problem\$)).ti,ab.
56	((parent\$ or mother? or father? or grandparent? or grandmother? or grandfather? or carer?) adj5 concern\$).ti,ab.
57	or/43-56
58	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").ti,ab.
59	42 and 57
60	42 and 58
61	(sever\$ adj3 ((fail\$ adj2 thrive\$) or FTT or (falter\$ adj2 (weight or grow\$))).ti,ab.
62	(persist\$ adj3 ((fail\$ adj2 thrive\$) or FTT or (falter\$ adj2 (weight or grow\$))).ti,ab.
63	or/59-62
64	limit 63 to english language
65	LETTER/
66	EDITORIAL/
67	NEWS/

#	Searches
68	exp HISTORICAL ARTICLE/
69	ANECDOTES AS TOPIC/
70	COMMENT/
71	CASE REPORT/
72	(letter or comment*).ti.
73	or/65-72
74	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
75	73 not 74
76	ANIMALS/ not HUMANS/
77	exp ANIMALS, LABORATORY/
78	exp ANIMAL EXPERIMENTATION/
79	exp MODELS, ANIMAL/
80	exp RODENTIA/
81	(rat or rats or mouse or mice).ti.
82	or/75-81
83	64 not 82

## E.12.2 Cochrane Central Register of Controlled Trials (CCTR)

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab,kw.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab,kw.
5	exp PEDIATRICS/
6	p?ediatric\$.ti,ab,kw.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thrive\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or poor nutrition\$ or undernourish\$ or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$"

#	Searches
	or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
41	or/37-40
42	13 or 24 or 36 or 41
43	"REFERRAL AND CONSULTATION"/
44	SECONDARY CARE/
45	TERTIARY HEALTHCARE/
46	(refer or referr\$).ti.
47	(refer or referr\$).ab. /freq=2
48	(second\$ adj5 (care or service? or hospital?)).ti,ab.
49	(special\$ adj5 (care or service? or hospital?)).ti,ab.
50	(tertiary adj5 (care or service? or hospital?)).ti,ab.
51	((criteria? or protocol? or guidance or guideline? or factor? or consensus\$) adj7 (refer or referr\$)).ti,ab.
52	((criteria? or protocol? or guidance or guideline? or factor? or consensus\$) adj15 (primary adj7 secondary)).ti,ab.
53	((criteria? or protocol? or guidance or guideline? or factor? or consensus\$) adj15 ((primary or secondary) adj7 tertiary)).ti,ab.
54	(diagnos\$ adj5 (uncertain\$ or unclear\$ or unsure or un-certain\$ or un-clear\$ or un-sure)).ti,ab.
55	(diagnos\$ adj3 (difficult\$ or problem\$)).ti,ab.
56	((parent\$ or mother? or father? or grandparent? or grandmother? or grandfather? or carer?) adj5 concern\$).ti,ab.
57	or/43-56
58	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").ti,ab.
59	42 and 57
60	42 and 58
61	(sever\$ adj3 ((fail\$ adj2 thrive\$) or FTT or (falter\$ adj2 (weight or grow\$))).ti,ab.
62	(persist\$ adj3 ((fail\$ adj2 thrive\$) or FTT or (falter\$ adj2 (weight or grow\$))).ti,ab.
63	or/59-62

### E.12.3 Cochrane Database of Systematic Reviews (CDSR)

#	Searches
1	CHILD, PRESCHOOL.kw.
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
3	INFANT.kw.
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
5	PEDIATRICS.kw.
6	p?ediatric\$.ti,ab.
7	or/1-6
8	FAILURE TO THRIVE.kw.
9	(fail\$ adj2 thrive\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	WEIGHT LOSS.kw.
15	BODY WEIGHT CHANGES.kw.
16	BODY WEIGHT MAINTENANCE.kw.
17	IDEAL BODY WEIGHT.kw.
18	WASTING SYNDROME.kw.
19	THINNESS.kw.
20	EMACIATION.kw.
21	ANOREXIA.kw.
22	or/14-21
23	7 and 22
24	CHILD NUTRITION DISORDERS.kw.
25	INFANT NUTRITION DISORDERS.kw.
26	"FEEDING AND EATING DISORDERS OF CHILDHOOD".kw.
27	((CHILD, PRESCHOOL or INFANT) and MALNUTRITION).kw.
28	((CHILD, PRESCHOOL or INFANT) and GROWTH DISORDERS).kw.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or



#	Searches
	premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$)).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
35	or/24-34
36	(INFANT and (HYPERNATREMIA or DEHYDRATION)).kw.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
40	or/36-39
41	13 or 23 or 35 or 40
42	"REFERRAL AND CONSULTATION".kw.
43	SECONDARY CARE.kw.
44	TERTIARY HEALTHCARE.kw.
45	(refer or referr\$).ti.
46	(refer or referr\$).ab. /freq=2
47	(second\$ adj5 (care or service? or hospital?)).ti,ab.
48	(special\$ adj5 (care or service? or hospital?)).ti,ab.
49	(tertiary adj5 (care or service? or hospital?)).ti,ab.
50	((criteria? or protocol? or guidance or guideline? or factor? or consensus\$) adj7 (refer or referr\$)).ti,ab.
51	((criteria? or protocol? or guidance or guideline? or factor? or consensus\$) adj15 (primary adj7 secondary)).ti,ab.
52	((criteria? or protocol? or guidance or guideline? or factor? or consensus\$) adj15 ((primary or secondary) adj7 tertiary)).ti,ab.
53	(diagnos\$ adj5 (uncertain\$ or unclear\$ or unsure or un-certain\$ or un-clear\$ or un-sure)).ti,ab.
54	(diagnos\$ adj3 (difficult\$ or problem\$)).ti,ab.
55	((parent\$ or mother? or father? or grandparent? or grandmother? or grandfather? or carer?) adj5 concern\$).ti,ab.
56	or/42-55
57	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").ti,ab.
58	41 and 56
59	41 and 57
60	(sever\$ adj3 ((fail\$ adj2 thrive\$) or FTT or (falter\$ adj2 (weight or grow\$))).ti,ab.
61	(persist\$ adj3 ((fail\$ adj2 thrive\$) or FTT or (falter\$ adj2 (weight or grow\$))).ti,ab.
62	or/58-61

#### E.12.4 Database of Abstracts of Reviews of Effects (DARE)

#	Searches
1	CHILD, PRESCHOOL.kw.
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).tw,tx.
3	INFANT.kw.
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw,tx.
5	PEDIATRICS.kw.
6	p?ediatric\$.tw,tx.
7	or/1-6
8	FAILURE TO THRIVE.kw.
9	(fail\$ adj2 thrive\$).tw,tx.
10	FTT.tw,tx.
11	(falter\$ adj3 (weight or grow\$)).tw,tx.
12	or/8-11
13	7 and 12
14	WEIGHT LOSS.kw.
15	BODY WEIGHT CHANGES.kw.
16	BODY WEIGHT MAINTENANCE.kw.
17	IDEAL BODY WEIGHT.kw.
18	WASTING SYNDROME.kw.
19	THINNESS.kw.
20	EMACIATION.kw.
21	ANOREXIA.kw.
22	or/14-21
23	7 and 22
24	CHILD NUTRITION DISORDERS.kw.
25	INFANT NUTRITION DISORDERS.kw.
26	"FEEDING AND EATING DISORDERS OF CHILDHOOD".kw.
27	((CHILD, PRESCHOOL or INFANT) and MALNUTRITION).kw.
28	((CHILD, PRESCHOOL or INFANT) and GROWTH DISORDERS).kw.



#	Searches
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).tw,tx.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).tw,tx.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw,tx.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).tw,tx.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder\$ or deficien\$ or poor\$ or fail\$))).tw,tx.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).tw,tx.
35	or/24-34
36	(INFANT and (HYPERNATREMIA or DEHYDRATION)).kw.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).tw,tx.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum\$ or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).tw,tx.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).tw,tx.
40	or/36-39
41	13 or 23 or 35 or 40
42	"REFERRAL AND CONSULTATION".kw.
43	SECONDARY CARE.kw.
44	TERTIARY HEALTHCARE.kw.
45	(refer or refer\$).ti.
46	(second\$ adj5 (care or service? or hospital?)).tw,tx.
47	(special\$ adj5 (care or service? or hospital?)).tw,tx.
48	(tertiary adj5 (care or service? or hospital?)).tw,tx.
49	((criteria? or protocol? or guidance or guideline? or factor? or consensus\$) adj7 (refer or refer\$)).tw,tx.
50	((criteria? or protocol? or guidance or guideline? or factor? or consensus\$) adj15 (primary adj7 secondary)).tw,tx.
51	((criteria? or protocol? or guidance or guideline? or factor? or consensus\$) adj15 ((primary or secondary) adj7 tertiary)).tw,tx.
52	(diagnos\$ adj5 (uncertain\$ or unclear\$ or unsure or un-certain\$ or un-clear\$ or un-sure)).tw,tx.
53	(diagnos\$ adj3 (difficult\$ or problem\$)).tw,tx.
54	((parent\$ or mother? or father? or grandparent? or grandmother? or grandfather? or carer?) adj5 concern\$).tw,tx.
55	or/42-54
56	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").tw,tx.
57	41 and 55
58	41 and 56
59	(sever\$ adj3 ((fail\$ adj2 thrive\$) or FTT or (falter\$ adj2 (weight or grow\$))).tw,tx.
60	(persist\$ adj3 ((fail\$ adj2 thrive\$) or FTT or (falter\$ adj2 (weight or grow\$))).tw,tx.
61	or/57-60

## E.12.5 Health Technology Assessment (HTA)

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).tw.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw.
5	exp PEDIATRICS/
6	p?ediatric\$.tw.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thrive\$).tw.
10	FTT.tw.
11	(falter\$ adj3 (weight or grow\$)).tw.
12	or/8-11
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/

#	Searches
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).tw.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).tw.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).tw.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder\$ or deficien\$ or poor\$ or fail\$))).tw.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).tw.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).tw.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum\$ or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw.
41	or/37-40
42	13 or 24 or 36 or 41
43	"REFERRAL AND CONSULTATION"/
44	SECONDARY CARE/
45	TERTIARY HEALTHCARE/
46	(refer or referr\$).tw.
47	(second\$ adj5 (care or service? or hospital?)).tw.
48	(special\$ adj5 (care or service? or hospital?)).tw.
49	(tertiary adj5 (care or service? or hospital?)).tw.
50	((criteria? or protocol? or guidance or guideline? or factor? or consensus\$) adj7 (refer or referr\$)).tw.
51	((criteria? or protocol? or guidance or guideline? or factor? or consensus\$) adj15 (primary adj7 secondary)).tw.
52	((criteria? or protocol? or guidance or guideline? or factor? or consensus\$) adj15 ((primary or secondary) adj7 tertiary)).tw.
53	(diagnos\$ adj5 (uncertain\$ or unclear\$ or unsure or un-certain\$ or un-clear\$ or un-sure)).tw.
54	(diagnos\$ adj3 (difficult\$ or problem\$)).tw.
55	((parent\$ or mother? or father? or grandparent? or grandmother? or grandfather? or carer?) adj5 concern\$).tw.
56	or/43-55
57	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").tw.
58	42 and 56
59	42 and 57
60	(sever\$ adj3 ((fail\$ adj2 thrive\$) or FTT or (falter\$ adj2 (weight or grow\$))).tw.
61	(persist\$ adj3 ((fail\$ adj2 thrive\$) or FTT or (falter\$ adj2 (weight or grow\$))).tw.
62	or/58-61

## E.12.6 Embase

#	Searches
1	PRESCHOOL CHILD/ or TODDLER/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
5	exp PEDIATRICS/
6	p?ediatric\$.ti,ab.
7	or/1-6

#	Searches
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thrive\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	*WEIGHT REDUCTION/
15	WEIGHT CHANGE/
16	WEIGHT FLUCTUATION/
17	WEIGHT VARIATION/
18	WASTING SYNDROME/
19	EMACIATION/
20	*ANOREXIA/
21	or/14-20
22	7 and 21
23	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *NUTRITIONAL DISORDER/
24	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *EATING DISORDER/
25	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *MALNUTRITION/
26	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *GROWTH DISORDER/
27	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).ti,ab.
28	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
33	or/23-32
34	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
35	NEONATAL WEIGHT LOSS/
36	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
39	or/34-38
40	13 or 22 or 33 or 39
41	PATIENT REFERRAL/
42	exp SECONDARY HEALTH CARE/
43	exp *TERTIARY HEALTH CARE/
44	(refer or referr\$).ti.
45	(refer or referr\$).ab. /freq=2
46	(second\$ adj5 (care or service? or hospital?)).ti,ab.
47	(special\$ adj5 (care or service? or hospital?)).ti,ab.
48	((refer or referr\$) and (tertiary adj5 (care or service? or hospital?))).ti,ab.
49	((criteria? or protocol? or guidance or guideline? or factor? or consensus\$) adj7 (refer or referr\$)).ti,ab.
50	((criteria? or protocol? or guidance or guideline? or factor? or consensus\$) adj15 (primary adj7 secondary)).ti,ab.
51	((criteria? or protocol? or guidance or guideline? or factor? or consensus\$) adj15 ((primary or secondary) adj7 tertiary)).ti,ab.
52	(diagnos\$ adj5 (uncertain\$ or unclear\$ or unsure or un-certain\$ or un-clear\$ or un-sure)).ti,ab.
53	(diagnos\$ adj3 (difficult\$ or problem\$)).ti,ab.
54	((parent\$ or mother? or father? or grandparent? or grandmother? or grandfather? or carer?) adj5 concern\$).ti,ab.
55	or/41-54
56	("Avon Longitudinal Study of Parents and Children" or ALSPAC or "Millennium Cohort Study" or "Gateshead Millennium Study" or "Millennium Baby Study" or "Generation R" or "Southampton Womens Survey" or "Born in Bradford" or "UK 1990 Growth Reference").ti,ab.
57	40 and 55
58	40 and 56
59	(sever\$ adj2 ((fail\$ adj2 thrive\$) or FTT or (falter\$ adj2 (weight or grow\$))).ti,ab.
60	(persist\$ adj3 ((fail\$ adj2 thrive\$) or FTT or (falter\$ adj2 (weight or grow\$))).ti,ab.
61	or/57-60
62	limit 61 to english language

#	Searches
63	letter.pt. or LETTER/
64	note.pt.
65	editorial.pt.
66	CASE REPORT/ or CASE STUDY/
67	(letter or comment*).ti.
68	or/63-67
69	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
70	68 not 69
71	ANIMAL/ not HUMAN/
72	NONHUMAN/
73	exp ANIMAL EXPERIMENT/
74	exp EXPERIMENTAL ANIMAL/
75	ANIMAL MODEL/
76	exp RODENT/
77	(rat or rats or mouse or mice).ti.
78	or/70-77
79	62 not 78

## E.13 Organisation of care

### E.13.1 Medline and Medline In-Process & Other Non-Indexed Citations

#	Searches
1	META-ANALYSIS/
2	META-ANALYSIS AS TOPIC/
3	(meta analy* or metanaly* or metaanaly*).ti,ab.
4	((systematic* or evidence*) adj2 (review* or overview*)).ti,ab.
5	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.
6	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
7	(search* adj4 literature).ab.
8	(medline or pubmed or cochrane or embase or psychlit or psyclit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab.
9	cochrane.jw.
10	or/1-9
11	randomized controlled trial.pt.
12	controlled clinical trial.pt.
13	pragmatic clinical trial.pt.
14	randomi#ed.ab.
15	placebo.ab.
16	randomly.ab.
17	CLINICAL TRIALS AS TOPIC/
18	trial.ti.
19	or/11-18
20	or/10,19
21	CHILD, PRESCHOOL/
22	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
23	exp INFANT/
24	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
25	exp PEDIATRICALS/
26	p?ediatric\$.ti,ab.
27	or/21-26
28	FAILURE TO THRIVE/
29	(fail\$ adj2 thrive\$).ti,ab.
30	FTT.ti,ab.
31	(falter\$ adj3 (weight or grow\$)).ti,ab.
32	or/28-31
33	27 and 32
34	*WEIGHT LOSS/
35	WEIGHT LOSS/ph [Physiology]
36	BODY WEIGHT CHANGES/
37	BODY WEIGHT MAINTENANCE/
38	IDEAL BODY WEIGHT/
39	WASTING SYNDROME/
40	*THINNESS/
41	EMACIATION/
42	ANOREXIA/
43	or/34-42
44	27 and 43
45	*CHILD NUTRITION DISORDERS/

#	Searches
46	*INFANT NUTRITION DISORDERS/
47	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
48	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
49	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
50	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).ti,ab.
51	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaci\$ or anorexi\$ or stunting or stunted)).ti,ab.
52	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
53	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
54	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
55	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
56	or/45-55
57	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
58	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
59	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
60	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
61	or/57-60
62	33 or 44 or 56 or 61
63	PATIENT CARE TEAM/
64	((patient? or medical or health) adj1 care team).ab,ti.
65	((interdisciplinary or inter-disciplinary or interprofession\$ or inter-profession\$ or integrated or network\$) adj3 (team? or staff\$ or task force? or approach\$ or program\$ or system? or panel? or forum? or care or manag\$ or service?)).ab,ti.
66	((transdisciplinary or trans-disciplinary or transprofession\$ or trans-profession\$) adj3 (team? or staff\$ or task force? or approach\$ or program\$ or system? or panel? or forum? or care or manag\$ or service?)).ab,ti.
67	((multidisciplinary or multi-disciplinary or multiprofession\$ or multi-profession\$ or integrated or network\$) adj3 (team? or staff\$ or task force? or approach\$ or program\$ or system? or panel? or forum? or care or manag\$ or service?)).ab,ti.
68	mdt?.ab,ti.
69	network meeting?.ti,ab.
70	or/63-69
71	INTERDISCIPLINARY COMMUNICATION/
72	((interdisciplinary or inter-disciplinary or interprofession\$ or inter-profession\$) adj3 (communic\$ or collaborat\$ or relation\$)).ab,ti.
73	((multidisciplinary or multi-disciplinary or multiprofession\$ or multi-profession\$) adj3 (communic\$ or collaborat\$ or relation\$)).ab,ti.
74	((transdisciplinary or trans-disciplinary or transprofession\$ or trans-profession\$) adj3 (communic\$ or collaborat\$ or relation\$)).ab,ti.
75	((co-ordinat\$ or coordinat\$ or network\$) adj3 (care or service? or practice?)).ab,ti.
76	or/71-75
77	((midwi\$ or health visitor? or dietician? or nurse? or infant feed\$) adj3 (team\$ or service? or staff\$)).ti,ab.
78	(community adj3 (team? or approach\$ or program\$ or care or service?)).ti,ab.
79	(special\$ adj1 (team? or approach\$ or program\$ or care or manag\$ or service? or package?)).ti,ab.
80	((mobile or roaming) adj1 (team? or service?)).ti,ab.
81	"DELIVERY OF HEALTH CARE, INTEGRATED"/
82	PRIMARY HEALTH CARE/ma, og [Manpower, Organization & Administration]
83	COMMUNITY HEALTH SERVICES/ma, og [Manpower, Organization & Administration]
84	SECONDARY CARE/og [Organization & Administration]
85	TERTIARY HEALTHCARE/ma, og [Manpower, Organization & Administration]
86	or/77-85
87	((tertiary or secondary) adj5 (setting or clinic? or cent\$ or service? or care or healthcare or team?)).ti,ab.
88	((primary or community) adj5 (setting or clinic? or cent\$ or service? or care or healthcare or team?)).ti,ab.
89	or/87-88
90	70 or 76 or 86 or 89
91	62 and 90
92	limit 91 to english language
93	LETTER/
94	EDITORIAL/
95	NEWS/
96	exp HISTORICAL ARTICLE/

#	Searches
97	ANECDOTES AS TOPIC/
98	COMMENT/
99	CASE REPORT/
100	(letter or comment*).ti.
101	or/93-100
102	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
103	101 not 102
104	ANIMALS/ not HUMANS/
105	exp ANIMALS, LABORATORY/
106	exp ANIMAL EXPERIMENTATION/
107	exp MODELS, ANIMAL/
108	exp RODENTIA/
109	(rat or rats or mouse or mice).ti.
110	or/103-109
111	92 not 110
112	20 and 111

### E.13.2 Cochrane Central Register of Controlled Trials (CCTR)

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab,kw.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab,kw.
5	exp PEDIATRICS/
6	p?ediatric\$.ti,ab,kw.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thrive\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or poor nutrition\$ or undernourish\$ or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$)).ti,ab.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$)).ti,ab.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$"



#	Searches
	or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
41	or/37-40
42	13 or 24 or 36 or 41
43	PATIENT CARE TEAM/ or MULTIDISCIPLINARY TEAM CARE.kw.
44	((patient? or medical or health) adj1 care team).ab,ti.
45	((interdisciplinary or inter-disciplinary or interprofession\$ or inter-profession\$ or integrated or network\$) adj3 (team? or staff\$ or task force? or approach\$ or program\$ or system? or panel? or forum? or care or manag\$ or service?)).ab,ti.
46	((transdisciplinary or trans-disciplinary or transprofession\$ or trans-profession\$) adj3 (team? or staff\$ or task force? or approach\$ or program\$ or system? or panel? or forum? or care or manag\$ or service?)).ab,ti.
47	((multidisciplinary or multi-disciplinary or multiprofession\$ or multi-profession\$ or integrated or network\$) adj3 (team? or staff\$ or task force? or approach\$ or program\$ or system? or panel? or forum? or care or manag\$ or service?)).ab,ti.
48	mdt?.ab,ti.
49	network meeting?.ti,ab.
50	or/43-49
51	INTERDISCIPLINARY COMMUNICATION/ or INTERDISCIPLINARY COMMUNICATION.kw.
52	((interdisciplinary or inter-disciplinary or interprofession\$ or inter-profession\$) adj3 (communic\$ or collaborat\$ or relation\$)).ab,ti.
53	((multidisciplinary or multi-disciplinary or multiprofession\$ or multi-profession\$) adj3 (communic\$ or collaborat\$ or relation\$)).ab,ti.
54	((transdisciplinary or trans-disciplinary or transprofession\$ or trans-profession\$) adj3 (communic\$ or collaborat\$ or relation\$)).ab,ti.
55	((co-ordinat\$ or coordinat\$ or network\$) adj3 (care or service? or practice?)).ab,ti.
56	or/51-55
57	((midwi\$ or health visitor? or dietician? or nurse? or infant feed\$) adj3 (team\$ or service? or staff\$)).ti,ab.
58	(community adj3 (team? or approach\$ or program\$ or care or service?)).ti,ab.
59	(special\$ adj1 (team? or approach\$ or program\$ or care or manag\$ or service? or package?)).ti,ab.
60	((mobile or roaming) adj1 (team? or service?)).ti,ab.
61	"DELIVERY OF HEALTH CARE, INTEGRATED"/ or INTEGRATED HEALTH CARE SYSTEM.kw.
62	((tertiary or secondary) adj5 (setting or clinic? or cent\$ or service? or care or healthcare or team?)).ti,ab.
63	((primary or community) adj5 (setting or clinic? or cent\$ or service? or care or healthcare or team?)).ti,ab.
64	or/57-63
65	50 or 56 or 64
66	42 and 65

### E.13.3 Cochrane Database of Systematic Reviews (CDSR)

#	Searches
1	CHILD, PRESCHOOL.kw.
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
3	INFANT.kw.
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
5	PEDIATRICS.kw.
6	p?ediatric\$.ti,ab.
7	or/1-6
8	FAILURE TO THRIVE.kw.
9	(fail\$ adj2 thrive\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	WEIGHT LOSS.kw.
15	BODY WEIGHT CHANGES.kw.
16	BODY WEIGHT MAINTENANCE.kw.
17	IDEAL BODY WEIGHT.kw.
18	WASTING SYNDROME.kw.
19	THINNESS.kw.
20	EMACIATION.kw.
21	ANOREXIA.kw.
22	or/14-21
23	7 and 22
24	CHILD NUTRITION DISORDERS.kw.
25	INFANT NUTRITION DISORDERS.kw.
26	"FEEDING AND EATING DISORDERS OF CHILDHOOD".kw.
27	((CHILD, PRESCHOOL or INFANT) and MALNUTRITION).kw.
28	((CHILD, PRESCHOOL or INFANT) and GROWTH DISORDERS).kw.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or



#	Searches
	under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder\$ or deficien\$ or poor\$ or fail\$))).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
35	or/24-34
36	(INFANT and (HYPERNATREMIA or DEHYDRATION)).kw.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum\$ or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
40	or/36-39
41	13 or 23 or 35 or 40
42	MULTIDISCIPLINARY TEAM CARE.kw.
43	((patient? or medical or health) adj1 care team).ti,ab.
44	((interdisciplinary or inter-disciplinary or interprofession\$ or inter-profession\$ or integrated or network\$) adj3 (team? or staff\$ or task force? or approach\$ or program\$ or system? or panel? or forum? or care or manag\$ or service?)).ti,ab.
45	((transdisciplinary or trans-disciplinary or transprofession\$ or trans-profession\$) adj3 (team? or staff\$ or task force? or approach\$ or program\$ or system? or panel? or forum? or care or manag\$ or service?)).ti,ab.
46	((multidisciplinary or multi-disciplinary or multiprofession\$ or multi-profession\$ or integrated or network\$) adj3 (team? or staff\$ or task force? or approach\$ or program\$ or system? or panel? or forum? or care or manag\$ or service?)).ti,ab.
47	mdt?.ti,ab.
48	network meeting?.ti,ab.
49	or/42-48
50	INTERDISCIPLINARY COMMUNICATION.kw.
51	((interdisciplinary or inter-disciplinary or interprofession\$ or inter-profession\$) adj3 (communic\$ or collaborat\$ or relation\$)).ti,ab.
52	((multidisciplinary or multi-disciplinary or multiprofession\$ or multi-profession\$) adj3 (communic\$ or collaborat\$ or relation\$)).ti,ab.
53	((transdisciplinary or trans-disciplinary or transprofession\$ or trans-profession\$) adj3 (communic\$ or collaborat\$ or relation\$)).ti,ab.
54	((co-ordinat\$ or coordinat\$ or network\$) adj3 (care or service? or practice?)).ti,ab.
55	or/50-54
56	((midwi\$ or health visitor? or dietician? or nurse? or infant feed\$) adj3 (team\$ or service? or staff\$)).ti,ab.
57	(community adj3 (team? or approach\$ or program\$ or care or service?)).ti,ab.
58	(special\$ adj1 (team? or approach\$ or program\$ or care or manag\$ or service? or package?)).ti,ab.
59	((mobile or roaming) adj1 (team? or service?)).ti,ab.
60	("DELIVERY OF HEALTH CARE, INTEGRATED" or INTEGRATED HEALTH CARE SYSTEM).kw.
61	((tertiary or secondary) adj5 (setting or clinic? or cent\$ or service? or care or healthcare or team?)).ti,ab.
62	((primary or community) adj5 (setting or clinic? or cent\$ or service? or care or healthcare or team?)).ti,ab.
63	or/56-62
64	49 or 55 or 63
65	41 and 64

#### E.13.4 Database of Abstracts of Reviews of Effects (DARE)

#	Searches
1	CHILD, PRESCHOOL.kw.
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).tw,tx.
3	INFANT.kw.
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw,tx.
5	PEDIATRICS.kw.
6	p?ediatric\$.tw,tx.
7	or/1-6
8	FAILURE TO THRIVE.kw.
9	(fail\$ adj2 thriv\$).tw,tx.
10	FTT.tw,tx.
11	(falter\$ adj3 (weight or grow\$)).tw,tx.
12	or/8-11
13	7 and 12
14	WEIGHT LOSS.kw.
15	BODY WEIGHT CHANGES.kw.

#	Searches
16	BODY WEIGHT MAINTENANCE.kw.
17	IDEAL BODY WEIGHT.kw.
18	WASTING SYNDROME.kw.
19	THINNESS.kw.
20	EMACIATION.kw.
21	ANOREXIA.kw.
22	or/14-21
23	7 and 22
24	CHILD NUTRITION DISORDERS.kw.
25	INFANT NUTRITION DISORDERS.kw.
26	"FEEDING AND EATING DISORDERS OF CHILDHOOD".kw.
27	((CHILD, PRESCHOOL or INFANT) and MALNUTRITION).kw.
28	((CHILD, PRESCHOOL or INFANT) and GROWTH DISORDERS).kw.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).tw,tx.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).tw,tx.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw,tx.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).tw,tx.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).tw,tx.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).tw,tx.
35	or/24-34
36	(INFANT and (HYPERNATREMIA or DEHYDRATION)).kw.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).tw,tx.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw,tx.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw,tx.
40	or/36-39
41	13 or 23 or 35 or 40
42	MULTIDISCIPLINARY TEAM CARE.kw.
43	((patient? or medical or health) adj1 care team).tw,tx.
44	((interdisciplinary or inter-disciplinary or interprofession\$ or inter-profession\$ or integrated or network\$) adj3 (team? or staff\$ or task force? or approach\$ or program\$ or system? or panel? or forum? or care or manag\$ or service?)).tw,tx.
45	((transdisciplinary or trans-disciplinary or transprofession\$ or trans-profession\$) adj3 (team? or staff\$ or task force? or approach\$ or program\$ or system? or panel? or forum? or care or manag\$ or service?)).tw,tx.
46	((multidisciplinary or multi-disciplinary or multiprofession\$ or multi-profession\$ or integrated or network\$) adj3 (team? or staff\$ or task force? or approach\$ or program\$ or system? or panel? or forum? or care or manag\$ or service?)).tw,tx.
47	mdt?.tw,tx.
48	network meeting?.tw,tx.
49	or/42-48
50	INTERDISCIPLINARY COMMUNICATION.kw.
51	((interdisciplinary or inter-disciplinary or interprofession\$ or inter-profession\$) adj3 (communic\$ or collaborat\$ or relation\$)).tw,tx.
52	((multidisciplinary or multi-disciplinary or multiprofession\$ or multi-profession\$) adj3 (communic\$ or collaborat\$ or relation\$)).tw,tx.
53	((transdisciplinary or trans-disciplinary or transprofession\$ or trans-profession\$) adj3 (communic\$ or collaborat\$ or relation\$)).tw,tx.
54	((co-ordinat\$ or coordinat\$ or network\$) adj3 (care or service? or practice?)).tw,tx.
55	or/50-54
56	((midwi\$ or health visitor? or dietician? or nurse? or infant feed\$) adj3 (team\$ or service? or staff\$)).tw,tx.
57	(community adj3 (team? or approach\$ or program\$ or care or service?)).tw,tx.
58	(special\$ adj1 (team? or approach\$ or program\$ or care or manag\$ or service? or package?)).tw,tx.
59	((mobile or roaming) adj1 (team? or service?)).tw,tx.
60	("DELIVERY OF HEALTH CARE, INTEGRATED" or INTEGRATED HEALTH CARE SYSTEM).kw.
61	((tertiary or secondary) adj5 (setting or clinic? or cent\$ or service? or care or healthcare or team?)).tw,tx.
62	((primary or community) adj5 (setting or clinic? or cent\$ or service? or care or healthcare or team?)).tw,tx.
63	or/56-62
64	49 or 55 or 63
65	41 and 64

### E.13.5 Health Technology Assessment (HTA)

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).tw.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw.
5	exp PEDIATRICS/
6	p?ediatric\$.tw.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thrive\$).tw.
10	FTT.tw.
11	(falter\$ adj3 (weight or grow\$)).tw.
12	or/8-11
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).tw.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).tw.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).tw.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder\$ or deficien\$ or poor\$ or fail\$))).tw.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).tw.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).tw.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum\$ or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw.
41	or/37-40
42	13 or 24 or 36 or 41
43	PATIENT CARE TEAM/
44	((patient? or medical or health) adj1 care team).tw.
45	((interdisciplinary or inter-disciplinary or interprofession\$ or inter-profession\$ or integrated or network\$) adj3 (team? or staff\$ or task force? or approach\$ or program\$ or system? or panel? or forum? or care or manag\$ or service?)).tw.
46	((transdisciplinary or trans-disciplinary or transprofession\$ or trans-profession\$) adj3 (team? or staff\$ or task force? or approach\$ or program\$ or system? or panel? or forum? or care or manag\$ or service?)).tw.
47	((multidisciplinary or multi-disciplinary or multiprofession\$ or multi-profession\$ or integrated or network\$) adj3 (team? or staff\$ or task force? or approach\$ or program\$ or system? or panel? or forum? or care or manag\$ or service?)).tw.
48	mdt?.tw.
49	network meeting?.tw.
50	INTERDISCIPLINARY COMMUNICATION/
51	((interdisciplinary or inter-disciplinary or interprofession\$ or inter-profession\$) adj3 (communic\$ or collaborat\$ or relation\$)).tw.
52	((multidisciplinary or multi-disciplinary or multiprofession\$ or multi-profession\$) adj3 (communic\$ or collaborat\$ or relation\$)).tw.

#	Searches
53	((transdisciplinary or trans-disciplinary or transprofession\$ or trans-profession\$) adj3 (communic\$ or collaborat\$ or relation\$)).tw.
54	((co-ordinat\$ or coordinat\$ or network\$) adj3 (care or service? or practice?)).tw.
55	((midwi\$ or health visitor? or dietician? or nurse? or infant feed\$) adj3 (team\$ or service? or staff\$)).tw.
56	(community adj3 (team? or approach\$ or program\$ or care or service?)).tw.
57	(special\$ adj1 (team? or approach\$ or program\$ or care or manag\$ or service? or package?)).tw.
58	((mobile or roaming) adj1 (team? or service?)).tw.
59	"DELIVERY OF HEALTH CARE, INTEGRATED"/
60	((tertiary or secondary) adj5 (setting or clinic? or cent\$ or service? or care or healthcare or team?)).tw.
61	((primary or community) adj5 (setting or clinic? or cent\$ or service? or care or healthcare or team?)).tw.
62	or/43-61
63	42 and 62

### E.13.6 Embase

#	Searches
1	SYSTEMATIC REVIEW/
2	META-ANALYSIS/
3	(meta analy* or metanaly* or metaanaly*).ti,ab.
4	((systematic or evidence) adj2 (review* or overview*)).ti,ab.
5	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.
6	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
7	(search* adj4 literature).ab.
8	(medline or pubmed or cochrane or embase or psychlit or psychlit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab.
9	((pool* or combined) adj2 (data or trials or studies or results)).ab.
10	cochrane.jw.
11	or/1-10
12	random*.ti,ab.
13	factorial*.ti,ab.
14	(crossover* or cross over*).ti,ab.
15	((doubl* or singl*) adj blind*).ti,ab.
16	(assign* or allocat* or volunteer* or placebo*).ti,ab.
17	CROSSOVER PROCEDURE/
18	SINGLE BLIND PROCEDURE/
19	RANDOMIZED CONTROLLED TRIAL/
20	DOUBLE BLIND PROCEDURE/
21	or/12-20
22	or/11,21
23	PRESCHOOL CHILD/ or TODDLER/
24	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
25	exp INFANT/
26	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
27	exp PEDIATRICS/
28	p?ediatric\$.ti,ab.
29	or/23-28
30	FAILURE TO THRIVE/
31	(fail\$ adj2 thriv\$).ti,ab.
32	FTT.ti,ab.
33	(falter\$ adj3 (weight or grow\$)).ti,ab.
34	or/30-33
35	29 and 34
36	*WEIGHT REDUCTION/
37	WEIGHT CHANGE/
38	WEIGHT FLUCTUATION/
39	WEIGHT VARIATION/
40	WASTING SYNDROME/
41	EMACIATION/
42	*ANOREXIA/
43	or/36-42
44	29 and 43
45	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *NUTRITIONAL DISORDER/
46	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *EATING DISORDER/
47	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *MALNUTRITION/
48	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *GROWTH DISORDER/
49	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
50	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.

#	Searches
51	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
52	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
53	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
54	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
55	or/45-54
56	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/
57	NEONATAL WEIGHT LOSS/
58	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
59	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
60	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
61	or/56-60
62	35 or 44 or 55 or 61
63	MULTIDISCIPLINARY TEAM CARE/
64	((patient? or medical or health) adj1 care team).ab,ti.
65	healthcare team?.ab,ti.
66	((interdisciplinary or inter-disciplinary or interprofession\$ or inter-profession\$ or integrated or network\$) adj3 (team? or staff\$ or task force? or approach\$ or program\$ or system? or panel? or forum? or care or manag\$ or service?)).ab,ti.
67	((transdisciplinary or trans-disciplinary or transprofession\$ or trans-profession\$) adj3 (team? or staff\$ or task force? or approach\$ or program\$ or system? or panel? or forum? or care or manag\$ or service?)).ab,ti.
68	((multidisciplinary or multi-disciplinary or multiprofession\$ or multi-profession\$ or integrated or network\$) adj3 (team? or staff\$ or task force? or approach\$ or program\$ or system? or panel? or forum? or care or manag\$ or service?)).ab,ti.
69	mdt?.ab,ti.
70	network meeting?.ti,ab.
71	or/63-70
72	*INTERDISCIPLINARY COMMUNICATION/
73	((interdisciplinary or inter-disciplinary or interprofession\$ or inter-profession\$) adj3 (communic\$ or collaborat\$ or relation\$)).ab,ti.
74	((multidisciplinary or multi-disciplinary or multiprofession\$ or multi-profession\$) adj3 (communic\$ or collaborat\$ or relation\$)).ab,ti.
75	((transdisciplinary or trans-disciplinary or transprofession\$ or trans-profession\$) adj3 (communic\$ or collaborat\$ or relation\$)).ab,ti.
76	((co-ordinat\$ or coordinat\$ or network\$) adj3 (care or service? or practice?)).ab,ti.
77	or/72-76
78	((midwi\$ or health visitor? or dietician? or nurse? or infant feed\$) adj3 (team\$ or service? or staff\$)).ti,ab.
79	(community adj3 (team? or approach\$ or program\$ or care or service?)).ti,ab.
80	(special\$ adj1 (team? or approach\$ or program\$ or care or manag\$ or service? or package?)).ti,ab.
81	((mobile or roaming) adj1 (team? or service?)).ti,ab.
82	or/78-81
83	INTEGRATED HEALTH CARE SYSTEM/
84	((primary or community) adj5 (setting or clinic? or service? or care or healthcare or team?)).ti,ab.
85	((tertiary or secondary) adj5 (setting or clinic? or cent\$ or service? or care or healthcare or team?)).ti,ab.
86	or/83-85
87	71 or 77 or 82 or 86
88	62 and 87
89	limit 88 to english language
90	letter.pt. or LETTER/
91	note.pt.
92	editorial.pt.
93	CASE REPORT/ or CASE STUDY/
94	(letter or comment*).ti.
95	or/90-94
96	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
97	95 not 96
98	ANIMAL/ not HUMAN/
99	NONHUMAN/
100	exp ANIMAL EXPERIMENT/
101	exp EXPERIMENTAL ANIMAL/
102	ANIMAL MODEL/
103	exp RODENT/
104	(rat or rats or mouse or mice).ti.
105	or/97-104

#	Searches
106	89 not 105
107	22 and 106

## E.14 Information and support

### E.14.1 Medline and Medline In-Process & Other Non-Indexed Citations

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
5	exp PEDIATRICS/
6	p?ediatric\$.ti,ab.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thriv\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
41	or/37-40
42	13 or 24 or 36 or 41
43	NURSES, COMMUNITY HEALTH/
44	((communit\$ or home or visit\$) adj2 nurs\$).ti,ab.
45	health visit\$.ti,ab.
46	CHILD CARE/
47	CHILD DAY CARE CENTERS/
48	NURSERIES/
49	(daycare? or day care? or childcare or child care? or child\$ center? or child\$ centre? or childminder? or child minder?



#	Searches
	or babysit\$ or nursery or nurseries or kindergar#en?).ti,ab.
50	((attend\$ or place\$ or care?) adj3 (preschool? or pre school?)).ti,ab.
51	(exp COUNSELING/ or DECISION SUPPORT TECHNIQUES/ or SOCIAL SUPPORT/ or COMMUNITY NETWORKS/) and (patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?).ti.
52	(exp COUNSELING/ or DECISION SUPPORT TECHNIQUES/ or SOCIAL SUPPORT/ or COMMUNITY NETWORKS/) and (patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?).ab. /freq=2
53	((famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (support\$ or counsel\$ or advi?e\$ or advis\$)).ti,ab.
54	or/43-53
55	HEALTH EDUCATION/
56	exp CONSUMER HEALTH INFORMATION/
57	PATIENT EDUCATION AS TOPIC/
58	patient education handout.pt.
59	guideline.pt.
60	((verbal\$ or written or group? or individual\$) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruction\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ti,ab.
61	((information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruction\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$) adj3 (pamphlet\$ or leaflet\$ or booklet\$ or manual\$ or brochure\$ or publication\$ or handout\$ or website\$ or web site\$ or web page\$ or webpage\$ or video\$ or dvd\$ or online or internet or app? or application?)).ti,ab.
62	(PUBLICATIONS/ or PAMPHLETS/ or POSTERS AS TOPIC/) and (patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?).ti,ab.
63	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (pamphlet\$ or leaflet\$ or booklet\$ or manual\$ or brochure\$ or publication\$ or handout\$ or website\$ or web site\$ or web page\$ or webpage\$ or video\$ or dvd\$ or online or internet or app? or application?)).ti,ab.
64	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruct\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ti.
65	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruct\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ab. /freq=3
66	((information\$ or educat\$) adj3 (model\$ or program\$ or need\$ or requirement\$ or support\$ or seek\$ or access\$ or disseminat\$)).ti,ab.
67	((volunt\$ or peer? or group\$) adj3 support\$).ti,ab.
68	((online or on-line) adj3 forum?).ti,ab.
69	INTERNET/
70	SELF-HELP GROUPS/
71	group meeting?.ti,ab.
72	or/55-71
73	54 or 72
74	42 and 73
75	limit 74 to english language
76	LETTER/
77	EDITORIAL/
78	NEWS/
79	exp HISTORICAL ARTICLE/
80	ANECDOTES AS TOPIC/
81	COMMENT/
82	CASE REPORT/
83	(letter or comment*).ti.
84	or/76-83
85	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
86	84 not 85
87	ANIMALS/ not HUMANS/
88	exp ANIMALS, LABORATORY/
89	exp ANIMAL EXPERIMENTATION/
90	exp MODELS, ANIMAL/
91	exp RODENTIA/
92	(rat or rats or mouse or mice).ti.
93	or/86-92
94	75 not 93
95	INTERVIEW\$.tw.
96	PX.fs.
97	exp HEALTH SERVICES ADMINISTRATION/
98	or/95-97
99	94 and 98

## E.14.2 Cochrane Central Register of Controlled Trials (CCTR)

#	Searches
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#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab,kw.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab,kw.
5	exp PEDIATRICS/
6	p?ediatric\$.ti,ab,kw.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thriv\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or poor nutrition\$ or undernourish\$ or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorex\$ or stunting or stunted)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
41	or/37-40
42	13 or 24 or 36 or 41
43	NURSES, COMMUNITY HEALTH/
44	((communit\$ or home or visit\$) adj2 nurs\$).ti,ab.
45	health visit\$.ti,ab,kw.
46	CHILD CARE/
47	CHILD DAY CARE CENTERS/
48	NURSERIES/
49	(daycare? or day care? or childcare or child care? or child\$ center? or child\$ centre? or childminder? or child minder? or babysit\$ or nursery or nurseries or kindergar#en?).ti,ab,kw.
50	((attend\$ or place\$ or care?) adj3 (preschool? or pre school?)).ti,ab.
51	(exp COUNSELING/ or DECISION SUPPORT TECHNIQUES/ or SOCIAL SUPPORT/ or COMMUNITY NETWORKS/) and (patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?).ti.
52	(exp COUNSELING/ or DECISION SUPPORT TECHNIQUES/ or SOCIAL SUPPORT/ or COMMUNITY NETWORKS/) and (patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?).ab. /freq=2
53	((famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (support\$ or counsel\$ or advi?e\$ or advis\$)).ti,ab.
54	or/43-53
55	HEALTH EDUCATION/

#	Searches
56	exp CONSUMER HEALTH INFORMATION/
57	PATIENT EDUCATION AS TOPIC/
58	patient education handout.pt.
59	guideline.pt.
60	((verbal\$ or written or group? or individual\$) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruction\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ti,ab.
61	((information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruction\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$) adj3 (pamphlet\$ or leaflet\$ or booklet\$ or manual\$ or brochure\$ or publication\$ or handout\$ or website\$ or web site\$ or web page\$ or webpage\$ or video\$ or dvd\$ or online or internet or app? or application?)).ti,ab.
62	(PUBLICATIONS/ or PAMPHLETS/ or POSTERS AS TOPIC/) and (patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?).ti,ab.
63	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (pamphlet\$ or leaflet\$ or booklet\$ or manual\$ or brochure\$ or publication\$ or handout\$ or website\$ or web site\$ or web page\$ or webpage\$ or video\$ or dvd\$ or online or internet or app? or application?)).ti,ab.
64	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruct\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ti.
65	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruct\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ab. /freq=3
66	((information\$ or educat\$) adj3 (model\$ or program\$ or need\$ or requirement\$ or support\$ or seek\$ or access\$ or disseminat\$)).ti,ab.
67	((volunt\$ or peer? or group\$) adj3 support\$).ti,ab.
68	((online or on-line) adj3 forum?).ti,ab.
69	INTERNET/
70	SELF-HELP GROUPS/
71	group meeting?.ti,ab,kw.
72	or/55-71
73	54 or 72
74	42 and 73
75	INTERVIEW\$.tw.
76	PX.fs.
77	exp HEALTH SERVICES ADMINISTRATION/
78	or/75-77
79	74 and 78

### E.14.3 Cochrane Database of Systematic Reviews (CDSR)

#	Searches
1	CHILD, PRESCHOOL.kw.
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
3	INFANT.kw.
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
5	PEDIATRICS.kw.
6	p?ediatric\$.ti,ab.
7	or/1-6
8	FAILURE TO THRIVE.kw.
9	(fail\$ adj2 thriv\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	WEIGHT LOSS.kw.
15	BODY WEIGHT CHANGES.kw.
16	BODY WEIGHT MAINTENANCE.kw.
17	IDEAL BODY WEIGHT.kw.
18	WASTING SYNDROME.kw.
19	THINNESS.kw.
20	EMACIATION.kw.
21	ANOREXIA.kw.
22	or/14-21
23	7 and 22
24	CHILD NUTRITION DISORDERS.kw.
25	INFANT NUTRITION DISORDERS.kw.
26	"FEEDING AND EATING DISORDERS OF CHILDHOOD".kw.
27	((CHILD, PRESCHOOL or INFANT) and MALNUTRITION).kw.
28	((CHILD, PRESCHOOL or INFANT) and GROWTH DISORDERS).kw.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.

#	Searches
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
35	or/24-34
36	(INFANT and (HYPERNATREMIA or DEHYDRATION)).kw.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
40	or/36-39
41	13 or 23 or 35 or 40
42	NURSES, COMMUNITY HEALTH.kw.
43	((communit\$ or home or visit\$) adj2 nurs\$).ti,ab.
44	health visit\$.ti,ab.
45	CHILD CARE.kw.
46	CHILD DAY CARE CENTERS.kw.
47	NURSERIES.kw.
48	(daycare? or day care? or childcare or child care? or child\$ center? or child\$ centre? or childminder? or child minder? or babysit\$ or nursery or nurseries or kindergar#en?).ti,ab.
49	((attend\$ or place\$ or care?) adj3 (preschool? or pre school?)).ti,ab.
50	(COUNSELING or DECISION SUPPORT TECHNIQUES or SOCIAL SUPPORT or COMMUNITY NETWORKS).kw. and (patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?).ti,ab.
51	((famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (support\$ or counsel\$ or advi?e\$ or advis\$)).ti,ab.
52	or/42-51
53	HEALTH EDUCATION.kw.
54	CONSUMER HEALTH INFORMATION.kw.
55	PATIENT EDUCATION AS TOPIC.kw.
56	((verbal\$ or written or group? or individual\$) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruction\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ti,ab.
57	((information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruction\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$) adj3 (pamphlet\$ or leaflet\$ or booklet\$ or manual\$ or brochure\$ or publication\$ or handout\$ or website\$ or web site\$ or web page\$ or webpage\$ or video\$ or dvd\$ or online or internet or app? or application?)).ti,ab.
58	(PUBLICATIONS or PAMPHLETS or POSTERS).kw. and (patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?).ti,ab.
59	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (pamphlet\$ or leaflet\$ or booklet\$ or manual\$ or brochure\$ or publication\$ or handout\$ or website\$ or web site\$ or web page\$ or webpage\$ or video\$ or dvd\$ or online or internet or app? or application?)).ti,ab.
60	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruct\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ti.
61	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruct\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ab. /freq=3
62	((information\$ or educat\$) adj3 (model\$ or program\$ or need\$ or requirement\$ or support\$ or seek\$ or access\$ or disseminat\$)).ti,ab.
63	((volunt\$ or peer? or group\$) adj3 support\$).ti,ab.
64	((online or on-line) adj3 forum?).ti,ab.
65	INTERNET.kw.
66	SELF-HELP GROUPS.kw.
67	group meeting?.ti,ab.
68	or/53-67
69	52 or 68
70	41 and 69

## E.14.4 Database of Abstracts of Reviews of Effects (DARE)

#	Searches
1	CHILD, PRESCHOOL.kw.
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).tw,tx.
3	INFANT.kw.
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw,tx.
5	PEDIATRICS.kw.
6	p?ediatric\$.tw,tx.
7	or/1-6
8	FAILURE TO THRIVE.kw.
9	(fail\$ adj2 thrive\$).tw,tx.
10	FTT.tw,tx.
11	(falter\$ adj3 (weight or grow\$)).tw,tx.
12	or/8-11
13	7 and 12
14	WEIGHT LOSS.kw.
15	BODY WEIGHT CHANGES.kw.
16	BODY WEIGHT MAINTENANCE.kw.
17	IDEAL BODY WEIGHT.kw.
18	WASTING SYNDROME.kw.
19	THINNESS.kw.
20	EMACIATION.kw.
21	ANOREXIA.kw.
22	or/14-21
23	7 and 22
24	CHILD NUTRITION DISORDERS.kw.
25	INFANT NUTRITION DISORDERS.kw.
26	"FEEDING AND EATING DISORDERS OF CHILDHOOD".kw.
27	((CHILD, PRESCHOOL or INFANT) and MALNUTRITION).kw.
28	((CHILD, PRESCHOOL or INFANT) and GROWTH DISORDERS).kw.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).tw,tx.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).tw,tx.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw,tx.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).tw,tx.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).tw,tx.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).tw,tx.
35	or/24-34
36	(INFANT and (HYPERNATREMIA or DEHYDRATION)).kw.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).tw,tx.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw,tx.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw,tx.
40	or/36-39
41	13 or 23 or 35 or 40
42	NURSES, COMMUNITY HEALTH.kw.
43	((communit\$ or home or visit\$) adj2 nurs\$).ti,tw.
44	health visit\$.ti,ab.
45	CHILD CARE.kw.
46	CHILD DAY CARE CENTERS.kw.
47	NURSERIES.kw.
48	(daycare? or day care? or childcare or child care? or child\$ center? or child\$ centre? or childminder? or child minder? or babysit\$ or nursery or nurseries or kindergar#en?).ti,tw.
49	((attend\$ or place\$ or care?) adj3 (preschool? or pre school?)).ti,tw.
50	(COUNSELING or DECISION SUPPORT TECHNIQUES or SOCIAL SUPPORT or COMMUNITY NETWORKS).kw. and (patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?).ti,tw.
51	((famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (support\$ or counsel\$ or advi?e\$ or advis\$)).ti,tw.
52	or/42-51
53	HEALTH EDUCATION.kw.
54	CONSUMER HEALTH INFORMATION.kw.

#	Searches
55	PATIENT EDUCATION AS TOPIC.kw.
56	((verbal\$ or written or group? or individual\$) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruction\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ti,tw.
57	((information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruction\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$) adj3 (pamphlet\$ or booklet\$ or manual\$ or brochure\$ or publication\$ or handout\$ or website\$ or web site\$ or web page\$ or webpage\$ or video\$ or dvd\$ or online or internet or app? or application?)).ti,tw.
58	(PUBLICATIONS or PAMPHLETS or POSTERS).kw. and (patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?).ti,tw.
59	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (pamphlet\$ or leaflet\$ or booklet\$ or manual\$ or brochure\$ or publication\$ or handout\$ or website\$ or web site\$ or web page\$ or webpage\$ or video\$ or dvd\$ or online or internet or app? or application?)).ti,tw.
60	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruct\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ti,tw.
61	((information\$ or educat\$) adj3 (model\$ or program\$ or need\$ or requirement\$ or support\$ or seek\$ or access\$ or disseminat\$)).ti,tw.
62	((volunt\$ or peer? or group\$) adj3 support\$).ti,tw.
63	((online or on-line) adj3 forum?).ti,tw.
64	INTERNET.kw.
65	SELF-HELP GROUPS.kw.
66	group meeting?.ti,tw.
67	or/53-66
68	52 or 67
69	41 and 68

### E.14.5 Health Technology Assessment (HTA)

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).tw.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw.
5	exp PEDIATRICS/
6	p?ediatric\$.tw.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thrive\$).tw.
10	FTT.tw.
11	(falter\$ adj3 (weight or grow\$)).tw.
12	or/8-11
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).tw.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).tw.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).tw.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder\$ or deficien\$ or poor\$ or fail\$))).tw.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or

#	Searches
	premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$)).tw.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).tw.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).tw.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).tw.
41	or/37-40
42	13 or 24 or 36 or 41
43	NURSES, COMMUNITY HEALTH/
44	((communit\$ or home or visit\$) adj2 nurs\$).tw.
45	health visit\$.tw.
46	CHILD CARE/
47	CHILD DAY CARE CENTERS/
48	NURSERIES/
49	(daycare? or day care? or childcare or child care? or child\$ center? or child\$ centre? or childminder? or child minder? or babysit\$ or nursery or nurseries or kindergar#en?).tw.
50	((attend\$ or place\$ or care?) adj3 (preschool? or pre school?)).tw.
51	(exp COUNSELING/ or DECISION SUPPORT TECHNIQUES/ or SOCIAL SUPPORT/ or COMMUNITY NETWORKS/) and (patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?).tw.
52	((famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (support\$ or counsel\$ or advi?e\$ or advis\$)).tw.
53	or/43-52
54	HEALTH EDUCATION/
55	exp CONSUMER HEALTH INFORMATION/
56	PATIENT EDUCATION AS TOPIC/
57	((verbal\$ or written or group? or individual\$) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruction\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).tw.
58	((information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruction\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$) adj3 (pamphlet\$ or leaflet\$ or booklet\$ or manual\$ or brochure\$ or publication\$ or handout\$ or website\$ or web site\$ or web page\$ or webpage\$ or video\$ or dvd\$ or online or internet or app? or application?)).tw.
59	(PUBLICATIONS/ or PAMPHLETS/ or POSTERS AS TOPIC/) and (patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?).tw.
60	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (pamphlet\$ or leaflet\$ or booklet\$ or manual\$ or brochure\$ or publication\$ or handout\$ or website\$ or web site\$ or web page\$ or webpage\$ or video\$ or dvd\$ or online or internet or app? or application?)).tw.
61	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruct\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).tw.
62	((information\$ or educat\$) adj3 (model\$ or program\$ or need\$ or requirement\$ or support\$ or seek\$ or access\$ or disseminat\$)).tw.
63	((volunt\$ or peer? or group\$) adj3 support\$).tw.
64	((online or on-line) adj3 forum?).tw.
65	INTERNET/
66	SELF-HELP GROUPS/
67	group meeting?.tw.
68	or/54-67
69	53 or 68
70	42 and 69

### E.14.6 Embase

#	Searches
1	PRESCHOOL CHILD/ or TODDLER/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
5	exp PEDIATRICS/
6	p?ediatric\$.ti,ab.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thriv\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12



#	Searches
14	*WEIGHT REDUCTION/
15	WEIGHT CHANGE/
16	WEIGHT FLUCTUATION/
17	WEIGHT VARIATION/
18	WASTING SYNDROME/
19	EMACIATION/
20	*ANOREXIA/
21	or/14-20
22	7 and 21
23	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *NUTRITIONAL DISORDER/
24	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *EATING DISORDER/
25	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *MALNUTRITION/
26	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *GROWTH DISORDER/
27	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).ti,ab.
28	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
33	or/23-32
34	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
35	NEONATAL WEIGHT LOSS/
36	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
39	or/34-38
40	13 or 22 or 33 or 39
41	*NURSE/
42	((communit\$ or home or visit\$) adj2 nurs\$).ti,ab.
43	health visit\$.ti,ab.
44	*CHILD CARE/
45	DAY CARE/
46	NURSERY/
47	(daycare? or day care? or childcare or child care? or child\$ center? or child\$ centre? or childminder? or child minder? or babysit\$ or nursery or nurseries or kindergar#en?).ti,ab.
48	((attend\$ or place\$ or care?) adj3 (preschool? or pre school?)).ti,ab.
49	(COUNSELING/ or DECISION SUPPORT SYSTEM/ or SOCIAL SUPPORT/ or COMMUNITY CARE/) and (patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?).ti.
50	(COUNSELING/ or DECISION SUPPORT SYSTEM/ or SOCIAL SUPPORT/ or COMMUNITY CARE/) and (patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?).ab. /freq=2
51	((famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (support\$ or counsel\$ or advi?e\$ or advi\$)).ti,ab.
52	or/41-51
53	*HEALTH EDUCATION/ or PARENTING EDUCATION/
54	CONSUMER HEALTH INFORMATION/
55	PATIENT EDUCATION/
56	((verbal\$ or written or group? or individual\$) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advi\$ or instruction\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ti,ab.
57	((information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advi\$ or instruction\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$) adj3 (pamphlet\$ or leaflet\$ or booklet\$ or manual\$ or brochure\$ or publication\$ or handout\$ or website\$ or web site\$ or web page\$ or webpage\$ or video\$ or dvd\$ or online or internet or app? or application?)).ti,ab.
58	PUBLICATION/ and (patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?).ti,ab.
59	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (pamphlet\$ or leaflet\$ or booklet\$ or manual\$ or brochure\$ or publication\$ or handout\$ or website\$ or web site\$ or web page\$ or webpage\$ or video\$ or dvd\$ or online or internet or app? or application?)).ti,ab.
60	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advi\$ or instruct\$ or teach\$ or knowledge or understanding or



#	Searches
	misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ti.
61	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruct\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ab. /freq=3
62	((information\$ or educat\$) adj3 (model\$ or program\$ or need\$ or requirement\$ or support\$ or seek\$ or access\$ or disseminat\$)).ti,ab.
63	((volunt\$ or peer? or group\$) adj3 support\$).ti,ab.
64	((online or on-line) adj3 forum?).ti,ab.
65	INTERNET/
66	SELF HELP/
67	group meeting?.ti,ab.
68	or/53-67
69	52 or 68
70	40 and 69
71	limit 70 to english language
72	letter.pt. or LETTER/
73	note.pt.
74	editorial.pt.
75	CASE REPORT/ or CASE STUDY/
76	(letter or comment*).ti.
77	or/72-76
78	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
79	77 not 78
80	ANIMAL/ not HUMAN/
81	NONHUMAN/
82	exp ANIMAL EXPERIMENT/
83	exp EXPERIMENTAL ANIMAL/
84	ANIMAL MODEL/
85	exp RODENT/
86	(rat or rats or mouse or mice).ti.
87	or/79-86
88	71 not 87
89	(interview\$ or qualitative).tw.
90	exp HEALTH CARE ORGANIZATION/
91	or/89-90
92	88 and 91

## E.14.7 PsyclInfo

#	Searches
1	("120" or "140" or "160").ag.
2	PRESCHOOL STUDENTS/
3	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab,hw,id,jw.
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab,hw,id,jw.
5	exp PEDIATRICS/
6	p?ediatric\$.ti,ab,hw,id,jw.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thriv\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	WEIGHT LOSS/
15	UNDERWEIGHT/
16	CACHEXIA/
17	ANOREXIA NERVOSA/
18	or/14-17
19	7 and 18
20	EATING DISORDER/
21	FEEDING DISORDER/
22	NUTRITIONAL DEFICIENCIES/
23	or/20-22
24	7 and 23
25	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
26	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
27	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or

#	Searches
	premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
28	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
31	or/25-30
32	("120" or "140").ag.
33	exp DEHYDRATION/
34	32 and 33
35	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
36	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
38	or/35-37
39	13 or 19 or 24 or 31 or 34 or 38
40	*NURSES/
41	((communit\$ or home or visit\$) adj2 nurs\$).ti,ab.
42	health visit\$.ti,ab.
43	HOME VISITING PROGRAMS/
44	*CHILD CARE/
45	DAY CARE CENTERS/
46	CHILD DAY CARE/
47	NURSERY SCHOOLS/
48	(daycare? or day care? or childcare or child care? or child\$ center? or child\$ centre? or childminder? or child minder? or babysit\$ or nursery or nurseries or kindergar#en?).ti,ab.
49	((attend\$ or place\$ or care?) adj3 (preschool? or pre school?)).ti,ab.
50	(COUNSELING/ or DECISION SUPPORT SYSTEMS/ or SOCIAL SUPPORT/ or SOCIAL NETWORKS/ or COMMUNITY SERVICES/) and (patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?).ti.
51	(COUNSELING/ or DECISION SUPPORT SYSTEMS/ or SOCIAL SUPPORT/ or SOCIAL NETWORKS/ or COMMUNITY SERVICES/) and (patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?).ab. /freq=2
52	((famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (support\$ or counsel\$ or advi?e\$ or advis\$)).ti,ab.
53	or/40-52
54	HEALTH EDUCATION/
55	CLIENT EDUCATION/
56	VERBAL COMMUNICATION/ and (patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?).ti,ab.
57	((verbal\$ or written or group? or individual\$) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruction\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ti,ab.
58	((information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruction\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$) adj3 (pamphlet\$ or leaflet\$ or booklet\$ or manual\$ or brochure\$ or publication\$ or handout\$ or website\$ or web site\$ or web page\$ or webpage\$ or video\$ or dvd\$ or online or internet or app? or application?)).ti,ab.
59	WRITTEN COMMUNICATION/ and (patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?).ti,ab.
60	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (pamphlet\$ or leaflet\$ or booklet\$ or manual\$ or brochure\$ or publication\$ or handout\$ or website\$ or web site\$ or web page\$ or webpage\$ or video\$ or dvd\$ or online or internet or app? or application?)).ti,ab.
61	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruct\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ti.
62	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruct\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ab. /freq=3
63	((information\$ or educat\$) adj3 (model\$ or program\$ or need\$ or requirement\$ or support\$ or seek\$ or access\$ or disseminat\$)).ti,ab.
64	((volunt\$ or peer? or group\$) adj3 support\$).ti,ab.
65	((online or on-line) adj3 forum?).ti,ab.
66	ONLINE COMMUNITY/ or ONLINE SOCIAL NETWORKS/
67	SUPPORT GROUPS/
68	group meeting?.ti,ab.
69	or/54-68
70	53 or 69

#	Searches
71	39 and 70
72	limit 71 to english language
73	experience\$.mp.
74	interview\$.tw.
75	qualitative\$.tw.
76	or/73-75
77	72 and 76

### E.14.8 Medline and Medline In-Process & Other Non-Indexed Citations

#	Searches
1	META-ANALYSIS/
2	META-ANALYSIS AS TOPIC/
3	(meta analy* or metanaly* or metaanaly*).ti,ab.
4	((systematic* or evidence*) adj2 (review* or overview*)).ti,ab.
5	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.
6	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
7	(search* adj4 literature).ab.
8	(medline or pubmed or cochrane or embase or psychlit or psyclit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab.
9	cochrane.jw.
10	or/1-9
11	randomized controlled trial.pt.
12	controlled clinical trial.pt.
13	pragmatic clinical trial.pt.
14	randomi#ed.ab.
15	placebo.ab.
16	randomly.ab.
17	CLINICAL TRIALS AS TOPIC/
18	trial.ti.
19	or/11-18
20	or/10,19
21	CHILD, PRESCHOOL/
22	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
23	exp INFANT/
24	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
25	exp PEDIATRICS/
26	p?ediatric\$.ti,ab.
27	or/21-26
28	FAILURE TO THRIVE/
29	(fail\$ adj2 thriv\$).ti,ab.
30	FTT.ti,ab.
31	(falter\$ adj3 (weight or grow\$)).ti,ab.
32	or/28-31
33	27 and 32
34	*WEIGHT LOSS/
35	WEIGHT LOSS/ph [Physiology]
36	BODY WEIGHT CHANGES/
37	BODY WEIGHT MAINTENANCE/
38	IDEAL BODY WEIGHT/
39	WASTING SYNDROME/
40	*THINNESS/
41	EMACIATION/
42	ANOREXIA/
43	or/34-42
44	27 and 43
45	*CHILD NUTRITION DISORDERS/
46	*INFANT NUTRITION DISORDERS/
47	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
48	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
49	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
50	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
51	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciates\$ or anorexi\$ or stunting or stunted)).ti,ab.
52	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
53	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.

#	Searches
54	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$)).ti,ab.
55	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$)).ti,ab.
56	or/45-55
57	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
58	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$).ti,ab.
59	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
60	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
61	or/57-60
62	33 or 44 or 56 or 61
63	HEALTH EDUCATION/
64	exp CONSUMER HEALTH INFORMATION/
65	PATIENT EDUCATION AS TOPIC/
66	patient education handout.pt.
67	guideline.pt.
68	((verbal\$ or written or group? or individual\$) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruction\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ti,ab.
69	((information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruction\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$) adj3 (pamphlet\$ or leaflet\$ or booklet\$ or manual\$ or brochure\$ or publication\$ or handout\$ or website\$ or web site\$ or web page\$ or webpage\$ or video\$ or dvd\$ or online or internet or app? or application?)).ti,ab.
70	(PUBLICATIONS/ or PAMPHLETS/ or POSTERS AS TOPIC/) and (patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?).ti,ab.
71	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (pamphlet\$ or leaflet\$ or booklet\$ or manual\$ or brochure\$ or publication\$ or handout\$ or website\$ or web site\$ or web page\$ or webpage\$ or video\$ or dvd\$ or online or internet or app? or application?)).ti,ab.
72	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruct\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ti.
73	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruct\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ab. /freq=3
74	((information\$ or educat\$) adj3 (model\$ or program\$ or need\$ or requirement\$ or support\$ or seek\$ or access\$ or disseminat\$)).ti,ab.
75	((volunt\$ or peer? or group\$) adj3 support\$).ti,ab.
76	((online or on-line) adj3 forum?).ti,ab.
77	INTERNET/
78	SELF-HELP GROUPS/
79	group meeting?.ti,ab.
80	or/63-79
81	62 and 80
82	limit 81 to english language
83	LETTER/
84	EDITORIAL/
85	NEWS/
86	exp HISTORICAL ARTICLE/
87	ANECDOTES AS TOPIC/
88	COMMENT/
89	CASE REPORT/
90	(letter or comment*).ti.
91	or/83-90
92	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
93	91 not 92
94	ANIMALS/ not HUMANS/
95	exp ANIMALS, LABORATORY/
96	exp ANIMAL EXPERIMENTATION/
97	exp MODELS, ANIMAL/
98	exp RODENTIA/
99	(rat or rats or mouse or mice).ti.
100	or/93-99
101	82 not 100
102	20 and 101

## E.14.9 Cochrane Central Register of Controlled Trials (CCTR)

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab,kw.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab,kw.
5	exp PEDIATRICS/
6	p?ediatric\$.ti,ab,kw.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thrive\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or poor nutrition\$ or undernourish\$ or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$)).ti,ab.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
41	or/37-40
42	13 or 24 or 36 or 41
43	HEALTH EDUCATION/
44	exp CONSUMER HEALTH INFORMATION/
45	PATIENT EDUCATION AS TOPIC/
46	patient education handout.pt.
47	guideline.pt.
48	((verbal\$ or written or group? or individual\$) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruction\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ti,ab.
49	((information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruction\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$) adj3 (pamphlet\$ or leaflet\$ or booklet\$ or manual\$ or brochure\$ or publication\$ or handout\$ or website\$ or web site\$ or web page\$ or webpage\$ or video\$ or dvd\$ or online or internet or app? or application?)).ti,ab.
50	(PUBLICATIONS/ or PAMPHLETS/ or POSTERS AS TOPIC/) and (patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?).ti,ab.
51	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (pamphlet\$ or leaflet\$ or booklet\$ or manual\$ or brochure\$ or publication\$ or handout\$ or website\$ or web site\$ or web page\$ or webpage\$ or

#	Searches
	video\$ or dvd\$ or online or internet or app? or application?).ti,ab.
52	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruct\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ti.
53	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruct\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ab. /freq=3
54	((information\$ or educat\$) adj3 (model\$ or program\$ or need\$ or requirement\$ or support\$ or seek\$ or access\$ or disseminat\$)).ti,ab.
55	((volunt\$ or peer? or group\$) adj3 support\$).ti,ab.
56	((online or on-line) adj3 forum?).ti,ab.
57	INTERNET/
58	SELF-HELP GROUPS/
59	group meeting?.ti,ab,kw.
60	or/43-59
61	42 and 60

### E.14.10 Cochrane Database of Systematic Reviews (CDSR)

#	Searches
1	CHILD, PRESCHOOL.kw.
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
3	INFANT.kw.
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
5	PEDIATRICS.kw.
6	p?ediatric\$.ti,ab.
7	or/1-6
8	FAILURE TO THRIVE.kw.
9	(fail\$ adj2 thrive\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	WEIGHT LOSS.kw.
15	BODY WEIGHT CHANGES.kw.
16	BODY WEIGHT MAINTENANCE.kw.
17	IDEAL BODY WEIGHT.kw.
18	WASTING SYNDROME.kw.
19	THINNESS.kw.
20	EMACIATION.kw.
21	ANOREXIA.kw.
22	or/14-21
23	7 and 22
24	CHILD NUTRITION DISORDERS.kw.
25	INFANT NUTRITION DISORDERS.kw.
26	"FEEDING AND EATING DISORDERS OF CHILDHOOD".kw.
27	((CHILD, PRESCHOOL or INFANT) and MALNUTRITION).kw.
28	((CHILD, PRESCHOOL or INFANT) and GROWTH DISORDERS).kw.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or under nourish\$ or under weight\$ or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
35	or/24-34
36	(INFANT and (HYPERNATREMIA or DEHYDRATION)).kw.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.



#	Searches
40	or/36-39
41	13 or 23 or 35 or 40
42	HEALTH EDUCATION.kw.
43	CONSUMER HEALTH INFORMATION.kw.
44	PATIENT EDUCATION AS TOPIC.kw.
45	((verbal\$ or written or group? or individual\$) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruction\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ti,ab.
46	((information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruction\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$) adj3 (pamphlet\$ or leaflet\$ or booklet\$ or manual\$ or brochure\$ or publication\$ or handout\$ or website\$ or web site\$ or web page\$ or webpage\$ or video\$ or dvd\$ or online or internet or app? or application?)).ti,ab.
47	(PUBLICATIONS or PAMPHLETS or POSTERS).kw. and (patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?).ti,ab.
48	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (pamphlet\$ or leaflet\$ or booklet\$ or manual\$ or brochure\$ or publication\$ or handout\$ or website\$ or web site\$ or web page\$ or webpage\$ or video\$ or dvd\$ or online or internet or app? or application?)).ti,ab.
49	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruct\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ti.
50	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruct\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ab. /freq=3
51	((information\$ or educat\$) adj3 (model\$ or program\$ or need\$ or requirement\$ or support\$ or seek\$ or access\$ or disseminat\$)).ti,ab.
52	((volunt\$ or peer? or group\$) adj3 support\$).ti,ab.
53	((online or on-line) adj3 forum?).ti,ab.
54	INTERNET.kw.
55	SELF-HELP GROUPS.kw.
56	group meeting?.ti,ab.
57	or/42-56
58	41 and 57

#### E.14.11 Database of Abstracts of Reviews of Effects (DARE)

#	Searches
1	CHILD, PRESCHOOL.kw.
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).tw,tx.
3	INFANT.kw.
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw,tx.
5	PEDIATRICS.kw.
6	p?ediatric\$.tw,tx.
7	or/1-6
8	FAILURE TO THRIVE.kw.
9	(fail\$ adj2 thrive\$).tw,tx.
10	FTT.tw,tx.
11	(falter\$ adj3 (weight or grow\$)).tw,tx.
12	or/8-11
13	7 and 12
14	WEIGHT LOSS.kw.
15	BODY WEIGHT CHANGES.kw.
16	BODY WEIGHT MAINTENANCE.kw.
17	IDEAL BODY WEIGHT.kw.
18	WASTING SYNDROME.kw.
19	THINNESS.kw.
20	EMACIATION.kw.
21	ANOREXIA.kw.
22	or/14-21
23	7 and 22
24	CHILD NUTRITION DISORDERS.kw.
25	INFANT NUTRITION DISORDERS.kw.
26	"FEEDING AND EATING DISORDERS OF CHILDHOOD".kw.
27	((CHILD, PRESCHOOL or INFANT) and MALNUTRITION).kw.
28	((CHILD, PRESCHOOL or INFANT) and GROWTH DISORDERS).kw.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).tw,tx.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).tw,tx.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw,tx.

#	Searches
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).tw.tx.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).tw.tx.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).tw.tx.
35	or/24-34
36	(INFANT and (HYPERNATREMIA or DEHYDRATION)).kw.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).tw.tx.
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw.tx.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).tw.tx.
40	or/36-39
41	13 or 23 or 35 or 40
42	HEALTH EDUCATION.kw.
43	CONSUMER HEALTH INFORMATION.kw.
44	PATIENT EDUCATION AS TOPIC.kw.
45	((verbal\$ or written or group? or individual\$) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruction\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ti,tw.
46	((information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruction\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$) adj3 (pamphlet\$ or leaflet\$ or booklet\$ or manual\$ or brochure\$ or publication\$ or handout\$ or website\$ or web site\$ or web page\$ or webpage\$ or video\$ or dvd\$ or online or internet or app? or application?)).ti,tw.
47	(PUBLICATIONS or PAMPHLETS or POSTERS).kw. and (patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?).ti,tw.
48	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (pamphlet\$ or leaflet\$ or booklet\$ or manual\$ or brochure\$ or publication\$ or handout\$ or website\$ or web site\$ or web page\$ or webpage\$ or video\$ or dvd\$ or online or internet or app? or application?)).ti,tw.
49	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruct\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ti,tw.
50	((information\$ or educat\$) adj3 (model\$ or program\$ or need\$ or requirement\$ or support\$ or seek\$ or access\$ or disseminat\$)).ti,tw.
51	((volunt\$ or peer? or group\$) adj3 support\$).ti,tw.
52	((online or on-line) adj3 forum?).ti,tw.
53	INTERNET.kw.
54	SELF-HELP GROUPS.kw.
55	group meeting?.ti,tw.
56	or/42-55
57	41 and 56

## E.14.12 Health Technology Assessment (HTA)

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).tw.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw.
5	exp PEDIATRICS/
6	p?ediatric\$.tw.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thriv\$).tw.
10	FTT.tw.
11	(falter\$ adj3 (weight or grow\$)).tw.
12	or/8-11
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22

#	Searches
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).tw.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).tw.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).tw.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder\$ or deficien\$ or poor\$ or fail\$)).tw.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$)).tw.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).tw.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum\$ or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).tw.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).tw.
41	or/37-40
42	13 or 24 or 36 or 41
43	HEALTH EDUCATION/
44	exp CONSUMER HEALTH INFORMATION/
45	PATIENT EDUCATION AS TOPIC/
46	((verbal\$ or written\$ or group\$ or individual\$) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruction\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).tw.
47	((information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruction\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$) adj3 (pamphlet\$ or leaflet\$ or booklet\$ or manual\$ or brochure\$ or publication\$ or handout\$ or website\$ or web site\$ or web page\$ or webpage\$ or video\$ or dvd\$ or online\$ or internet\$ or app? or application?)).tw.
48	(PUBLICATIONS/ or PAMPHLETS/ or POSTERS AS TOPIC/) and (patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?).tw.
49	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (pamphlet\$ or leaflet\$ or booklet\$ or manual\$ or brochure\$ or publication\$ or handout\$ or website\$ or web site\$ or web page\$ or webpage\$ or video\$ or dvd\$ or online\$ or internet\$ or app? or application?)).tw.
50	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruct\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).tw.
51	((information\$ or educat\$) adj3 (model\$ or program\$ or need\$ or requirement\$ or support\$ or seek\$ or access\$ or disseminat\$)).tw.
52	((volunt\$ or peer? or group\$) adj3 support\$).tw.
53	((online\$ or on-line) adj3 forum?).tw.
54	INTERNET/
55	SELF-HELP GROUPS/
56	group meeting?.tw.
57	or/43-56
58	42 and 57

### E.14.13 Embase

#	Searches
1	SYSTEMATIC REVIEW/
2	META-ANALYSIS/
3	(meta analy* or metanaly* or metaanaly*).ti,ab.
4	((systematic or evidence) adj2 (review* or overview*)).ti,ab.
5	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.
6	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
7	(search* adj4 literature).ab.
8	(medline or pubmed or cochrane or embase or psychlit or psyclit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab.

#	Searches
9	((pool* or combined) adj2 (data or trials or studies or results)).ab.
10	cochrane.jw.
11	or/1-10
12	random*.ti,ab.
13	factorial*.ti,ab.
14	(crossover* or cross over*).ti,ab.
15	((doubl* or singl*) adj blind*).ti,ab.
16	(assign* or allocat* or volunteer* or placebo*).ti,ab.
17	CROSSOVER PROCEDURE/
18	SINGLE BLIND PROCEDURE/
19	RANDOMIZED CONTROLLED TRIAL/
20	DOUBLE BLIND PROCEDURE/
21	or/12-20
22	or/11,21
23	PRESCHOOL CHILD/ or TODDLER/
24	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
25	exp INFANT/
26	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
27	exp PEDIATRICS/
28	p?ediatric\$.ti,ab.
29	or/23-28
30	FAILURE TO THRIVE/
31	(fail\$ adj2 thrive\$).ti,ab.
32	FTT.ti,ab.
33	(falter\$ adj3 (weight or grow\$)).ti,ab.
34	or/30-33
35	29 and 34
36	*WEIGHT REDUCTION/
37	WEIGHT CHANGE/
38	WEIGHT FLUCTUATION/
39	WEIGHT VARIATION/
40	WASTING SYNDROME/
41	EMACIATION/
42	*ANOREXIA/
43	or/36-42
44	29 and 43
45	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *NUTRITIONAL DISORDER/
46	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *EATING DISORDER/
47	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *MALNUTRITION/
48	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *GROWTH DISORDER/
49	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).ti,ab.
50	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
51	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
52	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
53	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder\$ or deficien\$ or poor\$ or fail\$))).ti,ab.
54	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
55	or/45-54
56	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
57	NEONATAL WEIGHT LOSS/
58	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
59	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum\$ or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
60	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
61	or/56-60
62	35 or 44 or 55 or 61
63	*HEALTH EDUCATION/ or PARENTING EDUCATION/
64	CONSUMER HEALTH INFORMATION/
65	PATIENT EDUCATION/
66	((verbal\$ or written or group? or individual\$) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or

#	Searches
	advis\$ or instruct\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$).ti,ab.
67	((information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruct\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$) adj3 (pamphlet\$ or leaflet\$ or booklet\$ or manual\$ or brochure\$ or publication\$ or handout\$ or website\$ or web site\$ or web page\$ or webpage\$ or video\$ or dvd\$ or online or internet or app? or application?)).ti,ab.
68	PUBLICATION/ and (patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?).ti,ab.
69	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (pamphlet\$ or booklet\$ or manual\$ or brochure\$ or publication\$ or handout\$ or website\$ or web site\$ or web page\$ or webpage\$ or video\$ or dvd\$ or online or internet or app? or application?)).ti,ab.
70	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruct\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ti.
71	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruct\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ab. /freq=3
72	((information\$ or educat\$) adj3 (model\$ or program\$ or need\$ or requirement\$ or support\$ or seek\$ or access\$ or disseminat\$)).ti,ab.
73	((volunt\$ or peer? or group\$) adj3 support\$).ti,ab.
74	((online or on-line) adj3 forum?).ti,ab.
75	INTERNET/
76	SELF HELP/
77	group meeting?.ti,ab.
78	or/63-77
79	62 and 78
80	limit 79 to english language
81	letter.pt. or LETTER/
82	note.pt.
83	editorial.pt.
84	CASE REPORT/ or CASE STUDY/
85	(letter or comment*).ti.
86	or/81-85
87	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
88	86 not 87
89	ANIMAL/ not HUMAN/
90	NONHUMAN/
91	exp ANIMAL EXPERIMENT/
92	exp EXPERIMENTAL ANIMAL/
93	ANIMAL MODEL/
94	exp RODENT/
95	(rat or rats or mouse or mice).ti.
96	or/88-95
97	80 not 96
98	22 and 97

#### E.14.14 PsycInfo

#	Searches
1	("120" or "140" or "160").ag.
2	PRESCHOOL STUDENTS/
3	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab,hw,id,jw.
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab,hw,id,jw.
5	exp PEDIATRICS/
6	p?ediatric\$.ti,ab,hw,id,jw.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thriv\$).ti,ab.
10	FTT.ti,ab.
11	(falter\$ adj3 (weight or grow\$)).ti,ab.
12	or/8-11
13	7 and 12
14	WEIGHT LOSS/
15	UNDERWEIGHT/
16	CACHEXIA/
17	ANOREXIA NERVOSA/
18	or/14-17
19	7 and 18
20	EATING DISORDER/
21	FEEDING DISORDER/
22	NUTRITIONAL DEFICIENCIES/
23	or/20-22

#	Searches
24	7 and 23
25	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).ti,ab.
26	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
27	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
28	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder\$ or deficien\$ or poor\$ or fail\$))).ti,ab.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
31	or/25-30
32	("120" or "140").ag.
33	exp DEHYDRATION/
34	32 and 33
35	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
36	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
37	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$))).ti,ab.
38	or/35-37
39	13 or 19 or 24 or 31 or 34 or 38
40	HEALTH EDUCATION/
41	CLIENT EDUCATION/
42	VERBAL COMMUNICATION/ and (patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?).ti,ab.
43	((verbal\$ or written or group? or individual\$) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruction\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ti,ab.
44	((information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruction\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$) adj3 (pamphlet\$ or leaflet\$ or booklet\$ or manual\$ or brochure\$ or publication\$ or handout\$ or website\$ or web site\$ or web page\$ or webpage\$ or video\$ or dvd\$ or online or internet or app? or application?)).ti,ab.
45	WRITTEN COMMUNICATION/ and (patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?).ti,ab.
46	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (pamphlet\$ or leaflet\$ or booklet\$ or manual\$ or brochure\$ or publication\$ or handout\$ or website\$ or web site\$ or web page\$ or webpage\$ or video\$ or dvd\$ or online or internet or app? or application?)).ti,ab.
47	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruct\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ti.
48	((patient\$ or famil\$ or parent? or parental or father\$ or mother\$ or caregiver\$ or carer?) adj3 (information\$ or educat\$ or learn\$ or train\$ or program\$ or advi?e\$ or advis\$ or instruct\$ or teach\$ or knowledge or understanding or misunderstanding or communicat\$ or involvement or support\$ or counsel\$)).ab. /freq=3
49	((information\$ or educat\$) adj3 (model\$ or program\$ or need\$ or requirement\$ or support\$ or seek\$ or access\$ or disseminat\$)).ti,ab.
50	((volunt\$ or peer? or group\$) adj3 support\$).ti,ab.
51	((online or on-line) adj3 forum?).ti,ab.
52	ONLINE COMMUNITY/ or ONLINE SOCIAL NETWORKS/
53	SUPPORT GROUPS/
54	group meeting?.ti,ab.
55	or/40-54
56	39 and 55
57	limit 56 to english language
58	control:.tw.
59	effectiveness.tw.
60	risk:.tw.
61	or/58-60
62	double-blind.tw.
63	random: assigned.tw.
64	control.tw.
65	or/62-64
66	57 and 61
67	57 and 65
68	or/66-67



## E.15 Health economics global search

### E.15.1 Medline and Medline In-Process & Other Non-Indexed Citations

#	Searches
1	ECONOMICS/
2	VALUE OF LIFE/
3	exp "COSTS AND COST ANALYSIS"/
4	exp ECONOMICS, HOSPITAL/
5	exp ECONOMICS, MEDICAL/
6	exp RESOURCE ALLOCATION/
7	ECONOMICS, NURSING/
8	ECONOMICS, PHARMACEUTICAL/
9	exp "FEES AND CHARGES"/
10	exp BUDGETS/
11	budget*.ti,ab.
12	cost*.ti,ab.
13	(economic* or pharmaco?economic*).ti,ab.
14	(price* or pricing*).ti,ab.
15	(financ* or fee or fees or expenditure* or saving*).ti,ab.
16	(value adj2 (money or monetary)).ti,ab.
17	resourc* allocat*.ti,ab.
18	(fund or funds or funding* or funded).ti,ab.
19	(ration or rations or rationing* or rationed).ti,ab.
20	ec.fs.
21	or/1-20
22	CHILD, PRESCHOOL/
23	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
24	exp INFANT/
25	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
26	exp PEDIATRICS/
27	p?ediatric\$.ti,ab.
28	or/22-27
29	FAILURE TO THRIVE/
30	(fail\$ adj2 thriv\$).ti,ab.
31	FTT.ti,ab.
32	(falter\$ adj3 (weight or grow\$)).ti,ab.
33	or/29-32
34	28 and 33
35	*WEIGHT LOSS/
36	WEIGHT LOSS/ph [Physiology]
37	BODY WEIGHT CHANGES/
38	BODY WEIGHT MAINTENANCE/
39	IDEAL BODY WEIGHT/
40	WASTING SYNDROME/
41	*THINNESS/
42	EMACIATION/
43	ANOREXIA/
44	or/35-43
45	28 and 44
46	*CHILD NUTRITION DISORDERS/
47	*INFANT NUTRITION DISORDERS/
48	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
49	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
50	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
51	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$))).ti,ab.
52	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
53	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
54	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
55	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$))).ti,ab.
56	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
57	or/46-56
58	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)

#	Searches
59	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
60	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
61	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
62	or/58-61
63	34 or 45 or 57 or 62
64	limit 63 to english language
65	LETTER/
66	EDITORIAL/
67	NEWS/
68	exp HISTORICAL ARTICLE/
69	ANECDOTES AS TOPIC/
70	COMMENT/
71	CASE REPORT/
72	(letter or comment*).ti.
73	or/65-72
74	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
75	73 not 74
76	ANIMALS/ not HUMANS/
77	exp ANIMALS, LABORATORY/
78	exp ANIMAL EXPERIMENTATION/
79	exp MODELS, ANIMAL/
80	exp RODENTIA/
81	(rat or rats or mouse or mice).ti.
82	or/75-81
83	64 not 82
84	21 and 83

### E.15.2 Cochrane Central Register of Controlled Trials (CCTR)

#	Searches
1	ECONOMICS/
2	VALUE OF LIFE/
3	exp "COSTS AND COST ANALYSIS"/
4	exp ECONOMICS, HOSPITAL/
5	exp ECONOMICS, MEDICAL/
6	exp RESOURCE ALLOCATION/
7	ECONOMICS, NURSING/
8	ECONOMICS, PHARMACEUTICAL/
9	exp "FEES AND CHARGES"/
10	exp BUDGETS/
11	budget*.ti,ab,kw.
12	cost*.ti,ab,kw.
13	(economic* or pharmaco?economic*).ti,ab,kw.
14	(price* or pricing*).ti,ab,kw.
15	(financ* or fee or fees or expenditure* or saving*).ti,ab,kw.
16	(value adj2 (money or monetary)).ti,ab,kw.
17	resourc* allocat*.ti,ab,kw.
18	(fund or funds or funding* or funded).ti,ab,kw.
19	(ration or rations or rationing* or rationed).ti,ab,kw.
20	ec.fs.
21	or/1-20
22	CHILD, PRESCHOOL/
23	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab,kw.
24	exp INFANT/
25	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab,kw.
26	exp PEDIATRICS/
27	p?ediatric\$.ti,ab,kw.
28	or/22-27
29	FAILURE TO THRIVE/
30	(fail\$ adj2 thriv\$).ti,ab.
31	FTT.ti,ab.
32	(falter\$ adj3 (weight or grow\$)).ti,ab.
33	or/29-32
34	28 and 33
35	*WEIGHT LOSS/
36	WEIGHT LOSS/ph [Physiology]

#	Searches
37	BODY WEIGHT CHANGES/
38	BODY WEIGHT MAINTENANCE/
39	IDEAL BODY WEIGHT/
40	WASTING SYNDROME/
41	*THINNESS/
42	EMACIATION/
43	ANOREXIA/
44	or/35-43
45	28 and 44
46	*CHILD NUTRITION DISORDERS/
47	*INFANT NUTRITION DISORDERS/
48	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
49	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
50	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
51	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).ti,ab.
52	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or poor nutrition\$ or undernourish\$ or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
53	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
54	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
55	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$)).ti,ab.
56	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$)).ti,ab.
57	or/46-56
58	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
59	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).ti,ab.
60	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
61	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
62	or/58-61
63	34 or 45 or 57 or 62
64	21 and 63

### E.15.3 Health Technology Assessment (HTA)

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).tw.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw.
5	exp PEDIATRICS/
6	p?ediatric\$.tw.
7	or/1-6
8	FAILURE TO THRIVE/
9	(fail\$ adj2 thriv\$).tw.
10	FTT.tw.
11	(falter\$ adj3 (weight or grow\$)).tw.
12	or/8-11
13	7 and 12
14	*WEIGHT LOSS/
15	WEIGHT LOSS/ph [Physiology]
16	BODY WEIGHT CHANGES/
17	BODY WEIGHT MAINTENANCE/
18	IDEAL BODY WEIGHT/
19	WASTING SYNDROME/
20	*THINNESS/
21	EMACIATION/
22	ANOREXIA/
23	or/14-22
24	7 and 23
25	*CHILD NUTRITION DISORDERS/
26	*INFANT NUTRITION DISORDERS/

#	Searches
27	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
28	(CHILD, PRESCHOOL/ or exp INFANT/) and *MALNUTRITION/
29	(CHILD, PRESCHOOL/ or exp INFANT/) and *GROWTH DISORDERS/
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).tw.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).tw.
32	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw.
33	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).tw.
34	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$)).tw.
35	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$)).tw.
36	or/25-35
37	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/)
38	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).tw.
39	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).tw.
40	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).tw.
41	or/37-40
42	13 or 24 or 36 or 41

#### E.15.4 NHS Economic Evaluation Database (NHSEED)

#	Searches
1	CHILD, PRESCHOOL/
2	(child\$ or preschool\$ or pre-school\$ or toddler\$).tw.
3	exp INFANT/
4	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).tw.
5	exp PEDIATRICS/
6	p?ediatric\$.tw.
7	or/1-6
8	(fail\$ adj2 thrive\$).tw.
9	FTT.tw.
10	(falter\$ adj3 (weight or grow\$)).tw.
11	or/8-10
12	7 and 11
13	WEIGHT LOSS/
14	BODY WEIGHT CHANGES/
15	WASTING SYNDROME/
16	THINNESS/
17	EMACIATION/
18	CACHEXIA/
19	ANOREXIA NERVOSA/
20	or/13-19
21	7 and 20
22	CHILD NUTRITION DISORDERS/
23	INFANT NUTRITION DISORDERS/
24	(CHILD, PRESCHOOL/ or exp INFANT/) and MALNUTRITION/
25	(CHILD, PRESCHOOL/ or exp INFANT/) and GROWTH DISORDERS/
26	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).tw.
27	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).tw.
28	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).tw.
29	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).tw.
30	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$)).tw.
31	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$)).tw.

#	Searches
32	or/22-31
33	exp INFANT/ and DEHYDRATION/
34	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehydrat\$)).tw.
35	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).tw.
36	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).tw.
37	or/33-36
38	12 or 21 or 32 or 37

### E.15.5 Embase

#	Searches
1	*HEALTH ECONOMICS/
2	exp *ECONOMIC EVALUATION/
3	exp *HEALTH CARE COST/
4	exp *FEE/
5	*BUDGET/
6	*FUNDING/
7	*RESOURCE ALLOCATION/
8	budget*.ti,ab.
9	cost*.ti,ab.
10	(economic* or pharmaco?economic*).ti,ab.
11	(price* or pricing*).ti,ab.
12	(financ* or fee or fees or expenditure* or saving*).ti,ab.
13	(value adj2 (money or monetary)).ti,ab.
14	resourc* allocat*.ti,ab.
15	(fund or funds or funding* or funded).ti,ab.
16	(ration or rations or rationing* or rationed).ti,ab.
17	or/1-16
18	PRESCHOOL CHILD/ or TODDLER/
19	(child\$ or preschool\$ or pre-school\$ or toddler\$).ti,ab.
20	exp INFANT/
21	(infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies).ti,ab.
22	exp PEDIATRICS/
23	p?ediatric\$.ti,ab.
24	or/18-23
25	FAILURE TO THRIVE/
26	(fail\$ adj2 thriv\$).ti,ab.
27	FTT.ti,ab.
28	(falter\$ adj3 (weight or grow\$)).ti,ab.
29	or/25-28
30	24 and 29
31	*WEIGHT REDUCTION/
32	WEIGHT CHANGE/
33	WEIGHT FLUCTUATION/
34	WEIGHT VARIATION/
35	WASTING SYNDROME/
36	EMACIATION/
37	*ANOREXIA/
38	or/31-37
39	24 and 38
40	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *NUTRITIONAL DISORDER/
41	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *EATING DISORDER/
42	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *MALNUTRITION/
43	(PRESCHOOL CHILD/ or TODDLER/ or exp INFANT/) and *GROWTH DISORDER/
44	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (Weight adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$)).ti,ab.
45	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj5 (undernutrition\$ or under nutrition\$ or poor nutrition\$ or undernourish\$ or under nourish\$ or under weight? or underweight? or ((feed\$ or eat\$ or nutrition\$) adj1 (disorder\$ or problem\$)) or wasting or thin or thinn\$ or emaciat\$ or anorexi\$ or stunting or stunted)).ti,ab.
46	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 ((Slow\$ or insufficient\$) adj2 weight adj2 gain\$)).ti,ab.
47	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj2 (malnutrition\$ or malnourish\$)).ti,ab.
48	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (grow\$ adj1 (disorder or deficien\$ or poor\$ or fail\$)).ti,ab.

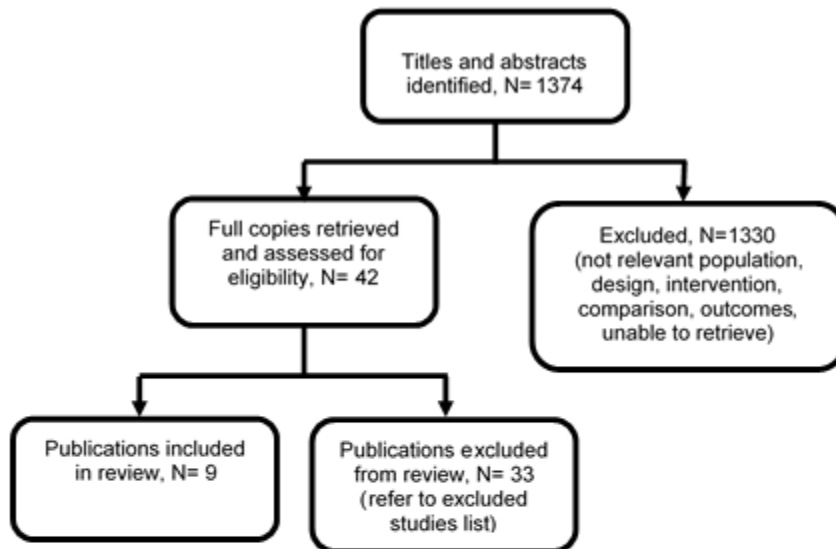
#	Searches
49	((child\$ or preschool\$ or pre-school\$ or toddler\$ or infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj7 (height? adj3 (poor\$ or deficien\$ or short\$ or small\$ or retard\$))).ti,ab.
50	or/40-49
51	exp INFANT/ and (HYPERNATREMIA/ or *DEHYDRATION/
52	NEONATAL WEIGHT LOSS/
53	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (hypernatr\$ or dehyrat\$)).ti,ab.
54	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 (early or postnatal\$ or postpartum or follow\$ birth?) adj10 ((weight or fluid?) adj2 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
55	((infan\$ or neonat\$ or newborn\$ or baby or babies or pre#mie? or premie or premies) adj10 ("10.\$" or "11.\$" or "12.\$" or "13.\$" or "14.\$" or "15.\$" or "16.\$" or "17.\$" or "18.\$" or "19.\$" or "20.\$") adj10 ((weight or fluid?) adj3 (loss or lose or losing or reduc\$ or decreas\$ or deficien\$ or physiolog\$)).ti,ab.
56	or/51-55
57	30 or 39 or 50 or 56
58	limit 57 to english language
59	letter.pt. or LETTER/
60	note.pt.
61	editorial.pt.
62	CASE REPORT/ or CASE STUDY/
63	(letter or comment*).ti.
64	or/59-63
65	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
66	64 not 65
67	ANIMAL/ not HUMAN/
68	NONHUMAN/
69	exp ANIMAL EXPERIMENT/
70	exp EXPERIMENTAL ANIMAL/
71	ANIMAL MODEL/
72	exp RODENT/
73	(rat or rats or mouse or mice).ti.
74	or/66-73
75	58 not 74
76	17 and 75



## Appendix F: Summary of identified studies

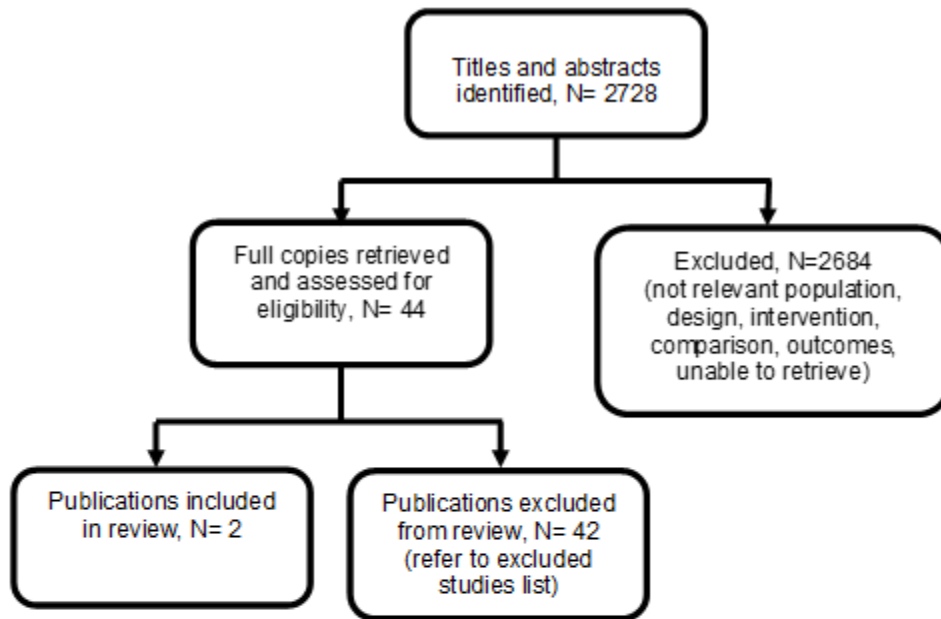
### F.1 Weight loss in the first days of life

Figure 1: Flow diagram of clinical article selection for normal limits of weight loss



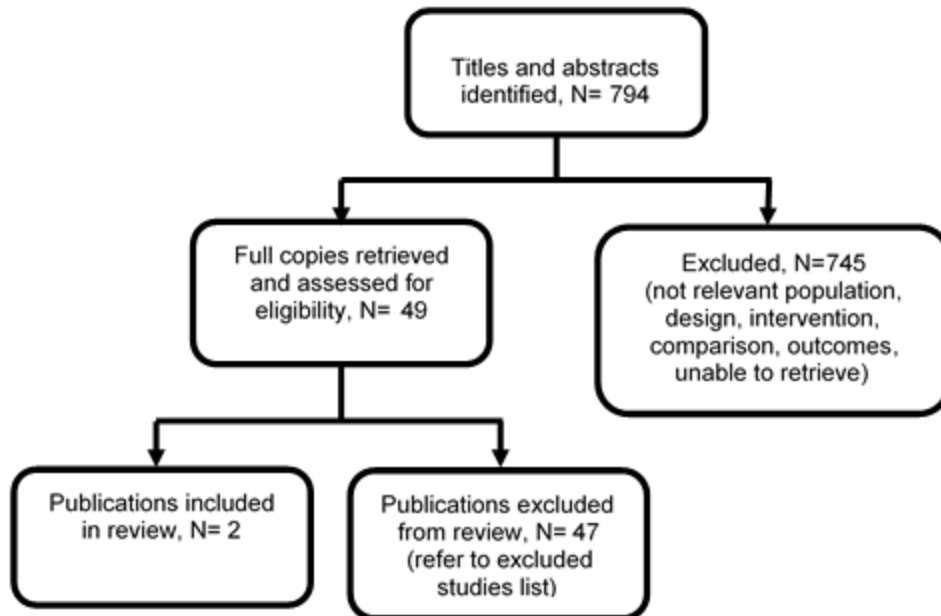
## F.2 Thresholds for faltering growth

Figure 2: Flow diagram of clinical article selection for thresholds review



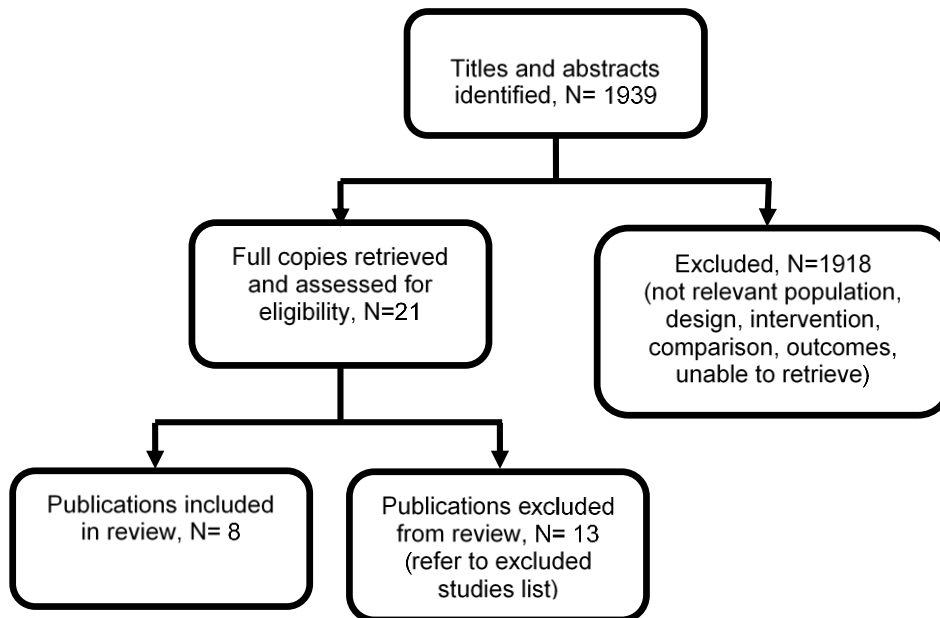
### F.3 Weight loss associated with adverse outcomes

Figure 3: Flow diagram of clinical article selection for weight loss associated with adverse outcomes review



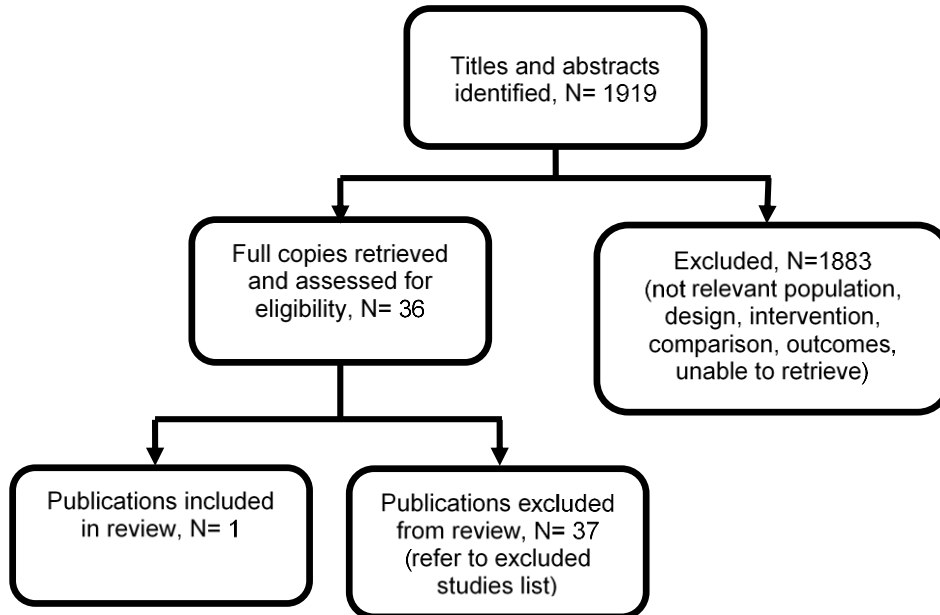
## F.4 Differences in feeding and eating

Figure 4: Flow diagram of clinical article selection for differences in feeding and eating review



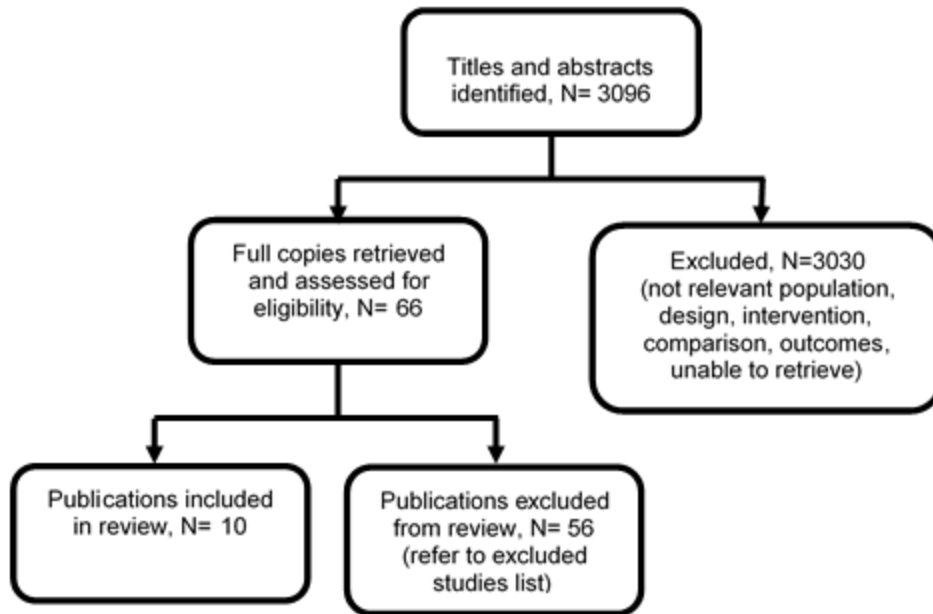
## F.5 Approaches in assessing feeding and eating

Figure 5: Flow diagram of clinical article selection for approaches in feeding and eating review



## F.6 Risk factors

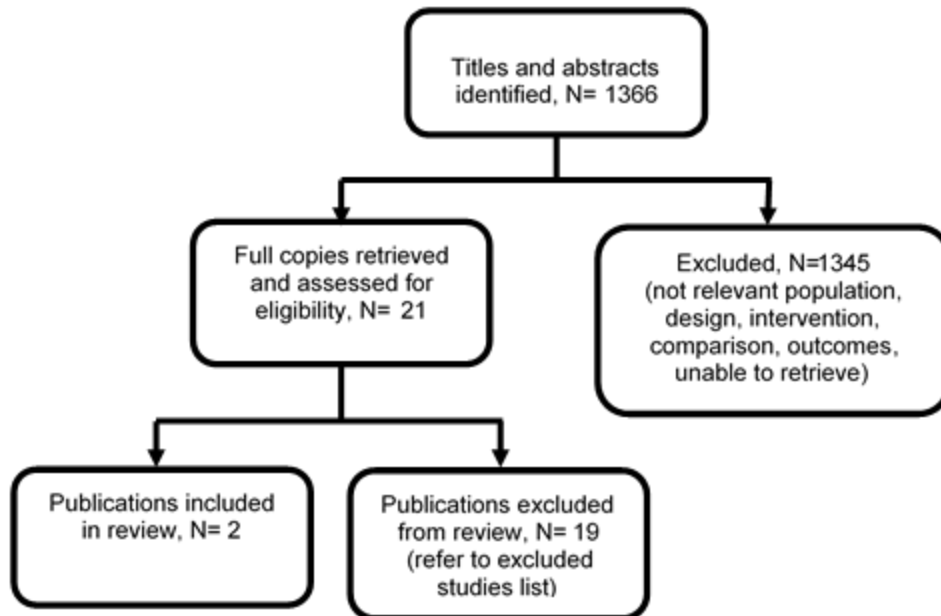
Figure 6: Flow diagram of clinical article selection for risk factors review





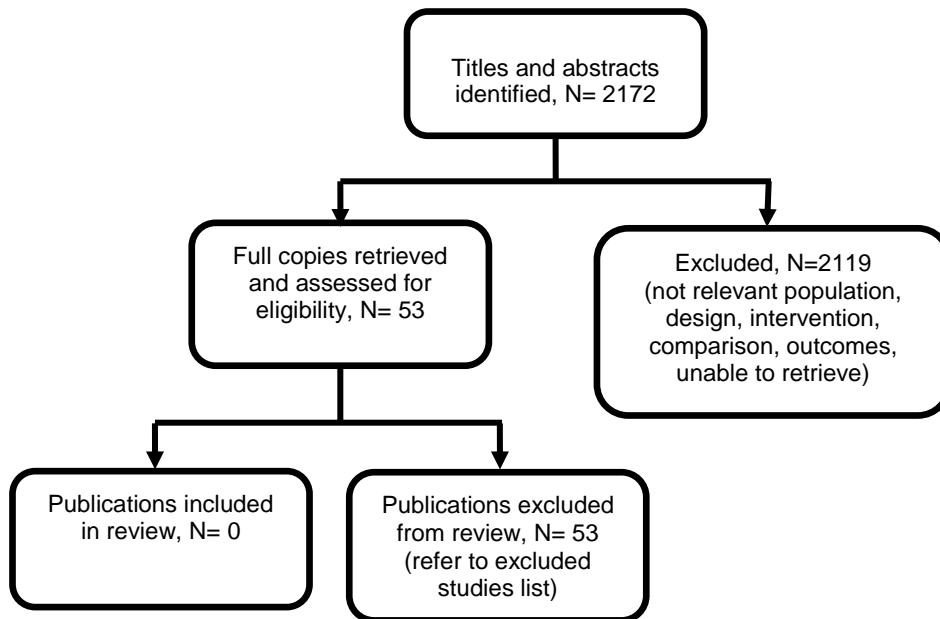
## F.7 Prevalence of specific causative organic disorders

Figure 7: Flow diagram of clinical article selection for prevalence of specific causative organic disorders review



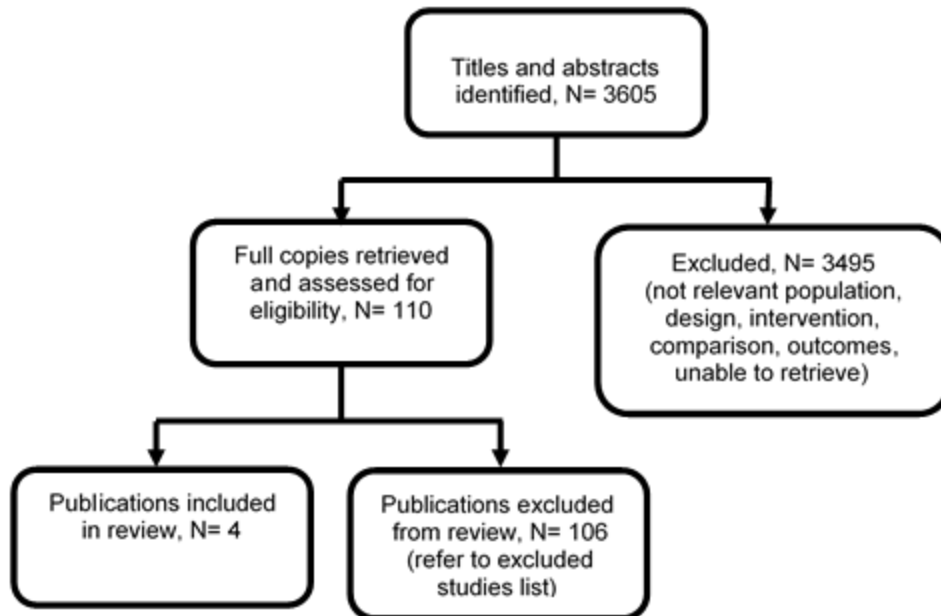
## F.8 Breastfeeding support

Figure 8: Flow diagram of clinical article selection for breastfeeding support review



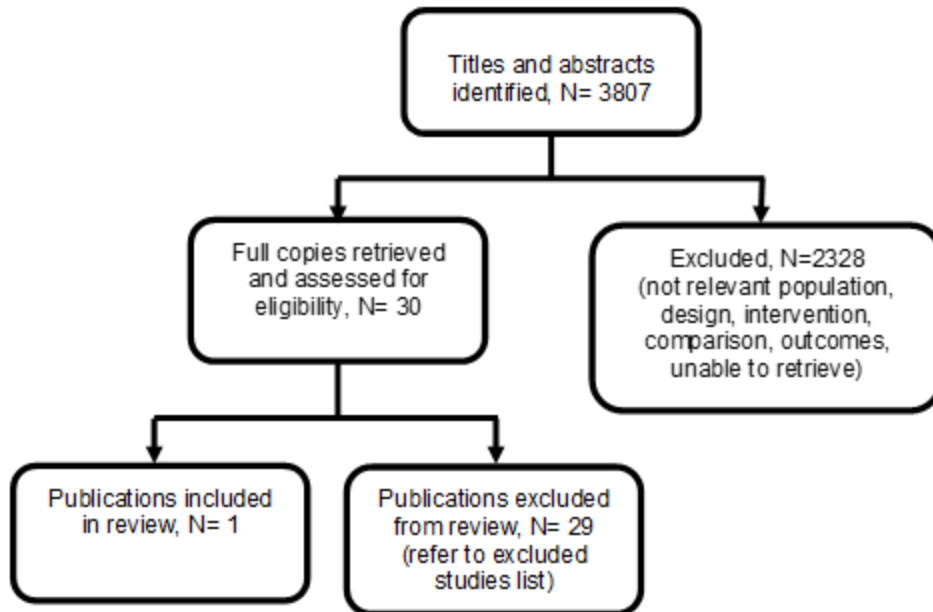
## F.9 Dietary advice and supplementation

Figure 9: Flow diagram of clinical article selection for dietary advice and supplementation review



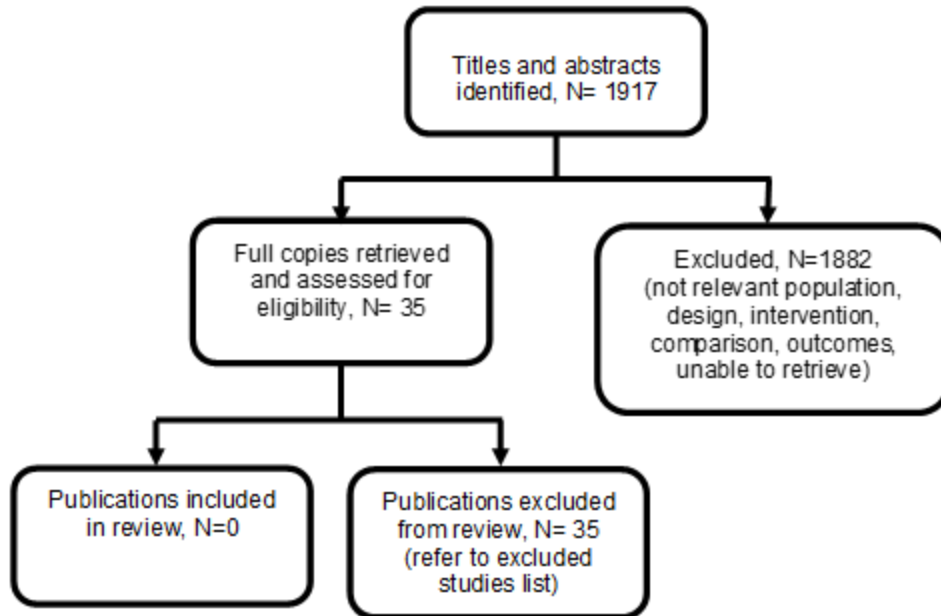
## F.10 Non-nutritional interventions

Figure 10: Flow diagram of clinical article selection for non-nutritional interventions review



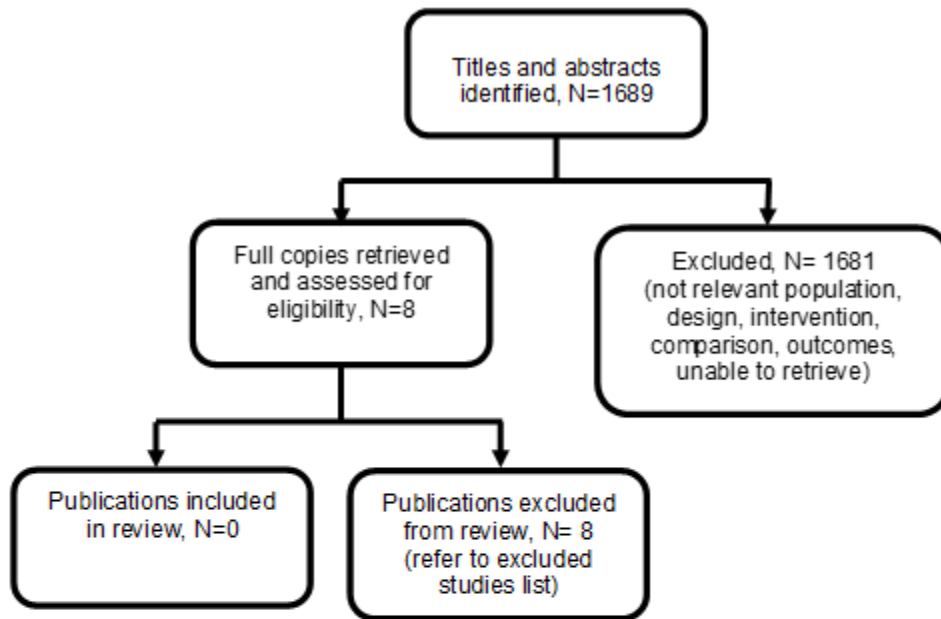
## F.11 Monitoring

Figure 11: Flow diagram of clinical article selection for monitoring review



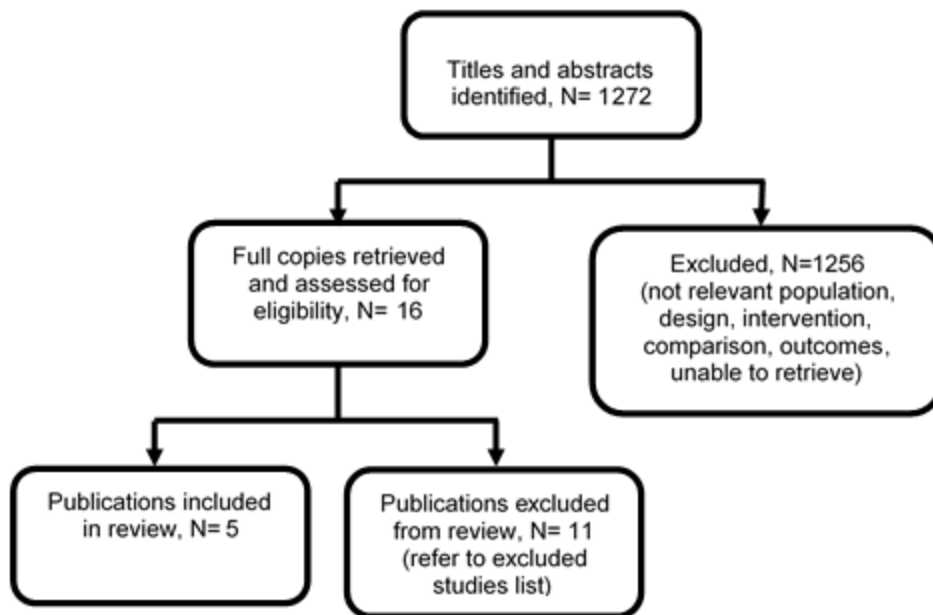
## F.12 Referral

Figure 12: Flow diagram of clinical article selection for referral review



## F.13 Organisation of care

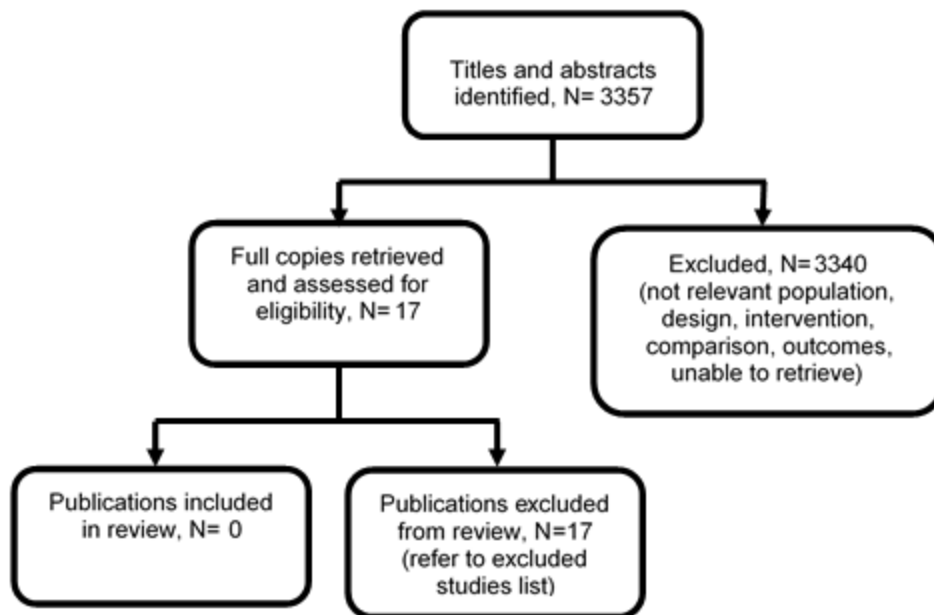
Figure 13: Flow diagram of clinical article selection for service configuration review





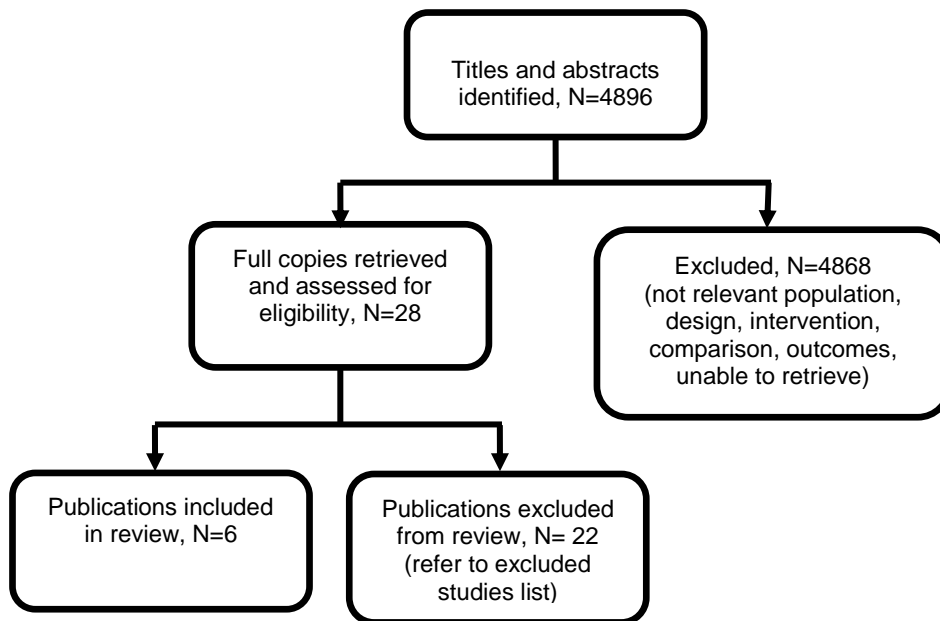
## F.14 Information and support

Figure 14: Flow diagram of clinical article selection for information and support



## F.15 Health economics

Figure 15: Flow diagram of clinical article selection for health economics



## Appendix G: Evidence tables

### G.1 Weight loss in the first days of life

Bibliographic details	Number of Participant & Participant Characteristics	Test/ Outcome characteristics	Outcome measures to be used	Results	Reviewer comment																																													
<b>Authors</b>  Bertini, G., Breschi, R., Dani, C.  <b>Year of publication</b>  2015  <b>Country of publication</b>  Italy  <b>Ref Id</b>  431546  <b>Consecutive recruitment</b>  Yes  <b>Sub-type</b> Retrospective cohort study	<b>Cohort population</b>  1760 healthy, full-term, singleton babies born by vaginal delivery between April 2007 and December 2012. Just under two-thirds (64.7%) of the mothers were primiparous and were breastfeeding infants for the first time and 86% if the multiparous mothers had prior breastfeeding experience.  <b>Inclusion Criteria</b>  Not reported  <b>Exclusion Criteria</b>  Pre-term and post-term deliveries, membrane rupture occurring more than 18h before the onset of labour dystocia.	<b>Reference Test</b>  n/a	<b>Raw Data</b>  n/a  <b>Summary Data</b>  n/a	<b>Results</b>  Characteristics of study population and percentage of weight loss at different examination ages <table border="1"> <thead> <tr> <th></th> <th>All</th> <th>Male</th> <th>Female</th> <th>p-value</th> </tr> </thead> <tbody> <tr> <td><b>Number of infants</b></td> <td>1760</td> <td>858</td> <td>902</td> <td></td> </tr> <tr> <td><b>Birthweight, g (mean ± SD)</b></td> <td>3379.16 ± 347.11</td> <td>3438 ± 342.66</td> <td>3322.99 ± 342.08</td> <td>0.47</td> </tr> <tr> <td><b>Weight loss after 12 h (mean ± SD)</b></td> <td>39.62 ± 1.24</td> <td>39.59 ± 1.37</td> <td>39.66 ± 1.10</td> <td>0.98</td> </tr> <tr> <td><b>Weight loss after 24 h (mean ± SD)</b></td> <td>2.81 ± 1.25</td> <td>2.62 ± 1.16</td> <td>2.95 ± 1.32</td> <td>0.99</td> </tr> <tr> <td><b>Weight loss after 36 h (mean ± SD)</b></td> <td>5.52 ± 1.44</td> <td>5.50 ± 1.45</td> <td>5.54 v 1.42</td> <td>0.26</td> </tr> <tr> <td><b>Weight loss after 48 h (mean ± SD)</b></td> <td>5.71 ± 1.89</td> <td>5.77 ± 1.91</td> <td>5.67 ± 1.86</td> <td>0.21</td> </tr> <tr> <td><b>Weight loss after 60 h (mean ± SD)</b></td> <td>5.35 ± 2.08</td> <td>5.47 ± 2.09</td> <td>5.23 ± 2.07</td> <td>0.38</td> </tr> <tr> <td><b>Weight loss after 72 h</b></td> <td>5 ± 2.21</td> <td>5 ± 2.25</td> <td>5.18 ± 2.18</td> <td>0.17</td> </tr> </tbody> </table>		All	Male	Female	p-value	<b>Number of infants</b>	1760	858	902		<b>Birthweight, g (mean ± SD)</b>	3379.16 ± 347.11	3438 ± 342.66	3322.99 ± 342.08	0.47	<b>Weight loss after 12 h (mean ± SD)</b>	39.62 ± 1.24	39.59 ± 1.37	39.66 ± 1.10	0.98	<b>Weight loss after 24 h (mean ± SD)</b>	2.81 ± 1.25	2.62 ± 1.16	2.95 ± 1.32	0.99	<b>Weight loss after 36 h (mean ± SD)</b>	5.52 ± 1.44	5.50 ± 1.45	5.54 v 1.42	0.26	<b>Weight loss after 48 h (mean ± SD)</b>	5.71 ± 1.89	5.77 ± 1.91	5.67 ± 1.86	0.21	<b>Weight loss after 60 h (mean ± SD)</b>	5.35 ± 2.08	5.47 ± 2.09	5.23 ± 2.07	0.38	<b>Weight loss after 72 h</b>	5 ± 2.21	5 ± 2.25	5.18 ± 2.18	0.17	<b>Funding</b>  Not reported  <b>Quality Items</b>  Critical appraisal using Munn et al 2014: 1. Was the sample representative of the target population? Yes  2. Were study participants recruited in an appropriate way? Yes (the study included all the participants who were born in the Centre between Apr 2007 and Dec 2012 who met the inclusion criteria)  3. Was the sample size adequate? Yes
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	<p>Babies with asphyxia, respiratory distress and congenital malformations were equally excluded.</p> <p>Demographics - Total 1760 Cases n/a</p> <p>Statistical method Descriptive statistics Controls n/a</p> <p>Diagnostic criteria The weights in this study were obtained using SECA 335 weighing scale (Hamburg, Germany) that is accurate to 10g.</p>			<p>(mean ± SD) [ ] [ ] [ ] [ ]</p> <p>Number of infants weighed at each schedule time</p> <table border="1"> <thead> <tr> <th>Weight record</th> <th>Number of records (%)</th> <th>Timing (h)</th> </tr> </thead> <tbody> <tr> <td>1st</td> <td>712/1760 (40.4)</td> <td>12</td> </tr> <tr> <td>2nd</td> <td>1400/1760 (79.5)</td> <td>24</td> </tr> <tr> <td>3rd</td> <td>609/1760 (34.6)</td> <td>36</td> </tr> <tr> <td>4th</td> <td>1342/1760 (76.2)</td> <td>48</td> </tr> <tr> <td>5th</td> <td>819/1760 (46.5)</td> <td>60</td> </tr> <tr> <td>6th</td> <td>652/1760 (37)</td> <td>72</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Birth type</th> <th>Feeding</th> <th>N</th> <th>Follow up (hrs)</th> <th>Nadir (hrs)</th> <th>Mean max. Weight loss (%)</th> <th>95th centile</th> <th>97.5th centile</th> </tr> </thead> <tbody> <tr> <td>vaginal</td> <td>breast-exc</td> <td>1760</td> <td>72</td> <td>44 (±11.61)</td> <td>6 (±1.73)</td> <td>8.8</td> <td>9.4</td> </tr> </tbody> </table>	Weight record	Number of records (%)	Timing (h)	1st	712/1760 (40.4)	12	2nd	1400/1760 (79.5)	24	3rd	609/1760 (34.6)	36	4th	1342/1760 (76.2)	48	5th	819/1760 (46.5)	60	6th	652/1760 (37)	72	Birth type	Feeding	N	Follow up (hrs)	Nadir (hrs)	Mean max. Weight loss (%)	95th centile	97.5th centile	vaginal	breast-exc	1760	72	44 (±11.61)	6 (±1.73)	8.8	9.4	<p>(&gt;1000 participants)</p> <p>4. Were the study subjects and the setting described in detail? Method of delivery (vaginal), intake (exclusively breastfed), and scale type and birth weight was reported. Setting was described (Hospital).</p> <p>5. Was the data analysis conducted with sufficient coverage of the identified sample? N/A</p> <p>6. Were objective, standard criteria used for the measurement of the condition? Yes. Scale type was reported, but whether the scale was calibrated has not been reported; standard procedure carried out in the Hospital has not been reported.</p> <p>7. Was the condition measured reliably? Unclear.</p>
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					<p>How the infants were weighed and documentation of latch and positioning as well as number of breastfeeds were not reported. Weight loss was not defined.</p> <p>8. Was there appropriate statistical analysis? Unclear - Whether incorrect weights were deleted has not been reported; confidence intervals not provided.</p> <p>9. Are all important confounding factors/subgroups/differences identified and accounted for? N/A (confounding factors have not been specified in the protocol)</p> <p>10. Were subpopulations identified using objective criteria? N/A (subpopulations have not been reported)</p>

Bibliographic details	Number of Participant & Participant Characteristics	Test/ Outcome characteristics	Outcome measures to be used	Results				Reviewer comment				
								Overall quality: moderate				
<b>Authors</b> Davanzo, R., Cannioto, Z., Ronfani, L., Monasta, L., Demarini, S.	<b>Cohort population</b> 1003 infants consecutively admitted to the regular nursery of the Institute for Maternal and Child Health "Burlo Garofolo" (Trieste, Italy). 20.7% delivered by Caesarean section. 60.1% exclusively breast-fed	<b>Reference Test</b> n/a	<b>Raw Data</b> Summary Data	<b>Results</b>				<b>Funding</b> The authors received no financial support for the research, authorship, or publication of this study.				
<b>Year of publication</b> 2013	<b>Inclusion Criteria</b> Healthy term infants			<b>Birth type</b>	<b>Feeding</b>	<b>N</b>	<b>Follow up (hrs)</b>	<b>Nadir</b>	<b>Mean max. weight loss (%)</b>	<b>95th centile</b>	<b>97.5th centile</b>	<b>Quality Items</b>  <u>Critical appraisal using Munn et al 2014:</u> 1. Was the sample representative of the target population? Yes  2. Were study participants recruited in an appropriate way? Yes  3. Was the sample size adequate? Yes (>1000 participants)  4. Were the study subjects and the setting described in detail? Intake (exclusively breastfed, mixed
<b>Country of publication</b> Italy	<b>Exclusion Criteria</b> Not reported			any	formula	336	Median 72 [IQR 48 - 96]	NR	7.5 (±2.4)	11.6	12.2	
<b>Ref Id</b> 458248	<b>Demographics Total</b> 1003			any	breast-exc, breast-part	667	Median 72 [IQR 48 - 96]	NR	6.3 (±2)	9.5	10.2	
<b>Consecutive recruitment</b> Yes	<b>Cases</b> n/a			vaginal	any	795	Median 72 [IQR 48 - 72]	NR	6.4 (±2.1)	9.8	10.5	
<b>Sub-type</b> Retrospective cohort study	<b>Statistical method</b> Continuous data were reported as means and standard deviations if normally distributed (according			Caesarean	any	208	Median 108 [IQR 96 to 144]	NR	7.6 (±2.2)	11.2	11.9	

Bibliographic details	Number of Participant & Participant Characteristics	Test/ Outcome characteristics	Outcome measures to be used	Results	Reviewer comment
	<p>to the skewness and kurtosis joint test) or as medians and interquartile ranges if not distributed normally. Weight loss was analysed as both a continuous and a dichotomous variable (<math>\geq 8\%</math> or <math>&lt; 8\%</math>). Bivariate relations were evaluated by the t test, Mann-Whitney nonparametric test, or <math>\chi^2</math> test, depending on the nature of the variables. Multivariate logistic regression was used to study the association between weight loss <math>\geq 8\%</math> (outcome) and all covariates. Controls</p> <p><b>Diagnostic criteria</b></p> <p>Every day between 8-10am, all infants were weighed naked, with an electronic scale, by a nurse, regardless of the feeding pattern.</p>				<p>feeding and formula feeding), birth weight was reported and birth type</p> <p>5. Was the data analysis conducted with sufficient coverage of the identified sample? Yes</p> <p>6. Were objective, standard criteria used for the measurement of the condition? Yes</p> <p>7. Was the condition measured reliably? Unclear- electronic scale used, unclear whether it was calibrated.</p> <p>8. Was there appropriate statistical analysis? Unclear - Whether incorrect weights were deleted has not been reported; confidence intervals not provided.</p> <p>9. Are all important confounding</p>



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					<p>factors/subgroups/differences identified and accounted for? N/A (confounding factors have not been specified in the protocol)</p> <p>10. Were subpopulations identified using objective criteria? Yes</p> <p>Overall quality: moderate</p>				
<p><b>Authors</b></p> <p>Flaherman, V. J., Bokser, S., Newman, T. B.</p> <p><b>Year of</b></p>	<p><b>Cohort population</b></p> <p>1049 infants born between June 2007 and February 2008 at the University of California, San</p>	<p><b>Reference Test</b></p> <p>n/a</p>	<p><b>Raw Data</b></p> <p><u>Summary Data</u> n/a</p>	<p><b>Results</b></p> <p><u>Infant characteristics for entire cohort and infants with any breastfeeding</u></p> <table border="1" data-bbox="1070 1350 1823 1426"> <thead> <tr> <th data-bbox="1070 1350 1464 1385">Infant characteristics</th> <th data-bbox="1464 1350 1823 1385">Entire cohort</th> </tr> </thead> <tbody> <tr> <td data-bbox="1070 1385 1464 1426"><b>Birth weight (g)</b></td> <td data-bbox="1464 1385 1823 1426">3373 ± 469 (1049, 100%)</td> </tr> </tbody> </table>	Infant characteristics	Entire cohort	<b>Birth weight (g)</b>	3373 ± 469 (1049, 100%)	<p><b>Funding</b></p> <p>not reported</p> <p>Quality Items Critical appraisal using Munn et al</p>
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<p><b>publication</b></p> <p>2010</p> <p><b>Country of publication</b></p> <p>USA</p> <p><b>Ref Id</b></p> <p>466850</p> <p><b>Consecutive recruitment</b></p> <p><b>Sub-type</b></p> <p>Retrospective cohort study</p>	<p>Francisco who received level 1 care only.</p> <p>853 (85.6%) were documented as breastfeeding exclusively, 144 (14.4%) were documented as mixed feeding, and 53 (5%) were documented as formula feeding only.</p> <p><b>Inclusion Criteria</b></p> <p>Not reported</p> <p><b>Exclusion Criteria</b></p> <p>Not reported</p> <p><b>Demographics - Total</b></p> <p>1049</p> <p><b>Cases</b></p> <p>n/a</p> <p><b>Statistical method</b></p> <p>Chi-square analysis to assess whether weight loss at &lt;24 hours was associated with eventual in-hospital ≥ 10% weight loss. Multivariate logistic regression was used to assess whether weight loss at &lt; 24 hours was associated with in-hospital weight loss ≥ 10% after adjusting for clinical predictors and to assess whether 24-hour weight loss predicted whether or not there</p>			<table border="1"> <tr> <td><b>gestational age (weeks)</b></td> <td>39.5 ± 1.2 (395, 37.7%)</td> </tr> <tr> <td><b>Maximum documented in-hospital weight loss</b></td> <td>6.0 ± 2.6 (1049, 100%)</td> </tr> <tr> <td><b>Infants losing 10% birth weight</b></td> <td>67 (6.4%)</td> </tr> </table> <table border="1"> <tr> <td><b>Infant characteristics</b></td> <td><b>Among 997 breastfed infants</b></td> </tr> <tr> <td><b>Birth weight (g)</b></td> <td>3376 ± 468 (997, 100%)</td> </tr> <tr> <td><b>gestational age (weeks)</b></td> <td>39.6 ± 1.2 (380, 38.1%)</td> </tr> <tr> <td><b>Maximum documented in-hospital weight loss</b></td> <td>6.2 ± 2.6% (997, 10%)</td> </tr> <tr> <td><b>Infants losing 10% birth weight</b></td> <td>67 (6.7%)</td> </tr> </table> <table border="1"> <tr> <td><b>Infant characteristics</b></td> <td>Among 67 infants with eventual documented 10% weight loss</td> </tr> <tr> <td><b>Birth weight (g)</b></td> <td>3340 ± 487 (67, 100%)</td> </tr> <tr> <td><b>gestational age (weeks)</b></td> <td>39.5 ± 1.6 (35, 52.2%)</td> </tr> <tr> <td><b>Maximum documented in-hospital weight loss</b></td> <td>11.3 ± 2.3% (67, 100%)</td> </tr> <tr> <td><b>Infants losing 10% birth weight</b></td> <td>NA</td> </tr> </table> <p>ORs for the effect of 4%, 4.5% and 5% early newborn weight loss in breastfed infants on the outcome of eventual weight loss ≥ 10%, by infant age at predictor measurement after adjusting for method of delivery, in comparison with infants without such weight loss</p> <table border="1"> <thead> <tr> <th><b>Weight loss</b></th> <th><b>&lt;24 hours</b></th> <th><b>&lt;30 hours</b></th> </tr> </thead> <tbody> <tr> <td>≥4%</td> <td>2.09 (1.06,4.10)</td> <td>1.94 (1.08,3.49)</td> </tr> <tr> <td>≥4.5%</td> <td>3.57 (1.75,7.28)</td> <td>2.85 (1.75,5.14)</td> </tr> <tr> <td>≥5%</td> <td>5.00 (2.42, 10.3)</td> <td>3.01 (1.67, 5.43)</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th><b>Birth type</b></th> <th><b>Feeding</b></th> <th><b>N</b></th> <th><b>Follow up (hrs)</b></th> <th><b>Nadir (hrs)</b></th> <th><b>Mean max. weight</b></th> <th><b>95th centile</b></th> <th><b>97.5th centile</b></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	<b>gestational age (weeks)</b>	39.5 ± 1.2 (395, 37.7%)	<b>Maximum documented in-hospital weight loss</b>	6.0 ± 2.6 (1049, 100%)	<b>Infants losing 10% birth weight</b>	67 (6.4%)	<b>Infant characteristics</b>	<b>Among 997 breastfed infants</b>	<b>Birth weight (g)</b>	3376 ± 468 (997, 100%)	<b>gestational age (weeks)</b>	39.6 ± 1.2 (380, 38.1%)	<b>Maximum documented in-hospital weight loss</b>	6.2 ± 2.6% (997, 10%)	<b>Infants losing 10% birth weight</b>	67 (6.7%)	<b>Infant characteristics</b>	Among 67 infants with eventual documented 10% weight loss	<b>Birth weight (g)</b>	3340 ± 487 (67, 100%)	<b>gestational age (weeks)</b>	39.5 ± 1.6 (35, 52.2%)	<b>Maximum documented in-hospital weight loss</b>	11.3 ± 2.3% (67, 100%)	<b>Infants losing 10% birth weight</b>	NA	<b>Weight loss</b>	<b>&lt;24 hours</b>	<b>&lt;30 hours</b>	≥4%	2.09 (1.06,4.10)	1.94 (1.08,3.49)	≥4.5%	3.57 (1.75,7.28)	2.85 (1.75,5.14)	≥5%	5.00 (2.42, 10.3)	3.01 (1.67, 5.43)	<b>Birth type</b>	<b>Feeding</b>	<b>N</b>	<b>Follow up (hrs)</b>	<b>Nadir (hrs)</b>	<b>Mean max. weight</b>	<b>95th centile</b>	<b>97.5th centile</b>									<p>2014:</p> <ol style="list-style-type: none"> <li>1. Was the sample representative of the target population? Yes</li> <li>2. Were study participants recruited in an appropriate way? Yes</li> <li>3. Was the sample size adequate? Yes (&gt;1000 participants)</li> <li>4. Were the study subjects and the setting described in detail? Intake (exclusively breastfed, mixed feeding and formula feeding), birth weight was reported and birth type</li> <li>5. Was the data analysis conducted with sufficient coverage of the identified sample? Yes</li> <li>6. Were objective, standard criteria used for the measurement of the condition? Yes</li> </ol>
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Bibliographic details	Number of Participant & Participant Characteristics	Test/ Outcome characteristics	Outcome measures to be used	Results								Reviewer comment
	<p>was a subsequent recorded weight, after adjusting for other clinical predictors. Because time of birth may have affected whether an infant is reweighed at &lt;24 hours, sensitivity analysis were conducted in order to examine the above mentioned outcomes for weights measured at &lt;30 hours and &lt;36 hours.</p> <p>Controls n/a</p> <p>Diagnostic criteria Infant weight was measured by "usual clinical procedures" at the institution where the study has been carried out. Weights were usually taken between 9pm and midnight. Infants born shortly before that time period were often not weighed until the following day according to clinical judgement.</p> <p>Weight change was defined as the difference between birth weight and weight recorded subsequently,</p>								loss (%)			<p>7. Was the condition measured reliably? Unclear - electronic scale used, unclear whether it was calibrated.</p> <p>8. Was there appropriate statistical analysis? Unclear - Whether incorrect weights were deleted has not been reported; confidence intervals not provided.</p> <p>9. Are all important confounding factors/subgroups/differences identified and accounted for? N/A (confounding factors have not been specified in the protocol)</p> <p>10. Were subpopulations identified using objective criteria? Yes</p> <p>Overall quality: moderate</p>
				any	breast-exc, breast-part	997	39	38.7 (±18.5)	6.2 (±2.6)	10.4	11.26	

Bibliographic details	Number of Participant & Participant Characteristics	Test/ Outcome characteristics	Outcome measures to be used	Results	Reviewer comment																				
	calculated as a percentage of birth weight. Maximum weight loss was defined as the largest negative weight change during the birth hospitalization. Weight nadir was defined as the lowest weight recorded during birth hospitalization. Data on weights subsequent to discharge from birth hospitalization was not available.																								
<b>Authors</b>  Flaherman, V. J., Kuzniewicz, M. W., Li, S., Walsh, E., McCulloch, C. E., Newman, T. B. Year of publication 2013 Country of publication USA Ref Id 466851 Consecutive recruitment Sub-type Retrospective	<b>Cohort population</b>  From the original cohort of 63096 infants, 59779 (94.7%) had a weight subsequent to birth weight measured in the first 36h after birth and were retained for further analysis. Of these 59779 infants, 56375 (94.3%) had at least one additional weight documented between 36 and 120h of age. In total, there were 50063 infants with hospital feeding data. Of these, 25980	<b>Reference Test</b>  n/a	<b>Raw Data</b>  Summary Data	<b>Results</b>  Weight loss of the cohort  <table border="1"> <thead> <tr> <th></th> <th>Entire cohort (n=59779)</th> <th>Exclusively breastfed during birth hospitalization (n=25980)</th> <th>Breastfed at least once during birth hospitalization (n=47687)</th> <th>Breastfed infants with eventual weight loss of ≥10% (n=4580)</th> </tr> </thead> <tbody> <tr> <td>Weight loss at &lt;24h (% of birth weight)</td> <td>1.6 ±2.5</td> <td>2 ± 2.9</td> <td>1.9±2.7</td> <td>3.2±3.8</td> </tr> <tr> <td>Weight loss at &lt;36h (% of birth weight)</td> <td>2.8±2.9</td> <td>3.3±3</td> <td>3.4±2.8</td> <td>5.1±3.8</td> </tr> <tr> <td>≥5% weight loss at &lt;24h</td> <td>4.5</td> <td>5.3</td> <td>5.5</td> <td>16.5</td> </tr> </tbody> </table>		Entire cohort (n=59779)	Exclusively breastfed during birth hospitalization (n=25980)	Breastfed at least once during birth hospitalization (n=47687)	Breastfed infants with eventual weight loss of ≥10% (n=4580)	Weight loss at <24h (% of birth weight)	1.6 ±2.5	2 ± 2.9	1.9±2.7	3.2±3.8	Weight loss at <36h (% of birth weight)	2.8±2.9	3.3±3	3.4±2.8	5.1±3.8	≥5% weight loss at <24h	4.5	5.3	5.5	16.5	<b>Quality Items</b>  <u>Critical appraisal using Munn et al 2014:</u>  1. Was the sample representative of the target population? Yes 2. Were study participants recruited in an appropriate way? Yes (the study included participants who were born at 11 Kaiser Permanente Northern California
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cohort study	<p>(51.0%) were breastfed without formula in-hospital, 21698 (43.3%) received breast milk and formula in-hospital and 2376 (4.7%) received formula only in-hospital</p> <p><b>Inclusion Criteria</b></p> <p>Infants ≥36 weeks gestational age</p> <p><b>Exclusion Criteria</b></p> <p>Not reported</p> <p><b>Demographics – Total</b></p> <p>59779</p> <p><b>Cases</b></p> <p>n/a</p> <p><b>Statistical method</b></p> <p>Descriptive statistics</p> <p><b>Controls</b></p> <p>Diagnostic criteria Weight loss at &lt;24 hours and at &lt;36 hours were defined as the differences</p>			<table border="1"> <tr> <td>(% of infants)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>≥5% weight loss at &lt;36h (% of infants)</td> <td>17.5</td> <td>20.9</td> <td>21.5</td> <td>42.3</td> <td></td> <td></td> </tr> <tr> <td>Excess weight loss (≥10% of birth weight)</td> <td>9.1%</td> <td>11.8%</td> <td>9.6%</td> <td>n/a</td> <td></td> <td></td> </tr> </table>					(% of infants)							≥5% weight loss at <36h (% of infants)	17.5	20.9	21.5	42.3			Excess weight loss (≥10% of birth weight)	9.1%	11.8%	9.6%	n/a			<p>(KPNC) hospitals in 2009 and 2010)</p> <p>3. Was the sample size adequate? Yes (&gt;1000 participants)</p> <p>4. Were the study subjects and the setting described in detail? Intake (breastfeeding), birth weight was reported; however and documentation of latch and positioning as well as number of breastfeeds were not reported. Method of delivery was used for adjusting the predictors but was not reported in the text. Setting has been described (Hospital).</p> <p>5. Was the data analysis conducted with sufficient coverage of the identified sample? N/A</p> <p>6. Were objective, standard criteria used for the</p>			
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	<p>between birth weight and the lowest recorded weight prior to 24 and 36h, respectively, calculated as a percentage of birth weight. First-day weight loss was defined as weight loss occurring 24 hours after birth.</p>				<p>measurement of the condition? Unclear. Scale type has not been reported, standard procedure for weighing carried out in the Hospital has not been reported.</p> <p>7. Was the condition measured reliably? Yes. Weight loss has been defined.</p> <p>8. Was there appropriate statistical analysis? Unclear - Whether incorrect weights were deleted has not been reported; confidence intervals not provided.</p> <p>9. Are all important confounding factors/subgroups/differences identified and accounted for? N/A (confounding factors have not been specified in the protocol)</p> <p>10. Were subpopulations</p>

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<p><b>Authors</b></p> <p>Flaherman, V. J., Schaefer, E. W., Kuzniewicz, M. W., Li, S. X., Walsh, E. M., Paul, I. M.</p> <p><b>Year of publication</b></p> <p>2015</p> <p><b>Country of publication</b></p> <p>USA</p> <p><b>Ref Id</b></p> <p>482773</p> <p><b>Consecutive recruitment Sub-type</b></p> <p>Nested case-</p>	<p><b>Cohort population</b></p> <p>The original cohort presented with 161471 infants who were born at ≥36 weeks gestation at 1 of 14 Kaiser Permanent Northern California hospitals between January 1, 2009 and December 31, 2013, who survived to discharge home and who did not receive Level II or Level III care. 108907 were included in the final analysis, of whom 83433 (76.6%) were delivered vaginally and 25474 (23.4%) were delivered by caesarean.</p> <p><b>Inclusion Criteria</b></p> <p>Not reported</p>	<p><b>Reference Test</b></p>	<p><b>Raw Data</b></p> <p>Summary Data</p>	<p>Results</p> <p>Summary of matched variables for censored newborns</p> <table border="1"> <thead> <tr> <th>Weight loss, percentage points</th> <th>Vaginal (n=8457), n (%)</th> <th>Caesarean (n=8414), n (%)</th> </tr> </thead> <tbody> <tr> <td>&lt;0.005</td> <td>7373 (87.2)</td> <td>5998 (71.3)</td> </tr> <tr> <td>0.05-0.20</td> <td>651 (7.7)</td> <td>1445 (17.2)</td> </tr> <tr> <td>0.20-0.50</td> <td>253 (3)</td> <td>566 (6.7)</td> </tr> <tr> <td>0.50-1</td> <td>146 (1.7)</td> <td>295 (3.5)</td> </tr> <tr> <td>1-2</td> <td>34 (0.4)</td> <td>101 (1.2)</td> </tr> <tr> <td>&gt;2</td> <td>0</td> <td>9 (0.1)</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Birth type</th> <th>Feeding</th> <th>N</th> <th>Follow up (hrs)</th> <th>Nadir (hrs)</th> <th>Mean max. weight loss (%)</th> <th>95th centile</th> </tr> </thead> <tbody> <tr> <td>vaginal</td> <td>breast-exc</td> <td>83433</td> <td>72</td> <td>57</td> <td>7.4</td> <td>10.6</td> </tr> <tr> <td>Caesarean</td> <td>breast-exc</td> <td>25474</td> <td>96</td> <td>65</td> <td>8.6</td> <td>11.7</td> </tr> </tbody> </table>	Weight loss, percentage points	Vaginal (n=8457), n (%)	Caesarean (n=8414), n (%)	<0.005	7373 (87.2)	5998 (71.3)	0.05-0.20	651 (7.7)	1445 (17.2)	0.20-0.50	253 (3)	566 (6.7)	0.50-1	146 (1.7)	295 (3.5)	1-2	34 (0.4)	101 (1.2)	>2	0	9 (0.1)	Birth type	Feeding	N	Follow up (hrs)	Nadir (hrs)	Mean max. weight loss (%)	95th centile	vaginal	breast-exc	83433	72	57	7.4	10.6	Caesarean	breast-exc	25474	96	65	8.6	11.7	<p><b>Funding</b></p> <p>Supported by the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Research Program and from the National Institute of Child Health and Human Development. Funded by the National Institutes of Health.</p> <p><b>Quality Items</b></p> <p><u>Critical appraisal using Munn et al 2014:</u></p> <p>1. Was the sample representative of the target</p>
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control study	<p><b>Exclusion Criteria</b></p> <p>Newborns with infectious disease or congenital abnormalities requiring Level II or Level III care. Newborns with implausible weight loss or weight gain values (&gt;10% loss in the first 24 hours, &gt;15% at any time thereafter, gain &gt;5%), infants whose weight was not obtained in the eligible period and before formula feeding and infants from multiple births.</p> <p><b>Demographics – Total</b></p> <p>161471</p> <p><b>Cases</b></p> <p>n/a</p> <p><b>Statistical method</b></p> <p>n/a</p> <p><b>Descriptive statistics</b></p> <p><b>Controls</b></p>				<p>population? Yes</p> <p>2. Were study participants recruited in an appropriate way? Yes (the study included all the participants who were born in the Centre between Jan 2009 and Dec 2013 who met the inclusion criteria)</p> <p>3. Was the sample size adequate? Yes (&gt;1000 participants)</p> <p>4. Were the study subjects and the setting described in detail? Method of delivery (vaginal), intake (exclusively breastfed), and birth weight was reported. Setting was described (Hospital).</p> <p>5. Was the data analysis conducted with sufficient coverage of the identified sample? N/A</p> <p>6. Were objective,</p>

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	<p>n/a</p> <p><b>Diagnostic criteria</b></p> <p>Excess weight loss was defined as the loss of <math>\geq 10\%</math> of birth weight. Weight loss percentiles were determined from 6 to 72 hours for vaginal births and from 6 to 96 hours for caesarean births, reflecting the differences in length of stay by delivery mode and the corresponding variation in availability of weight.</p>				<p>standard criteria used for the measurement of the condition? Yes. Scale type was reported, but whether the scale was calibrated has not been reported; standard procedure carried out in the Hospital has not been reported.</p> <p>7. Was the condition measured reliably? Unclear. How the infants were weighed and documentation of latch and positioning as well as number of breastfeeds were not reported. Weight loss was not defined.</p> <p>8. Was there appropriate statistical analysis? Unclear - Whether incorrect weights were deleted has not been reported; confidence intervals not provided.</p> <p>9. Are all important</p>

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					<p>confounding factors/subgroups/differences identified and accounted for? N/A (confounding factors have not been specified in the protocol)</p> <p>10. Were subpopulations identified using objective criteria? N/A (subpopulations have not been reported)</p> <p>Overall quality: moderate</p>																																			
<p><b>Authors</b></p> <p>Macdonald, P. D., Ross, S. R., Grant, L., Young, D.</p> <p><b>Year of publication</b></p> <p>2003</p> <p><b>Country of publication</b></p> <p>United Kingdom</p> <p><b>Ref Id</b></p>	<p><b>Cohort population</b></p> <p>971 consecutive term newborns of birth weight <math>\geq 2500\text{g}</math> during the first 2-3 weeks of life: 34 were excluded due to inadequate data and 937 were included: 45% breast fed; 42% formula fed, 13% breast and formula fed</p> <p><b>Inclusion Criteria</b></p> <p>All newborns who were born in a local postcode with a weight <math>\geq 2500\text{g}</math> and <math>\geq 37</math> weeks gestation.</p>	<p><b>Reference Test</b></p>	<p><b>Raw Data</b></p> <p>Summary Data</p>	<p><b>Results</b></p> <p>Centile data for the timing and degree of initial weight loss</p> <table border="1"> <thead> <tr> <th></th> <th>Median</th> <th>90th centile</th> <th>95th centile</th> <th>97.5 centile</th> </tr> </thead> <tbody> <tr> <td><b>Weight loss (%)</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Breast (n=420)</b></td> <td>6.6 (6.3-6.9)</td> <td>10.6 (10.3-11.2)</td> <td>11.8 (11.2-12.9)</td> <td>12.8 (12.1-13.7)</td> </tr> <tr> <td><b>Formula (n=396)</b></td> <td>3.5 (3.0-3.9)</td> <td>6.9(6.6-7.8)</td> <td>8.4 (7.8-8.9)</td> <td>9.5(8.6-10.9)</td> </tr> <tr> <td><b>Mixed (n=121)</b></td> <td>5.9(4.8-6.9)</td> <td>10.6 (9.5-11.6)</td> <td>11.5(10.6-12.8)</td> <td></td> </tr> <tr> <td><b>Timing of loss (days)</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Breast (n=420)</b></td> <td>2.7(2.5-2.8)</td> <td>7.0(6.2-7.9)</td> <td>9.1 (7.7-10.2)</td> <td>10.3(10.0-11.1)</td> </tr> </tbody> </table>		Median	90th centile	95th centile	97.5 centile	<b>Weight loss (%)</b>					<b>Breast (n=420)</b>	6.6 (6.3-6.9)	10.6 (10.3-11.2)	11.8 (11.2-12.9)	12.8 (12.1-13.7)	<b>Formula (n=396)</b>	3.5 (3.0-3.9)	6.9(6.6-7.8)	8.4 (7.8-8.9)	9.5(8.6-10.9)	<b>Mixed (n=121)</b>	5.9(4.8-6.9)	10.6 (9.5-11.6)	11.5(10.6-12.8)		<b>Timing of loss (days)</b>					<b>Breast (n=420)</b>	2.7(2.5-2.8)	7.0(6.2-7.9)	9.1 (7.7-10.2)	10.3(10.0-11.1)	<p><b>Funding</b></p> <p>Not reported</p> <p><b>Quality Items</b></p> <p><u>Critical appraisal using Munn et al 2014:</u></p> <ol style="list-style-type: none"> <li>Was the sample representative of the target population? Yes</li> <li>Were study participants recruited in an appropriate</li> </ol>
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<p>448631</p> <p><b>Consecutive recruitment</b></p> <p>Sub-type Prospective cohort study</p>	<p>Exclusion Criteria Infants who were not weighed sufficiently often to record a minimum weight (usually only having 1 postnatal weight)</p> <p>Demographics - Total 971</p> <p>Cases n/a</p> <p>Statistical method For the variables under study (maximum recorded percentage weight loss and the timing of this weight loss), the data distribution was studied using the Anderson Darling Normality test. This test confirmed that the data were not normally distributed (p&lt;0.001 for each parameter). In view of the skewed distribution, the results are reported in as medians and centiles. The binomial distribution method was used to produce 95% confidence intervals for the centiles.</p> <p>Comparisons between the breast and formula fed</p>			<table border="1"> <tr> <td data-bbox="1070 308 1261 368"><b>Formula (n=396)</b></td> <td data-bbox="1261 308 1379 368">2.7(2.5-2.9)</td> <td data-bbox="1379 308 1529 368">6.2(5.5-6.8)</td> <td data-bbox="1529 308 1680 368">7.1(6.7-9.2)</td> <td data-bbox="1680 308 1830 368">9.3(7.9-9.9)</td> <td colspan="2"></td> </tr> <tr> <td data-bbox="1070 368 1261 435"><b>Mixed (n=121)</b></td> <td data-bbox="1261 368 1379 435">2.5(2.2-2.8)</td> <td data-bbox="1379 368 1529 435">6.5(4.9-10.0)</td> <td data-bbox="1529 368 1680 435">9.3 (6.5-12.0)</td> <td colspan="3"></td> </tr> </table>					<b>Formula (n=396)</b>	2.7(2.5-2.9)	6.2(5.5-6.8)	7.1(6.7-9.2)	9.3(7.9-9.9)			<b>Mixed (n=121)</b>	2.5(2.2-2.8)	6.5(4.9-10.0)	9.3 (6.5-12.0)				<p>way? Yes (the included infants were consecutive term new-borns)</p> <p>3. Was the sample size adequate? Yes (937 participants)</p> <p>4. Were the study subjects and the setting described in detail? Intake was reported (exclusively breastfed, formula fed, mixed feeding), Setting was described (Hospital). Birth weight was not reported, method of delivery not reported.</p> <p>5. Was the data analysis conducted with sufficient coverage of the identified sample? N/A</p> <p>6. Were objective, standard criteria used for the measurement of the condition? Yes. Scale type, whether the scale was calibrated standard</p>
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	<p>groups were carried out using the Mann-Whitney U test and the Fisher exact test was used to compare distributions.</p> <p>Controls n/a</p> <p>Diagnostic criteria Babies were weighed at birth and before discharge (Around 48 hours). Further weights were recorded at home on about the 5th, 7th and 10th days of life. Weighing was discontinued once an infant had regained his/her weight. As this took a variable length of time, some infants were followed up for longer and had more weights recorded than others. Those babies not regaining their birth weight by day 10 were followed up for longer and had more weight recorded than others.</p> <p>Midwives recorded date and time of weight to allow calculation of precise age. Infants were weighed naked using a set of digital scales,</p>				<p>procedure carried out in the Hospital was reported.</p> <p>7. Was the condition measured reliably? Unclear. Documentation of latch and positioning as well as number of breastfeeds were not reported. Weight loss was not defined.</p> <p>8. Was there appropriate statistical analysis? Unclear - Whether incorrect weights were deleted has not been reported; confidence intervals not provided.</p> <p>9. Are all important confounding factors/subgroups/differences identified and accounted for? N/A (confounding factors have not been specified in the protocol)</p> <p>10. Were subpopulations identified using</p>

Bibliographic details	Number of Participant & Participant Characteristics	Test/ Outcome characteristics	Outcome measures to be used	Results	Reviewer comment																													
	and the weight was expressed in kilograms.				objective criteria? Unclear (breast, formula and mixed feeding have been identified but not defined (see 7))  Overall quality: low																													
<b>Authors</b> Martens, P. J., Romphf, L.  <b>Year of publication</b> 2007  <b>Country of publication</b> Canada  <b>Ref Id</b> 482976  <b>Consecutive recruitment Sub-type</b> Retrospective cohort study	<b>Cohort population</b> 812 newborn infants born in 6 hospitals in Manitoba, Canada from 1999 to 2002. Inclusion Criteria Infants who were full-term (37 weeks or more gestation), infants and mothers who were not transferred post-birth to another hospital facility, and infants who were discharged live from the hospital to the birth mother's care.  <b>Exclusion Criteria</b> n/a  <b>Demographics - Total</b> 812  <b>Cases</b> n/a	<b>Reference Test</b>	<b>Raw Data</b> Summary Data	<b>Results</b>  <u>Descriptive statistics</u> <table border="1"> <thead> <tr> <th></th> <th>Sample size (n=812)</th> <th>median ± SD</th> <th>95% CI</th> <th>Range</th> </tr> </thead> <tbody> <tr> <td><b>Weight loss, %</b></td> <td>773</td> <td>5.09±2.89</td> <td>4.89%-5.29%</td> <td>-15.55 to 15.99</td> </tr> <tr> <td><b>Birth weight, g</b></td> <td>812</td> <td>3624 ± 464</td> <td>-</td> <td>2310 to 5365</td> </tr> </tbody> </table>  <u>Comparison of variables by feeding categories</u> <table border="1"> <thead> <tr> <th>Explanatory variable</th> <th>Exclusively breastfed (n=428)</th> <th>95% CI</th> <th>Partially breastfed (n=275)</th> <th>95% CI</th> <th>Completely formula-fed</th> <th>95% CI</th> </tr> </thead> <tbody> <tr> <td><b>Weight loss, %, -x ±SD</b></td> <td>5.49 ± 2.60</td> <td>5.23-5.74</td> <td>5.52 ± 3.02</td> <td>5.16-5.88</td> <td>2.43 ± 2.12</td> <td>2.02-2.85</td> </tr> </tbody> </table>		Sample size (n=812)	median ± SD	95% CI	Range	<b>Weight loss, %</b>	773	5.09±2.89	4.89%-5.29%	-15.55 to 15.99	<b>Birth weight, g</b>	812	3624 ± 464	-	2310 to 5365	Explanatory variable	Exclusively breastfed (n=428)	95% CI	Partially breastfed (n=275)	95% CI	Completely formula-fed	95% CI	<b>Weight loss, %, -x ±SD</b>	5.49 ± 2.60	5.23-5.74	5.52 ± 3.02	5.16-5.88	2.43 ± 2.12	2.02-2.85	<b>Funding</b> Manitoba Health Research Council, South Eastman RHA, Canadian Institutes of Health Research.  <b>Quality Items</b> <u>Critical appraisal using Munn et al 2014:</u>  1. Was the sample representative of the target population? Yes  2. Were study participants recruited in an appropriate way? Yes (data from the included population was obtained from audit charts of hospitals in 3 Regional Health
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	<p><b>Statistical method</b></p> <p>descriptive statistics</p> <p><b>Controls</b></p> <p>Diagnostic criteria Percentage weight loss was calculated as discharge weight minus birth weight, with the assumption that maximal weight loss was experienced at an approximate discharge time (because average length of stay was 2.5 days). Feeding method was classified into 3 categories: Exclusively breastfed, meaning no other liquid given by mouth Partially breast fed, meaning the newborn received breast milk or was breastfeeding but also received supplemental liquids Completely formula-fed, with no breastfeeds recorded in the hospital.</p>			<table border="1"> <tr> <td><b>Type of delivery, % caesarean section*</b></td> <td>8.6</td> <td>-</td> <td>22.2</td> <td>-</td> <td>15.6</td> <td>-</td> </tr> </table> <p>*the result was statistically significantly different among the 3 different categories, <math>p &lt; .05</math> (using analysis of variance for the continuous variables with Duncan test and chi-square test for the categorical variables)</p> <table border="1"> <thead> <tr> <th>Birth type</th> <th>Feeding</th> <th>N</th> <th>Follow up (hrs)</th> <th>Nadir (hrs)</th> <th>Mean max. weight loss (%)*</th> <th>95th centile</th> <th>97.5th centile</th> </tr> </thead> <tbody> <tr> <td>any</td> <td>breast-exc</td> <td>428</td> <td>Mean 51 (<math>\pm 20.4</math>)</td> <td>NR</td> <td>5.5 (<math>\pm 2.6</math>)</td> <td>9.7</td> <td>10.6</td> </tr> <tr> <td>any</td> <td>breast-part</td> <td>275</td> <td>Mean 71 (<math>\pm 31.9</math>)</td> <td>NR</td> <td>5.5 (<math>\pm 3.0</math>)</td> <td>10.4</td> <td>11.4</td> </tr> <tr> <td>any</td> <td>formula</td> <td>108</td> <td>Mean 61 (<math>\pm 43.7</math>)</td> <td>NR</td> <td>2.4 (<math>\pm 3.1</math>)</td> <td>7.5</td> <td>8.5</td> </tr> </tbody> </table> <p>*In hospital weight loss</p>	<b>Type of delivery, % caesarean section*</b>	8.6	-	22.2	-	15.6	-	Birth type	Feeding	N	Follow up (hrs)	Nadir (hrs)	Mean max. weight loss (%)*	95th centile	97.5th centile	any	breast-exc	428	Mean 51 ( $\pm 20.4$ )	NR	5.5 ( $\pm 2.6$ )	9.7	10.6	any	breast-part	275	Mean 71 ( $\pm 31.9$ )	NR	5.5 ( $\pm 3.0$ )	10.4	11.4	any	formula	108	Mean 61 ( $\pm 43.7$ )	NR	2.4 ( $\pm 3.1$ )	7.5	8.5	<p>Authorities (RHA) in Canada)</p> <p>3. Was the sample size adequate? Yes (but &gt;1000 participants)</p> <p>4. Were the study subjects and the setting described in detail? Method of delivery was reported (vaginal, caesarean section) intake (exclusively breastfed), birth weight was reported. Setting was described (Hospital).</p> <p>5. Was the data analysis conducted with sufficient coverage of the identified sample? N/A</p> <p>6. Were objective, standard criteria used for the measurement of the condition? Unclear. Scale type was reported, standard procedure carried out in the Hospital for weighing the</p>
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					<p>children has not been reported.</p> <p>7. Was the condition measured reliably? Unclear. WL has been defined, definition of method of feeding but documentation of latch and positioning as well as number of breastfeeds were not reported.</p> <p>8. Was there appropriate statistical analysis? Yes - 95% CI have been provided, whether incorrect weights were deleted has not been reported; confidence intervals not provided.</p> <p>9. Are all important confounding factors/subgroups/differences identified and accounted for? N/A (confounding factors have not been specified in the protocol)</p> <p>10. Were</p>

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					subpopulations identified using objective criteria? Yes (definition for exclusively breastfed, partially breastfed, completely formula fed have been provided)  Overall quality: moderate																																		
<p><b>Authors</b></p> <p>Miller, J. R., Flaherman, V. J., Schaefer, E. W., Kuzniewicz, M. W., Li, S. X., Walsh, E. M., Paul, I. M.</p> <p><b>Year of publication</b></p> <p>2015</p> <p><b>Country of publication</b></p> <p>USA</p> <p><b>Ref Id</b></p> <p>466964</p> <p><b>Consecutive</b></p>	<p><b>Cohort population</b></p> <p>The original cohort presented with 161471 infants who were born at ≥36 weeks gestation at 1 of 14 Kaiser Permanent Northern California hospitals between January 1, 2009 and December 31, 2013, who survived to discharge home and who did not receive Level II or Level III care. 7075 were included in the final analysis, of whom 4525 (64.0%) were delivered vaginally and 2550 (36.0%) by caesarean section.</p> <p><b>Inclusion Criteria</b></p>	Reference Test	Raw Data Summary Data	<p><b>Results</b></p> <p><u>Summary of matched variables for new-borns with censored weights</u></p> <table border="1"> <thead> <tr> <th>Percent weight loss</th> <th>Vaginal (n=432)</th> <th>Caesarean (n=888)</th> </tr> </thead> <tbody> <tr> <td>&lt;0.05 percentage point</td> <td>29 (53%)</td> <td>353 (39.8%)</td> </tr> <tr> <td>Between 0.05 and 0.20 percentage point</td> <td>155 (35.9%)</td> <td>368 (41.4%)</td> </tr> <tr> <td>Between 0.20 and 0.50 percentage point</td> <td>41 (9.5%)</td> <td>146 (16.4%)</td> </tr> <tr> <td>Between 0.50 and 1 percentage point</td> <td>7 (1.6%)</td> <td>16 (1.8%)</td> </tr> <tr> <td>&gt;1 percentage point</td> <td>-</td> <td>5 (0.6%)</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Birth type</th> <th>Feeding</th> <th>N</th> <th>Follow up (hrs)</th> <th>Nadir (hrs)</th> <th>Median max. weight loss (%)</th> <th>95th centile</th> <th>97.5th centile</th> </tr> </thead> <tbody> <tr> <td>vaginal</td> <td>formula</td> <td>4525</td> <td>Mean 45.6 (±43.2)</td> <td>48</td> <td>2.9</td> <td>6.3</td> <td>NR</td> </tr> </tbody> </table>	Percent weight loss	Vaginal (n=432)	Caesarean (n=888)	<0.05 percentage point	29 (53%)	353 (39.8%)	Between 0.05 and 0.20 percentage point	155 (35.9%)	368 (41.4%)	Between 0.20 and 0.50 percentage point	41 (9.5%)	146 (16.4%)	Between 0.50 and 1 percentage point	7 (1.6%)	16 (1.8%)	>1 percentage point	-	5 (0.6%)	Birth type	Feeding	N	Follow up (hrs)	Nadir (hrs)	Median max. weight loss (%)	95th centile	97.5th centile	vaginal	formula	4525	Mean 45.6 (±43.2)	48	2.9	6.3	NR	<p><b>Funding</b></p> <p>The US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Research Program (grant R40 MC 26811)</p> <p><b>Quality Items</b></p> <p><u>Critical appraisal using Munn et al 2014:</u></p> <p>1. Was the sample representative of the target population? Yes</p>
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<p><b>recruitment Sub-type</b></p> <p>Retrospective cohort study</p>	<p>First feeding in the hospital was formula and a weight was recorded after 6 hours of age and before any breastfeeding.</p> <p><b>Exclusion Criteria</b></p> <p>Missing data on type of delivery, weight, or feeding; birth weight &lt;2000 g or &gt;5000 g; multiple birth; reported birth weights that were discrepant between data sources; or no weight documented after 6 hours of age and before initiation of formula feeding; implausible weight change (&gt;10% loss in the first 24 hours, &gt;15% loss during the measurement period before 72 hours, &gt;10% gain during the measurement period before 72 hours).</p> <p><b>Demographics - Total</b></p> <p>7075</p> <p><b>Cases</b></p>			caesarean	formula	2550	Mean 72 (±40.8)	48	3.7	6.8	NR	<p>2. Were study participants recruited in an appropriate way? Yes (the study included all the participants who were born at the University of California between January 2009 and December 2013 who met the inclusion criteria)</p> <p>3. Was the sample size adequate? Yes (&gt;1000 participants)</p> <p>4. Were the study subjects and the setting described in detail? Intake (formula feeding), birth weight was reported. Method of delivery was reported (vaginal, caesarean. Setting was described (Hospital).</p> <p>5. Was the data analysis conducted with sufficient coverage of the identified sample? N/A</p>

Bibliographic details	Number of Participant & Participant Characteristics	Test/ Outcome characteristics	Outcome measures to be used	Results	Reviewer comment
	<p>n/a</p> <p><b>Statistical method</b></p> <p>A penalized fixed effects quantile regression model appropriate for repeated measures was used to estimate percentile curves as a function of time after birth.</p> <p><b>Controls</b></p> <p>n/a</p> <p><b>Diagnostic criteria</b></p> <p>Weight change was defined as the difference between birth weight and each weight recorded subsequently, calculated as a percentage of birth weight (as is typically performed daily in clinical practice). Weight loss percentiles were determined from 6 to 48 hours for vaginal births and from 6 to 72 hours for caesarean deliveries.</p>				<p>6. Were objective, standard criteria used for the measurement of the condition? Unclear-scale type not reported.</p> <p>7. Was the condition measured reliably? Unclear. How the infants were weighed and documentation of latch and positioning as well as formula fed intakes were not reported.</p> <p>8. Was there appropriate statistical analysis? Yes</p> <p>9. Are all important confounding factors/subgroups/differences identified and accounted for? N/A (confounding factors have not been specified in the protocol)</p> <p>10. Were subpopulations identified using objective criteria? Yes</p>

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					Other information  Overall quality: moderate																
<p><b>Authors</b></p> <p>Wright, C. M., Parkinson, K. N. Year of publication 2004 Country of publication UK Ref Id 449051 Consecutive recruitment Sub-type Prospective cohort study</p>	<p><b>Cohort population</b></p> <p>The Millennium baby cohort study, which is a study of feeding and growth in infancy. A total of 1254 babies were born to residents of Gateshead in 34 recruiting weeks. Of these, 1011 mothers of 1029 (82%) babies agreed to join the study. Of these, 961 were born at term (gestation <math>\geq 37</math> weeks) and are the subjects of the present analysis.</p> <p><b>Inclusion Criteria</b></p> <p>All babies born in specified recruiting weeks between June 1999 and May 2000 at term (gestation <math>\geq 37</math> weeks).</p> <p><b>Exclusion Criteria</b></p> <p>Not reported</p> <p><b>Demographics –</b></p>	<p><b>Reference Test</b></p>	<p><b>Raw Data Summary Data</b></p>	<p><b>Results</b></p> <p><u>Weight characteristics at different examination ages (days) (interquartile range (IQR))</u></p> <table border="1"> <thead> <tr> <th></th> <th>0</th> <th>5 (4-7)</th> <th>12 (10-18)</th> </tr> </thead> <tbody> <tr> <td><b>Number of weights</b></td> <td>959</td> <td>490</td> <td>839</td> </tr> <tr> <td><b>More than 5% below birth weight</b></td> <td>0</td> <td>17% (82)</td> <td>3.8% (32)</td> </tr> <tr> <td><b>More than 10% below birth weight</b></td> <td>-</td> <td>3.3% (16)</td> <td>1.7% (14)</td> </tr> </tbody> </table>		0	5 (4-7)	12 (10-18)	<b>Number of weights</b>	959	490	839	<b>More than 5% below birth weight</b>	0	17% (82)	3.8% (32)	<b>More than 10% below birth weight</b>	-	3.3% (16)	1.7% (14)	<p><b>Funding</b></p> <p>Henry Smith Charity, Child Growth Foundation</p> <p><b>Quality Items</b></p> <p><u>Critical appraisal using Munn et al 2014:</u></p> <ol style="list-style-type: none"> <li>1. Was the sample representative of the target population? Yes</li> <li>2. Were study participants recruited in an appropriate way? Yes (the study included participants who were born in specified recruiting weeks in Gateshead between June 1999 and May 2000)</li> <li>3. Was the sample size adequate? Yes</li> </ol>
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	<p><b>Total</b></p> <p>961</p> <p><b>Cases</b></p> <p>n/a</p> <p><b>Statistical method</b></p> <p>Weights were transformed into standard deviation scores (SDS) compared with both the UK 1990 and the US Centre for Disease Control growth references. Plainly erroneous weights were deleted. For each child, the weight nearest to each target age (5 days, 12 days, 7 weeks) and within the previously stated target age (5 days, 12 days, 7 weeks) and within a previously stated range (4-7, 10-18,29-70) was identified.</p> <p><b>Controls</b></p> <p>n/a</p> <p><b>Diagnostic criteria</b></p>				<p>(961 participants)</p> <p>4. Were the study subjects and the setting described in detail? Method of delivery (vaginal), intake (exclusively breastfed), and scale type and birth weight was not reported. Setting was described (Hospital).</p> <p>5. Was the data analysis conducted with sufficient coverage of the identified sample? N/A</p> <p>6. Were objective, standard criteria used for the measurement of the condition? Unclear. Scale type not reported; standard procedure carried out in the Hospital has not been reported.</p> <p>7. Was the condition measured reliably? Unclear. Weight loss not defined, feeding method not</p>

Bibliographic details	Number of Participant & Participant Characteristics	Test/ Outcome characteristics	Outcome measures to be used	Results	Reviewer comment
	<p>Infants' weight were obtained from the home visits that midwives did to the participant of the study. Basic birth and other information was collected from parents at recruitment, and thereafter parents received postal questionnaires. Once data collection was completed, all weights available for each child were collated and duplicated were deleted. The number of weight available at each time point is variable since not all participants returned the weights at every time point. The mean weight SDS and age at measurement were very similar for both groups (the ones who returned the weights and who didn't) and there was no difference in birth weight or deprivation scores.</p>				<p>reported. The weights of some children taken by parents.</p> <p>8. Was there appropriate statistical analysis? Unclear - Whether incorrect weights were deleted has not been reported; confidence intervals not provided.</p> <p>9. Are all important confounding factors/subgroups/differences identified and accounted for? N/A (confounding factors have not been specified in the protocol)</p> <p>10. Were subpopulations identified using objective criteria? N/A (subpopulations have not been reported)</p> <p>Overall quality: moderate</p>



## G.2 Weight loss associated with adverse outcomes

Bibliographic details	Participants	Thresholds	Methods	Outcomes and results	Comments																								
<b>Full citation</b>	<b>Sample size</b>	<b>Tests</b>	<b>Methods</b>	<b>Results</b>	<b>Limitations</b>																								
Chang, R. J., Chou, H. C., Chang, Y. H., Chen, M. H., Chen, C. Y., Hsieh, W. S., Tsao, P. N., Weight loss percentage prediction of subsequent neonatal hyperbilirubinemia in exclusively breastfed neonates, Pediatrics & Neonatology, 53, 41-4, 2012	Total n=874 Hyperbilirubinemia group, n=219. No hyperbilirubinemia group, n=655  <b>Characteristics</b>  Hyperbilirubinemia group, n=219  Gestational age (weeks)=38.73 (1.18)  Birth body weight (g)=3254.21 (384.34) Male, n=116 (52.97%)  Delivery as normal spontaneous delivery, n=152 (69.41%).	Medical records, including gestational age, BW, daily BW loss over the first 3 days [(birth body weight - daily body weight)/birth body weight x 100%]) and total serum bilirubin before phototherapy were reviewed. All neonates with serum bilirubin above 11 mg/dL (188.1 µmol/L) were scheduled for routine outpatient follow-up 2 days later. Serum microbilirubin was assessed using direct spectrophotometry of a microhematocrit tube.  Significant hyperbilirubinemia and phototherapy criteria were defined according to the 2004 American Academy of Pediatrics guidelines for phototherapy. However, phototherapy started for all infants whose serum bilirubin levels were above 15 mg/dL (256.5 µmol/L).	In our nursery, breastfeeding is encouraged, but supplementary formula will be given if it proves inadequate, as assessed by parents and clinicians. However, supplementary formula is routinely used if BW loss after birth is significant (≥10%) unless the family refuses.	<u>Incidence of hyperbilirubinemia for 2 day-old neonates by body loss percentages of 3%-10%</u>  <table border="1"> <thead> <tr> <th>BW loss %</th> <th>Incidence of hyperbilirubinemia (below vs above)</th> <th>Odds ratio (95% CI)</th> <th>p</th> </tr> </thead> <tbody> <tr> <td>3%</td> <td>33.3 vs 25</td> <td>0.67 (0.17, 2.69)</td> <td>0.569</td> </tr> <tr> <td>4%</td> <td>18.8 vs 25.2</td> <td>1.46 (0.41, 5.17)</td> <td>0.557</td> </tr> <tr> <td>5%</td> <td>18.8 vs 25.5</td> <td>1.48 (0.71, 3.11)</td> <td>0.3</td> </tr> <tr> <td>6%</td> <td>21.5 vs 25.8</td> <td>1.27 (0.82, 1.95)</td> <td>0.282</td> </tr> <tr> <td>7%</td> <td>22.2 vs 26.8</td> <td>1.28 (0.93, 1.77)</td> <td>0.134</td> </tr> </tbody> </table>	BW loss %	Incidence of hyperbilirubinemia (below vs above)	Odds ratio (95% CI)	p	3%	33.3 vs 25	0.67 (0.17, 2.69)	0.569	4%	18.8 vs 25.2	1.46 (0.41, 5.17)	0.557	5%	18.8 vs 25.5	1.48 (0.71, 3.11)	0.3	6%	21.5 vs 25.8	1.27 (0.82, 1.95)	0.282	7%	22.2 vs 26.8	1.28 (0.93, 1.77)	0.134	<u>Methodological limitations assessed using the Critical Appraisal Skills Programme (CASP 2006) Clinical Prediction Rule Checklist</u>  A) Are the results of the study valid?  1. Is the CPR clearly defined? Yes (2004 American Academy of Pediatrics guidelines)  2. The population for which the rule was derived included an appropriate spectrum of patients? Yes  3. Was the rule validated in a different group of patients? Can't tell  4. Were the predictor variables and the outcome evaluated in a blinded fashion? Can't tell (not
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<b>Ref Id</b> 436240	Maximum body weight loss percentage (%)=8.96 (1.99)																												
<b>Country where the study was carried out</b>	2-day old body weight loss percentage (%)=7.66 (1.54)  3-day old body weight loss percentage=8.62 (2.12)																												
Taiwan																													
<b>Study type</b>	No hyperbilirubinemia group, n=655  Gestational age (weeks)=39.07 (1.16)																												
Retrospective cohort study																													

Bibliographic details	Participants	Thresholds	Methods	Outcomes and results	Comments																
<p><b>Aim of the study</b></p> <p>To investigate the best body weight (BW) loss cut-off value at 2 and 3 days of age for prediction of subsequent neonatal hyperbilirubinemia.</p> <p><b>Study dates</b></p> <p>March 2002- July 2005</p> <p><b>Source of funding</b></p> <p>None reported</p>	<p>Birth body weight (g)=3231.90 (331.22) Male, n=317 (48.4%)</p>			<table border="1"> <tr> <td>8%</td> <td>22.3 vs 29.3</td> <td>1.45 (1.06, 1.97)</td> <td>0.019</td> </tr> <tr> <td>9%</td> <td>24.8 vs 26.9</td> <td>1.12 (0.74, 1.69)</td> <td>0.606</td> </tr> <tr> <td>10%</td> <td>24.7 vs 33.3</td> <td>1.52 (0.77, 3.02)</td> <td>0.227</td> </tr> </table>	8%	22.3 vs 29.3	1.45 (1.06, 1.97)	0.019	9%	24.8 vs 26.9	1.12 (0.74, 1.69)	0.606	10%	24.7 vs 33.3	1.52 (0.77, 3.02)	0.227	<p>reported whether outcome assessors or participants were blinded to the study outcome)</p> <p>5. Were the predictor variables and the outcome evaluated in the whole sample selected initially? Yes</p> <p>6. Are the statistical methods used to construct and validate the rule clearly described? No</p> <p>B) What are the results?</p> <p>7. Can the performance of the rule be calculated? n/a</p> <p>8. How precise was the estimate of the treatment effect? Can't tell</p> <p>C) Will the results help locally? / Are the findings applicable to the scenario?</p> <p>9. Would the</p>				
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	<p>Delivery as normal spontaneous delivery: n=476 (72.67%).</p>			<p>For weight loss<math>\geq</math>8% on the 2nd day, the positive predictive value (PPV) was 29.3% and the negative predictive value (NPV) was 77.7%; the sensitivity value was 46.6% and the specificity value was 62.4%.</p> <p><u>Incidence of hyperbilirubinemia for 3 day-old neonates by body loss percentages of 3%-10%</u></p> <table border="1"> <thead> <tr> <th>BW loss %</th> <th>Incidence of hyperbilirubinemia (below vs above)</th> <th>Odds ratio (95% CI)</th> <th>p</th> </tr> </thead> <tbody> <tr> <td>4%</td> <td>14.7% vs. 24.7%</td> <td>1.90 (0.73, 4.98)</td> <td>0.191</td> </tr> <tr> <td>5%</td> <td>16.5% vs. 25.1%</td> <td>1.70 (0.92, 3.16)</td> <td>0.092</td> </tr> <tr> <td>6%</td> <td>16.4% vs. 25.7%</td> <td>1.77 (1.07, 2.91)</td> <td>0.025</td> </tr> </tbody> </table>	BW loss %	Incidence of hyperbilirubinemia (below vs above)	Odds ratio (95% CI)	p	4%	14.7% vs. 24.7%	1.90 (0.73, 4.98)	0.191	5%	16.5% vs. 25.1%	1.70 (0.92, 3.16)	0.092		6%	16.4% vs. 25.7%	1.77 (1.07, 2.91)	0.025
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	<p>Maximum body weight loss percentage (%)=8.48 (2.13)</p>																				
<p>2-day old body weight loss percentage (%)=7.44 (1.66)</p>																					
<p>3-day old body weight loss percentage=7.97 (2.24)</p>																					
<p><b>Inclusion Criteria</b></p> <p>All neonates born at National Taiwan University Hospital that have a gestational age &gt;35 weeks and birth body weight (BBW) above 2500g. Only exclusively breastfed neonates included (breastfed=without supplementation of formula at any time before or during development of hyperbilirubinemia.)</p>																					
<p><b>Exclusion Criteria</b></p> <p>Risk factors for developing neonatal hyperbilirubinemia, such as evidence of haemolysis (positive Coombs' test),</p>																					

Bibliographic details	Participants	Thresholds	Methods	Outcomes and results	Comments																								
	glucose-6-phosphate dehydrogenase deficiency, cephalohematoma, congenital infection, congenital hypothyroidism, perinatal asphyxia and major organ anomalies. Early-onset (i.e., <48 hours of age) neonatal hyperbilirubinemia. Neonates also not enrolled because we were interested in using 2nd and 3rd day BW loss as indicators.			<table border="1"> <tr> <td>7%</td> <td>15.4% vs. 27.6%</td> <td>2.10 (1.39, 3.15)</td> <td>&lt;0.001</td> </tr> <tr> <td>8%</td> <td>19.2% vs. 28.4%</td> <td>1.67 (1.20, 2.33)</td> <td>0.002</td> </tr> <tr> <td>9%</td> <td>20.8% vs. 30.3%</td> <td>1.66 (1.20, 2.30)</td> <td>0.002</td> </tr> <tr> <td>10%</td> <td>22.3% vs. 32.9%</td> <td>1.71 (1.16, 2.51)</td> <td>0.007</td> </tr> <tr> <td>11%</td> <td>23.2% vs. 37.7%</td> <td>2.01 (1.16, 3.46)</td> <td>0.012</td> </tr> <tr> <td>12%</td> <td>24.1% vs. 28.6%</td> <td>1.26 (0.48, 3.28)</td> <td>0.641</td> </tr> </table> <p>For weight loss ≥ 11%, the PPV was 37.7%, the NPV was 76.8%, the sensitivity value was 11.7% and the specificity value was 93.8%.</p>	7%	15.4% vs. 27.6%	2.10 (1.39, 3.15)	<0.001	8%	19.2% vs. 28.4%	1.67 (1.20, 2.33)	0.002	9%	20.8% vs. 30.3%	1.66 (1.20, 2.30)	0.002	10%	22.3% vs. 32.9%	1.71 (1.16, 2.51)	0.007	11%	23.2% vs. 37.7%	2.01 (1.16, 3.46)	0.012	12%	24.1% vs. 28.6%	1.26 (0.48, 3.28)	0.641	<p>prediction rule be reliable and the results interpretable if used for your patient? Yes</p> <p>10. Is the rule acceptable in your case? Yes</p> <p>11. Would the results of the rule modify your decision about the management of the patient or the information you can give to him/her? Can't tell</p> <p><b>GLOBAL RATING FOR THIS STUDY:</b> Low</p>
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<b>Full citation</b>	<b>Sample size</b>	<b>Tests</b>	<b>Methods</b>	<b>Results</b>	<b>Limitations</b>																								
Davanzo, R., Cannioto, Z., Ronfani, L., Monasta, L., Demarini, S., Breastfeeding and neonatal weight loss in healthy term infants, Journal of Human Lactation, 29,	1003 infants consecutively admitted to the regular nursery of the Institute for Maternal and Child Health "Burlo Garofolo" (Trieste, Italy). 20.7% delivered by Caesarean section. 60.1% exclusively breast-fed Characteristics Mean gestational age (wk)=40 (39-40) 1 minute Apgar score (median [IQR])=9 (9-9)	Healthy infants were routinely discharged from the hospital at a postnatal age ≥ 36 hours, according to the recommendations of the American Academy of paediatrics. Babies with a neonatal weight loss > 10% were not considered for discharge until they regained enough weight to fall below 10% weight loss. A weight check of discharged infants was	Every day between 8-10am, all infants were weighed naked, with an electronic scale, by a nurse, regardless of the feeding pattern. Hyponatremia defined as serum sodium concentration > 150 mEq/L. Statistical analysis Continuous data were reported as means and standard deviations if	Sodium concentration level > 145 mEq/L Weight loss < 8% vs ≥ 8%: 0/731 vs 2/272 With regard to jaundice, 59 infants needed phototherapy (5.9% of the total sample). The mean bilirubin serum concentration of jaundiced infants requiring phototherapy was 16.9 mg/dL. Upon bivariate analysis, no difference in weight loss ≥ 8% was found between jaundiced infants requiring or not requiring phototherapy (32% vs 38%; P = .4). Fifty-one out of 1003 (5%) infants were SGA. Weight loss ≥ 8% was reported in 12% of SGA infants versus	<p><u>Methodological limitations assessed using the Critical Appraisal Skills Programme (CASP 2006) Clinical Prediction Rule Checklist</u></p> <p>A) Are the results of the study valid?</p> <p>1. Is the CPR</p>																								

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<p>45-53, 2013</p> <p><b>Ref Id</b></p> <p>458248</p> <p><b>Country/ies where the study was carried out</b></p> <p>Italy</p> <p><b>Study type</b></p> <p>Retrospective cohort study</p> <p><b>Aim of the study</b></p> <p>To assess the extent of neonatal weight loss and its association with selected variables in a population of healthy term infants cared for using a specific protocol on weight loss.</p> <p><b>Study dates</b></p> <p>January to August 2007.</p>	<p>5 minute Apgar score (median [IQR])=10 (10-10)</p> <p>Length of hospital stay, d (median [IQR]): All infants 3 (2-4); Vaginal delivery 3 (2-3); Caesarean delivery 4.5 (4-6)</p> <p>Mean birth weight, g (mean ± SD)=3404 ± 442</p> <p>Caesarean delivery, n (%)=208/1003 (20.7%)</p> <p>Exclusive breastfeeding at discharge, n (%) =603/1003 (60.1%)</p> <p>Breastfeeding (exclusive or predominant) at discharge, n (%)= 667/10</p> <p><b>Inclusion Criteria</b></p> <p>Healthy term infants</p> <p><b>Exclusion Criteria</b></p> <p>Not reported.</p>	<p>scheduled within 2-4 days after discharge, and was carried out either at the hospital outpatient clinic by a registered nurse or at the health districts of the Trieste province, by a midwife. A hospital-based post-discharge weight check was scheduled for some infants depending on: (a) extent of in-hospital weight loss, (b) uncertainty of breastfeeding, and (c) need for jaundice reassessment.</p>	<p>normally distributed (according to the skewness and kurtosis joint test) or as medians and interquartile ranges if not distributed normally. Weight loss was analysed as both a continuous and a dichotomous variable (<math>\geq 8\%</math> or <math>&lt; 8\%</math>). Bivariate relations were evaluated by the t test, Mann-Whitney nonparametric test, or <math>\chi^2</math> test, depending on the nature of the variables. Multivariate logistic regression was used to study the association between weight loss <math>\geq 8\%</math> (outcome) and all covariates.</p>	<p>28% of non-SGA infants (P =0.01).</p>	<p>clearly defined? Yes</p> <p>2. The population for which the rule was derived included an appropriate spectrum of patients? Yes</p> <p>3. Was the rule validated in a different group of patients? Can't tell</p> <p>4. Were the predictor variables and the outcome evaluated in a blinded fashion? Can't tell (not reported whether outcome assessors or participants were blinded to the study outcome)</p> <p>5. Were the predictor variables and the outcome evaluated in the whole sample selected initially? Yes</p> <p>6. Are the statistical methods used to construct and validate the rule clearly described?</p>

Bibliographic details	Participants	Thresholds	Methods	Outcomes and results	Comments
<p><b>Source of funding</b></p> <p>None reported.</p>					<p>No</p> <p>B) What are the results?</p> <p>7. Can the performance of the rule be calculated? n/a</p> <p>8. How precise was the estimate of the treatment effect? Can't tell</p> <p>C) Will the results help locally? / Are the findings applicable to the scenario?</p> <p>9. Would the prediction rule be reliable and the results interpretable if used for your patient? Yes</p> <p>10. Is the rule acceptable in your case? Yes</p> <p>11. Would the results of the rule modify your decision about the management of the patient or the information you can give to him/her?</p>

Bibliographic details	Participants	Thresholds	Methods	Outcomes and results	Comments
					Can't tell  GLOBAL RATING FOR THIS STUDY: Low

### G.3 Thresholds for faltering growth

Study details	Characteristics of the population	Measurements taken	Results	Comments and limitations
<p><b>Full citation</b></p> <p>Olsen, E. M., Petersen, J., Skovgaard, A. M., Weile, B., Jorgensen, T., Wright, C. M., Failure to thrive: the prevalence and concurrence of anthropometric criteria in a general infant population, Archives of Disease in Childhood, 92, 109-14, 2007</p> <p><b>Ref Id</b></p> <p>377973</p> <p><b>Country/ies where the study was carried out</b></p> <p>Denmark</p> <p><b>Aim of the study</b></p>	<p><b>Sample size</b></p> <p>N= 5624 Inclusion criteria Not reported Exclusion criteria No child was excluded, as anthropometric screening of children in primary care is normally carried out on the whole population.</p>	<p><b>Details</b></p> <p>Weight and length at birth and perinatal data were obtained from the National Birth Registry. Postnatal measurements were collected by public health nurses using a standardised record as part of four routine home visits conducted when the children were aged about 1-5 weeks, 2-3 months, 4-6 months and 8-10 months. Data were grouped into 2 age groups: 2-6 months (age group 1) and 6-11 months (age group 2). Growth data were converted into z scores and centiles using the LMS method. Seven clinically used criteria for FTT were applied to the cohort corresponding to "moderate" FTT, and the prevalence and concurrence were compared within and across the 2 age groups. Conditional weight gain was calculated using the thrive index method (thrive index is the change in weight z scores from birth to the later age, adjusted for regression to the mean, with an average thrive index being zero).</p>	<p><b>Statistical analyses</b></p> <p>Crude prevalence was determined using all children screenable by each of the seven criteria, whereas the concurrence among criteria was analysed in subgroups of children for whom growth status could be evaluated for all the given criteria. In the absence of a single gold standard measure of undernutrition, it was considered that a child with both poor weight gain and low weight for height was most likely to be significantly undernourished. The sensitivity and the positive predictive value of each of the 7 anthropometric criteria in detecting children with the combination of conditional weight gain and BMI below the 5th centile termed "significant undernutrition" was tested.</p> <p><b>Results</b></p> <p><u>Prevalence of FTT</u> A total of 17% (n=942) of the 5624 children with visits met one or more of the anthropometric criteria in the younger age group and 20% (n=1126) in the older age group, with 27% (n=1524) meeting one or more criteria in at least one age groups. The total yield for each criterion varied from 1.3% (Waterlow) to 22.2% (crossing at least 2 major weight centiles downward).</p> <p><b>Sensitivity and positive predictive values of each criterion in identifying significant undernutrition (BMI and conditional weight gain below the 5th centile)</b></p>	<p><b>Limitations</b></p> <p><u>Methodological limitations assessed using the Critical Appraisal Skills Programme (CASP 2006) Clinical Prediction Rule Checklist</u></p> <p>A) Are the results of the study valid?</p> <p>1. Is the CPR clearly defined? Yes</p> <p>2. The population for which the rule was derived included an appropriate spectrum of patients? Yes</p> <p>3. Was the rule validated in a different group of patients? Can't tell</p>

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<p>To compare the prevalence and concurrence of different anthropometric criteria for FTT and test the sensitivity and positive predictive values of these in detecting children with "significant undernutrition", defined as the combination of slow conditional weight gain and low body mass index (BMI).</p> <p><b>Funding</b></p> <p>Egmont Foundation, the Danish Health Insurance Foundation, the Foundation of Carl August and Jenny Andersen, the Lunbeck Foundation, the Gangsted Foundation, the Beatrice Surovell Haskell Fund for Child Mental Health Research of Copenhagen, the Rosalie Petersen Foundation, the Foundation of Director Jacob</p>		<p><u>Anthropometric criteria of failure to thrive:</u>                      Weight &lt; 75% of median weight for chronological age (Gomez criterion)                      Weight &lt; 80% of median weight for length (Waterlow criterion)                      Body mass index for chronological age &lt; 5th centile                      Weight for chronological age &lt;5th centile                      Weight deceleration crossing more than two major centile lines; centile lines used: 5,10,25,50,75,90                      Conditional weight gain= lowest 5%, adjusted for regression towards the mean from birth until weight within the given age group                      Combination of conditional weight gain and BMI below the 5th centile</p>	<p><u>Age group 1: among 3789 infants who were fully screenable, 77 infants showed significant undernutrition</u></p> <table border="1" data-bbox="1182 363 1823 1289"> <thead> <tr> <th>Criterion</th> <th>Total meeting criterion</th> <th>Number with significant undernutrition</th> <th>Sensitivity (%)</th> <th>PPV (%)</th> </tr> </thead> <tbody> <tr> <td>Gomez criterion</td> <td>56</td> <td>31</td> <td>40</td> <td>55</td> </tr> <tr> <td>Waterlow criterion</td> <td>42</td> <td>22</td> <td>29</td> <td>52</td> </tr> <tr> <td>BMI &lt; 5th centile</td> <td>184</td> <td>77</td> <td>100</td> <td>42</td> </tr> <tr> <td>Weight &lt;5th centile</td> <td>131</td> <td>52</td> <td>68</td> <td>40</td> </tr> <tr> <td>length &lt;5th centile</td> <td>141</td> <td>13</td> <td>17</td> <td>9</td> </tr> <tr> <td>Weight downward crossing ≥</td> <td>553</td> <td>55</td> <td>71</td> <td>10</td> </tr> <tr> <td>Conditional weight gain &lt;5th centile</td> <td>178</td> <td>77</td> <td>100*</td> <td>43</td> </tr> </tbody> </table> <p><u>Age group 2: among 3692 infants who were fully screenable, 66 infants showed significant undernutrition</u></p>					Criterion	Total meeting criterion	Number with significant undernutrition	Sensitivity (%)	PPV (%)	Gomez criterion	56	31	40	55	Waterlow criterion	42	22	29	52	BMI < 5th centile	184	77	100	42	Weight <5th centile	131	52	68	40	length <5th centile	141	13	17	9	Weight downward crossing ≥	553	55	71	10	Conditional weight gain <5th centile	178	77	100*	43	<p>4. Were the predictor variables and the outcome evaluated in a blinded fashion? No (measurements were taken as part of routine monitoring)</p> <p>5. Were the predictor variables and the outcome evaluated in the whole sample selected initially? Yes</p> <p>6. Are the statistical methods used to construct and validate the rule clearly described? Yes</p> <p>B) What are the results?</p> <p>7. Can the performance of the rule be calculated? Yes</p> <p>8. How precise was the estimate of the treatment effect? Some estimates were very precise, others not as much</p> <p>C) Will the results help locally? / Are the findings applicable to the scenario?</p>
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<p>Madsen and Wife Olga Madsen, the Linex Foundation and the Danish Ministry of Social Affairs.</p> <p><b>Comparison/control group</b></p> <p>N/A</p>			<table border="1"> <thead> <tr> <th>Criterion</th> <th>Total meeting criterion</th> <th>Number with significant undernutrition</th> <th>Sensitivity (%)</th> <th>PPV (%)</th> </tr> </thead> <tbody> <tr> <td>Gomez criterion</td> <td>23</td> <td>11</td> <td>17</td> <td>48</td> </tr> <tr> <td>Waterlow criterion</td> <td>19</td> <td>11</td> <td>17</td> <td>58</td> </tr> <tr> <td>BMI &lt; 5th centile</td> <td>162</td> <td>66</td> <td>100</td> <td>41</td> </tr> <tr> <td>Weight &lt;5th centile</td> <td>183</td> <td>50</td> <td>76</td> <td>27</td> </tr> <tr> <td>Length &lt;5th centile</td> <td>125</td> <td>1</td> <td>1 1/2</td> <td>1</td> </tr> <tr> <td>Weight downward crossing ≥ 2 major centiles</td> <td>773</td> <td>56</td> <td>85</td> <td>7</td> </tr> <tr> <td>Conditional weight gain &lt;5th centile</td> <td>184</td> <td>66</td> <td>100*</td> <td>36</td> </tr> </tbody> </table>	Criterion	Total meeting criterion	Number with significant undernutrition	Sensitivity (%)	PPV (%)	Gomez criterion	23	11	17	48	Waterlow criterion	19	11	17	58	BMI < 5th centile	162	66	100	41	Weight <5th centile	183	50	76	27	Length <5th centile	125	1	1 1/2	1	Weight downward crossing ≥ 2 major centiles	773	56	85	7	Conditional weight gain <5th centile	184	66	100*	36					<p>9. Would the prediction rule be reliable and the results interpretable if used for your patient? Yes</p> <p>10. Is the rule acceptable in your case? Yes</p> <p>11. Would the results of the rule modify your decision about the management of the patient or the information you can give to him/her? Yes</p> <p><u>GLOBAL RATING FOR THIS STUDY:</u> moderate</p>
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\*100% by definition. Negative predictive values: 98%-100%

Study details	Characteristics of the population	Measurements taken	Results					Comments and limitations																									
			<p>Characteristics of children identified as cases by the different criteria among fully screenable children for age group 1</p> <table border="1" data-bbox="1182 1031 1845 1420"> <thead> <tr> <th data-bbox="1182 1031 1391 1177">Criterion</th> <th data-bbox="1391 1031 1491 1177">Birth: mean weight z scores</th> <th data-bbox="1491 1031 1621 1177">Birth: mean length z scores</th> <th data-bbox="1621 1031 1727 1177">Age group 1 z scores: weight</th> <th data-bbox="1727 1031 1845 1177">Age group mean z scores: length</th> </tr> </thead> <tbody> <tr> <td data-bbox="1182 1177 1391 1246">All in the age group</td> <td data-bbox="1391 1177 1491 1246">0.001</td> <td data-bbox="1491 1177 1621 1246">0.018</td> <td data-bbox="1621 1177 1727 1246">-0.061</td> <td data-bbox="1727 1177 1845 1246">-0.042</td> </tr> <tr> <td data-bbox="1182 1246 1391 1315">Gomez criterion &lt;75%</td> <td data-bbox="1391 1246 1491 1315">-1.37*</td> <td data-bbox="1491 1246 1621 1315">-1.19*</td> <td data-bbox="1621 1246 1727 1315">-3.15*</td> <td data-bbox="1727 1246 1845 1315">-1.87*</td> </tr> <tr> <td data-bbox="1182 1315 1391 1383">Waterlow criterion &lt;80%</td> <td data-bbox="1391 1315 1491 1383">-0.01</td> <td data-bbox="1491 1315 1621 1383">0.08</td> <td data-bbox="1621 1315 1727 1383">-1.64*</td> <td data-bbox="1727 1315 1845 1383">0.95*</td> </tr> <tr> <td data-bbox="1182 1383 1391 1420">BMI &lt; 5th centile</td> <td data-bbox="1391 1383 1491 1420">-0.20*</td> <td data-bbox="1491 1383 1621 1420">-0.07</td> <td data-bbox="1621 1383 1727 1420">-1.36*</td> <td data-bbox="1727 1383 1845 1420">0.56*</td> </tr> </tbody> </table>					Criterion	Birth: mean weight z scores	Birth: mean length z scores	Age group 1 z scores: weight	Age group mean z scores: length	All in the age group	0.001	0.018	-0.061	-0.042	Gomez criterion <75%	-1.37*	-1.19*	-3.15*	-1.87*	Waterlow criterion <80%	-0.01	0.08	-1.64*	0.95*	BMI < 5th centile	-0.20*	-0.07	-1.36*	0.56*	
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Study details	Characteristics of the population	Measurements taken	Results				Comments and limitations	
			Weight <5th centile	1.13*	-1.05*	-2.15*	-1.23*	
			Length <5th centile	-1.09*	-1.14*	-1.31*	-2.13*	
			Weight deceleration ≥ 2 major centile lines	0.84*	0.57*	-0.67*	-0.13*	
			Conditional weight gain <5th centile	-0.14	-0.23*	-1.96*	-0.87*	
			Weight gain < 5th centile and BMI <5th centile	-0.17	-0.12	-2.10*	-0.25*	
			* p <0.05, tested against children identified as normal by the same criterion					
<b>Full citation</b>	<b>Sample size</b>	<b>Details</b>	<b>Statistical analyses</b>				<b>Limitations</b>	
Ross, E. S., Krebs, N. F., Shroyer, A. L., Dickinson, L. M., Barrett, P. H., Johnson, S. L., Early growth faltering in healthy term infants predicts longitudinal growth, Early Human Development, 85, 583-8, 2009	N=1939 in the 4 - to-6 month time period and N=1900 in the 2- to-4 time period. Inclusion criteria Term gestation (≥37 weeks, ≤ 42 weeks), birthweight >2.5 kg, no known prenatal exposure to alcohol or illicit drugs, and an initial hospital stay of ≤ 4 days. Exclusion criteria Children who were born with	Information was gathered during regularly-scheduled well-child visits between two and six months of age**. Infants with a birthweight >4.2 kg were then eliminated from analysis to control for regression to the mean, resulting in a dataset with birthweights >5%tile and <95%tile.  The predictor variable was defined as a change in WAZ between the first and the last weights collected within the 4-to-6 month time period (primary hypothesis) or within the 2-to-4 month time period (secondary hypothesis.)***  The predictor variable was created by subtracting WAZ1 (weight-for-age)	Means and standard deviations were calculated for age in months, length in centimetres, and weight in kilograms for each time period of interest. The cohort was then stratified categorically by birth weight (2.5 kg to < 2.75 kg, ≥2.75 kg to < 3.0 kg, ≥3.0 kg to ≤ 4.0 kg (REFERENCE), and >4.0 kg to ≤ 4.2 kg) to assess the influence of birth weight on becoming a case. The reference category was chosen as it included roughly the middle 50% of the birth cohort.  Logistic regression analyses were used to determine whether a rate of deceleration in WAZ (negative change in z-score) of ≥ -0.85 during the 4-to-6 month time period was associated with an increased risk of underweight in the first 2 years of life, after adjusting for birth weight. The covariates of birth weight category, a negative change in z-score of ≥ -0.85, and the interaction term (birth weight category*change in z-score) were entered and tested for significance, using the -2 log likelihood test.				<u>Methodological limitations assessed using the Critical Appraisal Skills Programme (CASP 2006) Clinical Prediction Rule Checklist</u>  A) Are the results of the study valid?  1. Is the CPR clearly defined? Yes  2. The population for which the rule was derived included an	
<b>Ref Id</b> 409159								
<b>Country where the study was carried</b>								

Study details	Characteristics of the population	Measurements taken	Results	Comments and limitations										
<p><b>out</b></p> <p>USA</p> <p><b>Aim of the study</b></p> <p>To identify whether early deceleration in weight gain could be used to predict subsequent early growth childhood growth faltering. The authors aimed to test 2 different hypotheses:</p> <p>H1: a change in weight-for-age in a negative direction of more than -0.85 standard deviation between the four and six month well-child visit was predictive of a child reaching a weight-for-length ratio <math>\leq</math> the 5th percentile ("underweight") at some point during the first two years of life*.</p> <p>H2: whether a similar change in the two-to-four month time period would be equally predictive. The authors were interested in finding</p>	<p>any known, documented congenital or genetic defects or if there was any documented indication of gestational diabetes in the mother. Additionally, because this was a longitudinal study of growth, infants were excluded if they did not maintain enrolment in the health care system for the first two years of life, with an allowable lapse in membership of <math>\leq</math> 45 consecutive days.</p>	<p>(the first WAZ collected) from WAZ2 (the last WAZ.).</p> <p>A negative value implies a deceleration in weight-gain velocity; a positive value implies accelerated weight gain velocity. The predictor criterion was a negative change in the WAZ of more than -0.85. Weights collected from three and one-half to seven months of age were accepted for the change in weight during the four-to-six month time period, and weights collected from one and one half to five months were accepted for the two-to-four month time period.</p> <p>The outcome variable was the lowest WLZ (weight-for-length) recorded during the time periods of 7-12, 12-18, or 18-24 months of age****. The authors decided to use the lowest WLZ, reflecting the a priori determination that one instance of a WLZ of <math>\leq</math>-1.67 resulted in becoming a case. For each predictor time period (four-to-six months or two-to-four months), the most extreme values of change in WAZ for the entire cohort (&lt;1% and &gt;99%) were further eliminated to adjust for potential data entry errors, resulting in a total of 1939 infants in the four-to-six month time period and a total of 1900 infants in the two-to-four month time period.</p>	<p>The time period of 2-to-4 months as a predictor, using the same logistic regression modelling techniques. The 95% confidence intervals for the c-statistics for each of the logistic regression models for the two predictor time periods were then compared to determine whether one time period was a better predictor of growth faltering than the other time period. Odds ratios and 95% confidence intervals, as well as relative risks, are reported.</p> <p>Post-hoc sensitivity analyses were conducted to determine both the effect of exclusions that limited the final cohort, and the effect of a-priori decisions on the study results. The primary analyses were run using the full cohort (n=3727). Alternate thresholds were tested for the predictor variable (change in WAZ) and the outcome criterion of <math>\leq</math> 5th percentile in weight for-length was altered to both a weight-for-length <math>\leq</math> 3rd percentile, and to weight-for-age percentiles <math>\leq</math> both the 5th and 3rd percentiles. To assess the influence of errors in length measures, a sensitivity analysis was conducted by subtracting 1.3 cm from all of the lengths originally recorded.</p> <p>The WHO growth charts were used in place of the CDC growth charts (feeding regimen -breastmilk vs. formula and introduction of solid foods- was unavailable in this dataset) as reference to calculate WAZ and WLZ scores to determine whether the feeding regimen might influence our findings. The WHO growth charts represent the longitudinal growth of breastfed infants, while the CDC growth charts were developed using cohorts that were primarily formula-fed.</p> <p>Prevalence rates as well as the efficacy of using a negative change in weight-for-age as a predictor of later growth faltering were compared.</p> <p>Results</p> <p><u>Relationship of Change in Weight-for-Age and Odds of Becoming a Case, Stratified by Birthweight Category, 4-6 Month Time Period (n=1939)</u></p> <table border="1"> <thead> <tr> <th>Parameter</th> <th>Odds Ratio</th> <th>95% CI</th> <th>Relative Risk</th> <th>95% CI</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Parameter	Odds Ratio	95% CI	Relative Risk	95% CI						<p>appropriate spectrum of patients? Yes</p> <p>3. Was the rule validated in a different group of patients? Can't tell</p> <p>4. Were the predictor variables and the outcome evaluated in a blinded fashion? Can't tell</p> <p>5. Were the predictor variables and the outcome evaluated in the whole sample selected initially? Yes</p> <p>6. Are the statistical methods used to construct and validate the rule clearly described? Yes</p> <p>B) What are the results?</p> <p>7. Can the performance of the rule be calculated? Yes</p> <p>8. How precise was the estimate of the treatment effect? Precise</p> <p>C) Will the results</p>
Parameter	Odds Ratio	95% CI	Relative Risk	95% CI										

Study details	Characteristics of the population	Measurements taken	Results					Comments and limitations
<p>the earliest time interval useful for prognostic purposes. Sensitivity analyses were conducted to determine the effect of the growth reference (2006 WHO vs. 2000 CDC) on the robustness of the model.</p> <p><b>Funding</b></p> <p>Kaiser-Permanente Comparison/control group The control group were those children who did not present with a deceleration in weight gain during early infancy.</p>			<p><b>Only Birthweight (kg) category in model*</b></p>					<p>help locally? / Are the findings applicable to the scenario?</p> <p>9. Would the prediction rule be reliable and the results interpretable if used for your patient? Can't tell</p> <p>10. Is the rule acceptable in your case? Yes</p> <p>11. Would the results of the rule modify your decision about the management of the patient or the information you can give to him/her? Yes</p> <p><u>GLOBAL RATING FOR THIS STUDY:</u> Moderate</p> <p><b>Other information</b></p> <p>*A negative change of more than -0.85 was chosen a priori based upon data published by Mei and colleagues (2004) that suggested approximately 17% of infants demonstrated a negative change in weight-for-age <math>\geq 1</math> standard deviation</p>
			<2.75kg	2.13	1.4, 3.3	1.25	1.1, 1.5	
			$\geq 2.75\text{kg}, <3.0\text{kg}$	1.85	1.4, 2.4	1.19	1.1,1.3	
			$\geq 3.0\text{kg}, \leq 4.0\text{kg}$ (Reference)	1.0		-	-	
			>4.0kg, $\leq 4.2\text{kg}$	0.43	0.2, 0.9	0.88	0.8,0.9	
			<p><b>Only Negative Change in WAZ score <math>\geq -0.85</math> in the model**</b></p>	2.17	1.3, 3.5	1.28	1.1,1.5	
			<p><b>Both BW and Change WAZ in model*</b></p>					
			BW<2.75kg	2.19	1.4, 3.3			
			BW $\geq 2.75\text{kg}, <3.0\text{kg}$	1.90	1.4, 2.5			
			$\geq 3.0\text{kg}, \leq 4.0\text{kg}$ (Reference)	1.0				
			BW >4.0kg, $\leq 4.2\text{kg}$	0.42	0.2, 0.9			
			<p><b>Negative Change in WAZ score <math>\geq -0.85</math></b></p>	2.39	1.5, 3.9			
			<p>WAZ = weight-for-age z score * <math>p &lt; 0.0001</math>; ** <math>p = 0.0019</math>  <u>Sensitivity, Specificity, and Area under the ROC curve by category of birthweight using a negative change in WAZ of <math>\geq -0.85</math></u></p>					
			<p><b>Birthweight category</b></p>	<p><b>Sensitivity (95% CI)</b></p>	<p><b>Specificity (95% CI)</b></p>	<p><b>Area under Curve (AUC)</b></p>	<p><b>p-value</b></p>	

Study details	Characteristics of the population	Measurements taken	Results					Comments and limitations
			<b>Aggregate cohort</b>	0.06 (0.04, 0.09)	0.97 (0.96, 0.98)	0.611	p< .0001	<p>between birth and six months of age, and this study was examining a shorter time interval.</p> <p>**The age interval of four-to-six months was chosen initially because it reflects the typical timing of well-child visits and there are a number of developmental changes related to feeding skill development and changing nutritional requirements that could influence growth.</p> <p>***Weight-for-age was chosen over weight-for length as the predictor variable because weight is the most accurately collected anthropometric measurement in the infant under one year of age.</p> <p>****WLZ is preferred as the indicator for underweight by the CDC, the World Health Organization (WHO), and the American Academy of Paediatrics (AAP).</p>
			<b>&lt; 3.0 kilograms</b>	0.02 (0.0, 0.07)	0.98 (0.96, 1.0)	0.615	p= .0004	
			<b>≥3.0 kilograms, &lt; 4.2 kilograms</b>	0.07 (0.05, 0.10)	0.97 (0.96, 0.98)	0.619	p< .0001	

Study details	Characteristics of the population	Measurements taken	Results	Comments and limitations
				Weight-for-length ratio is also the most reflective of a nutritional deficit (underweight); therefore, it can prompt a nutritional intervention. The authors decided to use the lowest WLZ, reflecting the a priori determination that one instance of a WLZ of $\leq -1.67$ resulted in becoming a case

## G.4 Differences in feeding and eating

Study details	Participants	Assessment/ methods	Outcomes and results	Comments																																			
<b>Full citation</b>  Drewett, R. F., Kasese-Hara, M., Wright, C., Feeding behaviour in young children who fail to thrive, <i>Appetite</i> , 40, 55-60, 2003	<b>Inclusion criteria</b>  Children aged 12-24 months at the time of the investigation and cases referred to a specialist clinical service over a 2 years period	<b>Assessment/methods</b>  For each child a standard lunchtime meal was videotaped. The meal replaced a normal lunchtime meal and was given in the usual way in the child's own home. Counts of behaviour were assessed using a behaviour code developed and validated by the study authors. Digital scales were used for weighting food before and after the meal accurate to 0.1g, and the	<b>Outcomes and results</b>  Intakes of solid foods and of fluids in cases and controls at test meal <table border="1"> <thead> <tr> <th></th> <th>Cases</th> <th>Cases</th> <th>Controls</th> <th>Controls</th> <th>t [z]</th> <th>p&lt;</th> </tr> <tr> <th></th> <th>Mean</th> <th>SD</th> <th>Mean</th> <th>SD</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td><b>Intake mass (g)- Solid food</b></td> <td>95.7</td> <td>41.9</td> <td>127.8</td> <td>51.7</td> <td>2.5</td> <td>0.02</td> </tr> <tr> <td><b>Intake mass (g)- drink</b></td> <td>21.3</td> <td>37.8</td> <td>70.1</td> <td>63.3</td> <td>[2.84]</td> <td>0.005</td> </tr> <tr> <td><b>Intake density (kJ/100g)- Solid food</b></td> <td>709.3</td> <td>232.5</td> <td>757.1</td> <td>169.4</td> <td>0.85</td> <td>0.4</td> </tr> </tbody> </table>		Cases	Cases	Controls	Controls	t [z]	p<		Mean	SD	Mean	SD			<b>Intake mass (g)- Solid food</b>	95.7	41.9	127.8	51.7	2.5	0.02	<b>Intake mass (g)- drink</b>	21.3	37.8	70.1	63.3	[2.84]	0.005	<b>Intake density (kJ/100g)- Solid food</b>	709.3	232.5	757.1	169.4	0.85	0.4	<b>Limitations</b>  <a href="#">Appendix E Methodology checklist NICE manual: case-control studies</a>  <a href="#">Section 1: Internal validity</a> 1.1 The study addresses an appropriate and clearly focused question: Adequately addressed Selection of
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<p><b>Country/ies where the study was carried out</b></p> <p>UK</p> <p><b>Study type</b></p> <p>Case-control</p> <p><b>Aim of the study</b></p> <p>To compare feeding behaviour at the test meal in children who failed to thrive and appropriate controls and to examine the extent to which differences in their behaviour explained differences in their energy intake.</p> <p><b>Source of funding</b></p> <p>Not reported</p>	<p>provided their weight gain was in the slowest 5% compared with children of the same weight soon after birth. Exclusion criteria Not reported</p> <p>Cases characteristics N=28 children in the slowest 5% compared with children of the same weight soon after birth. The mean (SD) age was 17.4 (3.6) months. 14 (52%) were boys. Controls characteristics N=28 children</p>	<p>energy density of the foods was known, making it possible to calculate energy intake. The children drank an energy drink over the half and before the meal.</p>	<table border="1"> <tr> <td><b>Intake density (kJ/100g)- drink</b></td> <td>1 (kJ 62.5</td> <td>68.4</td> <td>194.5</td> <td>57.8</td> <td>1.67</td> <td>0.2</td> </tr> <tr> <td><b>Intake energy (kJ)- solid food</b></td> <td>645.4</td> <td>284.4</td> <td>925.6</td> <td>352.3</td> <td>3.19</td> <td>0.003</td> </tr> <tr> <td><b>Intake energy (kJ)- drink</b></td> <td>40.8</td> <td>92.1</td> <td>136.7</td> <td>138.1</td> <td>[2.85]</td> <td>0.005</td> </tr> </table>	<b>Intake density (kJ/100g)- drink</b>	1 (kJ 62.5	68.4	194.5	57.8	1.67	0.2	<b>Intake energy (kJ)- solid food</b>	645.4	284.4	925.6	352.3	3.19	0.003	<b>Intake energy (kJ)- drink</b>	40.8	92.1	136.7	138.1	[2.85]	0.005	<p>participants</p> <p>1.2 The cases and controls are taken from comparable populations: Well covered</p> <p>1.3 The same exclusion criteria are used for both cases and controls: Well covered</p> <p>1.4 What was the participation rate for each group (cases and controls)?: Above 90%</p> <p>1.5 Participants and non-participants are compared to establish their similarities or differences: Well covered</p> <p>1.6 Cases are clearly defined and differentiated from controls: Adequately addressed</p> <p>1.7 It is clearly established that controls are not cases: Adequately addressed</p> <p>Assessment</p> <p>1.8 Measures were taken to prevent knowledge of primary exposure</p>																																								
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	<p>with normal growth recruited to be comparable with cases in age and sex, with the same primary care physician and in the same geographical area. The mean (SD) age was 18.4 (4.0) months. 15 (58%) were boys</p>			<p>from influencing case ascertainment: Adequately addressed</p> <p>1.9 Exposure status is measured in a standard, valid and reliable way: Adequately addressed</p> <p>Confounding factors</p> <p>1.10 The main potential confounders are identified and taken into account in the design and analysis: Not addressed</p> <p>Statistical analysis</p> <p>1.11 Have confidence intervals been provided?: Not addressed</p> <p>1.12 Overall assessment of internal validity. Are the study results internally valid?: + Some of the checklist criteria have been fulfilled, where they have not been fulfilled, or</p>

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				<p>not adequately described, the conclusions are unlikely to alter</p> <p><u>Section 2: Overall assessment of external validity.</u></p> <p>Are the study results externally valid (i.e. generalisable to the source population)? +</p> <p>Moderate</p>																								
<p><b>Full citation</b></p> <p>Kasese-Hara, M., Wright, C., Drewett, R., Energy compensation in young children who fail to thrive, Journal of Child Psychology &amp; Psychiatry &amp; Allied Disciplines, 43, 449-56, 2002</p> <p><b>Ref Id</b></p> <p>378368</p>	<p><b>Inclusion criteria</b></p> <p>Not reported</p> <p><b>Exclusion criteria</b></p> <p>Not reported</p> <p><b>Cases characteristics</b></p> <p>N=27 children under assessment by a community</p>	<p><b>Assessment/methods</b></p> <p>Children were given standard ad libitum test meals on 2 days in the same week, at lunchtime in their own homes. One meal was preceded by a low energy pre-load and the other by a high energy pre-load in the form of a blackcurrant or orange flavoured drink. Half the children in each group received the low energy drink first, and the other half the high energy drink. 2 children from each block were assigned at random to each order.</p> <p>On the days of the test the child was first given</p>	<p><b>Outcomes and results</b></p> <p>Energy intake (kJ) in case and control children. <math>\Delta</math> intake is the difference between energy intake at the test meal on the low energy and the high energy pre-load days</p> <table border="1"> <thead> <tr> <th></th> <th>Case (n=27)</th> <th>Control (n=26)</th> <th></th> </tr> </thead> <tbody> <tr> <td><b>Low energy pre-load day Energy intake at test meal</b></td> <td>687.5 (334.3)</td> <td>1065.9 (431.8)</td> <td>t=3.6, p&lt;0.001</td> </tr> <tr> <td><b>High energy pre-load day</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Energy intake from pre-load</b></td> <td>160.7 (113.9)</td> <td>254.7 (115.1)</td> <td>t=2.99, p&lt;0.01</td> </tr> <tr> <td><b>Energy intake at test meal</b></td> <td>765.6 (358.9)</td> <td>808.6 (423.0)</td> <td>t=0.40, NS</td> </tr> <tr> <td><b>Total energy intake</b></td> <td>926.3 (419.9)</td> <td>1063.3 (455.6)</td> <td>T=0.26, NS</td> </tr> </tbody> </table>		Case (n=27)	Control (n=26)		<b>Low energy pre-load day Energy intake at test meal</b>	687.5 (334.3)	1065.9 (431.8)	t=3.6, p<0.001	<b>High energy pre-load day</b>				<b>Energy intake from pre-load</b>	160.7 (113.9)	254.7 (115.1)	t=2.99, p<0.01	<b>Energy intake at test meal</b>	765.6 (358.9)	808.6 (423.0)	t=0.40, NS	<b>Total energy intake</b>	926.3 (419.9)	1063.3 (455.6)	T=0.26, NS	<p><b>Limitations</b></p> <p><u>Appendix E Methodology checklist NICE manual: case-control studies</u></p> <p><u>Section 1: Internal validity</u></p> <p>1.1 The study addresses an appropriate and clearly focused question: Adequately addressed Selection of participants</p> <p>1.2 The cases and controls are taken</p>
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<b>Total energy intake</b>	926.3 (419.9)	1063.3 (455.6)	T=0.26, NS																									

Study details	Participants	Assessment/ methods	Outcomes and results				Comments
<p><b>Country where the study was carried out</b></p> <p>UK</p> <p><b>Study type</b></p> <p>Case-control</p> <p><b>Aim of the study</b></p> <p>To compare the energy compensation characteristics of a group of children with failure to thrive with those of control children with normal weight gain. The prediction that the children who fail to thrive would show less precise energy compensation than the controls was tested.</p> <p><b>Source of funding</b></p>	<p>-based service for failure to thrive, with weight gain in the lowest 5% for their age. The children who failed to thrive received tailored nutritional and behavioural advice from the project dietitian at a joint home visit with the health visitor, but nutritional supplements were not used, nor any structured behavioural therapies. Controls characteristics</p> <p>N=26 children with normal</p>	<p>the pre-load to drink. 25 minutes later they were given the ad-libitum meal, and allowed to eat as they normally would, with or without the help of the parent. Feeding continued until the child showed clear signs of being satiated. The parent made the decision of end the meal.</p> <p>Digital scales were used for all weightings, accurate to 0.001g.</p> <p>Energy contents were supplied by the manufacturers and are given in kJ per 100g.</p>	<p><b>↓ intake</b></p>	78.1 (365.9)	-257.3 (383.3)	T=3.26, P<0.01	<p>from comparable populations: Adequately addressed</p> <p>1.3 The same exclusion criteria are used for both cases and controls: Well covered</p> <p>1.4 What was the participation rate for each group (cases and controls)?: Above 90% for both groups</p> <p>1.5 Participants and non-participants are compared to establish their similarities or differences: Not addressed</p> <p>1.6 Cases are clearly defined and differentiated from controls: Well covered</p> <p>1.7 It is clearly established that controls are not cases: Well covered Assessment</p> <p>1.8 Measures were</p>

Study details	Participants	Assessment/ methods	Outcomes and results	Comments
<p>John Gilroy, Senior Pharmacist, Drug Information Unit, Royal Victoria Infirmary, Newcastle-Upon-Tyne, The Swedish International Development Agency and the University of Zambia.</p>	<p>growth.</p>			<p>taken to prevent knowledge of primary exposure from influencing case ascertainment: Not applicable</p> <p>1.9 Exposure status is measured in a standard, valid and reliable way: Adequately addressed Confounding factors</p> <p>1.10 The main potential confounders are identified and taken into account in the design and analysis: Not addressed Statistical analysis</p> <p>1.11 Have confidence intervals been provided?: Not addressed</p> <p>1.12 Overall assessment of internal validity. Are the study results internally valid?:+ Some of the checklist criteria have been fulfilled,</p>

Study details	Participants	Assessment/ methods	Outcomes and results	Comments																																																								
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<b>Full citation</b>	<b>Inclusion criteria</b>	<b>Assessment/methods</b>	<b>Outcomes and results</b>	<b>Limitations</b>																																																								
McDougall, P., Drewett, R. F., Hungin, A. P., Wright, C. M., The detection of early weight faltering at the 6-8-week check and its association with family factors, feeding and behavioural development, Archives of Disease in Childhood, 94, 549-52, 2009	Not reported  <b>Exclusion criteria</b>  Not reported  <b>Cases characteristics</b>  The case sample comprised all infants with weight gain below the fifth centile over the	Mothers were invited to take part in the study by their own health visitor, and visited at home when the infant reached 4 months of age. They were given a structured questionnaire, focussing on family details, feeding and the infant's health.  This was administered orally to ensure that literacy problems did not hinder any responses.  The significance of associations was tested using chi-square statistics. The infants were weighed and their development assessed blind to their group using	<u>Feeding behaviour of cases and controls</u>  <table border="1"> <thead> <tr> <th></th> <th>Cases (n=74)</th> <th>Controls (n=86)</th> <th>p value</th> </tr> </thead> <tbody> <tr> <td><b>Ever breast fed</b></td> <td>56.2%</td> <td>45.3%</td> <td>0.2</td> </tr> <tr> <td><b>Slow feeding before 2 months</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>yes, often</b></td> <td>28.4%</td> <td>3.5%</td> <td></td> </tr> <tr> <td><b>yes, sometimes</b></td> <td>10.8%</td> <td>8.1%</td> <td>&lt;0.001</td> </tr> <tr> <td><b>No, never</b></td> <td>60.8%</td> <td>88.4%</td> <td>&lt;0.001</td> </tr> <tr> <td><b>Weak sucking</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>yes, often</b></td> <td>12.2%</td> <td>0.0%</td> <td></td> </tr> <tr> <td><b>yes, sometimes</b></td> <td>8.1%</td> <td>1.2%</td> <td></td> </tr> <tr> <td><b>No, never</b></td> <td>79.7%</td> <td>98.8%</td> <td>&lt;0.001</td> </tr> <tr> <td><b>Small quantities of milk</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>yes, often</b></td> <td>28.4%</td> <td>9.3%</td> <td></td> </tr> <tr> <td><b>yes, sometimes</b></td> <td>21.6%</td> <td>27.9%</td> <td></td> </tr> <tr> <td><b>No, never</b></td> <td>5.0%</td> <td>62.8%</td> <td>0.01</td> </tr> </tbody> </table>		Cases (n=74)	Controls (n=86)	p value	<b>Ever breast fed</b>	56.2%	45.3%	0.2	<b>Slow feeding before 2 months</b>				<b>yes, often</b>	28.4%	3.5%		<b>yes, sometimes</b>	10.8%	8.1%	<0.001	<b>No, never</b>	60.8%	88.4%	<0.001	<b>Weak sucking</b>				<b>yes, often</b>	12.2%	0.0%		<b>yes, sometimes</b>	8.1%	1.2%		<b>No, never</b>	79.7%	98.8%	<0.001	<b>Small quantities of milk</b>				<b>yes, often</b>	28.4%	9.3%		<b>yes, sometimes</b>	21.6%	27.9%		<b>No, never</b>	5.0%	62.8%	0.01	<u>Appendix E Methodology checklist NICE manual: case-control studies</u>  Section 1: Internal validity  1.1 The study addresses an appropriate and clearly focused question: Adequately addressed Selection of participants  1.2 The cases and controls are taken from comparable populations: Well
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377933	first 6-8 weeks	the Bayley scales. This was repeated when the infants reached 9 months. Comparison for these and other continuous variables were made using t test statistics.	<b>Slow feeding after 2 months</b>				covered  1.3 The same exclusion criteria are used for both cases and controls: Well covered  1.4 What was the participation rate for each group (cases and controls)?: Above 90%  1.5 Participants and non-participants are compared to establish their similarities or differences: Well covered  1.6 Cases are clearly defined and differentiated from controls: Adequately addressed  1.7 It is clearly established that controls are not cases: Adequately addressed Assessment  1.8 Measures were taken to prevent knowledge of primary exposure
<b>Country where the study was carried out</b>	<b>Controls characteristics</b>		<b>yes, often</b>	16.2%	1.2%		
UK	Controls were the infant nearest in birth date to each case on the same health visitor's list		<b>yes, sometimes</b>	8.1%	4.7%		
<b>Study type</b>			<b>No, never</b>	72.5%	94.2%	<0.001	
Nested case-control study			<b>Refused breast milk after 2 months</b>				
<b>Aim of the study</b>			<b>yes, often</b>	4.5%	0.0%		
To identify infants with early weight faltering at the 6-8 week check and examine their family circumstances, feeding and behavioural development.			<b>yes, sometimes</b>	22.7%	0.0%		
			<b>No, never</b>	72.7%	100.0%	0.02	
<b>Source of funding</b>			<b>Refused other milk after 2 months</b>				
NHS Executive Northern and Yorkshire Regional Office			<b>yes, often</b>	8.1%	4.6%		
			<b>yes, sometimes</b>	20.3%	23.2%		
			<b>No, never</b>	68.9%	70.9%	0.7	



Study details	Participants	Assessment/ methods	Outcomes and results	Comments
				<p>from influencing case ascertainment: Adequately addressed</p> <p>1.9 Exposure status is measured in a standard, valid and reliable way: Adequately addressed Confounding factors</p> <p>1.10 The main potential confounders are identified and taken into account in the design and analysis: Not addressed Statistical analysis</p> <p>1.11 Have confidence intervals been provided?: Not addressed</p> <p>1.12 Overall assessment of internal validity. Are the study results internally valid?: + Some of the checklist criteria have been fulfilled, where they have not been fulfilled, or not adequately</p>

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<p><b>Full citation</b></p> <p>Parkinson, K. N., Wright, C. M., Drewett, R. F., Mealtime energy intake and feeding behaviour in children who fail to thrive: a population-based case-control study, Journal of Child Psychology &amp; Psychiatry &amp; Allied Disciplines, 45, 1030-5, 2004</p> <p><b>Ref Id</b></p> <p>378525</p>	<p><b>Inclusion criteria</b></p> <p>Not reported</p> <p><b>Exclusion criteria</b></p> <p>Not reported</p> <p><b>Cases characteristics</b></p> <p>N= 30 children with first year weight gain below the 5th centile Children's age ranged</p>	<p><b>Assessment/methods</b></p> <p>Participants were studied during 2 lunchtime meals in their own homes, generally on consecutive days. One was finger food and one a spoon food meal, and the order was randomly counterbalanced. Commercially produced foods of known energy content were provided, selected by the mother from 2 lists. Video-recording began when the food was placed in front of the child and continued until the food was removed, or the meal was clearly over. Feeding behaviour was coded using an established behavioural coding inventory, which described both self- and</p>	<p><b>Outcomes and results</b></p> <p><u>Descriptive statistics, correlation coefficients and associated statistics across the two meal for feeding behaviour variables, energy intake, weight of food eaten and meal duration (n=84 to 86). The Spearman <math>\rho</math> statistics show the correlation between the meals, the Wilcoxon W statistics show whether the difference in the medians is statistically significant</u></p> <table border="1"> <thead> <tr> <th>Behavioural variables</th> <th>All children median</th> <th>Q1 TO Q3</th> <th>Spearman's <math>\rho</math></th> <th>Wilcoxon W</th> </tr> </thead> <tbody> <tr> <td>Give- finger</td> <td>3.0</td> <td>0 to 12.0</td> <td>0.22</td> <td>7.1</td> </tr> <tr> <td>Give - spoon</td> <td>36.5</td> <td>15.8 to 49.3</td> <td>p=0.047</td> <td>p&lt; 0.0005</td> </tr> <tr> <td>Accept- finger</td> <td>1.0</td> <td>0 to 7.0</td> <td>0.15</td> <td>7.0</td> </tr> <tr> <td>Accept- spoon</td> <td>24.0</td> <td>8.0 to 39.3</td> <td>NS</td> <td>p&lt;0.0005</td> </tr> <tr> <td>Refuse- finger</td> <td>1.0</td> <td>0 to 5.3</td> <td>0.29</td> <td>5.8</td> </tr> <tr> <td>Refuse- spoon</td> <td>8.0</td> <td>3.0 to 13.3</td> <td>p=0.008</td> <td>p&lt;0.0005</td> </tr> <tr> <td>Feedself- finger</td> <td>47.5</td> <td>28.8 to 65.8</td> <td>0.25</td> <td>5.2</td> </tr> <tr> <td>Feedself- spoon</td> <td>17.0</td> <td>2.0 to 40.8</td> <td>p=0.022</td> <td>p&lt;0.0005</td> </tr> <tr> <td>Reject- finger</td> <td>4.0</td> <td>2.0 to 9.3</td> <td>0.08</td> <td>6.5</td> </tr> <tr> <td>Reject- spoon</td> <td>1.0</td> <td>0 to 2.0</td> <td>NS</td> <td>p &lt;0.0005</td> </tr> <tr> <td>Energy intake (kJ) finger</td> <td>568</td> <td>686</td> <td>406</td> <td>0.44, t= 0.5</td> </tr> </tbody> </table>	Behavioural variables	All children median	Q1 TO Q3	Spearman's $\rho$	Wilcoxon W	Give- finger	3.0	0 to 12.0	0.22	7.1	Give - spoon	36.5	15.8 to 49.3	p=0.047	p< 0.0005	Accept- finger	1.0	0 to 7.0	0.15	7.0	Accept- spoon	24.0	8.0 to 39.3	NS	p<0.0005	Refuse- finger	1.0	0 to 5.3	0.29	5.8	Refuse- spoon	8.0	3.0 to 13.3	p=0.008	p<0.0005	Feedself- finger	47.5	28.8 to 65.8	0.25	5.2	Feedself- spoon	17.0	2.0 to 40.8	p=0.022	p<0.0005	Reject- finger	4.0	2.0 to 9.3	0.08	6.5	Reject- spoon	1.0	0 to 2.0	NS	p <0.0005	Energy intake (kJ) finger	568	686	406	0.44, t= 0.5	<p>Overall moderate</p> <p><b>Limitations</b></p> <p><u>Appendix E Methodology checklist NICE manual: case-control studies</u></p> <p><u>Section 1: Internal validity</u></p> <p>1.1 The study addresses an appropriate and clearly focused question: Adequately addressed Selection of participants</p> <p>1.2 The cases and controls are taken from comparable populations: Well covered</p>
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<p><b>Full citation</b></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, 753-9, 2011</p> <p><b>Ref Id</b></p> <p>378571</p> <p><b>Country where the study was carried out</b></p> <p>UK</p>	<p><b>Inclusion criteria</b></p> <p>Not reported</p> <p><b>Exclusion criteria</b></p> <p>Not reported</p> <p><b>Cases characteristics</b></p> <p>N= 30 mother-child dyads in which children presented with weight gain below the 5th percentile for the cohort.</p>	<p><b>Assessment/methods</b></p> <p>Participants (aged 13-21 months) were studied during 2 lunchtime meals in their own homes, generally on consecutive days, with their mother present. One was a finger food meal and one was a spoon meal, with the order randomly counterbalanced. Commercially produced foods of known energy content were provided, selected by the mother from 2 lists.</p> <p>Video recording began when the food was placed in front of the child and continued until the food was removed, or the meal was clearly over. All the video recordings were viewed and analysed by one of the authors in the original study by</p>	<p><b>Outcomes and results</b></p> <p><u>Counts for all domains for cases compared to controls</u></p> <table border="1"> <thead> <tr> <th></th> <th>Median</th> <th>Range</th> <th>Geometric mean</th> <th>Geometric mean difference</th> <th>P t-test</th> </tr> </thead> <tbody> <tr> <td><b>Total positive</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Cases</b></td> <td>81.5</td> <td>4-496</td> <td>79.2</td> <td>69.4</td> <td>0.003</td> </tr> <tr> <td><b>Controls</b></td> <td>169.5</td> <td>40-372</td> <td>148.5</td> <td></td> <td></td> </tr> <tr> <td><b>Total negative</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Cases</b></td> <td>0</td> <td>0-5</td> <td>0.53</td> <td>0.53</td> <td>0.115</td> </tr> <tr> <td><b>Controls</b></td> <td>1</td> <td>0-15</td> <td>1.06</td> <td></td> <td></td> </tr> </tbody> </table>		Median	Range	Geometric mean	Geometric mean difference	P t-test	<b>Total positive</b>						<b>Cases</b>	81.5	4-496	79.2	69.4	0.003	<b>Controls</b>	169.5	40-372	148.5			<b>Total negative</b>						<b>Cases</b>	0	0-5	0.53	0.53	0.115	<b>Controls</b>	1	0-15	1.06			<p><u>Section 1: Internal validity</u></p> <p>1.1 The study addresses an appropriate and clearly focused question: Adequately addressed Selection of participants</p> <p>1.2 The cases and controls are taken from comparable populations: Well covered</p> <p>1.3 The same exclusion criteria</p>
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<p><b>Study type</b></p> <p>Nested case-control study</p> <p><b>Aim of the study</b></p> <p>To explore whether the Mellow Parenting assessment system can detect any difference in parent-child meal time interaction between children with weight faltering and normally growing children.</p> <p><b>Source of funding</b></p> <p>Not reported</p>	<p><b>Controls characteristics</b></p> <p>N=29 mother-child dyads identified from a 10% random sample of the remainder of the cohort, provided they had a weigh beyond the age of 9 months and their thrive index was above the 10th percentile.</p>	<p>Parkinson 2004. The measure used in this study was a simplified version of the Mellow Parenting Coding System which summarizes the dyadic relationship between parent and child and the content of the relationship. The following are the simplified domains of the Mellow Parenting System used to code parent’s interactional behaviour at mealtimes:</p> <table border="1"> <thead> <tr> <th></th> <th>Positive</th> <th>Negative</th> </tr> </thead> <tbody> <tr> <td>Anticipation</td> <td>Prepares the child for changes in activity or care-taking</td> <td>Does not prepare child then complains</td> </tr> <tr> <td>Autonomy</td> <td>Shows awareness of child's individually, wishes, needs timing</td> <td>Is intrusive or dismissive of the child's point of view</td> </tr> <tr> <td>Responsiveness</td> <td>Expresses warmth to the child, able to</td> <td>Expresses, criticism, smacking, shouting</td> </tr> </tbody> </table>		Positive	Negative	Anticipation	Prepares the child for changes in activity or care-taking	Does not prepare child then complains	Autonomy	Shows awareness of child's individually, wishes, needs timing	Is intrusive or dismissive of the child's point of view	Responsiveness	Expresses warmth to the child, able to	Expresses, criticism, smacking, shouting		<p>are used for both cases and controls: Well covered</p> <p>1.4 What was the participation rate for each group (cases and controls)?: cases = 69% and controls = 72%</p> <p>1.5 Participants and non-participants are compared to establish their similarities or differences: Not addressed</p> <p>1.6 Cases are clearly defined and differentiated from controls: Well covered</p> <p>1.7 It is clearly established that controls are not cases: Well covered Assessment</p> <p>1.8 Measures were taken to prevent knowledge of primary exposure from influencing case ascertainment: Not applicable</p>
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Autonomy	Shows awareness of child's individually, wishes, needs timing	Is intrusive or dismissive of the child's point of view														
Responsiveness	Expresses warmth to the child, able to	Expresses, criticism, smacking, shouting														

Study details	Participants	Assessment/ methods		Outcomes and results	Comments
			'mesh' with child	, rough handling	
		Cooperation	Influences the child's behaviour by persuasion or distraction or other non-confrontational means	Harsh demands, threats or negative responses to the child's request	1.9 Exposure status is measured in a standard, valid and reliable way: Adequately addressed Confounding factors
		Distress	Positive containment of child's distress	Punitive response, precipitates the distress or fails to support a distressed child	1.10 The main potential confounders are identified and taken into account in the design and analysis: Not addressed Statistical analysis  1.11 Have confidence intervals been provided?: Not addressed
		Control	Seeks to achieve compliance from the child legitimately and effectively	Unsuccessfully or inappropriately seeks to achieve compliance	1.12 Overall assessment of internal validity. Are the study results internally valid?:+ Some of the checklist criteria have been fulfilled, where they have not been fulfilled, or not adequately described, the conclusions are unlikely to alter Section 2: Overall
		In addition to the Mellow Parenting coding, there			





Study details	Participants	Assessment/ methods	Outcomes and results										Comments		
<b>Aim of the study</b>  To address the following hypotheses: Children with failure to thrive, compared with normally-growing controls would: Consume less food, with less variety have been weaned significantly later and show an immature feeding pattern, has higher rates of early feeding difficulty as well as less current interest in food.  <b>Source of funding</b>  Not reported	centile. Infant's age ranged between 6 and 32 months.  Controls characteristics  N=45 children identified from the district health child computer. Infant's age ranged between 7 and 33 months.		l wt												1.4 What was the participation rate for each group (cases and controls)?: Above 90% for both groups  1.5 Participants and non-participants are compared to establish their similarities or differences: Not covered  1.6 Cases are clearly defined and differentiated from controls: Well covered  1.7 It is clearly established that controls are not cases: Well covered Assessment  1.8 Measures were taken to prevent knowledge of primary exposure from influencing case ascertainment: Not applicable  1.9 Exposure status is measured
			Energy intake based on wt-for-height	473	163	473	109	0	0.99	-21.0	Deprivation	0.5			
			Energy intake based on predicted wt	444	155	482	101	-37.7	0.2	-54.5	Deprivation	0.06			
<u>Feeding history of children with failure to thrive</u>															
			Cases		Controls										
			No.	% total	No.	% total	Statistical significance of difference P=	Crude OR	Adjusted OR	Statistical significance of difference P=	Other variables in model				

Study details	Participants	Assessment/ methods	Outcomes and results							Comments			
			Infancy feeding problems	13	30	5	11	0.03	3.35	2	0.26	Breast-fed	<p>in a standard, valid and reliable way: Adequately addressed Confounding factors</p> <p>1.10 The main potential confounders are identified and taken into account in the design and analysis: Well covered Statistical analysis</p> <p>1.11 Have confidence intervals been provided?: Not addressed</p> <p>1.12 Overall assessment of internal validity. Are the study results internally valid?:++ All or most of the checklist criteria have been fulfilled, where they have not been fulfilled the conclusions are very unlikely to alter</p> <p><u>Section 2: Overall assessment of external validity.</u></p>
			All meals mostly:										
			Hungry	18	42	39	87	<0.001	0.12	0.13	<0.001	Breast-fed	
			Eats all	18	42	29	64	0.033	0.4	-	-	None	
			Child enjoys	31	72	39	87	0.13	0.43	-	-	None	
			Mother enjoys	24	56	32	71	0.05	0.43	0.47	0.12	Breast-fed	
			Drinks from beaker	18	45	31	72	0.012	0.32	0.36	0.042	Breast-fed	

Study details	Participants	Assessment/ methods	Outcomes and results	Comments																																			
				Are the study results externally valid (i.e. generalisable to the source population)? : ++  overall: Moderate																																			
<p><b>Full citation</b></p> <p>Heptinstall, E., Puckering, C., Skuse, D., Start, K., Zur-Szpiro, S., Dowdney, L., Nutrition and mealtime behaviour in families of growth-retarded children, Human Nutrition - Applied Nutrition, 41, 390-402, 1987</p> <p><b>Ref Id</b></p> <p>454969</p> <p><b>Country where the study was carried out</b></p> <p>UK</p>	<p><b>Inclusion criteria</b></p> <p>Case selection criteria was that the child must be below the 10th population centile for height and weight at 4 years on British Standard growth charts. Additionally, to allow for possible genetic contributions, their stature had to be under the 10th centile in relation to</p>	<p><b>Assessment/methods</b></p> <p>For nutrition and mealtime reports, mothers were asked to keep a food diary for a minimum of 3 days. Additionally, direct observations were made during a mealtime with all the family members of the child present (whenever possible) eating the child's best meal (this was done on the assumption that a meal that was habitually refused would be least representative of the child's food intake and behaviour).</p>	<p><b>Outcomes and results</b></p> <p><u>Energy and protein intake of case and comparison groups</u></p> <table border="1"> <thead> <tr> <th></th> <th>Cases</th> <th>Controls</th> <th colspan="2">Statistical significance</th> </tr> <tr> <th></th> <th>Mean ± SD</th> <th>Mean ± SD</th> <th>t</th> <th>P</th> </tr> </thead> <tbody> <tr> <td><b>Reported Daily Energy Intake (Kcal)</b></td> <td>1388 ± 356</td> <td>1424 ± 323</td> <td>0.34</td> <td>n.s</td> </tr> <tr> <td><b>Reported Daily Energy Intake (Kcal/Kgm)</b></td> <td>100 ±25</td> <td>91 ± 21</td> <td>2.78</td> <td>&lt;0.02</td> </tr> <tr> <td><b>Reported Daily Energy Intake as percentage of RDA (%)</b></td> <td>85 ±22</td> <td>88 ± 20</td> <td>0.34</td> <td>ns</td> </tr> <tr> <td><b>Reported Daily Energy Intake as percentage of RDA (%)</b></td> <td>110 ± 39</td> <td>106 ± 35</td> <td>0.39</td> <td>ns</td> </tr> <tr> <td><b>Observed Meal (Kcal)</b></td> <td>241 ± 113</td> <td>199±97</td> <td>1.27</td> <td>ns</td> </tr> </tbody> </table> <p><u>Organization of family mealtimes and child's mealtime behaviour: mother's reports</u></p>		Cases	Controls	Statistical significance			Mean ± SD	Mean ± SD	t	P	<b>Reported Daily Energy Intake (Kcal)</b>	1388 ± 356	1424 ± 323	0.34	n.s	<b>Reported Daily Energy Intake (Kcal/Kgm)</b>	100 ±25	91 ± 21	2.78	<0.02	<b>Reported Daily Energy Intake as percentage of RDA (%)</b>	85 ±22	88 ± 20	0.34	ns	<b>Reported Daily Energy Intake as percentage of RDA (%)</b>	110 ± 39	106 ± 35	0.39	ns	<b>Observed Meal (Kcal)</b>	241 ± 113	199±97	1.27	ns	<p><b>Limitations</b></p> <p><u>Appendix E Methodology checklist NICE manual: case-control studies</u></p> <p><u>Section 1: Internal validity</u></p> <p>1.1 The study addresses an appropriate and clearly focused question: Poorly addressed Selection of participants</p> <p>1.2 The cases and controls are taken from comparable populations: Adequately addressed</p> <p>1.3 The same exclusion criteria are used for both cases and controls: Not addressed</p>
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Study details	Participants	Assessment/ methods	Outcomes and results					Comments
<b>Study type</b> Case-control	mean parental height.			<b>Cases</b>	<b>Comparisons</b>	<b>Statistical significance (Z)</b>	<b>Statistical significance (P)</b>	1.4 What was the participation rate for each group (cases and controls)? Not reported  1.5 Participants and non-participants are compared to establish their similarities or differences: Adequately addressed  1.6 Cases are clearly defined and differentiated from controls: Poorly addressed  1.7 It is clearly established that controls are not cases: Well covered Assessment
<b>Aim of the study</b>  To assess the nutrition and mealtime behaviours in families of growth-retarded children in comparison with those children with normal weight gain.	<b>Exclusion criteria</b>  For cases, those in whom organic disease may have accounted for growth retardation		<b>Meals taken without supervision</b>	7	2	1.6	n.s	
			<b>1 daily meal unpredictable</b>	7	1	2.1	<0.05	
			<b>All meals unplanned</b>	3	3	0.0	n.s	
			<b>Difficult child to feed</b>	9	3	1.7	n.s	
			<b>Pressure on child to eat</b>	19	13	1.0	n.s	
			<b>Angry confrontations</b>	11	5	1.5	n.s	
<b>Source of funding</b>  Bethlem Royal and Maudsley Hospitals Research Endowment Fund	<b>Cases characteristics</b>  n= 23 four year-olds; 48% were boys. Controls characteristics n= 23 four year-olds; 48% were boys.		<u>Parent-child communication (total number of behaviours observed)</u>					1.8 Measures were taken to prevent knowledge of primary exposure from influencing case ascertainment: Not applicable  1.9 Exposure status is measured in a standard, valid and reliable
			<b>Behaviour category*</b>	<b>Cases (n=23) mean ± SD</b>	<b>Comparisons mean ± SD</b>	<b>Statistical significance P</b>		
			<b>Instructions</b>	17 ±20	8±7	<0.02		
			<b>Encouragements</b>	2±3	1±2	n.s		
			<b>Help</b>	6±11	2±5	n.s		
			<b>Positive affect (parental)</b>	2±2	2±2	n.s		
			<b>Negative affect (parental)</b>	8±17	2±3	<0.01		
			<b>Child's non-compliance (% of total instructions)</b>	50±28	42±34	n.s		
			*See other information for the definitions of the different behaviour categories					

Study details	Participants	Assessment/ methods	Outcomes and results	Comments
				<p>way: Poorly addressed Confounding factors</p> <p>1.10 The main potential confounders are identified and taken into account in the design and analysis: Not addressed Statistical analysis</p> <p>1.11 Have confidence intervals been provided?: Not addressed</p> <p>1.12 Overall assessment of internal validity. Are the study results internally valid?: – Few or no checklist criteria have been fulfilled and the conclusions are likely or very likely to alter</p> <p><u>Section 2: Overall assessment of external validity.</u></p> <p>Are the study results externally valid (i.e. generalisable to the</p>

Study details	Participants	Assessment/ methods	Outcomes and results					Comments															
								<p>source population)? : +</p> <p><b>Other information</b></p> <p>Instructions: prompts to eat, instructions to use cutlery Encouragement: positively worded attempts to get the child to eat Help: feeding, cutting up food, re-arranging food on the plate to facilitate eating Positive affect: a) praise; b) pats, hugs and kisses as a reward for eating Negative affect: a) threats; b) disapprovals; c)sarcasm; d)teases: e)aggression</p> <p>overall: Low</p>															
<p><b>Full citation</b></p> <p>Kasese-Hara, M., Drewett, R., Wright, C., Sweetness preferences in 1-year-old children who fail to thrive, Journal of</p>	<p><b>Inclusion criteria</b></p> <p>Not reported</p> <p><b>Exclusion criteria</b></p> <p>Cases making</p>	<p><b>Assessment/methods</b></p> <p>Intakes of water were compared with intake of 0.2 M and 0.4 M sucrose. The drinks were made up in advance, and given in counterbalanced order, first water followed by 0.2M followed by 0.4 M sucrose, each drink</p>	<p><b>Outcomes and results</b></p> <table border="1" data-bbox="920 1171 1865 1423"> <thead> <tr> <th data-bbox="920 1171 1077 1310">Concentration</th> <th data-bbox="1084 1171 1285 1310">Intake (logeg) Cases Mean</th> <th data-bbox="1292 1171 1435 1310">(n=27) SD</th> <th data-bbox="1442 1171 1644 1310">Controls Mean</th> <th data-bbox="1650 1171 1865 1310">(n=26) SD</th> </tr> </thead> <tbody> <tr> <td data-bbox="920 1315 1077 1367">0.0 M</td> <td data-bbox="1084 1315 1285 1367">1.486</td> <td data-bbox="1292 1315 1435 1367">1.090</td> <td data-bbox="1442 1315 1644 1367">1.574</td> <td data-bbox="1650 1315 1865 1367">1.051</td> </tr> <tr> <td data-bbox="920 1372 1077 1423">0.2 M</td> <td data-bbox="1084 1372 1285 1423">1.843</td> <td data-bbox="1292 1372 1435 1423">1.533</td> <td data-bbox="1442 1372 1644 1423">2.266</td> <td data-bbox="1650 1372 1865 1423">1.287</td> </tr> </tbody> </table>					Concentration	Intake (logeg) Cases Mean	(n=27) SD	Controls Mean	(n=26) SD	0.0 M	1.486	1.090	1.574	1.051	0.2 M	1.843	1.533	2.266	1.287	<p><b>Limitations</b></p> <p><a href="#">Appendix E Methodology checklist NICE manual: case-control studies</a></p> <p><a href="#">Section 1: Internal validity</a></p>
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Study details	Participants	Assessment/ methods	Outcomes and results					Comments	
<p>Reproductive and Infant Psychology, 19, 253-257, 2001</p> <p><b>Ref Id</b></p> <p>448550</p> <p><b>Country where the study was carried out</b></p> <p>UK</p> <p><b>Study type</b></p> <p>Case-control</p> <p><b>Aim of the study</b></p> <p>To investigate the possibility that failure to thrive is associated with a reduced hedonic response to sweet tasted</p> <p><b>Source of funding</b></p> <p>Swedish International Development Agency and</p>	<p>early recovery</p> <p><b>Cases characteristics</b></p> <p>N= 27 children with failure to thrive as identified by the conditional weight criterion ('thrive index')</p> <p><b>Controls characteristics</b></p> <p>N= 26 children with normal growth chosen to be comparable with cases on sex, age and geographic location</p>	<p>offered for 60 s with a 30 s interval between each; then 0.4 M sucrose followed by 0.2 M followed by water, each drink offered for 60 s with a 30 s interval between each. The same sequence was used for each child, and it was impossible to know in advance how many cases would be available, making more elaborate designs risky in practice.</p> <p>The drinks were offered in a feeder cup or in a bottle, as the mother wished.</p> <p>The 2 intake measures for water and each concentration of sucrose were summed. Intakes were expressed as their natural logarithms to normalize their distributions.</p>	0.4 M	1.531	1.552	1.805	1.306	<p>1.1 The study addresses an appropriate and clearly focused question: Poorly addressed Selection of participants</p> <p>1.2 The cases and controls are taken from comparable populations: Adequately addressed</p> <p>1.3 The same exclusion criteria are used for both cases and controls: Not addressed</p> <p>1.4 What was the participation rate for each group (cases and controls)?: Not reported</p> <p>1.5 Participants and non-participants are compared to establish their similarities or differences: Adequately addressed</p> <p>1.6 Cases are clearly defined and differentiated from controls: Poorly</p>	
			<u>Analysis of variance</u>						
				<b>df</b>	<b>SS</b>	<b>MS</b>	<b>F</b>		<b>p</b>
			<b>Between subjects</b>	52					
			<b>Group</b>	1	186.11	3.65	0.76		0.387
			<b>Subjects within groups</b>	51	2.78				
			<b>within subjects</b>	106					
			<b>Concentration</b>	2	7.70	3.85	4.93		0.009
			<b>Concentration x group</b>	2	0.79	0.39	0.51		0.605
			<b>Concentration x subjects within groups</b>	102	79.72				
			<b>Total</b>	158	277.1				



Study details	Participants	Assessment/ methods	Outcomes and results	Comments
the University of Zambia.				<p>addressed</p> <p>1.7 It is clearly established that controls are not cases: Well covered Assessment</p> <p>1.8 Measures were taken to prevent knowledge of primary exposure from influencing case ascertainment: Not applicable</p> <p>1.9 Exposure status is measured in a standard, valid and reliable way: Poorly addressed Confounding factors</p> <p>1.10 The main potential confounders are identified and taken into account in the design and analysis: Not addressed Statistical analysis</p> <p>1.11 Have confidence intervals been provided?: Not</p>

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<p><b>Full citation</b></p> <p>MacPhee, M., Schneider, J., A clinical tool for nonorganic failure-to-thrive feeding interactions, Journal of Pediatric Nursing, 11, 29-39, 1996 Ref Id 409330 Country/ies</p>	<p><b>Inclusion criteria</b></p> <p>Not reported</p> <p><b>Exclusion criteria</b></p> <p><b>Not reported</b></p> <p>Cases characteristics</p> <p>N=24 mother-child dyads</p>	<p><b>Assessment/methods</b></p> <p>Children were matched in age, sex and ethnicity and were videotaped from the onset of feeding interactions with their mothers.</p> <p>Two raters, who were not aware of the status of the dyads viewed (NOFTT vs. Thriving), independently viewed and scored 50 infant-mother videotapes using the Feeding Checklist* and the Chatoor Feeding Scale**</p>	<p><b>Outcomes and results</b></p> <p><u>Feeding Checklist for thriving and NOFTT dyads</u></p> <table border="1"> <thead> <tr> <th></th> <th>Thriving dyads(% Yes)</th> <th>NOFTT Dyads(% yes)</th> <th>NOFTT Dyads(p value)</th> </tr> </thead> <tbody> <tr> <td><b>Caregiver items</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Positions baby so that eye contact is possible</b></td> <td>73</td> <td>42</td> <td>0.047</td> </tr> <tr> <td><b>Frequently talks to baby</b></td> <td>41</td> <td>25</td> <td>0.05</td> </tr> <tr> <td><b>Ignores infant’s signals</b></td> <td>18</td> <td>38</td> <td>0.003</td> </tr> <tr> <td><b>Infant items</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Gaze averts during feeding</b></td> <td>18</td> <td>50</td> <td>0.025</td> </tr> </tbody> </table>		Thriving dyads(% Yes)	NOFTT Dyads(% yes)	NOFTT Dyads(p value)	<b>Caregiver items</b>				<b>Positions baby so that eye contact is possible</b>	73	42	0.047	<b>Frequently talks to baby</b>	41	25	0.05	<b>Ignores infant’s signals</b>	18	38	0.003	<b>Infant items</b>				<b>Gaze averts during feeding</b>	18	50	0.025	<p>Appendix E Methodology checklist NICE manual: case-control studies</p> <p>1.1 The study addresses an appropriate and clearly focused question:</p>
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<p>where the study was carried out USA Study type Case-control Aim of the study To design a feeding interaction checklist to improve observation and documentation of non-organic failure to thrive (NOFTT) feeding situations. The 2 specific aims were: (a) to develop a reliable and valid tool for use in busy inpatient and outpatient settings and (b) to demonstrate the tool's usefulness in clinical practice. Source of funding Children's hospital Research</p>	<p>(12 males). Children with non-organic failure to thrive (NOFTT) were included. NOFTT was defined as persistent decline or lack of weight gain since birth in the absence of organic origin. Controls characteristics N=22 thriving mother-child dyads (12 males).</p>		<table border="1"> <tr> <td data-bbox="916 256 1245 316"><b>Arches away from food or caregiver</b></td> <td data-bbox="1252 256 1429 316">23</td> <td data-bbox="1435 256 1610 316">54</td> <td data-bbox="1617 256 1794 316">0.03</td> <td colspan="2"></td> </tr> </table>				<b>Arches away from food or caregiver</b>	23	54	0.03			<p>Adequately addressed Selection of participants</p> <p>1.2 The cases and controls are taken from comparable populations: Well covered</p> <p>1.3 The same exclusion criteria are used for both cases and controls: Well covered</p> <p>1.4 What was the participation rate for each group (cases and controls)?: Above 90% for both groups</p> <p>1.5 Participants and non-participants are compared to establish their similarities or differences: Not addressed</p> <p>1.6 Cases are clearly defined and differentiated from controls: Well covered</p> <p>1.7 It is clearly established that</p>																																																						
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				Thriving dyads(% Yes)	NOFTT Dyads(% yes)	NOFTT Dyads(p value)																																																													
			<b>Maternal</b>																																																																
			<b>Mother waits for infants to initiate interactions</b>	77	25	0.001																																																													
			<b>Mother shows pleasure toward infant in gaze, voice or smile</b>	68	33	0.018																																																													
			<b>Mother appears cheerful</b>	68	25	0.003																																																													
<b>Mother restricts infant movement</b>																																																																			
<b>Mother misses infant cues</b>	0	17	0.45																																																																
<b>Mother controls feeding by overriding baby's cues</b>	4.5	42	0.004																																																																
<b>Infant</b>																																																																			
<b>Baby looks at mother</b>	77	33	0.003																																																																

Study details	Participants	Assessment/ methods	Outcomes and results			Comments	
Institute of Denver			Baby appears cheerful	64	21	0.003	<p>controls are not cases: Well covered Assessment</p> <p>1.8 Measures were taken to prevent knowledge of primary exposure from influencing case ascertainment: Not applicable</p> <p>1.9 Exposure status is measured in a standard, valid and reliable way: Adequately addressed Confounding factors</p> <p>1.10 The main potential confounders are identified and taken into account in the design and analysis: Not addressed Statistical analysis</p> <p>1.11 Have confidence intervals been provided?: Not addressed</p> <p>1.12 Overall assessment of</p>
			Infant vocalizes to mother	100	79	0.025	
*Only significant individual items are reported for each assessment tool "because of space"							

Study details	Participants	Assessment/ methods	Outcomes and results	Comments
				<p>internal validity. Are the study results internally valid?:+ Some of the checklist criteria have been fulfilled, where they have not been fulfilled, or not adequately described, the conclusions are unlikely to alter</p> <p><u>Section 2: Overall assessment of external validity.</u></p> <p>Are the study results externally valid (i.e. generalisable to the source population)? : +</p> <p>Overall: moderate</p> <p><b>Other information</b></p> <p>The main aim of this study was to develop a reliable and valid tool (the feeding checklist) for use in an outpatient setting.</p> <p>In order to develop and validate it, it was compared with the Chatoor Feeding Scale, which was selected</p>

Study details	Participants	Assessment/ methods	Outcomes and results	Comments
				<p>as a comparative instrument because of its specific application for NOFFT children and its coverage of different developmental stages.</p> <p>The feeding Checklist* is a 25 items scale with caregiver and child subdivisions but not subscales.</p> <p>There is not scoring system and the format is designed to highlight behaviours that warrant professional attention and intervention. Items in this scale reflect the caregiver's ability to respond to infant cues and the infants ability to provide clear signals</p> <p>The Chatoor Feeding Scale** contains 46 items that are arranged into caregiver and infant behaviour categories.</p>

Study details	Participants	Assessment/ methods	Outcomes and results	Comments
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## G.5 Approaches in assessing feeding and eating

Study details	Participants	Assessment/methods	Comparisons	Outcomes and results	Comments																																																																																				
<p><b>Full citation</b></p> <p>Wright, C. M., Parkinson, K. N., Drewett, R. F., How does maternal and child feeding behavior relate to weight gain and failure to thrive? Data from a prospective birth cohort, Pediatrics, 117, 1262-9, 2006</p> <p><b>Ref Id</b></p> <p>378707</p> <p><b>Country/ies where the study was carried</b></p>	<p><b>Characteristics</b></p> <p>The participants of this study had been part of the Millennium Infant Study.</p> <p>Basic demographic information of the participants was collected at recruitment and parents then received questionnaires at 6 weeks, 4, 8 and 12 months, when they completed questions about feeding and other issues as well as transcribing routinely collected weights.</p> <p>Participant's weights were</p>	<p><b>Assessment/methods</b></p> <p>The authors of the study developed a core pool of questions that prior research and their own clinical practice suggested might relate to failure to thrive, and these were included in every age-relevant questionnaire. The questions were grouped in advance into various dimensions based on separate hypothesized factors from which, when possible, a score was constructed. These were child factors (appetite, oromotor dysfunction*, avoidant eating behaviour) and maternal factors (feeding anxiety and response to food refusal [RTFR]).</p> <p>*For oromotor dysfunction, 3 questions were asked only at 6 weeks, about</p>	<p><b>Comparisons</b></p> <p>Not applicable</p>	<p><b>Outcomes and results</b></p> <p>Feeding and eating behaviour rated at different ages</p> <table border="1"> <thead> <tr> <th></th> <th>6 wk, % (n)</th> <th>8 mo, % (n)</th> <th>12 mo, &amp; (n)</th> </tr> </thead> <tbody> <tr> <td><b>Appetite</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Normal (very good)</td> <td>71.7 (537)</td> <td></td> <td>48.4 (280)</td> </tr> <tr> <td>Borderline (good)</td> <td>25.8 (193)</td> <td></td> <td>39.1 (226)</td> </tr> <tr> <td>Low (all right, poor, or very poor)</td> <td>2.6 (19)</td> <td></td> <td>12.4 (72)</td> </tr> <tr> <td><b>Oromotor dysfunction</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Normal (0)</td> <td>81.3 (606)</td> <td>59.8 (365)</td> <td></td> </tr> <tr> <td>Borderline (1)</td> <td>13.4 (100)</td> <td>30.8 (188)</td> <td></td> </tr> <tr> <td>High (&gt;1)</td> <td>5.3 (39)</td> <td>9.3 (57)</td> <td></td> </tr> <tr> <td><b>Avoidant eating behaviour</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Lo (0-1)</td> <td></td> <td>48.6 (449)</td> <td>24.7 (142)</td> </tr> <tr> <td>Medium (2-5)</td> <td></td> <td>34.7 (320)</td> <td>55.5 (319)</td> </tr> <tr> <td>High (&gt;5)</td> <td></td> <td>16.7 (154)</td> <td>19.8 (114)</td> </tr> <tr> <td><b>Maternal feeding anxiety</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Normal (0)</td> <td>80.1 (605)</td> <td>73.4 (761)</td> <td>68.9 (398)</td> </tr> <tr> <td>Borderline (1)</td> <td>16.8 (122)</td> <td>23.9 (133)</td> <td>21.8 (126)</td> </tr> <tr> <td>High (&gt;1)</td> <td>3.4 (23)</td> <td>6.9 (29)</td> <td>9.3 (54)</td> </tr> <tr> <td><b>RTFR</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Low (0-3)</td> <td></td> <td>37.5 (224)</td> <td>27.0 (147)</td> </tr> <tr> <td>Medium (4-)</td> <td></td> <td>43.0 (527)</td> <td>35.8 (195)</td> </tr> <tr> <td>High (&gt;5)</td> <td></td> <td>19.4 (116)</td> <td>37.1 (202)</td> </tr> </tbody> </table>		6 wk, % (n)	8 mo, % (n)	12 mo, & (n)	<b>Appetite</b>				Normal (very good)	71.7 (537)		48.4 (280)	Borderline (good)	25.8 (193)		39.1 (226)	Low (all right, poor, or very poor)	2.6 (19)		12.4 (72)	<b>Oromotor dysfunction</b>				Normal (0)	81.3 (606)	59.8 (365)		Borderline (1)	13.4 (100)	30.8 (188)		High (>1)	5.3 (39)	9.3 (57)		<b>Avoidant eating behaviour</b>				Lo (0-1)		48.6 (449)	24.7 (142)	Medium (2-5)		34.7 (320)	55.5 (319)	High (>5)		16.7 (154)	19.8 (114)	<b>Maternal feeding anxiety</b>				Normal (0)	80.1 (605)	73.4 (761)	68.9 (398)	Borderline (1)	16.8 (122)	23.9 (133)	21.8 (126)	High (>1)	3.4 (23)	6.9 (29)	9.3 (54)	<b>RTFR</b>				Low (0-3)		37.5 (224)	27.0 (147)	Medium (4-)		43.0 (527)	35.8 (195)	High (>5)		19.4 (116)	37.1 (202)	<p><b>Limitations</b></p> <p><u>Methodological limitations assessed using the Critical Appraisal Skills Programme (CASP 2006) Clinical Prediction Rule Checklist</u></p> <p>A) Are the results of the study valid?</p> <p>1. Is the CPR clearly defined? No (definition of the multiple parameters the families of the study were assessed for have not been provided)</p> <p>2. The population for which the rule was derived included an appropriate spectrum of patients? Yes</p> <p>3. Was the rule validated in a different group of patients? Can't tell</p> <p>4. Were the predictor variables and the outcome evaluated in a blinded fashion? Can't tell (not reported whether outcome assessors or participants were blinded to the study outcome)</p> <p>5. Were the predictor variables and the outcome evaluated in the</p>
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<p><b>out</b></p> <p>UK</p> <p><b>Aim of the study</b></p> <p>To study the influences of child and maternal feeding behaviour on weight gain and failure to thrive in the first year of life.</p> <p><b>Source of funding</b></p> <p>Not reported</p>	<p>converted into standard deviations scores compared with the UK growth reference (1990). Overall weight gain and the prevalence of weight faltering were examined. For each child, all available weights within 4 age ranges (1-2, 2-6, 6-9 and 9 to 18 months) were identified and the average SD score per child for that time period calculated.</p> <p>Weight gain was assessed using the thrive index.</p> <p>Weight faltering was defined, for any time interval, as conditional weight gain (TI) below the 5th percentile</p>	<p>the presence of chewing, sucking, and swallowing problems, which on the author's previous research had discriminated between children with weight faltering and controls, combined with whether mild feeds were reported to last &gt; 35 minutes because clinical experience suggested this would be important.</p> <p>The appetite, oromotor dysfunction and maternal feeding anxiety variable scores were skewed with a majority of subjects falling into 1 or 2 categories at 1 end of the distribution, so for most analyses, there were recorded into 3 categories: "normal" comprising 50% to 80% children, borderline, and high or low as appropriate. The internal consistency of the avoidant eating behaviour score and the response to food refusal scored were tested using Cronbach's <math>\alpha</math>.</p>		<p>Predictors of weight faltering to 12 months</p> <table border="1"> <thead> <tr> <th></th> <th>%(n)</th> <th>P (X2)</th> <th>OR (logistic regression)</th> <th>P (logistic regression)</th> </tr> </thead> <tbody> <tr> <td><b>Appetite rated at 6 wk</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Normal</td> <td>4.1 (20)</td> <td rowspan="3">0.4</td> <td rowspan="3"></td> <td rowspan="3"></td> </tr> <tr> <td>Borderline</td> <td>5.6 (10)</td> </tr> <tr> <td>Low</td> <td>5.6 (1)</td> </tr> <tr> <td><b>Appetite rated at 12 mo</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Normal</td> <td>3.2 (9)</td> <td rowspan="3">0.06</td> <td rowspan="3"></td> <td rowspan="3"></td> </tr> <tr> <td>Borderline</td> <td>4.9 (11)</td> </tr> <tr> <td>Low</td> <td>8.6 (6)</td> </tr> <tr> <td><b>Avoidant eating behaviour at 23 mo</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Normal</td> <td>2.1 (3)</td> <td rowspan="3">0.049</td> <td rowspan="3"></td> <td rowspan="3"></td> </tr> <tr> <td>Borderline</td> <td>4.4 (14)</td> </tr> <tr> <td>Low</td> <td>11.3 (6)</td> </tr> <tr> <td><b>Maternal feeding anxiety 12 mo</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Normal</td> <td>3.6 (14)</td> <td rowspan="3">0.02</td> <td rowspan="3"></td> <td rowspan="3"></td> </tr> <tr> <td>Borderline</td> <td>4.8 (6)</td> </tr> <tr> <td>Low</td> <td>11.3 (6)</td> </tr> <tr> <td><b>RTFR at 8 mo</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Normal</td> <td>2.8 (8)</td> <td rowspan="3">0.016</td> <td rowspan="3"></td> <td rowspan="3"></td> </tr> <tr> <td>Borderline</td> <td>4.8 (12)</td> </tr> <tr> <td>Low</td> <td>3.0 (10)</td> </tr> </tbody> </table>		%(n)	P (X2)	OR (logistic regression)	P (logistic regression)	<b>Appetite rated at 6 wk</b>					Normal	4.1 (20)	0.4			Borderline	5.6 (10)	Low	5.6 (1)	<b>Appetite rated at 12 mo</b>					Normal	3.2 (9)	0.06			Borderline	4.9 (11)	Low	8.6 (6)	<b>Avoidant eating behaviour at 23 mo</b>					Normal	2.1 (3)	0.049			Borderline	4.4 (14)	Low	11.3 (6)	<b>Maternal feeding anxiety 12 mo</b>					Normal	3.6 (14)	0.02			Borderline	4.8 (6)	Low	11.3 (6)	<b>RTFR at 8 mo</b>					Normal	2.8 (8)	0.016			Borderline	4.8 (12)	Low	3.0 (10)	<p>whole sample selected initially? Yes, although participation rates varied across time (81% of participants returned questionnaires at 6 months and 63% of participants returned questionnaires at 12 months).</p> <p>6. Are the statistical methods used to construct and validate the rule clearly described? No</p> <p>B) What are the results?</p> <p>7. Can the performance of the rule be calculated? no</p> <p>8. How precise was the estimate of the treatment effect? Can't tell</p> <p>C) Will the results help locally? / Are the findings applicable to the scenario?</p> <p>9. Would the prediction rule be reliable and the results interpretable if used for your patient? Can't tell</p> <p>10. Is the rule acceptable in your case? Yes (informative)</p> <p>11. Would the results of the rule modify your decision about the management of the patient or the information you can give to him/her? Can't tell</p> <p><b>GLOBAL RATING FOR THIS STUDY: Low</b></p>
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				<p><b>RTFR at 8 mo</b></p> <p>Normal 2.2 (5) Borderline 4.7 (12) Low 7.8 (9)</p> <p>0.004</p>		1 2.1 3.35		0.17 0.041	
				<p><b>RTFR at 12 mo</b></p> <p>Normal 4.9 (4) Borderline 2.6 (5) Low 6.9 (14)</p> <p>0.04</p>					
				<p>Internal consistency of the avoidant eating behaviour score was Cronbach's <math>\alpha = 0.75</math> Internal consistency of the response to food refusal score was Cronbach's <math>\alpha = 0.38</math> at 8 months, 0.33 at 1 year</p>					

Study details	Participants	Assessment/methods	Comparison	Outcomes and results	Comments
	<p><b>criteria</b></p> <p>Infants born before 37 weeks' gestation</p>				

## G.6 Risk factors

Study details	Participants	Factors	Results	Comments
<p><b>Full citation</b></p> <p>Drewett, R., Blair, P., Emmett, P., Emond, A., Alspac Study Team, Failure to thrive in the term and preterm infants of mothers depressed in the postnatal period: a population-based birth cohort study, Journal of Child Psychology &amp; Psychiatry &amp; Allied Disciplines, 45, 359-66, 2004</p> <p><b>Ref Id</b></p> <p>408570</p>	<p><b>Cases</b></p> <p>N=12,391</p> <p>Diagnostic criteria</p> <p>Slowest-gaining 5% of weight from birth until 9m</p> <p><b>Controls</b></p> <p><b>Inclusion criteria</b></p> <p>Children born in the Avon between April 1991 and 31 December 1992</p> <p><b>Exclusion criteria</b></p> <p>Infants born with a major congenital abnormality (i.e. Cerebral palsy, Down's syndrome, a cleft palate or congenital heart disease: n=89) and children born after term.</p> <p>Statistical method</p> <p>Logistic regression analyses adjusting for: weight gain over the first 9 months, ordinal position of the child in the family, crowding and home ownership.</p>	<p><b>Factors</b></p> <p>Postnatal depression as measured by the Edinburgh Postnatal Depression Scale (EPDS). The established cut-off was 12 (low cut-off), but a higher cut-off was also used (15).</p>	<p><b>Adjusted odds ratio</b></p> <p>Term births, postnatal depression at 8 weeks measured by EPDS ( low and high EPDS cut-off): EPDS &gt;12; X2 =.439, P=.51 EPDS &gt;15; X2 =.030, P=.86</p> <p>Term births, postnatal depression at 8 months measured by EPDS ( low and high EPDS cut-off): EPDS &gt;12; X2 =.020, P=.87 EPDS &gt;15; X2 =.120, P=.729</p> <p>Adjusted effect of depression over a more extended period; X2 =.1.71, P=.192</p> <p>Preterm births, postnatal depression at 8 weeks measured by the EPDS ( low and high EPDS cut-off): EPDS &gt;12; X2 =.896, P=.344 EPDS &gt;15; X2 =1.939, P=.164</p> <p>Preterm births, postnatal depression at 8 months measured by EPDS ( low and high EPDS cut-off): EPDS &gt;12; X2 =1.744, P=.187 EPDS &gt;15; X2 =.387, P=.534</p> <p>Adjusted effect of depression over a more extended period; X2 =.784, P=.376</p>	<p><b>Limitations</b></p> <p><u>Methodological limitations assessed using the Critical Appraisal Skills Programme (CASP 2006) Clinical Prediction Rule Checklist</u></p> <p><u>A) Are the results of the study valid?</u></p> <p>1. Is the CPR clearly defined? Yes</p> <p>2. The population for which the rule was derived included an appropriate spectrum of patients? Yes</p> <p>3. Was the rule validated in a different group of patients? Yes</p> <p>4. Were the predictor variables and the outcome evaluated in a blinded fashion? Can't tell (not reported whether outcome assessors or participants were blinded to the study outcome)</p>

Study details	Participants	Factors	Results	Comments
<p><b>Country where the study was carried out</b></p> <p>United Kingdom</p> <p><b>Funding</b></p> <p>Medical Research Council, the Wellcome Trust, UK government departments, medical charities and others.</p>	<p><b>Demographics</b></p> <p>N=12,391 children included, n=11718 were born at term (37-42 weeks) and n=673 were born preterm (&lt;37 weeks); n=587 were identified as failure to thrive, of whom 531 were born at term and 56 were born preterm.</p>			<p>5. Were the predictor variables and the outcome evaluated in the whole sample selected initially? Yes</p> <p>6. Are the statistical methods used to construct and validate the rule clearly described? Yes</p> <p><u>B) What are the results?</u></p> <p>7. Can the performance of the rule be calculated? Yes</p> <p>8. How precise was the estimate of the treatment effect? Rule was precise</p> <p><u>C) Will the results help locally? / Are the findings applicable to the scenario?</u></p> <p>9. Would the prediction rule be reliable and the results interpretable if used for your patient? Yes</p> <p>10. Is the rule acceptable in your case? Yes</p> <p>11. Would the results of the rule modify your decision about the management of the patient or the information you can give to him/her? No (the EPDS is a screening questionnaire, thus even if the results are indicative of depression, the management of the patient will not change straightaway, but will lead to an appropriate referral)</p>

Study details	Participants	Factors	Results	Comments
				GLOBAL RATING FOR THIS STUDY: Moderate
<p><b>Full citation</b></p> <p>Blair, P. S., Drewett, R. F., Emmett, P. M., Ness, A., Emond, A. M., Family, socioeconomic and prenatal factors associated with failure to thrive in the Avon Longitudinal Study of Parents and Children (ALSPAC), International Journal of Epidemiology, 33, 839-47, 2004</p> <p><b>Ref Id</b></p> <p>408514</p> <p><b>Country where the study was carried out</b></p> <p>United Kingdom</p> <p><b>Study type</b></p> <p>Cohort study</p>	<p><b>Cases</b></p> <p>N= 11718</p> <p><b>Diagnostic criteria</b></p> <p>Infants whose weight gain was below the 5th centile</p> <p><b>Controls</b></p> <p><u>Inclusion criteria</u></p> <p>Not reported</p> <p><u>Exclusion criteria</u></p> <p>Not reported</p> <p><b>Statistical method</b></p> <p>Normal distributions were described using the mean and standard deviation and other distributions using medians and inter-quartile ranges. Odds ratios, 95% CI, and p-values (all quoted as two-sided) were quoted for both the univariable and multivariable analyses. Correlation was calculated as Pearson's for normal data and Spearman's p for ordinal data. CI for single proportions were calculated using Wilson's method. In the univariable analysis differences were evaluated using the X2 test with Yate's continuity correction (or Fisher's exact test when an expected count cell was less than 5).</p>	<p><b>Factors</b></p> <p><u>Social class</u> (registrar general's occupational coding of parents [most skilled occupation taken], III is skilled manual work, IV is semi-skilled, and V is unskilled labourer)</p> <p><u>Parental education</u></p> <p>(&lt;'0' level)</p> <p><u>Maternal smoking</u> (1st, 3rd semester )</p> <p>Alcohol consumption (&gt;7 units/wk)</p> <p><u>Illegal drugs taken</u></p> <p>(includes cannabis,</p>	<p><b>Adjusted odds ratio</b></p> <p><u>Social class, OR (95% CI)</u>            Birth to 6-8 weeks = 1.11 (0.87, 1.42)            6-8 weeks to 9 months = 1.03 (0.79 , 1.32)            Birth to 9 months = 1.21 (0.96, 1.54)</p> <p><u>Parental education, OR (95% CI)</u>            Birth to 6-8 weeks = 1.04 (0.82, 1.32)            6-8 weeks to 9 months = 1.09 (0.86 , 1.39)            Birth to 9 months = 1.15 (0.92, 1.45)</p> <p><u>Maternal smoking (1st semester), OR (95% CI)</u>            Birth to 6-8 weeks = 1.06 (0.85, 1.31)            6-8 weeks to 9 months = 0.81 (0.64 , 1.03)            Birth to 9 months = 0.96 (0.77, 1.20)</p> <p><u>Maternal smoking (2nd semester), OR (95% CI)</u>            Birth to 6-8 weeks = 1.04 (0.82, 1.31)            6-8 weeks to 9 months = 0.83 (0.64 , 1.08)            Birth to 9 months = 0.92 (0.72, 1.17)</p> <p><u>Alcohol consumption, OR (95% CI)</u>            Birth to 6-8 weeks = 1.16 (0.68, 1.93)            6-8 weeks to 9 months = 0.89 (0.48 , 1.62)            Birth to 9 months = 1.11 (0.65, 1.88)</p> <p><u>Illegal drugs taken, OR (95% CI) and p value</u>            Birth to 6-8 weeks = 2.30 (1.39, 3.75) p&lt;0.001            6-8 weeks to 9 months = 1.02 (0.49 , 2.07)            Birth to 9 months = 1.41 (0.76, 2.56)</p> <p><u>Mother dieting, OR (95% CI)</u>            Birth to 6-8 weeks = 1.45 (0.85, 2.44)            6-8 weeks to 9 months = 1.06 (0.56 , 1.96)            Birth to 9 months = 1.43 (0.84, 2.41)</p>	<p><u>Methodological limitations assessed using the Critical Appraisal Skills Programme (CASP 2006) Clinical Prediction Rule Checklist</u></p> <p><u>A) Are the results of the study valid?</u></p> <p>1. Is the CPR clearly defined? No (the patients have been clearly defined, however the variables included in the CPR have not been defined)</p> <p>2. The population for which the rule was derived included an appropriate spectrum of patients? Yes</p> <p>3. Was the rule validated in a different group of patients? No (the rule consisted of postal questionnaires)</p> <p>4. Were the predictor variables and the outcome evaluated in a blinded fashion? Can't tell (not reported whether outcome assessors or participants were blinded to the study outcome)</p> <p>5. Were the predictor variables and the outcome evaluated in</p>

Study details	Participants	Factors	Results	Comments
<p><b>Study dates</b></p> <p>Not reported</p> <p><b>Funding</b></p> <p>Wellcome Trust, MRC, the Department of the Environment, Department of Health, MAFF, British Gas, and other companies. This analysis has been supported by the Wellcome Trust.</p>	<p><b>Demographics</b></p> <p>"Avon has a predominantly white population with a mixture of urban and rural communities and a socioeconomic mix similar to the rest of the UK".</p>	<p>amphetamines, barbiturates, LSD, cocaine, ecstasy, heroin, methadone, and other narcotics)</p> <p><u>Mother vegetarian</u></p> <p><u>Mother dieting</u></p>	<p><u>Mother vegetarian, OR (95% CI)</u>            Birth to 6-8 weeks = 1.32 (0.90, 1.94)            6-8 weeks to 9 months = 0.98 (0.62 , 1.53)            Birth to 9 months = 1.09 (0.72, 1.65)</p>	<p>the whole sample selected initially? Yes</p> <p>6. Are the statistical methods used to construct and validate the rule clearly described? No (reliability of the rule not considered)</p> <p><u>B) What are the results?</u></p> <p>7. Can the performance of the rule be calculated? No</p> <p>8. How precise was the estimate of the treatment effect? Rule was not precise</p> <p><u>C) Will the results help locally? / Are the findings applicable to the scenario?</u></p> <p>9. Would the prediction rule be reliable and the results interpretable if used for your patient? No (they would be informative at best)</p> <p>10. Is the rule acceptable in your case? No</p> <p>11. Would the results of the rule modify your decision about the management of the patient or the information you can give to him/her? No</p> <p>GLOBAL RATING FOR THIS PAPER: Low</p>

Study details	Participants	Factors	Results	Comments
<b>Full citation</b>	<b>Cases</b>	<b>Factors</b>	<b>Adjusted odds ratio</b>	<b>Limitations</b>
Bocca-Tjeertes,I.F., Kerstjens,J.M., Reijneveld,S.A., de Winter,A.F., Bos,A.F., Growth and predictors of growth restraint in moderately preterm children aged 0 to 4 years, Pediatrics, 128, e1187-e1194, 2011	N=1123  <b>Diagnostic criteria</b>  >2SD scores below the median growth of the Dutch population  <b>Controls</b>  <b>Inclusion criteria</b>  Children born moderately prematurely (GA: 32-35 6/7 weeks)  <b>Exclusion criteria</b>  Children with major congenital malformations and syndromes (those with neurologic abnormalities were allowed)	Small for gestational age  Maternal educational level	<u>SGA, adjusted, OR (95% CI), p-value</u>  Height at 4 years less than -2 SDs, OR (95% CI), p-value= 7.7 (2.9-20.4) p<.01 Weight at 4 years less than -2 SDs, OR (95% CI), p-value = 9.3 (3.9 -23.1) p<.01  <u>Maternal educational level, unadjusted, OR (95% CI), p-value</u>  Height at 4 y less than -2 SDs = 1.6 [0.9-2.9], NS Weight at 4 y less than 2 SDs = 1.0 [0.5-1.9], NS Head circumference at 1 y less than -2SDs, Crude OR (95% CI) = 5.3 (1.4-20.6), P<.05  <u>Maternal education, adjusted, OR (95% CI), p-value</u>  Head circumference at 1 y less than -2SDs, Crude OR (95% CI) = 5.3 (1.4-20.6), P<.01  <u>Mother smoking during pregnancy, unadjusted, OR (95% CI), p-value</u>  1-5 cigarettes per day Height at 4 y less than -2 SDs = 0.9 [0.3-2.7], NS Weight at 4 y less than 2 SDs = 1.4 [0.5-3.6], NS Head circumference at 1 y less than -2SDs, Crude OR (95% CI)= 1.3 (0.2-10.4), NS  6-10 cigarettes per day Height at 4 y less than -2 SDs = 0.6 [0.2-2.7], NS Weight at 4 y less than 2 SDs = 1.9 [0.7-5.1], NS Head circumference at 1 y less than -2SDs, Crude OR (95% CI) = 1.8 (0.2-14.6)  >10 cigarettes per day Height at 4 y less than -2 SDs = 1.5 [0.5-4.4], NS Weight at 4 y less than 2 SDs = 1.8 [0.6-5.2], NS Head circumference at 1 y less than -2SDs, Crude OR	<u>Methodological limitations assessed using the Critical Appraisal Skills Programme (CASP 2006) Clinical Prediction Rule Checklist</u>  <u>A) Are the results of the study valid?</u>  1. Is the CPR clearly defined? Yes  2. The population for which the rule was derived included an appropriate spectrum of patients? Yes  3. Was the rule validated in a different group of patients? Yes  4. Were the predictor variables and the outcome evaluated in a blinded fashion? Can't tell (data on SGA was obtained from medical records, however data on smoking habits and paternal education were obtained through questionnaires)  5. Were the predictor variables and the outcome evaluated in the whole sample selected initially? Yes  6. Are the statistical methods used to construct and validate the rule clearly described? Yes  <u>B) What are the results?</u>
<b>Ref Id</b>				
235507				
<b>Country/ies where the study was carried out</b>	<b>Statistical method</b>			
The Netherlands	Multivariate (stepwise backward) logistic regression was used to assess the potential predictors of growth restraint. Factors adjusted for were: Gestational age, ethnicity ,maternal education level (low versus moderate/high) ,family income (low versus moderate/high) ,smoking during pregnancy (categorical) ,in vitro fertilization/intracytoplasmic sperm injection (no versus yes) ,gender ,being part of a multiple ( singletons versus twins and versus triplets/quadruplets) ,breastfeeding during the first months of life (no versus yes).			
<b>Study type</b>				
Prospective cohort				
<b>Study dates</b>				
Consecutive recruitment				
<b>Funding</b>	<b>Demographics</b>			

Study details	Participants	Factors	Results	Comments
<p>Research foundation of the Beatrix Children's Hospital, the Cornelia Foundation for the Handicapped Child, the A. Bulk-Child Preventive Child Health Care research fund, the Dutch Brain Foundation, and unrestricted investigator-initiated research grants from FrieslandCampina, Friso Infant Nutrition, and Pfizer Europe.</p>	<p>57% (n=637) of the total sample were boys.</p> <p>Of the total sample, 11.7% (n=131) had a GA=32wk; 20.4% (n=229) had a GA=33wk; 27.4% (n=308) had a GA=34 wk; 40.5% (n=455) had a GA=35wk. 7% (n=79) were from a low family income and 91.4% (n=1026) were from a moderate/high family income</p> <p>92% (N=1033) had Dutch origin and the remaining were ex-colonial, Turkish, Moroccan, Asian, African or other ethnicity.</p>		<p>(95% CI)=2.1 (0.3-17.4), NS</p>	<p>7. Can the performance of the rule be calculated? n/a (continuous outcomes)</p> <p>8. How precise was the estimate of the treatment effect? Rule was precise, although subject to recall bias (for the outcome 'smoking during pregnancy')</p> <p><u>C) Will the results help locally? / Are the findings applicable to the scenario?</u></p> <p>9. Would the prediction rule be reliable and the results interpretable if used for your patient? Yes</p> <p>10. Is the rule acceptable in your case? Yes</p> <p>11. Would the results of the rule modify your decision about the management of the patient or the information you can give to him/her? Can't tell</p> <p>GLOBAL RATING OF THE PAPER: Moderate</p>
<p><b>Full citation</b></p> <p>Karp, R. J., Scholl, T. O., Decker, E., Ebert, E., Growth of abused children. Contrasted with</p>	<p><b>Cases</b></p> <p>N= 53 (27%) Diagnostic criteria *see "other information" section below</p> <p><b>Controls</b></p> <p>N= 143 (73%)</p>	<p><b>Factors</b></p> <p>Child abuse (including chronic mistreatment and neglect, all children had been</p>	<p><b>Adjusted odds ratio</b></p> <p>Abused children (%) vs non-abused (%); OR [95% CI], p-value for wasting and stunting: Stunting (Low wgt/hgt ) (16.3% vs. 0.7%); 16.6 [1.9-145.0], p&lt;0.05</p> <p>Wasting (Low hgt/age) (11.6% vs. 5.6%); 2.2 [0.61-7.9], NS</p>	<p><b>Limitations</b></p> <p><u>Methodological limitations assessed using the Critical Appraisal Skills Programme (CASP 2006) Clinical Prediction Rule Checklist</u></p> <p><u>A) Are the results of the study valid?</u></p>



Study details	Participants	Factors	Results	Comments
<p>the non-abused in an urban poor community, Clinical Pediatrics, 28, 317-20, 1989</p> <p><b>Ref Id</b></p> <p>435639</p> <p><b>Country/ies where the study was carried out</b></p> <p>United States</p> <p><b>Study type</b></p> <p>Cross sectional</p> <p><b>Funding</b></p> <p>Partly supported by UMDNJ Foundation</p>	<p><b>Inclusion criteria</b></p> <p>Not reported</p> <p><b>Exclusion criteria</b></p> <p>Not reported</p> <p><b>Statistical method</b></p> <p>Multiple logistic regression analyses using a maximum likelihood solution was utilized. Odds ratios and their 95 percent confidence intervals were calculated from the regression coefficients and the covariance matrices. Separate logistic regressions were computed for wasting and for stunting. Comparisons were made of differences between abused and non-abused children.</p> <p><b>Demographics</b></p> <p>Abused children: n=19 (35.8%) were male; n=17 (33.4%) were between 2 and 3.9 years old and 34 (66.7%) were between 4 and 5.9 years old; n=45 (86.5%) were black, n=2 (3.8%) were white and n=5 (9.6%) were Hispanic.</p> <p>Non-abused children: n=70 (49%) were male; n=80 (56%) were between 2 and 3.9 years old and n=63 (44.1%) were between 4 and 5.9 years old; n=83 (59.3%) were black, n=5 (3.6%) were white and n=52 (37.1%) were Hispanic.</p>	<p>harmed physically by a parent or other responsible adult)</p>		<p>1. Is the CPR clearly defined? No</p> <p>2. The population for which the rule was derived included an appropriate spectrum of patients? No (patients were referred from a source)</p> <p>3. Was the rule validated in a different group of patients? No</p> <p>4. Were the predictor variables and the outcome evaluated in a blinded fashion? Can't tell (not reported whether outcome assessors or participants were blinded to the study outcome)</p> <p>5. Were the predictor variables and the outcome evaluated in the whole sample selected initially? Yes</p> <p>6. Are the statistical methods used to construct and validate the rule clearly described? No</p> <p><u>B) What are the results?</u></p> <p>7. Can the performance of the rule be calculated? No</p> <p>8. How precise was the estimate of the treatment effect? Rule was not precise</p> <p><u>C) Will the results help locally? / Are the findings applicable to the scenario?</u></p> <p>9. Would the prediction rule be</p>

Study details	Participants	Factors	Results	Comments
				<p>reliable and the results interpretable if used for your patient? No</p> <p>10. Is the rule acceptable in your case? No</p> <p>11. Would the results of the rule modify your decision about the management of the patient or the information you can give to him/her? No</p> <p>GLOBAL RATING OF THE PAPER: Low</p> <p><b>Other information</b></p> <p>*Definition of FTT: Height x age x sex &lt; 5th percentile (stunting), weight x height x sex below the 5th percentile (wasting or underweight)</p>
<p><b>Full citation</b></p> <p>Wright, C. M., Parkinson, K. N., Drewett, R. F., The influence of maternal socioeconomic and emotional factors on infant weight gain and weight faltering (failure to thrive): data from a prospective birth cohort, Archives of Disease in Childhood, 91,</p>	<p><b>Cases</b></p> <p>n=92</p> <p><b>Diagnostic criteria</b></p> <p>See "other comments" section below</p> <p><b>Controls</b></p> <p>n=923</p> <p><b>Inclusion criteria</b></p> <p>Not reported</p> <p><b>Exclusion criteria</b></p> <p>Infants born before 37 weeks gestation</p>	<p><b>Factors</b></p> <p>Interaction between deprivation, weight gain and postnatal depression.</p>	<p><b>Adjusted odds ratio</b></p> <p>Socioeconomic factors: Maternal, paternal education association with weight gain =NS Deprivation (Townsend score) association with thrive index (birth to 6 weeks) = p 0.005</p> <p>Postnatal depression At 4 months, in deprived groups, depression (EPDS&gt;12) was associated with lower TI At 4 months, in more affluent groups, depression (EPDS&gt;12) was not associated with TI</p>	<p><b>Limitations</b></p> <p><u>Methodological limitations assessed using the Critical Appraisal Skills Programme (CASP 2006) Clinical Prediction Rule Checklist</u></p> <p><u>A) Are the results of the study valid?</u></p> <p>1. Is the CPR clearly defined? Yes</p> <p>2. The population for which the rule was derived included an appropriate spectrum of patients? Yes</p> <p>3. Was the rule validated in a</p>

Study details	Participants	Factors	Results	Comments
312-7, 2006	<b>Statistical method</b>			different group of patients? Yes
<b>Ref Id</b> 378708	<p>Categorical data were analysed using X2 and X2 for trend. Weight gain outcomes (Thrive Index) were assessed using ANOVA with a linear contrast and multiple linear regression. Multivariate models were usually constructed by entering all predictor variables with significant (<math>p &lt; 0.05</math>) univariate associations. To explore the relation between postnatal depression, deprivation and weight gain, and interaction term (raised/normal EPDS x Townsend score quintile) was included in the model; to explore the non-linear relation between deprivation and weight gain, a quadratic term (Townsend score quintile<sup>2</sup>) was used.</p> <p><b>Demographics</b></p> <p>Of the n=93 infants with weight faltering, all but 7 (0.8%) were of white British origin. In total, 92 children (10%) showed weight faltering at some time and 36 (4%) had sustained weight faltering in two or more of the four age bands. Of these, 22 were still faltering at 12 months, 10 had recovered, and 4 were lost to follow up.</p>			4. Were the predictor variables and the outcome evaluated in a blinded fashion? Can't tell (not reported whether outcome assessors or participants were blinded to the study outcome)
<b>Country/ies where the study was carried out</b> United Kingdom				5. Were the predictor variables and the outcome evaluated in the whole sample selected initially? Yes
<b>Study type</b> Prospective cohort				6. Are the statistical methods used to construct and validate the rule clearly described? No
<b>Study dates</b> Between June 1999 and May 2000				B) <u>What are the results?</u>
<b>Funding</b> Not reported				7. Can the performance of the rule be calculated? No
				8. How precise was the estimate of the treatment effect? Rule was not precise
				<u>C) Will the results help locally? / Are the findings applicable to the scenario?</u>
				9. Would the prediction rule be reliable and the results interpretable if used for your patient? No
				10. Is the rule acceptable in your case? Yes
				11. Would the results of the rule modify your decision about the management of the patient or the information you can give to

Study details	Participants	Factors	Results	Comments
				<p>him/her? No</p> <p>GLOBAL RATING OF THE PAPER: Low</p> <p><b>Other information</b></p> <p>Definition for weight faltering: For any time interval, weight gain (TI) below the 5th centile for than interval</p> <p>Thrive index (TI): is a measure of change in weight SD over time, conditional on initial weight, to allow for regression to the mean. The TI compares a child's actual weight SDS to their expected weight SDS.</p>
<p><b>Full citation</b></p> <p>O'Brien, L. M., Heycock, E. G., Hanna, M., Jones, P. W., Cox, J. L., Postnatal depression and faltering growth: a community study, Pediatrics, 113, 1242-7, 2004</p> <p><b>Ref Id</b></p> <p>377968</p> <p><b>Country/ies where the study was carried out</b></p>	<p><b>Cases</b></p> <p>n=135 Diagnostic criteria *see other information section below</p> <p><b>Controls</b></p> <p>n=567</p> <p><b>Inclusion criteria</b></p> <p>Not reported</p> <p><b>Exclusion criteria</b></p> <p>Child who were born prematurely, were small for gestational age or children whose mothers did not know English. Statistical method.</p> <p>Logistic regression with index/control as the dependent variable, was used to</p>	<p><b>Factors</b></p> <p>Postnatal depression as measured by the Edinburgh Postnatal Depression Scale (EPDS) Anxiety as measured by the Hospital Anxiety and Depression Scale (HADS)</p>	<p><b>Adjusted odds ratio</b></p> <p>Total % score of the questionnaires results in index and control groups, OR [95%CI] and p-values of the screening questionnaires for Index and Control mothers EPDS ≥9 ,(32.7% index vs.21.5% control) = 1.71 [1.16-2.53], p≤0.01</p> <p>EPDS ≥13, (14.8% index vs. 7.8% control) = 1.96 [1.13-3.38], p ≤ 0.02</p> <p>Anxiety subscale of HADS ≥8, (24% index vs. 12.9% control) = 2.08 [1.33-3.25] p≤0.01</p> <p>No. of women scoring EPDS ≥9 or anxiety subscale of HADS ≥ 8, (35.2% index vs. 23.6% control) = 1.74 [1.19-2.54], p= 0.01</p>	<p><b>Limitations</b></p> <p><u>Methodological limitations assessed using the Critical Appraisal Skills Programme (CASP 2006) Clinical Prediction Rule Checklist</u></p> <p><u>A) Are the results of the study valid?</u></p> <p>1. Is the CPR clearly defined? Yes</p> <p>2. The population for which the rule was derived included an appropriate spectrum of patients? No (patients were referred from a source)</p> <p>3. Was the rule validated in a different group of patients? Yes</p>

Study details	Participants	Factors	Results	Comments
<p>United Kingdom</p> <p><b>Study type</b></p> <p>Prospective cohort</p> <p><b>Study dates</b></p> <p>Not reported</p> <p><b>Funding</b></p> <p>Study supported by the Locally Organised Research Scheme (West Midlands, UK)</p>	<p>correct the P-value for the association of depression and faltering growth for variables that showed significant difference for index and control group.</p> <p><b>Demographics</b></p> <p>Index group: 35.2% were male, 12.8% had a single parent. Birth weight (kg), mean (SD) = 3.6±0.5. Jarman score, mean (SD) = 12.4 ± 14.2</p> <p>Control group: 41.6% were male, 12% had a single parent. Birth weight (kg), mean (SD) = 3.4±0.5. Jarman score, mean (SD) = 11.3 ± 14.2</p>			<p>4. Were the predictor variables and the outcome evaluated in a blinded fashion? Can't tell</p> <p>5. Were the predictor variables and the outcome evaluated in the whole sample selected initially? Yes</p> <p>6. Are the statistical methods used to construct and validate the rule clearly described? Yes</p> <p><u>B) What are the results?</u></p> <p>7. Can the performance of the rule be calculated? No</p> <p>8. How precise was the estimate of the treatment effect? Rule was not precise</p> <p><u>C) Will the results help locally? / Are the findings applicable to the scenario?</u></p> <p>9. Would the prediction rule be reliable and the results interpretable if used for your patient? Yes</p> <p>10. Is the rule acceptable in your case? Yes</p> <p>11. Would the results of the rule modify your decision about the management of the patient or the information you can give to him/her? No</p> <p>GLOBAL RATING OF THE PAPER: Low</p>

Study details	Participants	Factors	Results	Comments																																																	
				<p><b>Other information</b></p> <p>*Diagnostic criteria for FTT; a fall across 2 centile channels or a fall beneath the second centile on standardized growth charts for at least 3 months (to exclude weight loss secondary to an acute illness)</p>																																																	
<p><b>Full citation</b></p> <p>Emond, A., Drewett, R., Blair, P., Emmett, P., Postnatal factors associated with failure to thrive in term infants in the Avon Longitudinal Study of Parents and Children, Archives of Disease in Childhood, 92, 115-9, 2007</p> <p><b>Ref Id</b></p> <p>378265</p> <p><b>Country/ies where the study was carried out</b></p> <p>UK</p> <p><b>Study type</b></p>	<p><b>Sample size</b></p> <p>N= 495 to 528 cases (depending on the time when measurements were taken)</p> <p><b>Characteristics</b></p> <table border="1"> <thead> <tr> <th></th> <th>Birth to 8 weeks</th> <th>Birth to 8 weeks</th> <th>8 weeks to 9 months</th> <th>8 weeks to 9 months</th> </tr> </thead> <tbody> <tr> <td><b>n</b></td> <td>528</td> <td>1190</td> <td>495</td> <td>11223</td> </tr> <tr> <td><b>Birth weight (g) Median (IQR)</b></td> <td>56 (49-62)</td> <td>55 (46-60)</td> <td>3320 (3000-3660)</td> <td>3460 (3160-3770)</td> </tr> <tr> <td><b>Weight z score at birth Mean (SD)</b></td> <td>0.07 (1.14)</td> <td>0.07 (1.00)</td> <td>0.02 (1.01)</td> <td>0.07 (1.00)</td> </tr> <tr> <td><b>Weight z score at 8 weeks Mean (SD)</b></td> <td>-1.55</td> <td>0.10 (0.92)</td> <td>-0.17 (1.02)</td> <td>0.04 (0.97)</td> </tr> </tbody> </table>		Birth to 8 weeks	Birth to 8 weeks	8 weeks to 9 months	8 weeks to 9 months	<b>n</b>	528	1190	495	11223	<b>Birth weight (g) Median (IQR)</b>	56 (49-62)	55 (46-60)	3320 (3000-3660)	3460 (3160-3770)	<b>Weight z score at birth Mean (SD)</b>	0.07 (1.14)	0.07 (1.00)	0.02 (1.01)	0.07 (1.00)	<b>Weight z score at 8 weeks Mean (SD)</b>	-1.55	0.10 (0.92)	-0.17 (1.02)	0.04 (0.97)	<p><b>Factors</b></p> <p>Weight data were extracted from the Avon Child Health Computer system, using measurements made as part of the local pre-school child health surveillance programme. Measurements were taken at birth, at 8 weeks (range 1-3 months) and at 9 months (range 6-12 months). All weights were standardized to z scores adjusting for</p>	<p><b>Adjusted odds ratio</b></p> <p><u>Multivariate model of poor weight gain from birth to 8 weeks</u></p> <table border="1"> <thead> <tr> <th></th> <th></th> <th>Case (n, %)</th> <th>Control (n, %)</th> <th>OR (95% CI)</th> <th>p value</th> </tr> </thead> <tbody> <tr> <td><b>Infant problems (non-reference group)</b></td> <td>Yes</td> <td>151/503, 30%</td> <td>16.1/10791, 14.8%</td> <td>2.20 (1.74 to 2.78)</td> <td>&lt; 0.001</td> </tr> <tr> <td><b>Weak sucking at 4 weeks</b></td> <td>Yes</td> <td>105/522, 20%</td> <td>1138/11142, 10.2%</td> <td>1.52 (1.16 to 2.00)</td> <td>0.003</td> </tr> <tr> <td><b>Difficult to feed at 4 weeks</b></td> <td>Minor illnesses</td> <td>196/528, 37.1%</td> <td>3467/11190, 31%</td> <td>1.43 (1.15 to 1.78)</td> <td>0.001</td> </tr> </tbody> </table>			Case (n, %)	Control (n, %)	OR (95% CI)	p value	<b>Infant problems (non-reference group)</b>	Yes	151/503, 30%	16.1/10791, 14.8%	2.20 (1.74 to 2.78)	< 0.001	<b>Weak sucking at 4 weeks</b>	Yes	105/522, 20%	1138/11142, 10.2%	1.52 (1.16 to 2.00)	0.003	<b>Difficult to feed at 4 weeks</b>	Minor illnesses	196/528, 37.1%	3467/11190, 31%	1.43 (1.15 to 1.78)	0.001	<p><b>Limitations</b></p> <p><u>Methodological limitations assessed using the Critical Appraisal Skills Programme (CASP 2006) Clinical Prediction Rule Checklist</u></p> <p>A) Are the results of the study valid?</p> <ol style="list-style-type: none"> <li>1. Is the CPR clearly defined? Yes</li> <li>2. The population for which the rule was derived included an appropriate spectrum of patients? Yes</li> <li>3. Was the rule validated in a different group of patients? No</li> <li>4. Were the predictor variables and the outcome evaluated in a blinded fashion? Can't tell</li> <li>5. Were the predictor variables and the outcome evaluated in the whole sample selected initially? Yes</li> <li>6. Are the statistical methods</li> </ol>
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<p>Prospective cohort study</p> <p><b>Aim of the study</b></p> <p>To assess the contribution of postnatal factors to failure to thrive in infancy</p> <p><b>Study dates</b></p> <p>Between April 1991 and 31 December 1992</p> <p><b>Source of funding</b></p> <p>Wellcome trust, London.</p>	<p><b>Weight z score at 9 months ± Mean (SD)</b></p> <p>-</p>	<p>-</p>	<p>-1.74 (0.74)</p>	<p>0.24 (0.98)</p>	<p>differences in sex and age (gestational age in weeks for weight at birth and infant age in weeks for subsequent weights). Growth was assessed by calculating the difference z scores between two time points and adjusting for regression towards the mean using correlates provided by the British 1990 Growth Reference.</p>	<p><b>Infant health up to 8 weeks</b></p>	<p>Quite ill or very ill</p>	<p>27/528, 5.1%</p>	<p>268/11190, 2.4%</p>	<p>2.08 (1.31 to 3.31)</p>	<p>0.002</p>	<p>used to construct and validate the rule clearly described? No</p> <p><u>B) What are the results?</u></p> <p>7. Can the performance of the rule be calculated? No</p> <p>8. How precise was the estimate of the treatment effect? Not precise</p> <p><u>C) Will the results help locally? / Are the findings applicable to the scenario?</u></p> <p>9. Would the prediction rule be reliable and the results interpretable if used for your patient? Can't tell (would be informative, but not completely reliable)</p> <p>10. Is the rule acceptable in your case? No</p> <p>11. Would the results of the rule modify your decision about the management of the patient or the information you can give to him/her? Can't tell</p> <p>GLOBAL RATING OF THE PAPER: Low</p>
	<p><b>Growth z score from birth to 8 weeks Mean (SD)</b></p> <p>-2.12 (0.45)</p>	<p>0.08 (0.85)</p>	<p>-</p>	<p>-</p>								
	<p><b>Growth z score from 8 weeks to 9 m (SD)</b></p> <p>-</p>	<p>-</p>	<p>-2.12 (0.49)</p>	<p>0.29 (1.02)</p>								
	<p>Inclusion Criteria not reported Exclusion Criteria Infants with major congenital abnormality likely to affect feeding and infants born before 37 or after 41 completed weeks' gestation. Also children with incomplete data.</p>											
<b>Full citation</b>	<b>Cases</b>				<b>Factors</b>	<b>Adjusted odds ratio</b>					<b>Limitations</b>	
<p>Kelleher, K. J., Casey, P. H., Bradley, R. H., Pope, S. K., Whiteside, L., Barrett, K. W.,</p>	<p>n=180 Diagnostic criteria *see "other information" section below</p>				<p>-Maternal education -Small for gestational age -Abnormal or</p>	<p>Characteristics at Infant's Birth and relative risk ratios [95% CI], p-value Small for gestational age= 2.62 [1.72,3.98], p&lt;0.05 Maternal education= Some college = 1.00 &lt; High school = 1.52 [0.86,2.69], NS</p>					<p><u>Methodological limitations assessed using the Critical Appraisal Skills Programme (CASP 2006) Clinical Prediction Rule Checklist</u></p>	
	<b>Controls</b>											

Study details	Participants	Factors	Results	Comments
<p>Swanson, M. E., Kirby, R. S., Risk factors and outcomes for failure to thrive in low birth weight preterm infants.[Erratum appears in Pediatrics 1993 Jul;92(1):190], Pediatrics, 91, 941-8, 1993</p> <p><b>Ref Id</b></p> <p>377887</p> <p><b>Country/ies where the study was carried out</b></p> <p>United States</p> <p><b>Study type</b></p> <p>3-year prospective cohort study</p> <p><b>Funding</b></p> <p>The Infant Health and Development Program is supported by grants to the Department of Pediatrics, Stanford University; The</p>	<p>n=591</p> <p><b>Inclusion criteria</b></p> <p>Not reported</p> <p><b>Exclusion criteria</b></p> <p>Infants who lived outside of the catchment area or who were discharged outside the recruitment time period, infants who exceeded 37 weeks GCA, infants who died within the first 48 hours of life. Triplets, quadruplets, and the twin of an ineligible child, and only one of each pair of eligible twins was included in analyses.</p> <p>Maternal exclusions included maternal drug or alcohol abuse, inability to communicate adequately in English, and maternal report of psychiatric hospitalization.</p> <p>Infant medical exclusions included hospitalization longer than 60 days after 40 weeks GCA, oxygen support for more than 90 days, severe neurologic abnormality, severe sensory deficit or chromosome-multiple anomaly syndrome.</p> <p><b>Statistical method</b></p> <p>Multivariate logistic regression, fitted by the method of maximum likelihood, was calculated to evaluate the effect of perinatal predictor variables on FTT while controlling for the effects of the other variables in the model. Stepwise logistic regression analysis was used to assist in the selection of variables for the multivariate model.</p> <p>Demographics FTT : 52.2% were male, 31.1% had</p>	<p>suspect neurological exam</p>	<p>High School Graduate = 1.51 [0.87,2.63], NS ≥ College graduate = 2.12 [1.09,4.13], NS Abnormal or suspect neurological exam = 1.82 [1.21,2.75], P &lt;0.05</p>	<p><u>A) Are the results of the study valid?</u></p> <ol style="list-style-type: none"> <li>1. Is the CPR clearly defined? Yes</li> <li>2. The population for which the rule was derived included an appropriate spectrum of patients? Yes</li> <li>3. Was the rule validated in a different group of patients? No (the study includes the criteria used for SGA, maternal education for nor for abnormal or suspect neurological exam)</li> <li>4. Were the predictor variables and the outcome evaluated in a blinded fashion? Can't tell</li> <li>5. Were the predictor variables and the outcome evaluated in the whole sample selected initially? Yes (exclusions and drop-outs have been described and accounted for)</li> <li>6. Are the statistical methods used to construct and validate the rule clearly described? No</li> </ol> <p><u>B) What are the results?</u></p> <ol style="list-style-type: none"> <li>7. Can the performance of the rule be calculated? No</li> <li>8. How precise was the estimate of the treatment effect? Can't tell (criteria for 'suspect neurological exam' was not reported)</li> </ol>



Study details	Participants	Factors	Results	Comments
<p>Frank Porter Graham Child Development Center, University of North Carolina; and the eight participating universities by the Robert Wood Johnson Foundation. Additional support was provided by the Department of Pediatrics, Stanford University, from the Pew Charitable Trusts; the Bureau of Maternal and Child Health and Resources Development, Health Resources Services Administration, United States Public Health Service, Department of Health and Human Services; and the Stanford Center for the Study of Families, Children and</p>	<p>small birth weight for gestational age and 50.6% had parents who were married. NON-FTT: 4.9% were male, 14.3% had small birth weight for gestational age and 45% had parents who were married</p>			<p><u>C) Will the results help locally? / Are the findings applicable to the scenario?</u></p> <p>9. Would the prediction rule be reliable and the results interpretable if used for your patient? Can't tell</p> <p>10. Is the rule acceptable in your case? Can't tell</p> <p>11. Would the results of the rule modify your decision about the management of the patient or the information you can give to him/her? Can't tell</p> <p>GLOBAL RATING OF THE PAPER: Low</p> <p><b>Other information</b></p> <p>Some of the children included in this study presented with chronic, disabling conditions. Distributions are as follows: FTT (n=180): 16 children presented with cerebral palsy, n=25 children presented with bronchopulmonary dysplasia and n=13 presented with congenital heart disease Non-FTT (n=591): 27 children presented with cerebral palsy, n=57 presented with bronchopulmonary dysplasia and n=8 presented with congenital heart disease</p> <p>*Diagnostic criteria of FTT: children were required to have</p>

Study details	Participants	Factors	Results	Comments
Youth.				<p>lower than average growth velocity to meet criteria. Cases included infants meeting all 3 criteria listed below between 4 and 36 month gestation-corrected age (GCA): a) who were coded by the developmental clinician during a health assessment as having FTT (infants below the 5th percentile for gestational corrected age on the National Centre for Health Statistics growth grids, and if his/her growth status put him below that recorded at the last regular assessment visit); b) whose weight was less than the 5th percentile for CGA at 2 or more points in time and; c) whose rate of weight growth during the preceding months was less than average for gender and CGA as determined by incremental (velocity) growth curves. Additionally, infants who were not coded by the developmental clinician as having FTT but met criteria b) and c) at 2 or more points in time between 4 and 36 months GCA, and blinded reviews of their growth curves by 2 developmental paediatricians led to a consensus of FTT, were coded as cases.</p>
<b>Full citation</b>	<b>Cases</b>	<b>Factors</b>	<b>Adjusted odds ratio</b>	<b>Limitations</b>
Olsen, E. M.,	n=3692	Gestational	Results reported by FTT definition type; OR [95% CI], p-	<u>Methodological limitations</u>

Study details	Participants	Factors	Results	Comments
<p>Skovgaard, A. M., Weile, B., Jorgensen, T., Risk factors for failure to thrive in infancy depend on the anthropometric definitions used: the Copenhagen County Child Cohort, Paediatric and Perinatal Epidemiology, 21, 418-31, 2007</p> <p><b>Ref Id</b> 377974</p> <p><b>Country/ies where the study was carried out</b> Denmark</p> <p><b>Study type</b> Prospective cohort</p> <p><b>Study dates</b> Not reported</p> <p><b>Funding</b> Egmont Foundation, the Danish Health</p>	<p><b>Controls</b></p> <p><b>Inclusion criteria</b></p> <p>Children with a coexisting set comprising weight and length between 6 and 11 months as well as birthweight.</p> <p><b>Exclusion criteria</b></p> <p>Gestational age &lt; 37 full weeks, multiple births, or those having serious congenital disorders or illnesses. Children with birthweight ≤ 10th percentile could not (for technical reasons) fulfil the FTT criterion C (downward crossing of two or major centiles), these children were also excluded from these analyses. After exclusion the TI value defining the 5% with the slowest weight gain (for conditional weight gain) was <math>TI \leq -1.46</math>. Statistical method.</p> <p>Distribution of the continuous variables was described using medians and interquartile ranges. Logistic regression was performed with FTT as the outcome variable, with ORs, 95%CI and P-values (two-sided) calculated for multivariable analyses. Multivariable analyses were constructed based on the hypotheses, prior the analyses, including significant variables from earlier population studies.</p> <p>Confounders that the study adjusted for: Sex, ethnicity, mother's age, social level of neighbourhood, whether parents live together. Multivariate model also includes observations concerning psychomotor development, mother-child relationship and overall development of</p>	<p>age (weeks) and feeding problems.</p>	<p>value: FTT=conditional weight Gain &lt;5% from birth until 6-11 months; Gestational age (weeks):1.11 [0.96,1.27], NS ; Feeding problems: 1.15 [0.74,1.78], NS FTT= Combination of: conditional weight gain &lt; 5% and BMI &lt;5th Percentile ; Gestational age (weeks): 1.15 [0.85,1.56], NS ; Feeding problems: 1.25 [0.60,2.61], NS FTT= crossing ≥ two major weight centiles from birth until 6-11 months ; Gestational age (weeks): 1.13 [1.04,1.23], p&lt;0.05; Feeding problems 1.12 [0.86,1.47],NS NS= no significant</p>	<p><u>assessed using the Critical Appraisal Skills Programme (CASP 2006) Clinical Prediction Rule Checklist</u></p> <p><u>A) Are the results of the study valid?</u></p> <p>1. Is the CPR clearly defined? Yes</p> <p>2. The population for which the rule was derived included an appropriate spectrum of patients? Yes</p> <p>3. Was the rule validated in a different group of patients? Can't tell (gestation age presented with the standard outcome definition, however feeding problems were parent reported and no criteria was reported)</p> <p>4. Were the predictor variables and the outcome evaluated in a blinded fashion? Can't tell</p> <p>5. Were the predictor variables and the outcome evaluated in the whole sample selected initially? Yes</p> <p>6. Are the statistical methods used to construct and validate the rule clearly described? Can't tell</p> <p><u>B) What are the results?</u></p> <p>7. Can the performance of the rule be calculated? No</p>

Study details	Participants	Factors	Results	Comments
Insurance Foundation, the Foundation of Carl August and Jenny Andersen, the Lundbeck Foundation, the Gangsted Foundation, the Beatrice Surovell Haskell Fund for Child Mental Health Research of Copenhagen, the Rosalie Petersen Foundation, the Foundation of Director Jabon Madsen and his wife Olga Madsen, the Linex Foundation and the Danish Ministry of Social Affairs.	<p>the child.</p> <p>For the purpose of this study, FG had 3 different anthropometric criteria, resembling those used in earlier population studies of FTT were investigated: (1) FTT= Conditional weight gain &lt;5% from birth until 6-11 months; (2) FTT = Combination of: conditional weight gain &lt;5% and BMI &lt;5th percentile; (3) FTT= Crossing ≥ two major weight centiles from birth until 6-11 months.</p> <p><b>Demographics</b></p> <p>50.4% of the sample were boys; 22.6% were from a high social level of living area, 29.5% from an intermediate social level of living area and 4.9% from a low social level of living area.</p>			<p>8. How precise was the estimate of the treatment effect? The estimate was not precise</p> <p><u>C) Will the results help locally? / Are the findings applicable to the scenario?</u></p> <p>9. Would the prediction rule be reliable and the results interpretable if used for your patient? Can't tell (gestational age will be, however feeding problems would not be with the information available in the study)</p> <p>10. Is the rule acceptable in your case? Yes</p> <p>11. Would the results of the rule modify your decision about the management of the patient or the information you can give to him/her? Can't tell</p> <p>GLOBAL RATING OF THE PAPER: Low</p>
<b>Full citation</b>	<b>Cases</b>	<b>Factors</b>	<b>Adjusted odds ratio</b>	<b>Limitations</b>
Olsen, E. M., Skovgaard, A. M., Weile, B., Petersen, J., Jorgensen, T., Risk factors for weight faltering in infancy according to age at onset,	<p>n=3638</p> <p><b>Diagnostic criteria</b></p> <p>*see "other information" section below</p> <p><b>Controls</b></p> <p><b>Inclusion criteria</b></p>	<p><u>Slow starters analysis (birth to 2 weeks):</u></p> <p>mother smoking during pregnancy, feeding problem</p>	<p>Weight faltering was categorised according to age of onset and groups were analysed according to this. Slow starters analysis (birth to 2 weeks), OR (95% CI) and p value</p> <p>Mother smoking during pregnancy = 1.52 [1.06,2.18], p=0.0253</p> <p>Feeding problem = 1.71 [1.11, 2.63], p= 0.0209</p> <p>Early onset analysis (2 weeks to 4 months), OR (95% CI)</p>	<p><u>Methodological limitations assessed using the Critical Appraisal Skills Programme (CASP 2006) Clinical Prediction Rule Checklist</u></p> <p><u>A) Are the results of the study valid?</u></p> <p>1. Is the CPR clearly defined?</p>

Study details	Participants	Factors	Results	Comments
<p>Paediatric and Perinatal Epidemiology, 24, 370-82, 2010</p> <p><b>Ref Id</b> 377975</p> <p><b>Country where the study was carried out</b> Denmark</p> <p><b>Study type</b> Prospective cohort study</p> <p><b>Study dates</b> 2000</p> <p><b>Funding</b> The Egmont Foundation, the Danish Health Insurance Foundation, the Foundation of Carl August and Jenny Andersen, the Lundbeck Foundation, the Gangsted Foundation, the Beatrice Surovell Haskell Fund for Child</p>	<p>Children with available weights in all three age bands, and an available birthweight.</p> <p><b>Exclusion criteria</b> Children with major congenital disorders or serious physical illness within 0-11 months of age.</p> <p><b>Statistical method</b> Distributions of continuous variables were described using medians and interquartile ranges, as none of these were normally distributed. Risk factor analyses were done with each type of weight faltering as a separate outcome, using all children not included in the given case group as controls. Multivariate analysis were performed on all variables with a P value &lt;0.05 in the unadjusted analysis, using logistic regression. Significant variables were adjusted individually for variables previously used as confounders judged from infant mental health literature and assessment of the causal network.</p> <p><b>Demographics</b> 50.9% (n=3638) of the sample were boys; 15.7% (n=572) of the children had parents who were not born in Denmark and 11.9% (n=431) had 1 of their parents born in Denmark. 19.3% (n=701) were from a high social status and 32.7% (n=1191) were from an intermediate social status. 42.1% (n=1140) had mothers with a previous liveborn children. 4.7% (n=170) had birthweight &lt;5% and 90.5% (n=3294) had a birthweight between 5-</p>	<p><u>Early onset analysis (2 weeks to 4 months):</u> Feeding problems</p> <p><u>Late onset analysis (4-8 months):</u> feeding problems</p>	<p>and p value Feeding problem= 1.69 [1.08,2.63], p=0.0278</p> <p>Late onset analysis (4-8 months), OR (95% CI) and p value Feeding problem = 1.98 [1.31,2.99], p= 0.0018</p>	<p>Yes</p> <p>2. The population for which the rule was derived included an appropriate spectrum of patients? Yes</p> <p>3. Was the rule validated in a different group of patients? No</p> <p>4. Were the predictor variables and the outcome evaluated in a blinded fashion? Can't tell</p> <p>5. Were the predictor variables and the outcome evaluated in the whole sample selected initially? Yes</p> <p>6. Are the statistical methods used to construct and validate the rule clearly described? No</p> <p><u>B) What are the results?</u></p> <p>7. Can the performance of the rule be calculated? No</p> <p>8. How precise was the estimate of the treatment effect? No</p> <p><u>C) Will the results help locally? / Are the findings applicable to the scenario?</u></p> <p>9. Would the prediction rule be reliable and the results interpretable if used for your patient? Can't tell</p> <p>10. Is the rule acceptable in your case? Can't tell</p>

Study details	Participants	Factors	Results	Comments
Mental Health Research of Copenhagen, the Rosalie Petersen Foundation, the Foundation of Director Jacob Madsen and Wife Olga Madsen, the Linex Foundation and the Danish Ministry of Social Affairs.	95%.			<p>11. Would the results of the rule modify your decision about the management of the patient or the information you can give to him/her? Can't tell</p> <p>GLOBAL RATING OF THE PAPER: Low</p> <p><b>Other information</b></p> <p>*definition of FTT: weight faltering was defined as the slowest weight gaining 5% of all children in the cohort with an available weight.</p>

## G.7 Prevalence of specific causative conditions

Study details	Participants	Outcomes and results	Comments														
<p><b>Full citation</b></p> <p>Berwick,D.M., Levy,J.C., Kleinerman,R., Failure to thrive: diagnostic yield of hospitalisation, Archives of Disease in Childhood, 57, 347-351, 1982</p> <p><b>Ref Id</b></p> <p>245027</p> <p><b>Aim of the study</b></p> <p>To assess the diagnostic yield of</p>	<p><b>Inclusion criteria</b></p> <p>Not reported</p> <p><b>Exclusion criteria</b></p> <p>Children were excluded from the study if an obvious cause of FTT was explicitly identified by history or physical examination at the time of admission, or if the infant was in a medically critical condition at the time of admission.</p> <p><b>Sample characteristics</b></p> <p>'Failure to thrive' was defined as those children whose weight lies consistently below the 3rd centile for age, or whose</p>	<p><b>Outcomes and results</b></p> <p>Specific structural causes of failure to thrive</p> <table border="1"> <thead> <tr> <th>Discharge diagnosis</th> <th>No of children</th> </tr> </thead> <tbody> <tr> <td>Partial intestinal obstruction Pyloric stenosis (2) Malrotation (1)</td> <td>3 (3.6%)</td> </tr> <tr> <td>Urinary tract infection</td> <td>3 (3.6%)</td> </tr> <tr> <td>Tuberculosis</td> <td>1 (1.2%)</td> </tr> <tr> <td>Neurological Leigh's disease (1) Cerebral palsy (1)</td> <td>2 (2.4%)</td> </tr> <tr> <td>Coeliac disease</td> <td>2 (2.4%)</td> </tr> <tr> <td>Hypercalcaemia</td> <td>1 (1.2%)</td> </tr> </tbody> </table>	Discharge diagnosis	No of children	Partial intestinal obstruction Pyloric stenosis (2) Malrotation (1)	3 (3.6%)	Urinary tract infection	3 (3.6%)	Tuberculosis	1 (1.2%)	Neurological Leigh's disease (1) Cerebral palsy (1)	2 (2.4%)	Coeliac disease	2 (2.4%)	Hypercalcaemia	1 (1.2%)	<p>Limitations</p> <p><u>Risk of bias assessed using JBI checklist for prevalence studies (Munn 2015)</u></p> <p>Was the sample frame appropriate to address the target population? Unclear - children included in this study had been hospitalized, which may indicate that were very severe cases.</p> <p>Were study participants sampled in an appropriate way? yes - cross sectional study using hospital records Was the sample size adequate? unclear</p> <p>Were the study subjects and the setting described in detail? yes</p>
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<p>children in the infant-toddler age group who are admitted to hospital to investigate the cause of FTT of obscure origin.</p> <p><b>Country/ies where the study was carried out</b></p> <p>USA</p> <p><b>Study type</b></p> <p>Cross-sectional</p>	<p>growth is rapidly crossing centiles downwards. The study authors abstracted detailed information from the case records of all infants aged 1 and 25 months from whom the diagnosis of FTT had been noted at admission or discharge. Children were divided in 4 groups (FTT unexplained, FTT environmental, FTT specific diagnosis, not FTT). Of the patients with a specific diagnosis, two-thirds had a functional gastrointestinal disorder and one-third had a specific structural disease. 10% (n=12) of the patients presented with a specific structural cause for failure to thrive.</p>		<p>Was the data analysis conducted with sufficient coverage of the identified sample? yes</p> <p>Were valid methods used for the identification of the condition? unclear</p> <p>Was the condition measured in a standard, reliable way for all participants? no - not all children received all diagnostic tests</p> <p>Was there appropriate statistical analysis? yes</p> <p>Was the response rate adequate, and if not, was the low response rate managed appropriately? n/a</p> <p><b>Overall quality of the study: low</b></p>																								
<p><b>Full citation</b></p> <p>Sills, R. H., Failure to thrive. The role of clinical and laboratory evaluation, American Journal of Diseases of Children, 132, 967-9, 1978</p> <p><b>Ref Id</b></p> <p>409576</p> <p><b>Aim of the study</b></p> <p>To investigate whether laboratory studies provide additional diagnostic information to clinical examination alone for children with faltering growth.</p> <p><b>Country/ies where</b></p>	<p><b>Inclusion criteria</b></p> <p>All patients admitted to a children's hospital for diagnostic investigation of failure to thrive over a 34 month period. Age &lt; 3 years, weight &lt; 3rd percentile on the Boston Children's Hospital Anthropometric Charts, or weight decrease greater than 2 major percentiles</p> <p><b>Exclusion criteria</b></p> <p>None reported</p> <p><b>Sample characteristics</b></p> <p>185 children</p>	<p><b>Outcomes and results</b></p> <p>Final diagnosis of cause of faltering growth</p> <table border="1"> <thead> <tr> <th></th> <th>No(% of patients (N=185))</th> </tr> </thead> <tbody> <tr> <td>Nonorganic aetiology</td> <td>106 (58%)</td> </tr> <tr> <td>Environmental deprivation</td> <td>92 (50%)</td> </tr> <tr> <td>Simple feeding problem</td> <td>5 (3%)</td> </tr> <tr> <td>Rumination</td> <td>3 (3%)</td> </tr> <tr> <td>Constitutional and familial</td> <td>4 (2%)</td> </tr> <tr> <td>Organic aetiology</td> <td>34 (18%)</td> </tr> <tr> <td>Undetermined aetiology</td> <td>45 (24%)</td> </tr> </tbody> </table> <p>Contribution of clinical history, physical examination and laboratory studies to final diagnosis</p> <table border="1"> <thead> <tr> <th></th> <th>No of cases</th> </tr> </thead> <tbody> <tr> <td>History alone useful</td> <td>17</td> </tr> <tr> <td>Physical examination alone useful</td> <td>1</td> </tr> <tr> <td>History and physical examination useful</td> <td>16</td> </tr> </tbody> </table>		No(% of patients (N=185))	Nonorganic aetiology	106 (58%)	Environmental deprivation	92 (50%)	Simple feeding problem	5 (3%)	Rumination	3 (3%)	Constitutional and familial	4 (2%)	Organic aetiology	34 (18%)	Undetermined aetiology	45 (24%)		No of cases	History alone useful	17	Physical examination alone useful	1	History and physical examination useful	16	<p><b>Limitations</b></p> <p><u>Risk of bias assessed using JBI checklist for prevalence studies (Munn 2015)</u></p> <p>Was the sample frame appropriate to address the target population? unclear</p> <p>Were study participants sampled in an appropriate way? unclear - definition of faltering growth 3rd percentile and these weren't children without signs or symptoms of underlying organic conditions</p> <p>Was the sample size adequate? unclear</p> <p>Were the study subjects and the setting described in detail? yes</p> <p>Was the data analysis conducted with sufficient coverage of the identified sample? yes</p> <p>Were valid methods used for the identification of the condition? unclear</p>
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<p><b>Full citation</b></p> <p>Wright, C.M. , The Parkin Project: A study of screening and intervention in failure to thrive, MD Thesis, 1996</p> <p><b>Ref Id</b></p> <p>577005</p> <p><b>Aim of the study</b></p> <p>This thesis was part of the Parkin project study (see Wright 1998)</p> <p><b>Country/ies where the study was carried out</b></p> <p>UK</p> <p><b>Study type</b></p> <p>See Wright 1998</p>	<p><b>Inclusion criteria</b></p> <p>97 children included in the intervention arm of Wright 1998. 61/97 had medical done by the project paediatrician, 16/97 had information retrieved from medical records and 20/97 had no formal assessment (10 had already recovered before assessment was scheduled)</p> <p><b>Exclusion criteria</b></p> <p>See Wright 1998</p> <p><b>Sample characteristics</b></p> <p>See Wright 1998</p>	<p><b>Outcomes and results</b></p> <table border="1"> <tr> <td></td> <td>No of cases</td> </tr> <tr> <td>Organic condition likely to be the sole cause of FG</td> <td>5/97 (5%)</td> </tr> <tr> <td>Organic condition likely to contribute to FG</td> <td>12/97 (12%)</td> </tr> <tr> <td></td> <td>No of cases</td> </tr> <tr> <td>Organic condition was already diagnosed prior to study assessment</td> <td>15/97 (15%)</td> </tr> <tr> <td>Assessment for the study found undiagnosed organic condition</td> <td>2/97 (2%)</td> </tr> </table>		No of cases	Organic condition likely to be the sole cause of FG	5/97 (5%)	Organic condition likely to contribute to FG	12/97 (12%)		No of cases	Organic condition was already diagnosed prior to study assessment	15/97 (15%)	Assessment for the study found undiagnosed organic condition	2/97 (2%)	<p><b>Limitations</b></p> <p>See Wright 1998</p>
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Study details	Participants	Outcomes and results	Comments						
<p>Wright, C. M., Callum, J., Birks, E., Jarvis, S., Effect of community based management in failure to thrive: randomised controlled trial, <i>BMJ</i>, 317, 571-4, 1998</p> <p><b>Ref Id</b></p> <p>393237</p> <p><b>Aim of the study</b></p> <p><b>Country/ies where the study was carried out</b></p> <p>UK</p> <p><b>Study type</b></p> <p>Cohort study (children with faltering growth were identified via population screening for inclusion in a randomised controlled trial).</p>	<p>Children were identified using a screening programme that required a minimum of two weights to be entered on the district child health computer for each infant. The computer identified children as failing to thrive if the second weight standard deviation score (SDS2) showed a fall from the baseline weight (SDS1) at 6 weeks, after adjustment for regression to the mean using the thrive index method (defined as <math>SDS2 - SDS1 \times 0.65</math>).<sup>7</sup> The screening threshold used was a fall of 1.26 SD, equivalent to a centile shift from the 50th to between the 10th and 3rd centile, which identifies the 5% of children with slowest gain. Recruitment to the study began in October 1991 and continued for 2 years. All children resident in Newcastle and born after October 1990 were eligible for inclusion.</p> <p><b>Exclusion criteria</b></p> <p>When a pair of twins screened in, only the first twin identified was included</p> <p><b>Sample characteristics</b></p> <p>N=229 children with confirmed faltering growth were identified at age 6 to 15 months and followed up till at least 3 years of age.</p>	<table border="1"> <tr> <td></td> <td>No of cases (%)</td> </tr> <tr> <td>Major organic disease likely to be sole cause of FG</td> <td>10/229 (4%)</td> </tr> <tr> <td>Minor organic disease possibly contributing to FG</td> <td>27/229 (12%)</td> </tr> </table>		No of cases (%)	Major organic disease likely to be sole cause of FG	10/229 (4%)	Minor organic disease possibly contributing to FG	27/229 (12%)	<p><u>Risk of bias assessed using JBI checklist for prevalence studies (Munn 2015)</u></p> <p>Was the sample frame appropriate to address the target population? unclear - although they had faltering growth they may also have had signs or symptoms of underlying organic conditions</p> <p>Were study participants sampled in an appropriate way? Yes - population screening sample.</p> <p>Was the sample size adequate? Unclear</p> <p>Were the study subjects and the setting described in detail? yes Was the data analysis conducted with sufficient coverage of the identified sample? Yes</p> <p>Were valid methods used for the identification of the condition? Unclear</p> <p>Was the condition measured in a standard, reliable way for all participants? No - not all children received a medical from the project paediatrician - some diagnoses were based on information from hospital records and some children had no formal medical examination.</p> <p>Was there appropriate statistical analysis? Yes</p> <p>Was the response rate adequate, and if not, was the low response rate</p>
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			managed appropriately? n/a  <b>Overall quality of the study: low</b>  <b>Other information</b>  See Wright 1996 for further data from the intervention arm of this study.

## G.8 Breastfeeding support

Not applicable for this review

## G.9 Dietary advice and supplementation

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments																																																							
<b>Full citation</b>  Panahi, Y., Falahi, G., Falahpour, M., Moharamzad, Y., Khorasgani, M. R., Beiraghdar, F., Naghizadeh, M. M., Bovine colostrum in the management of nonorganic failure to thrive: a randomized clinical trial, Journal of Pediatric Gastroenterol	<b>Sample size</b>  120 patients  <b>Characteristics</b>  <table border="1"> <thead> <tr> <th>Characteristic</th> <th>Case (n=60)</th> <th>Control (n=60)</th> </tr> </thead> <tbody> <tr> <td>Age, y</td> <td>5.05 (2.33)</td> <td>5.25 (2.62)</td> </tr> <tr> <td>Breast-feeding duration, mo</td> <td>10.48 (4.9)</td> <td>10.29 (5.57)</td> </tr> <tr> <td>Weight, kg</td> <td>13.8 (3.95)</td> <td>14.12 (4.26)</td> </tr> <tr> <td>Height, cm</td> <td>97.6 (15.65)</td> <td>98.5 (16.29)</td> </tr> <tr> <td>Gomez, %</td> <td>72.36 (7.81)</td> <td>73.53 (5.27)</td> </tr> <tr> <td>Waterlow I, %</td> <td>90.31 (4.06)</td> <td>90.66 (3.35)</td> </tr> <tr> <td colspan="3">All of the data are expressed as mean</td> </tr> </tbody> </table>	Characteristic	Case (n=60)	Control (n=60)	Age, y	5.05 (2.33)	5.25 (2.62)	Breast-feeding duration, mo	10.48 (4.9)	10.29 (5.57)	Weight, kg	13.8 (3.95)	14.12 (4.26)	Height, cm	97.6 (15.65)	98.5 (16.29)	Gomez, %	72.36 (7.81)	73.53 (5.27)	Waterlow I, %	90.31 (4.06)	90.66 (3.35)	All of the data are expressed as mean			<b>Interventions</b>  Bovine colostrum (40 mg per kg per day)	<b>Details</b>  <u>Randomization:</u>  One hundred twenty consecutive eligible patients were randomized into 2 groups, based on a simple randomization protocol.  <u>Intervention:</u>  Control group: Routine medical management such as parents' instructions regarding correct dietary programs, daily multivitamins and minerals, and zinc sulphate syrup. Intervention group: In addition to the mentioned treatments, received	<b>Results</b>  <u>Gomez index (weight for age)</u>  <table border="1"> <thead> <tr> <th></th> <th>Gomez index</th> <th>Case (n=60)</th> <th>Control (n=60)</th> <th>P</th> </tr> </thead> <tbody> <tr> <td rowspan="3"><b>Beginning</b></td> <td>Normal</td> <td>0</td> <td>0</td> <td>0.356</td> </tr> <tr> <td>Mild</td> <td>29 (48.3)</td> <td>24 (40)</td> <td></td> </tr> <tr> <td>Moderate</td> <td>31 (51.7)</td> <td>36 (60)</td> <td></td> </tr> <tr> <td rowspan="3"><b>First month</b></td> <td>Normal</td> <td>2 (3.3)</td> <td>0</td> <td>0.276</td> </tr> <tr> <td>Mild</td> <td>31 (51.7)</td> <td>28 (46.7)</td> <td></td> </tr> <tr> <td>Moderate</td> <td>27 (45.0)</td> <td>32 (53.3)</td> <td></td> </tr> </tbody> </table>		Gomez index	Case (n=60)	Control (n=60)	P	<b>Beginning</b>	Normal	0	0	0.356	Mild	29 (48.3)	24 (40)		Moderate	31 (51.7)	36 (60)		<b>First month</b>	Normal	2 (3.3)	0	0.276	Mild	31 (51.7)	28 (46.7)		Moderate	27 (45.0)	32 (53.3)		<b>Limitations</b>  <u>Limitations assessed using the Cochrane risk of bias checklist</u>  Was the allocation sequence adequately generated?  Low risk  Was the allocation adequately concealed?  Unclear  Were
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<p>ogy &amp; Nutrition, 50, 551-4, 2010</p> <p><b>Ref Id</b></p> <p>393038</p> <p><b>Country where the study was carried out</b></p> <p>Iran</p> <p><b>Study type</b></p> <p>Randomized Clinical Trial</p> <p><b>Aim of the study</b></p> <p>To evaluate whether bovine colostrum supplementation has a clinical efficacy in the management of children with non-organic Failure to Thrive (FTT).</p> <p><b>Study dates</b></p> <p>March 2006–February 2008</p>	<p>(standard deviation).</p> <table border="1"> <thead> <tr> <th>Characteristic</th> <th>Case (n=60)</th> <th>Control (n=60)</th> </tr> </thead> <tbody> <tr> <td><b>Boy</b></td> <td>33 (55)</td> <td>38 (63.3)</td> </tr> <tr> <td><b>Girl</b></td> <td>27 (45)</td> <td>22 (36.7)</td> </tr> <tr> <td><b>Gestational age; preterm</b></td> <td>17 (28.3)</td> <td>18 (30)</td> </tr> <tr> <td><b>Gestational age; Term</b></td> <td>43 (71.7)</td> <td>42 (70)</td> </tr> <tr> <td><b>Weight at birth &lt;2500 g</b></td> <td>26 (43.3)</td> <td>26 (43.3)</td> </tr> <tr> <td><b>Weight at birth &gt;=2500 g</b></td> <td>34 (56.7)</td> <td>34 (56.7)</td> </tr> <tr> <td><b>Breast-feeding</b></td> <td>58 (96.7)</td> <td>59 (98.3)</td> </tr> <tr> <td><b>Formula feeding</b></td> <td>31 (51.7)</td> <td>35 (58.3)</td> </tr> <tr> <td><b>Completed vaccination program</b></td> <td>45 (75)</td> <td>48 (80)</td> </tr> <tr> <td><b>Beginning supplemental nutrition &lt;6 mo old</b></td> <td>18 (30)</td> <td>19 (31.7)</td> </tr> <tr> <td><b>Beginning supplemental nutrition &gt;= 6 mo old</b></td> <td>42 (70)</td> <td>41 (68.3)</td> </tr> <tr> <td><b>Appetite for food</b></td> <td>10 (16.7)</td> <td>11 (18.3)</td> </tr> </tbody> </table> <p>All of the data are presented as frequency (percentage).</p> <p><b>Inclusion criteria</b></p> <p>Children ages 1 to 10 years Both sex Having nonorganic FTT</p>	Characteristic	Case (n=60)	Control (n=60)	<b>Boy</b>	33 (55)	38 (63.3)	<b>Girl</b>	27 (45)	22 (36.7)	<b>Gestational age; preterm</b>	17 (28.3)	18 (30)	<b>Gestational age; Term</b>	43 (71.7)	42 (70)	<b>Weight at birth &lt;2500 g</b>	26 (43.3)	26 (43.3)	<b>Weight at birth &gt;=2500 g</b>	34 (56.7)	34 (56.7)	<b>Breast-feeding</b>	58 (96.7)	59 (98.3)	<b>Formula feeding</b>	31 (51.7)	35 (58.3)	<b>Completed vaccination program</b>	45 (75)	48 (80)	<b>Beginning supplemental nutrition &lt;6 mo old</b>	18 (30)	19 (31.7)	<b>Beginning supplemental nutrition &gt;= 6 mo old</b>	42 (70)	41 (68.3)	<b>Appetite for food</b>	10 (16.7)	11 (18.3)		<p>bovine colostrum (40 mg/kg/day).</p> <p><u>Follow-up:</u></p> <p>All of the children were visited by a paediatrician 4 times during the study. The first visit was at the time of entrance to the study. The second, third, and fourth visits were done at the end of the first, second, and third month since starting the study. During these visits, according to Waterlow I and Gomez criteria, the process of child growth was monitored.</p> <p><u>Variables:</u></p> <p>The following variables were gathered: age, sex, weight (kilograms), height (centimetres), appetite for food, vaccination program, presence of breast-feeding and its duration, formula usage, time of beginning the supplemental nutrition, gestational age (preterm and term), and weight at the time of birth. Statistical analyses: Descriptive indices such as frequency, percentage, mean, and standard deviation were used to express data.</p>	<table border="1"> <thead> <tr> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td rowspan="3"><b>Second month</b></td> <td><b>Normal</b></td> <td>5 (8.3)</td> <td>0</td> <td>0.017</td> </tr> <tr> <td><b>Mild</b></td> <td>38 (63.3)</td> <td>32 (53.3)</td> <td></td> </tr> <tr> <td><b>Moderate</b></td> <td>17 (28.3)</td> <td>28 (46.7)</td> <td></td> </tr> <tr> <td rowspan="3"><b>Third month</b></td> <td><b>Normal</b></td> <td>12 (20.0)</td> <td>2 (3.3)</td> <td>0.006</td> </tr> <tr> <td><b>Mild</b></td> <td>36 (60)</td> <td>36 (60.0)</td> <td></td> </tr> <tr> <td><b>Moderate</b></td> <td>12 (20.0)</td> <td>22 (36.7)</td> <td></td> </tr> </tbody> </table> <p>All of the data are presented as frequency (range).</p> <p>An increasing pattern is seen in both groups regarding Gomez index. The difference between the mean values in the case (81.72) and control (77.12) groups becomes statistically significant (P=0.003) at the end of the third month following treatment.</p> <p><u>Waterlow I index ((height for age)</u></p> <table border="1"> <thead> <tr> <th></th> <th><b>Waterlow I index</b></th> <th><b>Case (n=60)</b></th> <th><b>Control (n=60)</b></th> <th><b>P</b></th> </tr> </thead> <tbody> <tr> <td><b>Beginning</b></td> <td><b>Normal</b></td> <td>9 (15.0)</td> <td>8 (13.3)</td> <td>0.315</td> </tr> </tbody> </table>						<b>Second month</b>	<b>Normal</b>	5 (8.3)	0	0.017	<b>Mild</b>	38 (63.3)	32 (53.3)		<b>Moderate</b>	17 (28.3)	28 (46.7)		<b>Third month</b>	<b>Normal</b>	12 (20.0)	2 (3.3)	0.006	<b>Mild</b>	36 (60)	36 (60.0)		<b>Moderate</b>	12 (20.0)	22 (36.7)			<b>Waterlow I index</b>	<b>Case (n=60)</b>	<b>Control (n=60)</b>	<b>P</b>	<b>Beginning</b>	<b>Normal</b>	9 (15.0)	8 (13.3)	0.315	<p>baseline outcome measurements similar?</p> <p>Low risk</p> <p>Were baseline characteristics similar?</p> <p>Low risk</p> <p>Were incomplete outcome data adequately addressed?</p> <p>Low risk</p> <p>Was knowledge of the allocated interventions adequately prevented during the study?</p> <p>High risk</p> <p>Was the study adequately protected against contamination?</p>
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Study details	Participants	Interventions	Methods	Outcomes and Results				Comments		
<b>Source of funding</b>  Tehran University of Medical Sciences	<b>Exclusion criteria</b> Children with severe non-organic FTT (based on Waterlow I criteria [ $<85\%$ of the expected], and Gomez criteria [ $<60\%$ of the expected]) Children with diagnosis of an underlying cause for their growth failure, that is, organic FTT		For comparison of continuous variables, the independent sample t test or the Mann-Whitney U test and for categorical variables the $\chi^2$ or Fisher exact tests were used.		<b>Mild</b>	19 (31.7)	27 (45.0)		on?	
					<b>Moderate</b>	32 (53.3)	25 (41.7)		Low risk	
					<b>First month</b>	<b>Normal</b>	13 (21.7)	8 (13.3)	0.259	Was the study free from selective outcome reporting?
						<b>Mild</b>	20 (33.3)	28 (46.7)		Low risk
						<b>Moderate</b>	27 (45.0)	24 (40.0)		Was the study free from other risks of bias?
					<b>Second month</b>	<b>Normal</b>	16 (26.7)	9 (15.0)	0.137	Low risk
				<b>Mild</b>		23 (38.3)	33 (55.0)			
				<b>Moderate</b>		21 (35.0)	18 (30.0)			
				<b>Third month</b>	<b>Normal</b>	17 (28.3)	9 (15.0)	0.193		
					<b>Mild</b>	27 (45.0)	34 (56.7)			
					<b>Moderate</b>	16 (26.7)	17 (28.3)			
								All of the data are presented as frequency (range).		
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Study details	Participants	Interventions	Methods	Outcomes and Results	Comments																																																												
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<b>Full citation</b>	<b>Sample size</b>	<b>Interventions</b>	<b>Details</b>	<b>Results</b>	<b>Limitations</b>																																																												
Alarcon, P. A., Lin, L. H., Noche, M., Jr., Hernandez, V. C., Cimafranca, L., Lam, W., Comer, G. M., Effect of oral supplementation on catch-up growth in picky eaters, Clinical Pediatrics, 42, 209-17, 2003	104 <b>Characteristics</b>	The nutritional supplement PediaSure® (Abbott International Division, Abbott Laboratories, Abbott Park, IL), an oral supplement designed to provide complete, balanced nutrition for children 1 to 6 years of age. The nutritional supplement was lactose-free and provided 1.0 kcal/mL, with 12% of calories as protein, 43.8% as carbohydrate, and 44.8% as fat. Subjects in the intervention group consumed 40 mL/kg/day of the supplement in addition to their regular diet, and were not to consume any	Baseline visit The following procedures were performed: Subjects were randomized (1:1) to the Intervention or Control group  a complete medical history and physical examination A 3-day dietary history Assessment of appetite and activity levels Measurement of height and weight Collection of blood for measurement of clinical laboratory values Recording of concomitant medications, vitamins and supplements A history of gastrointestinal (GI) symptoms Parents were given nutrition counselling by a physician A daily diary was provided to parents  Intervention The nutritional supplement (PediaSure®) was dispensed to the Intervention group at the 30- and 60-day visits.  Follow-up	<b>Weight</b> <table border="1"> <thead> <tr> <th></th> <th colspan="2">Intervention</th> <th colspan="2">Control</th> <th></th> </tr> <tr> <th>Day</th> <th>Weight (Kg)</th> <th>Change from baseline</th> <th>Weight (Kg)</th> <th>Change from baseline</th> <th>P</th> </tr> </thead> <tbody> <tr> <td>30</td> <td>13.9±1.4(4)</td> <td>0.54±0.39</td> <td>13.4±1.8(43)</td> <td>0.31±0.40</td> <td>0.010</td> </tr> <tr> <td>60</td> <td>14.3±1.5(4)</td> <td>0.98±0.58</td> <td>13.7±1.8(45)</td> <td>0.44±0.40</td> <td>&lt;0.001</td> </tr> <tr> <td>90</td> <td>14.5±1.5(4)</td> <td>1.18±0.65</td> <td>13.7±1.8(47)</td> <td>0.44±0.41</td> <td>&lt;0.001</td> </tr> </tbody> </table> <b>Weight for Age</b> <table border="1"> <thead> <tr> <th></th> <th colspan="2">Intervention</th> <th colspan="2">Control</th> <th></th> </tr> <tr> <th>Day</th> <th>Weight for Age (percentile)</th> <th>Change from baseline</th> <th>Weight for Age (percentile)</th> <th>Change from baseline</th> <th>P</th> </tr> </thead> <tbody> <tr> <td>30</td> <td>12.2±12.4(4)</td> <td>3.85±5.98</td> <td>7.6±8.7(43)</td> <td>1.37±4.04</td> <td>0.025</td> </tr> <tr> <td>60</td> <td>16.0±14.8(4)</td> <td>7.42±9.44</td> <td>8.3±9.2(45)</td> <td>1.49±4.40</td> <td>&lt;0.001</td> </tr> <tr> <td>90</td> <td>17.3±15.7(4)</td> <td>8.59±10.65</td> <td>7.5±8.9(47)</td> <td>0.56±4.93</td> <td>&lt;0.001</td> </tr> </tbody> </table>		Intervention		Control			Day	Weight (Kg)	Change from baseline	Weight (Kg)	Change from baseline	P	30	13.9±1.4(4)	0.54±0.39	13.4±1.8(43)	0.31±0.40	0.010	60	14.3±1.5(4)	0.98±0.58	13.7±1.8(45)	0.44±0.40	<0.001	90	14.5±1.5(4)	1.18±0.65	13.7±1.8(47)	0.44±0.41	<0.001		Intervention		Control			Day	Weight for Age (percentile)	Change from baseline	Weight for Age (percentile)	Change from baseline	P	30	12.2±12.4(4)	3.85±5.98	7.6±8.7(43)	1.37±4.04	0.025	60	16.0±14.8(4)	7.42±9.44	8.3±9.2(45)	1.49±4.40	<0.001	90	17.3±15.7(4)	8.59±10.65	7.5±8.9(47)	0.56±4.93	<0.001	<b>Limitations assessed using the Cochrane risk of bias checklist</b>  Was the allocation sequence adequately generated?  Unclear Was the allocation adequately concealed?  Unclear Were baseline outcome measurements similar?  Low risk Were baseline characteristics similar?  Low risk *
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<p>To investigate the efficacy of physician-directed nutritional counselling with and without nutritional supplementation in improving the growth of children who had picky-eater behaviors and who had evidence of growth faltering.</p> <p><b>Study dates</b></p> <p>Not mentioned.</p> <p><b>Source of funding</b></p> <p>Not mentioned.</p>	<p>Intervention &gt; Control, p=0.05 by ANOVA</p> <p>Intervention &gt; Control, p=0.023 by ANOVA</p> <p><b>Inclusion criteria</b></p> <p>Children with picky-eating behaviour Children 36 to 60 months of age Children below the 25th percentile in weight for height</p> <p><b>Exclusion criteria</b></p> <p>Children currently suffering from; Acute or chronic infections Temperature &gt; 40°C Allergy to cow's milk or other ingredients in the nutritional supplement Iron deficiency anaemia being treated with iron therapy any metabolic, malabsorption, renal, hepatic, cardiovascular disease; pancreatic insufficiency or cystic fibrosis Infantile anorexia Developmental disability</p>	<p>similar products during the study.</p>	<p>All the subjects were visited at the 30, 60, and 90 day (± 7 days) after baseline visit.</p> <p>30- and 60-day visits, the diaries were collected and reviewed, and new ones were provided. Following procedures or assessments were done at all follow-up visits; Medical, surgical, and medication history since the last visit Height and weight Appetite and activity levels Nutrition counselling by a physician At the final 30 and 90-day visit; The nutritional supplement (PediaSure®) was dispensed (the intervention) the diaries were collected and reviewed, and new ones were provided. At the final 90-day visit; A complete physical examination Blood was collected for measurement of clinical laboratory values.</p> <p>Nutrition Counselling The 3-day diet recall taken at the baseline visit was used to develop specific dietary strategies for each subject. A physician counselled</p>	<p><b>Height</b></p> <table border="1"> <thead> <tr> <th></th> <th colspan="2">Intervention</th> <th colspan="2">Control</th> <th></th> </tr> <tr> <th>Day</th> <th>Height (cm)</th> <th>Change</th> <th>Height (cm)</th> <th>Change</th> <th>P</th> </tr> </thead> <tbody> <tr> <td>30</td> <td>97.8±5.3(44)</td> <td>1.12±1.19</td> <td>96.7±6.2(43)</td> <td>0.64±0.76</td> <td>0.035</td> </tr> <tr> <td>60</td> <td>98.6±5.9(44)</td> <td>1.81±1.24</td> <td>97.6±6.2(45)</td> <td>1.15±1.17</td> <td>0.014</td> </tr> <tr> <td>90</td> <td>99.2±5.6(44)</td> <td>2.66±1.45</td> <td>98.3±5.9(47)</td> <td>1.72±1.12</td> <td>&lt;0.001</td> </tr> </tbody> </table> <p><b>Height for Age</b></p> <table border="1"> <thead> <tr> <th></th> <th colspan="2">Intervention</th> <th colspan="2">Control</th> <th></th> </tr> <tr> <th>Day</th> <th>Height for Age (percentile)</th> <th>Change</th> <th>Height for Age (percentile)</th> <th>Change</th> <th>P</th> </tr> </thead> <tbody> <tr> <td>30</td> <td>18.9±19.2(44)</td> <td>2.09±7.25</td> <td>13.6±16.9(43)</td> <td>0.24±3.36</td> <td>0.135</td> </tr> <tr> <td>60</td> <td>21.4±23.3(44)</td> <td>2.96±6.39</td> <td>13.9±16(45)</td> <td>-0.21±4.24</td> <td>0.007</td> </tr> <tr> <td>90</td> <td>22.8±23.6(44)</td> <td>5.09±7.92</td> <td>14.7±18(47)</td> <td>-0.15±4.20</td> <td>&lt;0.001</td> </tr> </tbody> </table> <p>( ) indicates number of subjects Data are reported as the mean ± SD</p> <p><b>Adverse events</b></p>		Intervention		Control			Day	Height (cm)	Change	Height (cm)	Change	P	30	97.8±5.3(44)	1.12±1.19	96.7±6.2(43)	0.64±0.76	0.035	60	98.6±5.9(44)	1.81±1.24	97.6±6.2(45)	1.15±1.17	0.014	90	99.2±5.6(44)	2.66±1.45	98.3±5.9(47)	1.72±1.12	<0.001		Intervention		Control			Day	Height for Age (percentile)	Change	Height for Age (percentile)	Change	P	30	18.9±19.2(44)	2.09±7.25	13.6±16.9(43)	0.24±3.36	0.135	60	21.4±23.3(44)	2.96±6.39	13.9±16(45)	-0.21±4.24	0.007	90	22.8±23.6(44)	5.09±7.92	14.7±18(47)	-0.15±4.20	<0.001	<p>However, height for age percentile was higher significantly in Intervention group than Control.</p> <p>Were incomplete outcome data adequately addressed?</p> <p>Unclear</p> <p>Was knowledge of the allocated interventions adequately prevented during the study?</p> <p>High risk</p> <p>Was the study adequately protected against contamination?</p> <p>Low risk</p>
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			<p>parents at each visit on techniques to enhance their child's eating behaviours, and these principles were reinforced at each visit.</p> <p>Laboratory Analyses Serum albumin, iron, ferritin, and zinc measurements</p> <p><b>Statistical Analyses</b></p> <p>For continuous variables; analysis of variance (ANOVA) was used to measure differences between groups, with treatment and country as main effects. For categorical variables; Cochran-Mantel-Haenszel test controlling for country was used for between group comparisons. For gender; the Fisher exact test was used.</p>	<p>30 (57%) and 35 (69%) of Intervention and Control subjects, respectively All were mild or moderate in severity and most were not considered to be related to the study treatments.</p> <p>The most commonly reported were events involving the digestive and respiratory systems, and infections. The percent of subjects in whom upper respiratory tract infections developed was significantly lower in the Intervention vs Control group (28% vs 51% of subjects, respectively; p=0.027).</p>	<p>Was the study free from selective outcome reporting?</p> <p>Low risk</p> <p>Was the study free from other risks of bias?</p> <p>Low risk</p>																				
<p><b>Full citation</b></p> <p>Clarke,S.E., Evans,S., Macdonald,A., Davies,P., Booth,I.W., Randomized comparison of a nutrient-dense formula with an energy-supplemented</p>	<p><b>Sample size</b></p> <p>49</p> <p><b>Characteristics</b></p> <table border="1"> <thead> <tr> <th></th> <th>Nutrient-dense formula (NDF) (n = 26)</th> <th>Energy-supplemented formula (ESF) (n = 23)</th> <th>Significance level</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Nutrient-dense formula (NDF) (n = 26)	Energy-supplemented formula (ESF) (n = 23)	Significance level					<p><b>Interventions</b></p> <p>Nutrient-dense formula (NDF) vs energy supplemented formula (ESF) The two feeds contained comparable amounts of total carbohydrate and fat and each</p>	<p><b>Details</b></p> <p><u>Randomization</u></p> <p>Randomization was in blocks of four to maintain roughly equal NDF/ESF and gender balance. Intervention Nutrient-dense formula (NDF) vs energy supplemented formula (ESF) Both feeds were</p>	<p><b>Results</b></p> <p><u>Weight</u></p> <table border="1"> <thead> <tr> <th></th> <th>NDF group (n=26)</th> <th>ESF group (n = 23)</th> <th>Difference between groups</th> </tr> </thead> <tbody> <tr> <td><b>Median change in weight z-score</b></td> <td>0.29 (-0.6 to 1.5)</td> <td>0.49 (-0.9 to 2.3)</td> <td>0.26</td> </tr> <tr> <td><b>p value</b></td> <td>0.007</td> <td>0.006</td> <td></td> </tr> </tbody> </table>		NDF group (n=26)	ESF group (n = 23)	Difference between groups	<b>Median change in weight z-score</b>	0.29 (-0.6 to 1.5)	0.49 (-0.9 to 2.3)	0.26	<b>p value</b>	0.007	0.006		<p><b>Limitations</b></p> <p><u>Limitations assessed using the Cochrane risk of bias checklist</u></p> <p>Was the allocation sequence adequately generated?</p>
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<p>formula for infants with faltering growth, Journal of Human Nutrition and Dietetics, 20, 329-339, 2007</p> <p><b>Ref Id</b></p> <p>257432</p> <p><b>Country where the study was carried out</b></p> <p>UK</p> <p><b>Study type</b></p> <p>Randomized controlled trial</p> <p><b>Aim of the study</b></p> <p>To compare the effectiveness of a nutrient-dense formula (NDF) with an energy supplemented formula (ESF) in infants with faltering</p>	<b>Sex</b>	14 M	12 M		<p>provided 4.2 kJ (1 kcal)/ mL. The NDF contained more protein, vitamins, minerals and trace elements. The ESF was based on Cow &amp; Gate Premium, and supplemented with 4 g /100 mL of glucose polymer (Maxijul ; SHS International, Liverpool, UK) and 4 mL /100 mL long chain fat emulsion (Cologne; SHS International).</p>	<p>introduced stepwise over four days. Feed preparation was explained to parents verbally and written instructions were issued for use at home.</p> <p>The infants were fed by bottle and/or nasogastric or gastrostomy tube. The study dietitian (SC) prescribed each infant's nutritional intake aiming for an intake of 630–840 kJ (150–200 kcal) /kg / day.</p> <p>Daily record sheets of feed intake, solids eaten, stool frequency and consistency and vomits were completed by nursing staff for inpatients and by parents/carers after discharge.</p> <p>Anthropometry measurements</p> <p>Anthropometric data (length, weight, Mid upper arm circumference) were collected by a single observer (SC), at recruitment and 6 weeks later at the end of the study.</p> <p>Biochemical and haematological assessments.</p> <p>At entry and at the end of the study the followings</p>	<p>Infants in each group significantly improved their median weight z-scores. There was no significant difference between median weight gain in the two groups; 7.2 g /kg/ day for the NDF and 7.6 g/ kg/day for the ESF.</p> <p><u>Length</u></p> <table border="1"> <thead> <tr> <th></th> <th>NDF group (n=26)</th> <th>ESF group (n = 23)</th> <th>Difference between groups</th> </tr> </thead> <tbody> <tr> <td><b>Median change in weight z-score</b></td> <td>-0.18 (-1.7 to 1.2)</td> <td>-0.28 (-1.3 to 2.1)</td> <td>0.30</td> </tr> <tr> <td><b>p value</b></td> <td>0.24</td> <td>0.01</td> <td></td> </tr> </tbody> </table> <p>Both groups showed a decline in length z-score but only the decline in the ESF group was statistically significant (P = 0.01) Median linear growth was 0.67 cm per week in NDF group and 0.60 cm per week in ESF group (Not significant).</p> <p><u>Arm anthropometry</u></p> <p>While there was an overall significant increase in median MUAC (cm per week) for the group as a whole, there were no significant differences in the increase between the two groups.</p> <p>Biochemistry and haematology</p> <p>There was no significant difference within or between groups for albumin, total CO<sub>2</sub>, or plasma potassium, and these remained within normal ranges in both groups during the trial.</p>		NDF group (n=26)	ESF group (n = 23)	Difference between groups	<b>Median change in weight z-score</b>	-0.18 (-1.7 to 1.2)	-0.28 (-1.3 to 2.1)	0.30	<b>p value</b>	0.24	0.01		<p>L ow risk Was the allocation adequately concealed?</p> <p>Unclear</p> <p>Were baseline outcome measurements similar?</p> <p>Low risk</p> <p>Were baseline characteristics similar?</p> <p>Low risk</p> <p>Were incomplete outcome data adequately addressed?</p> <p>Low risk</p> <p>Was knowledge of the allocated interventions adequately prevented during the</p>
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	<b>Median weight for age z-score (range)</b>	-2.4 (-5.6 to -0.5)	-2.5 (-5.9 to +0.5)	0.99 (NS)																
	<b>Median length for age z-score (range)</b>	-0.9 (-4.9 to +0.7)	-1.2 (-5.0 to +1.6)	0.47 (NS)																
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	<b>Gastroenterology/surgical patients</b>	7	8																	
	<b>Cystic fibrosis</b>	3	2																	
<b>Neurological syndrome</b>	3	0																		
<b>Faltering growth of unknown origin</b>	3	0																		
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<p>growth. Study dates a period of 6 weeks during 1997/98. Source of funding Nutricia Clinical Care</p>	<p><b>Exclusion criteria</b></p> <p>Exclusion criteria comprised infants; With major gastrointestinal, hepatic or renal dysfunction or metabolic disease Requiring a cow's milk free diet Consuming more than 20% of their energy intake from solids Requiring parenteral nutrition</p>		<p>were measured: Serum albumin, plasma electrolytes, blood urea, total CO<sub>2</sub>, a full blood count and urinary electrolytes.</p> <p><u>Statistical analyses</u></p> <p>Mann–Whitney U-tests were used to compare feed groups for growth (using the conventional standardized z-scores of weight and height adjusted for age and gender), biochemical and nutrient intake data; and to assess gender differences in growth, biochemistry and nutrient intake. General linear model analysis was used to determine if observed differences in growth between groups was significantly associated with gender, age or biochemistry at the start of the study.</p> <p>Fisher's exact test was used to compare the two groups for differences in proportions below the normal urea reference range.</p>	<p>Each individual group had a significant improvement in plasma sodium (more so in the NDF group; P = 0.003), but there was no significant difference between the two groups.</p> <p>Blood urea concentration in the ESF group had fallen significantly by 6 weeks (P =0.005) with a median level (1.5 mmol / L) below the lower limit of the normal reference range (1.7–6.7 mmol / L); this was significantly lower compared with the NDF group (P =0.001).</p> <p>No significant increase in urinary sodium occurred in either group during the trial (P =0.16 NDF; P =0.86 ESF).</p> <p>In the NDF group urinary potassium increased significantly (P = 0.001) over the study period and by the end of 6 weeks this was 50% higher than in the ESF group (P = 0.006).</p> <p><u>Feed tolerance</u></p> <p>Both feeds were equally well tolerated. There was no significant difference in daily stool frequency between the two groups.</p>	<p>study?</p> <p>Unclear</p> <p>Was the study adequately protected against contamination?</p> <p>Low risk</p> <p>Was the study free from selective outcome reporting?</p> <p>Low risk</p> <p>Was the study free from other risks of bias?</p> <p>Low risk</p>
<p><b>Full citation</b></p> <p>Fewtrell, M. S., Morley, R., Abbott, R. A., Singhal,</p>	<p><b>Sample size</b></p> <p>474 infants Standard term formula (TF) group: n = 147 Nutrient enriched formula (EF) group: n = 152</p>	<p><b>Interventions</b></p> <p>Standard term formula (TF) and nutrient enriched</p>	<p><b>Details</b></p> <p><u>Randomization:</u></p> <p>The randomization schedule was generated</p>	<p><b>Results</b></p> <p>Growth outcomes</p> <p><u>Weight</u></p>	<p><b>Limitations</b></p> <p><u>Limitations assessed using the Cochrane</u></p>

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M., Clements, H., Lucas, A., Catch-up growth in small-for-gestational-age term infants: a randomized trial, American Journal of Clinical Nutrition, 74, 516-23, 2001</p> <p><b>Ref Id</b></p> <p>421715</p> <p><b>Country where the study was carried out</b></p> <p>UK</p> <p><b>Study type</b></p> <p>Randomized Controlled Trial</p> <p><b>Aim of the study</b></p> <p>To test the hypothesis</p>	<p>Breast-fed reference group: n = 175</p> <p><b>Characteristics</b></p> <table border="1"> <thead> <tr> <th></th> <th colspan="2">Randomized formula-fed groups</th> <th>Breast-fed reference group</th> </tr> <tr> <th></th> <th>TF (n=145)</th> <th>EF (n=151)</th> <th>(n = 175)</th> </tr> </thead> <tbody> <tr> <td><b>Male (%)</b></td> <td>41.5 (61)</td> <td>50.7 (77)</td> <td>53.1 (93)</td> </tr> <tr> <td><b>Gestation (wk)</b></td> <td>39.4 ± 1.39</td> <td>39.0 ± 1.26</td> <td>39.17 ± 1.45</td> </tr> <tr> <td><b>Birth weight (kg)</b></td> <td>2.60 ± 0.28</td> <td>2.53 ± 0.30</td> <td>2.57 ± 0.29</td> </tr> <tr> <td><b>Birth weight (SD score)</b></td> <td>1.67 ± 0.46</td> <td>1.71 ± 0.60</td> <td>1.67 ± 0.51</td> </tr> <tr> <td><b>Enrolment</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Weight (kg)</b></td> <td>2.57 ± 0.30</td> <td>2.50 ± 0.30</td> <td>2.51 ± 0.27</td> </tr> <tr> <td><b>Length (cm)</b></td> <td>47.28 ± 2.05</td> <td>47.03 ± 2.05</td> <td>47.61 ± 1.86</td> </tr> <tr> <td><b>OFC (cm)</b></td> <td>33.0 ± 1.2</td> <td>32.7 ± 1.3</td> <td>33.0 ± 1.3</td> </tr> <tr> <td><b>Maternal weight (kg)</b></td> <td>56.2 ± 10.4 (137)</td> <td>57.5 ± 10.6 (130)</td> <td>59.0 ± 11.5 (157)</td> </tr> <tr> <td><b>Maternal height (cm)</b></td> <td>160.0 ± 6.0 (137)</td> <td>159.4 ± 11.8 (130)</td> <td>161.5 ± 6.6 (157)</td> </tr> <tr> <td><b>Maternal OFC (cm)</b></td> <td>54.4 ± 1.9 (137)</td> <td>54.5 ± 2.4 (130)</td> <td>54.9 ± 1.9 (154)</td> </tr> </tbody> </table>		Randomized formula-fed groups		Breast-fed reference group		TF (n=145)	EF (n=151)	(n = 175)	<b>Male (%)</b>	41.5 (61)	50.7 (77)	53.1 (93)	<b>Gestation (wk)</b>	39.4 ± 1.39	39.0 ± 1.26	39.17 ± 1.45	<b>Birth weight (kg)</b>	2.60 ± 0.28	2.53 ± 0.30	2.57 ± 0.29	<b>Birth weight (SD score)</b>	1.67 ± 0.46	1.71 ± 0.60	1.67 ± 0.51	<b>Enrolment</b>				<b>Weight (kg)</b>	2.57 ± 0.30	2.50 ± 0.30	2.51 ± 0.27	<b>Length (cm)</b>	47.28 ± 2.05	47.03 ± 2.05	47.61 ± 1.86	<b>OFC (cm)</b>	33.0 ± 1.2	32.7 ± 1.3	33.0 ± 1.3	<b>Maternal weight (kg)</b>	56.2 ± 10.4 (137)	57.5 ± 10.6 (130)	59.0 ± 11.5 (157)	<b>Maternal height (cm)</b>	160.0 ± 6.0 (137)	159.4 ± 11.8 (130)	161.5 ± 6.6 (157)	<b>Maternal OFC (cm)</b>	54.4 ± 1.9 (137)	54.5 ± 2.4 (130)	54.9 ± 1.9 (154)	<p>formula(EF) trial diet to commence within the first week of delivery The EF (PremCare) contained nearly 30% more protein in relation to energy than did the TF (OsterMilk) and contained more calcium, phosphorus, trace elements, and vitamins to support the projected increased growth.</p>	<p>by random permuted blocks. The subjects were stratified by race (white or Asian) and by birth weight centile (below or above the 5th centile for gestation age and sex).</p> <p><u>Blinding:</u></p> <p>The formulas were color-coded and the code was held by Farley Health Products and not revealed to the investigators until after the preliminary data analysis. Parents and study personnel were therefore blinded to the dietary allocation throughout the study, follow-up, and initial data analyses.</p> <p><u>Intervention:</u></p> <p>Standard term formula (TF) and nutrient enriched formula (EF) trial diet</p> <p><u>Follow-up:</u></p> <p>Following Growth outcomes were measured in all included infants between enrolment, 9 and 18 months age and 6, 12 and 24 week: Weight Length Occipitofrontal head circumference (OFC)</p> <p>Following food tolerance outcomes were</p>	<table border="1"> <thead> <tr> <th></th> <th colspan="2">Randomized formula-fed groups</th> <th></th> </tr> <tr> <th><b>Gains (kg)</b></th> <th>TF</th> <th>EF</th> <th><b>Difference (95% CI)</b></th> </tr> </thead> <tbody> <tr> <td><b>Enrolment to 9 months</b></td> <td>5.66 ± 0.922</td> <td>5.87 ± 0.89</td> <td>0.22 (0.010, 0.45)</td> </tr> <tr> <td><b>Enrolment to 18 months</b></td> <td>7.51 ± 1.13</td> <td>7.76 ± 1.10</td> <td>0.25 (0.032, 0.54)</td> </tr> <tr> <td><b>9 to 18 months</b></td> <td>1.95 ± 0.61</td> <td>1.85 ± 0.62</td> <td>0.1 (0.06, 0.26)</td> </tr> </tbody> </table> <p><u>Length</u></p> <table border="1"> <thead> <tr> <th></th> <th colspan="2">Randomized formula-fed groups</th> <th></th> </tr> <tr> <th><b>Gains (cm)</b></th> <th>TF</th> <th>EF</th> <th><b>Difference (95% CI)</b></th> </tr> </thead> <tbody> <tr> <td><b>Enrolment to 9 mo</b></td> <td>22.3 ± 3.0</td> <td>23.4 ± 2.6</td> <td>1.1* (0.38, 1.8)</td> </tr> <tr> <td><b>Enrolment to 18 mo</b></td> <td>32.0 ± 3.2</td> <td>33.0 ± 2.9</td> <td>1.0* (0.25, 1.82)</td> </tr> <tr> <td><b>9 to 18 mo</b></td> <td>9.84 ± 1.94</td> <td>9.51 ± 2.32</td> <td>0.34 (0.22, 0.89)</td> </tr> </tbody> </table> <p><u>Occipitofrontal head circumference (OFC)</u></p>		Randomized formula-fed groups			<b>Gains (kg)</b>	TF	EF	<b>Difference (95% CI)</b>	<b>Enrolment to 9 months</b>	5.66 ± 0.922	5.87 ± 0.89	0.22 (0.010, 0.45)	<b>Enrolment to 18 months</b>	7.51 ± 1.13	7.76 ± 1.10	0.25 (0.032, 0.54)	<b>9 to 18 months</b>	1.95 ± 0.61	1.85 ± 0.62	0.1 (0.06, 0.26)		Randomized formula-fed groups			<b>Gains (cm)</b>	TF	EF	<b>Difference (95% CI)</b>	<b>Enrolment to 9 mo</b>	22.3 ± 3.0	23.4 ± 2.6	1.1* (0.38, 1.8)	<b>Enrolment to 18 mo</b>	32.0 ± 3.2	33.0 ± 2.9	1.0* (0.25, 1.82)	<b>9 to 18 mo</b>	9.84 ± 1.94	9.51 ± 2.32	0.34 (0.22, 0.89)	<p>risk of bias checklist</p> <p>Was the allocation sequence adequately generated?</p> <p>Low risk</p> <p>Was the allocation adequately concealed?</p> <p>Low risk</p> <p>Were baseline outcome measurements similar?</p> <p>Low risk</p> <p>Were baseline characteristics similar?</p> <p>Low risk</p> <p>Were incomplete outcome data adequately addressed?</p> <p>Low risk</p>
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<p>that the growth of Small-for-gestational-age (SGA) infants can be altered by dietary manipulation during the first 9 months postnatally</p> <p>Study dates 1993-1995</p> <p>Source of funding Farley Health Products (a division of HJ Heinz Company Ltd, Stockley Park, Uxbridge, United Kingdom)</p>	<b>Paternal weight (kg)</b>	75.5 ± 12.1 (130)	76.1 ± 13.2 (117)	74.8 ± 11.4 (153)		<p>recorded at 12 and 26 week: The frequency and consistency of stools The presence of blood and troublesome constipation</p> <p>The amount of time spent crying in a 24-h period and whether the mother thought the infant had colic</p> <p>To address the safety, following information was collected on: The frequency of upper respiratory tract infections Chest infections requiring antibiotics Gastroenteritis The number of visits to the hospital or to the family physician The number of courses of antibiotics taken The presence of eczema, wheeze, and asthma</p> <p>To support secondary explanatory analyses, parental weights, heights and head circumference were obtained too.</p> <p><u>Statistical analyses:</u></p> <p>Differences between the 2 formula-fed groups were compared by using: Student's t test or the Mann-Whitney U test for</p>	<table border="1"> <tr> <td></td> <td colspan="2"><b>Randomized formula-fed groups</b></td> <td></td> </tr> <tr> <td><b>Gains (cm)</b></td> <td>TF</td> <td>EF</td> <td><b>Difference (95% CI)</b></td> </tr> <tr> <td><b>Enrolment to 9 months</b></td> <td>11.6 ± 1.8</td> <td>12.1 ± 1.4</td> <td>0.5* (0.1, 0.9)</td> </tr> <tr> <td><b>Enrolment to 18 months</b></td> <td>13.9 ± 1.8</td> <td>14.5 ± 1.5</td> <td>0.63* (0.20, 1.1)</td> </tr> <tr> <td><b>9 to 18 months</b></td> <td>2.36 ± 0.80</td> <td>2.35 ± 0.73</td> <td>0.01 (0.19, 0.21)</td> </tr> </table> <p>*Significant difference between groups, P ≤ 0.01.</p> <p>Food tolerance There were no significant differences between the 2 groups in stool consistency or in the incidence of colic, constipation, or blood in the stools at 12 or 26 wk.</p> <p>Safety There were no significant differences between groups in the incidence of upper respiratory tract infections, chest infections, gastroenteritis, or visits to the hospital or to the family physician.</p>		<b>Randomized formula-fed groups</b>			<b>Gains (cm)</b>	TF	EF	<b>Difference (95% CI)</b>	<b>Enrolment to 9 months</b>	11.6 ± 1.8	12.1 ± 1.4	0.5* (0.1, 0.9)	<b>Enrolment to 18 months</b>	13.9 ± 1.8	14.5 ± 1.5	0.63* (0.20, 1.1)	<b>9 to 18 months</b>	2.36 ± 0.80	2.35 ± 0.73	0.01 (0.19, 0.21)	<p>Was knowledge of the allocated interventions adequately prevented during the study?</p> <p>Low risk</p> <p>Was the study adequately protected against contamination?</p> <p>Low risk</p> <p>Was the study free from selective outcome reporting?</p> <p>Low risk</p> <p>Was the study free from other risks of bias?</p> <p>Low risk</p>
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<b>Paternal OFC (cm)</b>	57.1 ± 1.8 (116)	57.2 ± 2.8 (95)	58.1 ± 3.0 (135)																									
<b>Maternal age (y)</b>	26.4 ± 4.9	26.8 ± 5.4	29.5 ± 4.7																									
<b>Inclusion criteria</b>	<p>Infants were born at term (≥37 wk gestation) Birth weights below the 10th centile for gestation and sex according to UK growth charts.</p>																											
<b>Exclusion criteria</b>	<p>Congenital abnormalities known to affect growth or development Changing to formula feeding within 2 wk of delivery</p>																											

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
			<p>continuous variable Chi-square test or Fisher's exact test for categorical variables.</p> <p>The change in weight, length, and OFC between interim points was examined by using multiple linear regression analysis.</p> <p><u>Differences between the formula-fed groups and the breast-fed reference group were compared by using:</u></p> <p>Analysis of variance with post hoc pairwise comparisons with Dunnett's test where appropriate.</p> <p><u>The differences in size between breast-fed infants and formula-fed infants at 18 month, were analysed regarding following factors:</u></p> <p>The infant's sex, size at enrolment, birth order, and age at follow-up; parental size; social class; and maternal education and support.</p>		

## G.10 Non-nutritional interventions

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
Full citation	Sample size	Interventions	Details	Results	Limitations

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments																																								
<p>Turner, K. M. T., Sanders, M. R., Wall, C. R., Behavioural parent training versus dietary education in the treatment of children with persistent feeding difficulties, Behaviour Change, 11, 242-258, 1994</p> <p><b>Ref Id</b> 433526</p> <p><b>Country where the study was carried out</b> Australia</p> <p><b>Study type</b> RCT</p> <p><b>Aim of the study</b> To</p>	<p>20 children (10 male and 10 female)</p> <p><b>Characteristics</b></p> <p>Children presented with feeding difficulties (most of them of over 12 months duration) and were recruited from the intake of children referred to either a Children's Hospital or a Behaviour Research Centre.</p> <p>9 of the children had previously been hospitalised due to feeding difficulties, 2 had received gastrointestinal tube feeding, 8 had undergone repeated investigative procedures, 8 had previously suffered from gastrointestinal reflux, 4 were currently suffering from other organic problems (bowel blockage/overactivity, persistent diarrhoea).</p> <p><b>Inclusion criteria</b></p> <p>Between 12 months and 5 years of age, if</p>	<p>Following intake assessments, participants were randomly allocated to either behavioural parent training (BPT) or standard dietary education (SDE), which were conducted over a two-month period.</p> <p>All treatment was provided in an individual basis, primarily with mothers. Target children were usually present in the room during sessions, and were provided with games and activities (with the exception of sessions requiring the active</p>	<p>The severity of the child's feeding difficulties was assessed during a structured intake interview with the child's parents.</p> <p>The specific feeding difficulties reported included problems relating to food refusal (e.g. turning away, leaving the table, vomiting, gagging, spitting food out, avoiding meals, holding food in the mouth); dietary intake (e.g. lack of variety in the diet, food "fads",</p>	<p>Changes in means (SD) for dietary intake over time (parent's recorded accurate measures of food and drinks presented, and amounts consumed by the child. Parents were supplied with standard measuring cups to ensure an accurate record)</p> <table border="1"> <thead> <tr> <th></th> <th>Pre-treatment</th> <th>Posttreatment</th> <th>Follow-up</th> </tr> </thead> <tbody> <tr> <td><b>Energy intake (% of R.D.I)</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>BPT</b></td> <td>86.4 (32.9)</td> <td>86.0 (28.9)</td> <td>90.9 (24.7)</td> </tr> <tr> <td><b>SDE</b></td> <td>87.0 (15.0)</td> <td>85.3 (16.0)</td> <td>93.1 (13.9)</td> </tr> <tr> <td><b>Protein intake (% of R.D.I)</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>BPT</b></td> <td>115.7 (49.4)</td> <td>122.5 (58.2)</td> <td>123.0 (51.7)</td> </tr> <tr> <td><b>SDE</b></td> <td>126.4 (45.8)</td> <td>132.4 (21.0)</td> <td>108.7 (20.6)</td> </tr> <tr> <td><b>Food frequency</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>BPT</b></td> <td>7.0 (2.4)</td> <td>6.9 (2.1)</td> <td>8.5 (2.2)</td> </tr> <tr> <td><b>SDE</b></td> <td>6.4 (2.2)</td> <td>7.0 (1.8)</td> <td>8.4 (2.8)</td> </tr> </tbody> </table> <p>Satisfaction with treatment (measured with a 11-item questionnaire) Mothers in the BPT condition had significantly higher ratings of satisfaction with treatment <math>t(16) = -5.19, p=.000</math> (mean= 69.6), as did fathers in the BPT condition, <math>t(12) = 4.49, p= .001</math> (mean= 66.1), in comparison with mother and fathers in the SDE condition (means= 48.9 and 41.8 respectively)</p>		Pre-treatment	Posttreatment	Follow-up	<b>Energy intake (% of R.D.I)</b>				<b>BPT</b>	86.4 (32.9)	86.0 (28.9)	90.9 (24.7)	<b>SDE</b>	87.0 (15.0)	85.3 (16.0)	93.1 (13.9)	<b>Protein intake (% of R.D.I)</b>				<b>BPT</b>	115.7 (49.4)	122.5 (58.2)	123.0 (51.7)	<b>SDE</b>	126.4 (45.8)	132.4 (21.0)	108.7 (20.6)	<b>Food frequency</b>				<b>BPT</b>	7.0 (2.4)	6.9 (2.1)	8.5 (2.2)	<b>SDE</b>	6.4 (2.2)	7.0 (1.8)	8.4 (2.8)	<p><u>Limitations assessed using the Cochrane risk of bias checklist</u></p> <p>Selection bias: unclear (generation of a randomised sequence has not been described, method used to conceal the allocation has not been provided)</p> <p>Performance bias: low risk of bias</p> <p>Detection bias: unclear (it has not been reported whether the outcome assessors had knowledge about the allocated interventions)</p> <p>Attrition bias: low risk of bias</p> <p>Reporting bias: low risk of bias</p>
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Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
<p>determine whether interventions addressing parents' feeding practices have any effects, either positive or adverse, on measures of parents; global adjustment (e.g. mood, social support, marital adjustment, sense of competence as a parent)</p> <p><b>Study dates</b></p> <p>Not reported</p> <p><b>Source of funding</b></p> <p>Project supported by a grant from the National Health and Medical Research</p>	<p>the child's parents had sought help for their child's feeding problems, and if the child has a history of persistent significant feeding difficulties over a minimum period of 3 months</p> <p><b>Exclusion criteria</b></p> <p>A specific organic disease was present which appeared to explain the child's feeding difficulty or they met the diagnostic criteria for affective disorder, psychosis, or severe developmental delay.</p>	<p>participation of the child, as in practice meals in the BPT condition).</p> <p>The assessment procedure was repeated immediately after the completion of treatment, and again following a 3 to 4 month period during which time there was no contact with the therapist.</p> <p><u>Behavioural parent training (BPT):</u></p> <p>This focused on teaching parents child-management agreement strategies in relation to feeding and mealtimes. It consisted of 6 weekly sessions (of 1 hour duration) divided into both didactic</p>	<p>consumption of inadequate amounts of food, reliance on milk rather than solids, refusal to try new foods); mealtime behaviour (e.g. disruptive behaviour, excessively slow intake, crying, tantrums, throwing food); and feeding skills (lack of chewing, refusal to self-feed, refusal to be fed by parents or caregivers, lack of tolerance to different food textures, failure to move on to solid or lumpy foods).</p>		

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
Council of Australia		<p>and practical components.</p> <p><i>Session 1</i>; discussion of the known factors contributing to and maintaining feeding problems in young children, and the presentation of a parent training video and a parent manual. This session introduced the application of behavioural techniques such as praise and token reinforcement to increase appropriate eating behaviour, the use of quiet time and time out to decrease inappropriate mealtime behaviour, and the use of shaping,</p>			

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
		<p>parental prompting (via clear, specific instructions), fading of prompts and modelling as required.</p> <p><i>Session 2</i>; provided feedback of assessment results, and negotiation of individual treatment goals and target behaviours, tailored to fit the child's presenting problems and developmental level (e.g. age-appropriate targets such as increased texture or lumpiness in foods, chewing, and self-feeding for younger children). Management focused initially on establishing prerequisite</p>			



Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
		<p>behaviours (e.g. self-feeding, chewing), setting regular mealtimes, reducing snacking between meals, removing distractions from the meal setting, and setting clear, realistic, age-appropriate goals for mealtime behaviour and the amount of food to be eaten.</p> <p><i>Sessions 3, 4 and 5:</i> involved in vivo practice for parents in the use of management techniques learned, and provided therapist feedback, via practice meals held in the clinic. Also addressed were the gradual</p>			

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
		<p>increase of variety in the child's diet, following by fading and phasing out of parental prompts and the behaviour chart. Session 6: covered maintenance and relapse-prevention training, which involved parents in generating solution to future high-risk waiting situations. Throughout treatment, parents were given homework tasks and provided with feedback on their use of management strategies. To facilitate treatment integrity in this experimental condition, treatment sessions followed a</p>			

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
		<p>written, structured therapy protocol.</p> <p><u>Standard Dietary Education (SDE)</u></p> <p>This condition was provided within a children's hospital outpatient setting over 3 to 4 sessions (of 30 mins duration). Parents received nutrition education from a trained dietitian, relating to food groups, nutrient requirements, age-appropriate food intake and portion sizes, age-appropriate feeding behaviour, timing of meals, the mealtime setting,</p>			

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
		<p>healthy eating guidelines and dietary myths and facts. Individual diet and menu planning was also conducted, including advice of palatability, and appearance and texture of food.</p> <p>Although there was some overlap of information offered to the 2 treatment condition (i.e. age-appropriate intake and behaviour, mealtime setting, and feeding routines), the SDE condition provided no specific training in behaviour management, and no practical skills training.</p>			

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
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## G.11 Monitoring

Not applicable for this review

## G.12 Referral

Not applicable for this review

## G.13 Organisation of care

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments																														
<p><b>Full citation</b></p> <p>Wright, C. M., Callum, J., Birks, E., Jarvis, S., Effect of community based management in failure to thrive: randomised controlled trial, BMJ, 317, 571-4, 1998</p> <p><b>Ref Id</b></p>	<p><b>Sample size</b></p> <p>N=229 randomised (n=120 intervention ; n=109 control) Characteristics In the intervention group there were n=64 males in total; in the control group</p>	<p><b>Interventions</b></p> <p>Structured health visitor management, with dietetic, paediatric, and social work input as required. (A multidisciplinary group initially comprising a liaison health visitor and a research paediatrician, and a paediatric dietician. The staff provided introductory training for health visitors in the intervention practices as well as twice yearly sessions thereafter)</p> <p>Control practices: records of the children identified in control practices were checked by an independent research assistant approximately annually</p>	<p><b>Methods Details</b></p> <p><u>Allocation to treatment:</u></p> <p>Twenty of the 38 primary care teams in Newcastle upon Tyne were randomly allocated by toss of a coin to take part in the intervention.</p> <p>Each team comprised 1-3 health visitors who dealt with 30-150 births annually. All children identified in these practices were offered intervention, and those in the remaining practices constituted controls.</p> <p><u>Intervention:</u></p> <p>Developed by the Parkin project, a multidisciplinary group</p>	<p><b>Results</b></p> <p>Results of anthropometry at home visit:</p> <table border="1"> <thead> <tr> <th></th> <th>Intervention group</th> <th>Control group</th> <th>P value</th> <th>Adjusted mean difference</th> <th>95% CI difference</th> </tr> </thead> <tbody> <tr> <td><b>No. at home visit</b></td> <td>68</td> <td>65</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Age (months)</b></td> <td>44.3</td> <td>46.1</td> <td>0.01</td> <td></td> <td></td> </tr> <tr> <td><b>Weight (SD score)</b></td> <td>-0.93</td> <td>-1.29</td> <td>0.044</td> <td></td> <td></td> </tr> <tr> <td><b>Weight deficit*</b></td> <td>-0.54</td> <td>0.90</td> <td>0.016</td> <td>0.33</td> <td>0.02 to 0.64</td> </tr> </tbody> </table>		Intervention group	Control group	P value	Adjusted mean difference	95% CI difference	<b>No. at home visit</b>	68	65				<b>Age (months)</b>	44.3	46.1	0.01			<b>Weight (SD score)</b>	-0.93	-1.29	0.044			<b>Weight deficit*</b>	-0.54	0.90	0.016	0.33	0.02 to 0.64	<p><b>Limitations</b></p> <p><u>Limitations assessed using the Cochrane risk of bias checklist</u></p> <p>Sequence generation:</p> <p>Low risk of bias</p> <p>Allocation concealment: N/A</p> <p>Blinding: N/A</p>
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Study details	Participants	Interventions	Methods	Outcomes and Results						Comments		
393237	there were n=54 males in total.	during the study. This assistant then retrieved weights and medical information without notifying the health visitors. The control health visitors received no additional training or support and continued routine weighing of infants in the baby clinic. If they were concerned about any infant they were referred in a conventional manner	(a liaison health visitor, a research paediatrician, and a paediatric dietician).  The staff provided introductory training for health visitors in the intervention practices as well as twice yearly sessions thereafter. In the intervention practices 120 cases of failure to thrive were identified; 23 had no additional input because they had recovered to above the screening threshold before identification. Of the 97 eligible children remaining, 95 (98%) received a standardised health visitor assessment at a mean age of 15.6 (range 7-35) months.  Dietician input was accepted by 78 (80%) families. Once the families had completed a food diary for 3 days they were usually visited by the dietician, with the health visitor when special advice was offered. Occasionally advice was relayed by the health visitor. Unless there was active hospital involvement (16 (16%) cases) a medical examination by the project paediatrician was offered. This was taken up by 60/81 (74%) of the families. After this the health visitor monitored the family and forwarded weights to the project team until the infant had recovered.	<b>Height (SD score)</b>	-0.79	-1.13	0.034					Incomplete Outcome data:
<b>Country where the study was carried out</b>	<b>Inclusion criteria</b>			<b>Height deficit*</b>	-0.28	-0.58	0.061	0.31	-0.12 to 0.72			Unclear risk of bias.
UK	Children were identified using a screening programme that required a minimum of two weights to be entered on the district child health computer for each infant. The computer identified children as failing to thrive if the second weight standard deviation score (SDS2)			*adjusted for early weight=thrive index; **adjusted for parental height: height SD score minus mid-parental SD score						Attrition bias:		
<b>Study type</b>				<u>Results of anthropometry at follow up:</u>						possibility (16% loss to follow up in control compared to only 1 patient in intervention group)		
Controlled trial, randomised by primary care practice					<b>Intervention group</b>	<b>Control group</b>	<b>P value</b>	<b>Adjusted mean difference</b>	<b>95% CI difference</b>			Selective outcome reporting: Low risk of bias
<b>Aim of the study</b>				<b>No. at last follow up</b>	120	109						
To evaluate the effectiveness of a health visitor led intervention for failure to thrive in children under 2 years old				<b>Age (months)</b>	40.6	36.8	0.029					
				<b>Weight (SD score)</b>	-1.16	-1.49	0.019					
				<b>Weight deficit*</b>	-0.82	-1.17	0.005	0.28	0.08 to 0.49			
<b>Study dates</b>				*adjusted for early weight=thrive index; **adjusted for parental height: height SD score minus mid-parental SD score								
				<u>Parents' ratings satisfaction at home interview of service received, and perceptions of child's early problems using Likert scales. Values are means (SD)</u>								
							<b>Int</b>	<b>Control</b>	<b>P</b>			

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments																																
<p>October 1991-October 1993</p> <p><b>Source of funding</b></p> <p>Wellcome Trust, Newcastle Hospitals Special Trustees, and Henry Smith Charity</p>	<p>showed a fall from the baseline weight (SDS1) at 6 weeks, after adjustment for regression to the mean using the thrive index method (defined as SDS2-SDS1 x 0.65).7</p> <p>The screening threshold used was a fall of 1.26 SD, equivalent to a centile shift from the 50th to between the 10th and 3rd centile, which identifies the 5% of children</p>		<p>In persisting cases (about one third) the health visitors joined team meetings to discuss future management.</p> <p>In 16 (16%) children a referral was made for social work assessment either by social services or, later in the study, by a dedicated social worker; five others had already had social worker involvement at the time of identification</p> <p>Children in control practices: The records of the 109 children identified in control practices were checked by an independent research assistant approximately annually during the study.</p> <p>This assistant then retrieved weights and medical information without notifying the health visitors.</p> <p>The control health visitors received no additional training or support and continued routine weighing of infants in the baby clinic. If they were concerned about any infant they were referred in a conventional manner.</p> <p><u>Outcome study:</u></p> <p>A year after the close of recruitment all the children were traced by a research nurse. The nurse offered a home visit</p>	<table border="1"> <thead> <tr> <th></th> <th>group</th> <th>group</th> <th>value</th> </tr> </thead> <tbody> <tr> <td><b>Service received from health visitor (1=bad, 5=excellent)</b></td> <td>4.1 (0.96)</td> <td>3.8 (1.1)</td> <td>0.11</td> </tr> <tr> <td><b>How often saw health visitor (1=v.worry,5=exciting)</b></td> <td>3.4 (0.98)</td> <td>3.2(0.98)</td> <td>0.15</td> </tr> <tr> <td><b>How did you feel about having your child weighed? (1=v.worried,2=excited)</b></td> <td>2.7 (1.6)</td> <td>2.9(1.2)</td> <td>0.62</td> </tr> <tr> <td><b>How would you describe your child's appetite? (1=v.poor,5=eats all the time)</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>At 1 year?</b></td> <td>2.5 (1.7)</td> <td>2.9(1.9)</td> <td>0.17</td> </tr> <tr> <td><b>At time of interview?</b></td> <td>3.4 (1.6)</td> <td>2.9 (2.0)</td> <td>0.03</td> </tr> <tr> <td><b>Total</b></td> <td>68</td> <td>66</td> <td></td> </tr> </tbody> </table>		group	group	value	<b>Service received from health visitor (1=bad, 5=excellent)</b>	4.1 (0.96)	3.8 (1.1)	0.11	<b>How often saw health visitor (1=v.worry,5=exciting)</b>	3.4 (0.98)	3.2(0.98)	0.15	<b>How did you feel about having your child weighed? (1=v.worried,2=excited)</b>	2.7 (1.6)	2.9(1.2)	0.62	<b>How would you describe your child's appetite? (1=v.poor,5=eats all the time)</b>				<b>At 1 year?</b>	2.5 (1.7)	2.9(1.9)	0.17	<b>At time of interview?</b>	3.4 (1.6)	2.9 (2.0)	0.03	<b>Total</b>	68	66		
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Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
	<p>with slowest gain. Recruitment to the study began in October 1991 and continued for 2 years. All children resident in Newcastle and born after October 1990 were eligible for inclusion.</p> <p><b>Exclusion criteria</b> When a pair of twins screened in, only the first twin identified was included</p>		<p>when the child was aged over 3 years to collect basic demographic and medical information, as well as the parents' opinions, using a structured interview. The infants' weight and height, and parental heights, were measured using portable electronic scales and a Leicester height measure. Any weights in personal child health records were transcribed. For all children, clinic and primary care records were reviewed, as well as hospital notes where necessary, to extract all recorded weights and medical information.</p>		
<b>Full citation</b>	<b>Sample size</b>	<b>Interventions</b>	<b>Details</b>	<b>Results</b>	<b>Limitations</b>
Hutcheson, J. J.,	Data were available	Details about the interventions have been reported in Black, 1995.	Specific methods about the initial intervention have been reported in Black, 1995.	<u>Anthropometric characteristics (z score) of children at the end of the initial intervention and at age 4</u>	<u>Limitations assessed</u>



Study details	Participants	Interventions	Methods	Outcomes and Results	Comments																																													
<p>Black, M. M., Talley, M., Dubowitz, H., Howard, J. B., Starr, R. H., Jr., Thompson, B. S., Risk status and home intervention among children with failure-to-thrive: follow-up at age 4, Journal of Pediatric Psychology, 22, 651-68, 1997</p> <p><b>Ref Id</b> 408649</p> <p><b>Country/ies where the study was carried out</b> USA</p> <p><b>Study type</b></p>	<p>on n=116 children at the end of the intervention and on 74 at the age 4 follow-up visit. n=31 children were lost because they did not complete the 4-year evaluation (n=22 could not be assessed within 6 months of their 4-year birthday and n=9 could not be located), and n=11 were lost due to missing data on outcome or predictor variables.</p> <p><b>Inclusion</b></p>		<p>The data collection was repeated again at age 4, when the parent and child were seated at a small table and asked to work on several puzzles. During all videotaped observations parents were requested to behave as they did at home. The camera visible in the room, but did not require an operator.</p> <p><u>Outcome measures:</u></p> <p>Cognitive development: As at baseline, children's cognitive development was measured by the Bayley Scales of Infant Development (mean of 100 and a SD of 16). At age 4, children's cognitive development was measured with the Batelle Developmental Inventory.</p> <p>Maternal psychological functioning: measured at baseline using a combination of three subscales of the Brief Symptom Index (BSI). The BSI is a 53-item psychological symptom self-report scale in which respondents are asked to report on the frequency of symptoms over the preceding 7 days using a 4-point scale, ranging from not at all to extremely. For the present investigation, a composite score combining scores on the depression, hostility, and anxiety subscales was used.</p>	<table border="1"> <thead> <tr> <th></th> <th>End of initial intervention</th> <th></th> <th colspan="2">Age 4</th> </tr> <tr> <th></th> <th>HI</th> <th>CO</th> <th>HI</th> <th>CO</th> </tr> </thead> <tbody> <tr> <td><b>Mean weight-for-height (z)</b></td> <td>-1.7 (.6)</td> <td>-1.5 (1.0)</td> <td>-1.7 (.6)</td> <td>-1.5 (.8)</td> </tr> <tr> <td><b>Mean height-for-age (z)</b></td> <td>-0.8(1.1)</td> <td>-1.2 (1.1)</td> <td>-0.8 (1.0)</td> <td>-1.0 (1.1)</td> </tr> </tbody> </table> <p>HI home intervention; CO clinic only</p> <p><u>Mean (SD) for children's cognitive development at baseline, close to intervention and age 4</u></p> <table border="1"> <thead> <tr> <th></th> <th>HI</th> <th></th> <th>CO</th> <th></th> </tr> <tr> <th></th> <th>Negative*</th> <th>Not negative*</th> <th>Negative*</th> <th>Not negative*</th> </tr> </thead> <tbody> <tr> <td><b>At baseline</b></td> <td>96.6 (14.0)</td> <td>97.9 (15.7)</td> <td>91.8 (13.0)</td> <td>96.2 (11.6)</td> </tr> <tr> <td><b>1 year after recruitment</b></td> <td>86.2 (15.8), NS</td> <td>86.1 (16.8),NS</td> <td>86.5 (18.0),NS</td> <td>79.7 (14.3),NS</td> </tr> <tr> <td><b>Age 4</b></td> <td>77.4 (18.3), P&lt;.05</td> <td>84.9 (13.2),NS</td> <td>77.8 (12.2),NS</td> <td>71.6 (17.9),NS</td> </tr> </tbody> </table> <p>HI home intervention; CO clinic only; NS no significant; *negative and non-negative scores were obtained using a</p>		End of initial intervention		Age 4			HI	CO	HI	CO	<b>Mean weight-for-height (z)</b>	-1.7 (.6)	-1.5 (1.0)	-1.7 (.6)	-1.5 (.8)	<b>Mean height-for-age (z)</b>	-0.8(1.1)	-1.2 (1.1)	-0.8 (1.0)	-1.0 (1.1)		HI		CO			Negative*	Not negative*	Negative*	Not negative*	<b>At baseline</b>	96.6 (14.0)	97.9 (15.7)	91.8 (13.0)	96.2 (11.6)	<b>1 year after recruitment</b>	86.2 (15.8), NS	86.1 (16.8),NS	86.5 (18.0),NS	79.7 (14.3),NS	<b>Age 4</b>	77.4 (18.3), P<.05	84.9 (13.2),NS	77.8 (12.2),NS	71.6 (17.9),NS	<p>using the <a href="#">Cochrane risk of bias checklist</a></p> <p>Attrition: Baseline comparisons using demographic and dependent variables indicated no differences between those who did and did not complete the 4-year evaluation, except that the mothers who were included in the final sample were older (M=25.3 years, SD=5.6) than mothers who were not included (M= 23.2,</p>
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<p>Follow-up of a RCT</p> <p><b>Aim of the study</b></p> <p>To extend the findings of Black, 1995 by following the children in that study to age 4 and by examining factors that moderate the effects of the intervention.</p> <p><b>Study dates</b></p> <p>Not reported</p> <p><b>Source of funding</b></p> <p>Not reported</p>	<p><b>criteria</b></p> <p>Age younger than 25 months; weight for age below the fifth percentile, based on the National Center for Health Statistics growth charts; gestational age of at least 36 weeks, birth weight appropriate for gestational age, and non-significant history of perinatal complications, congenital disorders, chronic illnesses, or developmental disabilities</p>		<p>Low scores on this scale are optimal, indicating less severe symptomatology. Scores on the BSI were transformed to z scores, based on the normative sample. Mothers were divided into negative and nonnegative groups using a median split.</p>	<p>median split of the Brief Symptom Index (BSI).</p>	<p>SD= 4.4, t= 2.02, p&lt;.05). In addition to the main objective, this study intended to examine the moderating effects of risk status on the impact of home intervention. In order to assess the relative contributions to FTT, 2 types of risk (demographic and maternal negative affectivity) and 2 levels of intervention were examined. It was hypothesized that children with high levels of risk (either demographi</p>

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments												
	<p>s that could interfere with growth development.</p> <p><b>Exclusion criteria</b></p> <p>Not reported</p>				<p>c or maternal) will be more likely to evidence compromised development in the area of cognitive development, motor development and interactive behaviour. Following the initial protocol, only maternal factors and cognitive development were reported.</p>												
<p><b>Full citation</b></p> <p>Black, M. M., Dubowitz, H., Hutcheson, J., Berenson-Howard, J., Starr, R. H., Jr., A</p>	<p><b>Sample size</b></p> <p>N=130 (n=64 clinic + home intervention [HI]; n=66 clinic only [CO]).</p> <p><b>Inclusion</b></p>	<p><b>Interventions</b></p> <p>All children received nutrition intervention at the growth and nutrition clinic. The home intervention (HI) was based on an ecologic model with The Hawaii Early Learning Program as a curriculum. HI was scheduled weekly during 1 year and was conducted by lay-home visitors and supervised by a community health nurse.</p>	<p><b>Details</b></p> <p>75% of the families were recruited from inner-city paediatric primary care clinics serving low-income families and the remaining families were recruited from community health maintenance organizations and paediatricians. None had identified medical problems associated with their growth deficiency, as determined by record review,</p>	<p><b>Results</b></p> <p><u>Mean (SD) Mean Baseline and Post intervention Scores on Growth and Developmental Measures Adjusted for Maternal Education</u></p> <table border="1"> <tr> <td></td> <td><b>Post intervention</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td><b>HI</b></td> <td></td> <td><b>CO</b></td> <td></td> <td><b>Change for the 12-month</b></td> </tr> </table>		<b>Post intervention</b>						<b>HI</b>		<b>CO</b>		<b>Change for the 12-month</b>	<p><b>Limitations</b></p> <p><u>Limitations assessed using the Cochrane risk of bias checklist</u></p> <p>Sequence generation: Low risk of bias</p>
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	<b>HI</b>		<b>CO</b>		<b>Change for the 12-month</b>												

Study details	Participants	Interventions	Methods	Outcomes and Results						Comments	
randomized clinical trial of home intervention for children with failure to thrive, Pediatrics, 95, 807-14, 1995	<b>criteria</b> Age younger than 25 months; weight for age below the fifth percentile, based on the National Center for Health Statistics growth charts; gestational age of at least 36 weeks, birth weight appropriate for gestational age, and non-significant history of perinatal complications, congenital disorders, chronic illnesses, or developmental disabilities	Home visitors asked families about their strengths, needs, priorities and they developed an individualized family service plan with specific goals and objectives. The home visitors did not weight the children or limit their attention to dietary intake or feeding. They addressed the parent-child relationship in multiple contexts, including feeding. Treatment integrity was assessed.	physical examination, and laboratory assessment. Children were randomized to the HI or CO group.  All children received a comprehensive clinical evaluation involving professionals from 5 disciplines: paediatrics, psychology, nutrition, social work, and nursing, and were followed clinically as needed. Data were collected before treatment. All children received standardized anthropometric and developmental assessments, and a videotape was made of parents with their children during lunch. Additionally, parents received a 60 minute interview in which standardized questionnaires were administered including basic demographic information and parent functioning. One year after recruitment, the data collection was repeated, and 18 months after recruitment, families received home visits by a research assistant blinded to intervention status. The visitor remained in the home for approximately 40 minutes and observed the child and family together.  <u>Statistical analyses:</u> the efficacy of the program was evaluated separately for infants and toddlers, and children were examined in both laboratory and							<b>h period</b>	Allocation concealment: Low risk of bias  Blinding: Low risk of bias  Incomplete Outcome data: Unclear risk of bias (the study did not address this outcome)  Selective outcome reporting: Low risk of bias
<u>Ref Id</u> 378173				<b>N</b>	28	28	26	34			
<u>Country/ies where the study was carried out</u> USA				<b>Weight for age + <math>\omega</math></b>	-1.3(1.1)	-1.8(.6)	-1.1(1.0)	1.7(.7)	F=32.23; P<.001		
<b>Study type</b> RCT				<b>Weight for height + <math>\omega</math></b>	-1.0(1.4)	-1.5(.5)	-0.8(1.1)	-1.3(.6)	F=13.40; p=.001		
<b>Aim of the study</b> To evaluate the efficacy of a home-based intervention on the growth and				<b>Height for age + <math>\omega</math></b>	-0.8(1.1)	-0.7(1.1)	-1.0(1.0)	-0.9(1.0)	F=9.94; F=0.002		
				<b>Cognitive development <math>\omega</math> <math>\Xi</math></b>	89.3(17.4)	81.9(12.5)	86.1(18.7)	80.8(15.2)	F=44.12; P<.001		
				+ z score; $\omega$ high score optimal; $\Xi$ also adjusted for baseline weight for height and height for age HI= Home Intervention, CO= clinic only, Post intervention = 12 month after recruitment							

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
<p>development of children with nonorganic failure to thrive (NOFTT)</p> <p><b>Study dates</b></p> <p>Not reported</p> <p><b>Source of funding</b></p> <p>Maternal and Child Health Research Program.</p>	<p>s that could interfere with growth development.</p> <p><b>Exclusion criteria</b></p> <p>Not reported</p>		<p>home settings. Repeated-measures multivariate analyses of covariance were used to examine changes in the dependent variables during the intervention period. The independent variables were intervention status, age at recruitment, and change over time. Because maternal education is often associated with developmental outcome, it was included as a covariate in all analyses. To account for differences in initial growth status, weight for height and height for age at recruitment were also included as covariates, except when the analyses examined changes in growth.</p> <p><u>Outcome measures:</u></p> <p>Growth: determined using age- and gender- specific charts from the National Center for Health Statistics to convert raw weight and height to percentiles of weight for age, height for age, and weight for height. To account for genetic contributions to stature, the children's height for age was adjusted by mean parental height. Data were converted to SD scores (z scores) for ease of comparison across ages. Cognitive development: as measured by the Bayley Scales of Infant Development.</p>		

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<p><b>Full citation</b></p> <p>Black, M. M., Dubowitz, H., Krishnakumar, A., Starr Jr, R. H., Early intervention and recovery among children with failure to thrive: Follow-up at age 8, Pediatrics, 120, 59-69, 2007</p> <p><b>Ref Id</b></p> <p>442142</p> <p><b>Country where the study was carried out</b></p> <p>USA</p> <p><b>Study type</b></p> <p>Longitudinal study</p>	<p><b>Sample size</b></p> <p>Failure to thrive (FTT) group ; n=96 (n=47 HI group; n=49 CO group)</p> <p>Adequate growth (AG) group ; n= 93</p> <p><b>Inclusion criteria</b></p> <p>Age younger than 25 months; birth weight ≥ 2500 g; gestational age of at least 36 weeks, birth weight appropriate for gestational age, and non significant history of</p>	<p><b>Interventions</b></p> <p>HI was scheduled weekly during 1 year and was conducted by lay-home visitors and supervised by a community health nurse. Home visitors asked families about their strengths, needs, priorities and they developed an individualized family service plan with specific goals and objectives. The home visitors did not weight the children or limit their attention to dietary intake or feeding. They addressed the parent-child relationship in multiple contexts, including feeding. Treatment integrity was assessed.</p>	<p><b>Details</b></p> <p>Infants with FTT or AG were recruited from paediatric primary care clinics and were matched by gender, race, and socioeconomic status, defined by marital status and dependence on public assistance. Of the contacted participants, more than 90% agreed to participate in the initial evaluation that included measures of growth, standardized developmental assessments, and a 60-minute interview of questionnaires of demographics, children's behaviour, and maternal and family functioning. Children with FTT were treated in an interdisciplinary clinic. Based on a randomization procedure, stratified by race, gender and infant age, children with FTT were randomized to receive either the clinical intervention plus home intervention (FTT-HI) or the clinical intervention only (FTT-CO).</p>	<p><b>Results</b></p> <table border="1"> <thead> <tr> <th></th> <th>FTT-HI</th> <th>FTT-CO</th> <th>AG</th> </tr> </thead> <tbody> <tr> <td><b>Height for age, z score<sup>a,b</sup></b></td> <td>-0.22 (1.06)<sup>f</sup></td> <td>-0.62 (0.93)<sup>g</sup></td> <td>0.40 (1.02)<sup>f,g</sup></td> </tr> <tr> <td><b>BMI<sup>a,b</sup></b></td> <td>16.98 (4.34)<sup>h</sup></td> <td>15.70 (2.28)<sup>f,h</sup></td> <td>17.84 (3.59)<sup>f</sup></td> </tr> <tr> <td><b>IQ<sup>a,c,d</sup></b></td> <td>85.31 (12.09)</td> <td>87.66 (14.80)</td> <td>87.20 (13.54)</td> </tr> </tbody> </table> <p>HI Home Intervention; CO clinic only; AG Adequate growth; BMI Body mass index; IQ Intelligence quotient</p> <p>a) Adjusted for maternal education and receipt of public assistance</p> <p>b) Adjusted for maternal height and BMI</p> <p>c) Adjusted for maternal IQ and HOME</p> <p>d) Multivariate analysis of variance differences between variables significant using pairwise comparisons (p&lt;.05)</p> <p>e) Multivariate analysis of variance differences between variables significant using pairwise comparisons (p&lt;.05)</p> <p>f) Marginally significant using pairwise comparisons</p>		FTT-HI	FTT-CO	AG	<b>Height for age, z score<sup>a,b</sup></b>	-0.22 (1.06) <sup>f</sup>	-0.62 (0.93) <sup>g</sup>	0.40 (1.02) <sup>f,g</sup>	<b>BMI<sup>a,b</sup></b>	16.98 (4.34) <sup>h</sup>	15.70 (2.28) <sup>f,h</sup>	17.84 (3.59) <sup>f</sup>	<b>IQ<sup>a,c,d</sup></b>	85.31 (12.09)	87.66 (14.80)	87.20 (13.54)	<p><b>Limitations</b></p> <p>See Black 1995</p>
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<p><b>Aim of the study</b></p> <p>To examine the long-term impact of home-based intervention on children's growth and cognitive performance at age 8.</p> <p><b>Study dates</b></p> <p>Infants were recruited from 1989-1992</p> <p><b>Source of funding</b></p> <p>Maternal and Child Health Research Program, US Department of Health and</p>	<p>perinatal complications, congenital disorders, chronic illnesses, or developmental disabilities that could interfere with growth development.</p> <p>Children in the FTT group had to meet 1 of 2 criteria using age- and gender-specific National Center for Health Statistics charts: sustained weight for age &lt; 5th percentile or weight for length &lt;10th percentile</p>				

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Human Services, and grants to the Consortium for Longitudinal Studies on Child Abuse and Neglect (LONGSCAN) from the children's Bureau, Office on Child Abuse and Neglect, Administration for Children, Youth, and Families.	Children in the AG group had to meet 2 criteria: sustained weight for age and weight for length >10th percentile.  <b>Exclusion criteria</b>  Not reported																																
<b>Full citation</b>  Raynor, P., Rudolf, M. C., Cooper, K., Marchant, P., Cottrell, D., A randomized controlled trial of	<b>Sample size</b>  n= 83 (n =42 intervention group; n=41 control group).  <b>Inclusion criteria</b>  Age 4-30 months	<b>Interventions</b>  Children in both groups attended the consultant led outpatient clinic. In addition, the intervention group received intensive home visiting from a specialist health visitor for a period of 1 year. During the health visiting intervention, an initial assessment was carried out by weekly visits, lasting 60-90 minutes, over a 4 to 5 week period within the home. The assessment included a	<b>Details</b>  Subjects were recruited from all children referred to a failure to thrive clinic by general practitioners, health visitors, consultants or clinical medical officers. A blocked randomisation table for allocation and cards were placed into sequentially numbered opaque sealed envelopes by an independent administrator. Allocations were stratified according to age (below and above 12 months of	<b>Results</b>  Growth and development before and after intervention <table border="1"> <thead> <tr> <th></th> <th>Intervention group</th> <th></th> <th></th> <th>Control group</th> <th></th> <th></th> </tr> <tr> <th></th> <th>Before mean (SD)</th> <th>After mean (SD)</th> <th>Δ mean (CI 95%)</th> <th>Before mean (SD)</th> <th>After mean (SD)</th> <th>Δ mean (CI 95%)</th> </tr> </thead> <tbody> <tr> <td><b>Number</b></td> <td>42</td> <td>42</td> <td>42</td> <td>41</td> <td>41</td> <td>41</td> </tr> <tr> <td><b>Weight SD score</b></td> <td>-2.79 (0.78)</td> <td>-2.20 (0.91)</td> <td>0.59 (0.39 to 0.79)</td> <td>-2.80 (0.82)</td> <td>-2.38 (0.89)</td> <td>0.42 (0.22 to</td> </tr> </tbody> </table>		Intervention group			Control group				Before mean (SD)	After mean (SD)	Δ mean (CI 95%)	Before mean (SD)	After mean (SD)	Δ mean (CI 95%)	<b>Number</b>	42	42	42	41	41	41	<b>Weight SD score</b>	-2.79 (0.78)	-2.20 (0.91)	0.59 (0.39 to 0.79)	-2.80 (0.82)	-2.38 (0.89)	0.42 (0.22 to	<b>Limitations</b>  <u>Limitations assessed using the Cochrane risk of bias checklist</u>  Sequence generation: Low risk of bias  Allocation
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<b>Weight SD score</b>	-2.79 (0.78)	-2.20 (0.91)	0.59 (0.39 to 0.79)	-2.80 (0.82)	-2.38 (0.89)	0.42 (0.22 to																											



Study details	Participants	Interventions	Methods	Outcomes and Results	Comments																																																
specialist health visitor intervention for failure to thrive, Archives of Disease in Childhood, 80, 500-6, 1999	and weight below the third centile, or deceleration in weight gain over 2 centile channels, in the absence of organic disease. Children from all birth weights and maturity were included.	semi-structured interview, observation of a mealtime, and assessment of parent-child interactions.  The focus of work was orientated towards the child's poor growth and interventions were planned in conjunction with the family, focusing on eating behaviour.  Additionally, the health visitor's work was also focused on mealtime management and alleviation of stress experienced during mealtimes, advice in relation with the child's nutritional needs in terms of amount, frequency, and types of food. Families also got counselling on personal problems and were referred to specialist agencies to help in dealing with difficulties such as marital conflict, domestic violence, housing issues and financial problems.	age) and birth weight to ensure equal distribution across the groups.  <u>Outcome measures:</u>  Growth: children were weighed and measured using SECA digital baby scales and the Harpenden infantometer. Growth was charted on the child growth foundation charts and converted to SD scores using the Castlemead growth package Cognitive development: measured using the Bayley scales of infant development II (BSID II 1993).  Referral to support services: at the end of the study, the levels of support services provided to children in both groups were compiled and compared. Hospital notes were reviewed for attendances and non-attendances at the FTT clinics, admissions to hospital, and referrals to other agencies (including community dietician).  A random sample of 25 family health visitor client notes for both the number of home visits carried out, and unproductive visits (family not at home at the appointed time).  <u>Data analysis:</u> data was analysed on the basis of intention to treat. Results are shown as the mean and SD,	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.62)</td> </tr> <tr> <td><b>Height SD score</b></td> <td>-1.71 (1.0)</td> <td>-1.78 (0.67)</td> <td>-0.07 (-0.28 to 0.14)</td> <td>-1.56 (1.0)</td> <td>-1.76 (1.1)</td> <td>-0.20 (-0.47 to 0.07)</td> </tr> <tr> <td><b>Number</b></td> <td>38</td> <td>38</td> <td>38</td> <td>27</td> <td>27</td> <td>27</td> </tr> <tr> <td><b>Mental development index</b></td> <td>84.3 (14.2)</td> <td>86.5 (15.1)</td> <td>2.2 (-1.2 to 5.5)</td> <td>83.0 (10.8)</td> <td>86.8 (14.6)</td> <td>3.8 (-0.9 to 8.6)</td> </tr> </table> <p>No significant differences were found for these measures between the groups on independent sample t test.</p> <p><u>Referrals, hospital attendance and admissions, and family health visitor visits</u></p> <table border="1"> <thead> <tr> <th></th> <th>Intervention group</th> <th>Control group</th> <th>P value</th> </tr> </thead> <tbody> <tr> <td><b>Referred to community dietician</b></td> <td>0/42</td> <td>12/41</td> <td>&lt;0.001*</td> </tr> <tr> <td><b>Missed ≥ 3 outpatient appointments</b></td> <td>5/37</td> <td>14/37</td> <td>0.017 ≡</td> </tr> <tr> <td><b>Number of children admitted to hospital</b></td> <td>6/37</td> <td>14/37</td> <td>0.036 ≡</td> </tr> <tr> <td><b>Number of families with ≥2 unproductive family health visitor visits</b></td> <td>0/12</td> <td>6/13</td> <td>0.015*</td> </tr> </tbody> </table> <p>* Fisher's exact test; ≡ X2 test; ≡ taken from a random sample</p>							0.62)	<b>Height SD score</b>	-1.71 (1.0)	-1.78 (0.67)	-0.07 (-0.28 to 0.14)	-1.56 (1.0)	-1.76 (1.1)	-0.20 (-0.47 to 0.07)	<b>Number</b>	38	38	38	27	27	27	<b>Mental development index</b>	84.3 (14.2)	86.5 (15.1)	2.2 (-1.2 to 5.5)	83.0 (10.8)	86.8 (14.6)	3.8 (-0.9 to 8.6)		Intervention group	Control group	P value	<b>Referred to community dietician</b>	0/42	12/41	<0.001*	<b>Missed ≥ 3 outpatient appointments</b>	5/37	14/37	0.017 ≡	<b>Number of children admitted to hospital</b>	6/37	14/37	0.036 ≡	<b>Number of families with ≥2 unproductive family health visitor visits</b>	0/12	6/13	0.015*	<p>concealment: Low risk of bias</p> <p>Blinding: Low risk of bias</p> <p>Incomplete Outcome data: Low risk of bias</p> <p>Selective outcome reporting: Low risk of bias</p>
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<b>Ref Id</b> 409153																																																					
<b>Country where the study was carried out</b> United Kingdom	<b>Exclusion criteria</b> Those whose main caregivers were not English speakers, because regular interpreters were not available.																																																				
<b>Study type</b> RCT																																																					
<b>Aim of the study</b> To determine whether home intervention by a specialist																																																					

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
<p>health visitor affects the outcome of children with failure to thrive (FTT).</p> <p><b>Study dates</b></p> <p>From April 1994 to February 1996</p> <p><b>Source of funding</b></p> <p>Northern and Yorkshire Region Research and Development Unit.</p>			<p>with 95% confidence intervals (CI) calculated where appropriate. The following data were approximately normally distributed and were tested using the independent sample t test: change in weight and height SD scores, Bayley MDI and PDI, and percentage of expected average requirement for age. In addition, the weight data were analysed for numbers of children in each group awaiting an increase in weight SD score (<math>\Delta</math>wtsds) of <math>&gt;0.25</math> SD and <math>&gt; 0.5</math> SD, and compared by Fisher's exact test.</p>		

## G.14 Information and support

Not applicable for this review

## **G.15 Health economics**

Not applicable for this review

## Appendix H: Excluded studies

### H.1 Weight loss in the first days of life

Reference	Reason for exclusion
Bakar, F. T., Ozen, A., Karatepe, H. O., Berber, M., Ercan, H., Impact of early weight loss on growth of Caesarean delivered babies: how long does it last?, <i>Child: Care, Health &amp; Development</i> , 38, 706-13, 2012	Small sample size (<500 participants)
Burwick, R., Shipp, T., Early neonatal weight loss differs by mode of delivery in healthy term and late preterm neonates, <i>American Journal of Obstetrics and Gynecology</i> , 1), S91, 2012	Small sample size (<500)
Butler, D. A., MacMillan, J. P., Relationship of breast feeding and weight loss to jaundice in the newborn period: review of the literature and results of a study, <i>Cleveland Clinic Quarterly</i> , 50, 263-8, 1983	The study provided data of excess weight loss in relation to milk supply but not on normal weight loss
Caglar, M. K., Ozer, I., Altugan, F. S., Risk factors for excess weight loss and hypernatremia in exclusively breast-fed infants, <i>Brazilian Journal of Medical &amp; Biological Research</i> , 39, 539-44, 2006	Small sample size (<500)
Catov, J. M., Lee, M. J., Xu, J., Simhan, H. N., Decreasing birth weight among term pregnancies: Are babies getting smaller?, <i>Reproductive Sciences</i> , 1), 103A, 2013	This abstract does report on small & large for gestational age and mean birth weight in term infants, but not on weight loss
Centre for Reviews and Dissemination, Early parenteral nutrition and growth outcomes in preterm infants: a systematic review and meta-analysis (Provisional abstract), <i>Database of Abstracts of Reviews of Effects</i> , 2015	No data on weight loss was reported
Chang, R. J., Chou, H. C., Chang, Y. H., Chen, M. H., Chen, C. Y., Hsieh, W. S., Tsao, P. N., Weight loss percentage prediction of subsequent neonatal hyperbilirubinemia in exclusively breastfed neonates, <i>Pediatrics &amp; Neonatology</i> , 53, 41-4, 2012	Weight loss percentage is only reported by incidence of hyperbilirubinemia: which was not one of the outcomes reported in the protocol – please see report on thresholds associated with adverse events
Chantry, C. J., Nommsen-Rivers, L. A., Peerson, J. M., Cohen, R. J., Dewey, K. G., Excess weight loss in first-born breastfed newborns relates to maternal intrapartum fluid balance, <i>Pediatrics</i> , 127, e171-e179, 2011	Small sample size (<500)
Chen, C. F., Hsu, M. C., Shen, C. H., Wang, C. L., Chang, S. C., Wu, K. G., Wu, S. C., Chen, S. J., Influence of breast-feeding on weight loss, jaundice, and waste elimination in neonates, <i>Pediatrics &amp; Neonatology</i> , 52, 85-92, 2011	Small sample size (<500)
Cohn, A., A simple method for assessing if weight loss is greater or less than 10%, <i>Archives of Disease in Childhood</i> , 90, 88, 2005	No data on weight loss was reported
Cole, T. J., Statnikov, Y., Santhakumaran, S., Pan, H., Modi, N., Birth weight and longitudinal growth in infants born below 32	No data on weight loss was reported

Reference	Reason for exclusion
weeks' gestation: A UK population study, Archives of Disease in Childhood: Fetal and Neonatal Edition, 99, F34-F40, 2014	
Crossland, D. S., Richmond, S., Hudson, M., Smith, K., Abu-Harb, M., Weight change in the term baby in the first 2 weeks of life, Acta Paediatrica, International Journal of Paediatrics, 97, 425-429, 2008	Small sample size (<500)
Flaherman, V. J., Beiler, J. S., Cabana, M. D., Paul, I. M., Relationship of newborn weight loss to milk supply concern and anxiety: the impact on breastfeeding duration, Maternal & Child Nutrition, 12, 463-72, 2016	The study provided data of excess weight loss in relation to milk supply but not on normal weight loss
Flaherman, V. J., McKean, M., Cabana, M. D., The effect of birth weight on exclusive breastfeeding through 3 months, Breastfeeding Medicine, 6, S10, 2011	Small sample size (<500)
Fonseca, M. J., Santos, A. C., Umbilical cord blood adipokines and newborn weight change.[Erratum appears in Arch Gynecol Obstet. 2016 Jan;293(1):229], Archives of Gynecology & Obstetrics, 291, 1037-40, 2015	Small sample size (<500)
Gianni, M. L., Roggero, P., Orsi, A., Piemontese, P., Garbarino, F., Bracco, B., Garavaglia, E., Agosti, M., Mosca, F., Body composition changes in the first 6 months of life according to method of feeding, Journal of Human Lactation, 30, 148-55, 2014	No data on weight loss was reported
Henrichs, J., Schenk, J. J., Roza, S. J., van den Berg, M. P., Schmidt, H. G., Steegers, E. A., Hofman, A., Jaddoe, V. W., Verhulst, F. C., Tiemeier, H., Maternal psychological distress and fetal growth trajectories: the Generation R Study, Psychological Medicine, 40, 633-43, 2010	No data on weight loss was reported
Kirchengast, S., Hartmann, B., Association between maternal age at menarche and newborn size, Social Biology, 47, 114-26, 2000	No data on weight loss was provided
Manganaro, R., Marseglia, L., Mami, C., Palmara, A., Paolata, A., Loddo, S., Gargano, R., Mondello, M., Gemelli, M., Breast milk sodium concentration, sodium intake and weight loss in breastfeeding newborn infants, British Journal of Nutrition, 97, 344-8, 2007	Small sample size (<500)
Marchini, G., Fried, G., Ostlund, E., Hagenas, L., Plasma leptin in infants: relations to birth weight and weight loss, Pediatrics, 101, 429-32, 1998	Small sample size (<500)
Martin-Calama, J., Bunuel, J., Valero, M. T., Labay, M., Lasarte, J. J., Valle, F., de Miguel, C., The effect of feeding glucose water to breastfeeding newborns on weight, body temperature, blood glucose, and breastfeeding duration, Journal of Human Lactation, 13, 209-13, 1997	Small sample size (<500)
Mezzacappa, M. A., Ferreira, B. G., Excessive weight loss in exclusively breastfed full-term newborns in a Baby-Friendly Hospital, Revista Paulista de Pediatria, 34, 281-6, 2016	Setting is a low income country (Brazil)
Moyses, H. E., Johnson, M. J., Leaf, A. A., Cornelius, V. R., Early parenteral nutrition and growth outcomes in preterm infants: a systematic review and meta-analysis, American Journal of Clinical Nutrition, 97, 816-26, 2013	No data on weight loss has been reported
Nastasi, S., McNamara, J., Wyble, J., Weiss, L., Wyble, L., Williams, M., Post delivery weight loss for exclusively or nearly	Abstract only, N=651 but insufficient detail to include in

Reference	Reason for exclusion
exclusively breastfed infants in a suburban, non-teaching, lower minority, baby-friendly hospital, <i>Breastfeeding Medicine</i> , 8, S10-S11, 2013	the analysis (e.g. does not report the number born vaginally versus caesarean section)
Noel-Weiss, J., Courant, G., Woodend, A. K., Physiological weight loss in the breastfed neonate: a systematic review, <i>Open Medicine : A Peer-reviewed, Independent, Open-access Journal</i> , 2, e99-e110, 2008	This systematic review included 3 studies from low income countries and 3 studies with small sample size (<500). The remaining 2 studies (Macdonald and Manganaro) have been retrieved for inclusion in the review
Oddie, S. J., Craven, V., Deakin, K., Westman, J., Scally, A., Severe neonatal hypernatraemia: a population based study, <i>Archives of Disease in Childhood Fetal &amp; Neonatal Edition</i> , 98, F384-7, 2013	Small sample size (<500)
Preer, G. L., Newby, P. K., Philipp, B. L., Weight loss in exclusively breastfed infants delivered by cesarean birth, <i>Journal of Human Lactation</i> , 28, 153-8, 2012	Small sample size (<500)
Puscasiu, L., Roman, H., Newman, R., Hulsey, T. F., Hulsey, T. C., Mircea, O., Association of pre-pregnant body mass index and gestational weight gain with the timing of delivery and fetal growth in singletons, <i>Gineco.eu</i> , 9, 161-166, 2013	No infants were included in this study (only women)
Schaefer, E. W., Flaherman, V. J., Kuzniewicz, M. W., Li, S. X., Walsh, E. M., Paul, I. M., External Validation of Early Weight Loss Nomograms for Exclusively Breastfed Newborns, <i>Breastfeeding Medicine: The Official Journal of the Academy of Breastfeeding Medicine</i> , 10, 458-63, 2015	No data on weight loss was reported
Tarcan, A., Tiker, F., Vatandas, N. S., Haberal, A., Gurakan, B., Weight loss and hypernatremia in breast-fed babies: frequency in neonates with non-hemolytic jaundice, <i>Journal of Paediatrics &amp; Child Health</i> , 41, 484-7, 2005	Small sample size (<500)
Timmermans, S., Jaddoe, V. W., Hofman, A., Steegers-Theunissen, R. P., Steegers, E. A., Periconception folic acid supplementation, fetal growth and the risks of low birth weight and preterm birth: the Generation R Study, <i>British Journal of Nutrition</i> , 102, 777-85, 2009	This study reports on associations between periconception folic acid supplementation and fetal growth but does not report on weight loss in babies
van Dommelen, P., Boer, S., Unal, S., van Wouwe, J. P., Charts for weight loss to detect hypernatremic dehydration and prevent formula supplementing, <i>Birth</i> , 41, 153-9, 2014	No data on weight loss was reported
Zuppa, A. A., Sindico, P., Antichi, E., Carducci, C., Alighieri, G., Cardiello, V., Cota, F., Romagnoli, C., Weight loss and jaundice in healthy term newborns in partial and full rooming-in, <i>Journal of Maternal-Fetal &amp; Neonatal Medicine</i> , 22, 801-5, 2009	The feeding models (partial and full rooming-in) are not relevant for the protocol of this review

## H.2 Thresholds for faltering growth

Reference	Reason for Exclusion
Argyle, J., Approaches to detecting growth faltering in infancy and childhood, <i>Annals of Human Biology</i> , 30, 499-519, 2003	Narrative study; relevant definition or outcomes for the protocol not included

Reference	Reason for Exclusion
Batchelor, J. A., Has recognition of failure to thrive changed?, <i>Child: Care, Health &amp; Development</i> , 22, 235-40, 1996	Small sample size (n=310)
Bouma, S., Diagnosing Pediatric Malnutrition: Paradigm Shifts of Etiology-Related Definitions and Appraisal of the Indicators, <i>Nutrition in Clinical Practice</i> , 20, 20, 2016	Narrative review
Briend, A., Bari, A., Critical assessment of the use of growth monitoring for identifying high risk children in primary health care programmes, <i>BMJ (Clinical research ed.)</i> , 298, 1607-11, 1989	Setting is a low income country
Briones, E., Perea, E., Ruiz, M. P., Torro, C., Gili, M., The Andalusian Nutritional Survey: comparison of the nutritional status of Andalusian children aged 6-60 months with that of the NCHS/CDC reference population, <i>Bulletin of the World Health Organization</i> , 67, 409-16, 1989	Study focused on reporting prevalence only
Butte, N. E., Garza, C., de Onis, M., Evaluation of the feasibility of international growth standards for school-aged children and adolescents, <i>Food &amp; Nutrition Bulletin</i> , 27, S169-74, 2006	Narrative review; relevant population, definition or outcomes have not been included
de Onis, M., Garza, C., Victora, C. G., The WHO Multicentre Growth Reference Study: strategy for developing a new international growth reference, <i>Forum of Nutrition</i> , 56, 238-40, 2003	This is a review study
Din, Z. U., Emmett, P., Steer, C., Emond, A., Growth outcomes of weight faltering in infancy in ALSPAC, <i>Pediatrics</i> , 131, e843-e849, 2013	This study did not report on thresholds. Will be included in the growth monitoring review.
Din, Z., Emmett, P. M., Emond, A. M., Do infants with weight faltering subsequently catch-up?, <i>Archives of Disease in Childhood</i> , 96, A14, 2011	This is a conference abstract of a included study in this systematic review (Din, 2013)
Drotar, D., Pallotta, J., Eckerle, D., A prospective study of family environments of children hospitalized for nonorganic failure-to-thrive, <i>Journal of Developmental &amp; Behavioral Pediatrics</i> , 15, 78-85, 1994	No relevant outcomes have been reported
Eisenegger, C., Allenspach-Moser, S., Lallemand, D., Who growth charts replacing national reference data: Their influence on screening for over-or underweight and of growth disorders, <i>Hormone Research in Paediatrics</i> , 82, 410, 2014	Narrative study; not relevant outcomes included
Emond, A. M., Blair, P. S., Emmett, P. M., Drewett, R. F., Weight faltering in infancy and IQ levels at 8 years in the Avon Longitudinal Study of Parents and Children, <i>Pediatrics</i> , 120, e1051-8, 2007	This study did not report on thresholds. Will be included in the growth monitoring review.
Flegal, K. M., Wei, R., Ogden, C., Weight-for-stature compared with body mass index-for-age growth charts for the United States from the Centers for Disease Control and Prevention, <i>American Journal of Clinical Nutrition</i> , 75, 761-766, 2002	Study does not report any of the outcomes relevant for the protocol
Fredriks, A. M., van Buuren, S., van Heel, W. J., Dijkman-Neerincx, R. H., Verloove-Vanhorick, S. P., Wit, J. M., Nationwide age references for sitting height, leg length, and sitting height/height ratio, and their diagnostic value for disproportionate growth disorders, <i>Archives of Disease in Childhood</i> , 90, 807-12, 2005	Population included is not relevant for the protocol
Heltshe, S. L., Borowitz, D. S., Leung, D. H., Ramsey, B., Mayer-Hamblett, N., Early attained weight and length predict growth faltering better than velocity measures in infants with CF, <i>Journal of Cystic Fibrosis</i> , 13, 723-9, 2014	Indirect population
Holme, A. R., Blair, P. S., Emond, A. M., Psychosocial and educational outcomes of weight faltering in infancy in ALSPAC,	Outcomes considered in this study (educational,



Reference	Reason for Exclusion
BMJ Open, 3 (7) (no pagination), 2013	psychosocial) are not included in the protocol
Isanaka, S., Villamor, E., Shepherd, S., Grais, R. F., Assessing the impact of the introduction of the World Health Organization growth standards and weight-for-height z-score criterion on the response to treatment of severe acute malnutrition in children: secondary data analysis, <i>Pediatrics</i> , 123, e54-9, 2009	Setting is a low income country
Kerac, M., Egan, R., Mayer, S., Walsh, A., Seal, A., New WHO growth standards: roll-out needs more resources, <i>Lancet</i> , 374, 100-2, 2009	Narrative study; definition for growth is based on population from low income countries
Kerac, M., Seal, A., Blencowe, H., Bunn, J., Improved assessment of child nutritional status using target weights and a novel, low-cost, weight-for-height slide chart, <i>Tropical Doctor</i> , 39, 23-6, 2009	Review study focused on presenting a slide chart, not relevant for the protocol
Mackner, L. M., Starr, R. H., Jr., Black, M. M., The cumulative effect of neglect and failure to thrive on cognitive functioning, <i>Child Abuse &amp; Neglect</i> , 21, 691-700, 1997	The study looked at associations between failure to thrive, cognitive functioning and neglect and did not present with a comparison group
Mwangome, M. K., Berkley, J. A., The reliability of weight-for-length/height Z scores in children, <i>Maternal &amp; Child Nutrition</i> , 10, 474-80, 2014	Low income countries are the setting of the included studies in this systematic review
Nash, A., Corey, M., Sherwood, K., Secker, D., Saab, J., O'Connor, D. L., Growth assessment in infants and toddlers using three different reference charts, <i>Journal of Pediatric Gastroenterology &amp; Nutrition</i> , 40, 283-8, 2005	Study did not include any of the relevant outcomes for the protocol
Olsen, E. M., Failure to thrive: still a problem of definition, <i>Clinical Pediatrics</i> , 45, 1-6, 2006	Narrative review
Olsen, E. M., Skovgaard, A. M., Weile, B., Jorgensen, T., Risk factors for failure to thrive in infancy depend on the anthropometric definitions used: the Copenhagen County Child Cohort, <i>Paediatric and Perinatal Epidemiology</i> , 21, 418-31, 2007	The included population in this study is not followed up; any of the outcomes included in the protocol is included
O'Neill, S. M., Hannon, G., Khashan, A. S., Hourihane, J. O. B., Kenny, L. C., Kiely, M., Murray, D. M., Thin-for-gestational age infants are at increased risk of neurodevelopmental delay at 2 years, <i>Archives of Disease in Childhood</i> , 20, 2016	Weight data was reported at at birth only.
Pelletier, D., Theoretical considerations related to cutoff points, <i>Food &amp; Nutrition Bulletin</i> , 27, S224-36, 2006	Population and outcomes not relevant for the study protocol
Pritchard, N., A practical approach to the assessment of faltering growth in the infant and toddler, <i>Paediatrics and Child Health (United Kingdom)</i> , 25, 433-436, 2015	Narrative review
Raynor, P., Rudolf, M. C., Anthropometric indices of failure to thrive, <i>Archives of Disease in Childhood</i> , 82, 364-5, 2000	Study under 500 participants
Samson-Fang, L.J., Stevenson, R.D., Identification of malnutrition in children with cerebral palsy: poor performance of weight-for-height centiles, <i>Developmental Medicine and Child Neurology</i> , 42, 162-168, 2000	Small sample size; not relevant outcomes were listed
Seal, A., Kerac, M., Operational implications of using 2006 World Health Organization growth standards in nutrition programmes: secondary data analysis, <i>BMJ</i> , 334, 733, 2007	Setting is a low income country
Shah, P. S., Wong, K. Y., Merko, S., Bishara, R., Dunn, M., Asztalos, E., Darling, P. B., Postnatal growth failure in preterm infants: ascertainment and relation to long-term outcome, <i>Journal of Perinatal Medicine</i> , 34, 484-9, 2006	Excluded on the basis of small sample size (n=221)
Simondon, K. B., Simondon, F., Cornu, A., Delpeuch, F., The	Study conducted in a low



Reference	Reason for Exclusion
utility of infancy weight curves for the prediction of linear growth retardation in preschool children, <i>Acta Paediatrica Scandinavica</i> , 80, 1-6, 1991	income country
Steward, D. K., Ryan-Wenger, N. A., Boyne, L. J., Selection of growth parameters to define failure to thrive, <i>Journal of Pediatric Nursing</i> , 18, 52-9, 2003	Narrative review
Vesel, L., Bahl, R., Penny, M., Kirkwood, B. R., Arthur, P., Morris, S., Amenga-Etego, S., Zandoh, C., Boahen, O., Bhandari, N., Bhan, M. K., Wahed, M. A., Lanata, C. F., Butron, B., Huapaya, A. R., Rivera, K. B., Moulton, L. H., Ram, M., Kjolhede, C. L., Propper, L., Martines, J., Underwood, B., Use of new World Health Organization child growth standards to assess how infant malnutrition relates to breastfeeding and mortality, <i>Bulletin of the World Health Organization</i> , 88, 39-48, 2010	Population sourced from a low income country
Vignerova, J., Paulova, M., Shriver, L. H., Riedlova, J., Schneidrova, D., Kudlova, E., Lhotska, L., The prevalence of wasting in Czech infants: a comparison of the WHO child growth standards and the Czech growth references, <i>Maternal &amp; Child Nutrition</i> , 8, 249-58, 2012	Population included in this study is not followed up, relevant outcomes have not been included
Wang, Y., Moreno, L. A., Caballero, B., Cole, T. J., Limitations of the current world health organization growth references for children and adolescents, <i>Food &amp; Nutrition Bulletin</i> , 27, S175-88, 2006	Narrative study; the focus is on overweight and obesity
Whitehead, R. G., Paul, A. A., Growth charts and the assessment of infant feeding practices in the western world and in developing countries, <i>Early Human Development</i> , 9, 187-207, 1984	Narrative review
Wilcox, W. D., Nieburg, P., Miller, D. S., Failure to thrive. A continuing problem of definition, <i>Clinical Pediatrics</i> , 28, 391-4, 1989	Narrative review
Wright, C. M., Identification and management of failure to thrive: a community perspective, <i>Archives of Disease in Childhood</i> , 82, 5-9, 2000	Narrative study; definition of criteria and outcomes do not match the study protocol
Wright, C. M., Garcia, A. L., Child undernutrition in affluent societies: what are we talking about?, <i>Proceedings of the Nutrition Society</i> , 71, 545-55, 2012	This study did not report on thresholds. Will be included in the growth monitoring review.
Wright, C. M., Sachs, M., Short, J., Sharp, L., Cameron, K., Moy, R. J., Designing new UK-WHO growth charts: implications for health staff use and understanding of charts and growth monitoring, <i>Maternal &amp; Child Nutrition</i> , 8, 371-9, 2012	Small sample size; study does not match the population directness and outcomes as defined by the protocol
Wright, C. M., Talbot, E., Screening for failure to thrive--what are we looking for?, <i>Child: Care, Health &amp; Development</i> , 22, 223-34, 1996	Narrative study, no relevant population or outcomes have been included
Wright, C., Avery, A., Epstein, M., Birks, E., Croft, D., New chart to evaluate weight faltering, <i>Archives of Disease in Childhood</i> , 78, 40-3, 1998	Study does not meet the population directness or outcomes as defined by the protocol
Wright, J. A., Ashenburg, C. A., Whitaker, R. C., Comparison of methods to categorize undernutrition in children, <i>Journal of Pediatrics</i> , 124, 944-6, 1994	Study under 500 participants

### H.3 Weight loss associated with adverse outcomes

Reference	Reason for Exclusion
Aka, N., Arpacı, Vural, F., Kose, G., Perinatal and neonatal outcomes of maternal heart diseases, <i>Clinical and Experimental Obstetrics and Gynecology</i> , 43, 560-564, 2016	Comorbid heart disease population

Reference	Reason for Exclusion
Auth, M. K. H., Vora, R., Kokai, G., Investigation of chronic diarrhoea, Paediatrics and Child Health (United Kingdom), 26, 423-432, 2016	Narrative review
Bakar, F. T., Ozen, A., Karatepe, H. O., Berber, M., Ercan, H., Impact of early weight loss on growth of Caesarean delivered babies: how long does it last?, Child: Care, Health & Development, 38, 706-13, 2012	No comparison group
Bertini, G., Breschi, R., Dani, C., Physiological weight loss chart helps to identify high-risk infants who need breastfeeding support, Acta Paediatrica, 104, 1024-7, 2015	No comparison group
Bertino, E., Coscia, A., Mombro, M., Boni, L., Rossetti, G., Fabris, C., Spada, E., Milani, S., Postnatal weight increase and growth velocity of very low birthweight infants, Archives of Disease in Childhood Fetal & Neonatal Edition, 91, F349-56, 2006	No appropriate comparison group
Buehler, J. W., Kleinman, J. C., Hogue, C. J., Strauss, L. T., Smith, J. C., Birth weight-specific infant mortality, United States, 1960 and 1980, Public Health Reports, 102, 151-61, 1987	Reports mortality risk by birth weight
Caglar, M. K., Ozer, I., Altugan, F. S., Risk factors for excess weight loss and hypernatremia in exclusively breast-fed infants, Brazilian Journal of Medical & Biological Research, 39, 539-44, 2006	Not high income country study
Centre for Reviews and Dissemination, Low birth weight or diagnosis, which is a higher risk: a meta-analysis of observational studies (Provisional abstract), Database of Abstracts of Reviews of Effects, 2015	Population is newborns with LBW and congenital heart disease.
Chen, C. F., Hsu, M. C., Shen, C. H., Wang, C. L., Chang, S. C., Wu, K. G., Wu, S. C., Chen, S. J., Influence of breast-feeding on weight loss, jaundice, and waste elimination in neonates, Pediatrics & Neonatology, 52, 85-92, 2011	No relevant data
Ericson, J. E., Arnold, C., Cheeseman, J., Cho, J., Kaneko, S., Wilson, E., Clark, R. H., Benjamin, D. K., Chu, V., Smith, P. B., Hornik, C. P., Use and safety of erythromycin and metoclopramide in hospitalized infants, Journal of Pediatric Gastroenterology and Nutrition, 61, 334-339, 2015	Does not use weight loss threshold
Flaherman, V. J., Bokser, S., Newman, T. B., First-day newborn weight loss predicts in-hospital weight nadir for breastfeeding infants, Breastfeeding Medicine: The Official Journal of the Academy of Breastfeeding Medicine, 5, 165-8, 2010	Data only for effect of 4-5% weight loss on outcome of eventual 10% weight loss
Flaherman, V. J., Kuzniewicz, M. W., Li, S., Walsh, E., McCulloch, C. E., Newman, T. B., First-day weight loss predicts eventual weight nadir for breastfeeding newborns, Archives of Disease in Childhood Fetal & Neonatal Edition, 98, F488-92, 2013	Study examining assoc. bt high weight loss (5%) during first 24h birth and eventual >=10% weight loss
Flaherman, V. J., Schaefer, E. W., Kuzniewicz, M. W., Li, S. X., Walsh, E. M., Paul, I. M., Early weight loss nomograms for exclusively breastfed newborns, Pediatrics, 135, e16-23, 2015	No relevant comparison group
Fonseca, M. J., Severo, M., Barros, H., Santos, A. C., Determinants of weight changes during the first 96 hours of life in full-term newborns, Birth, 41, 160-8, 2014	Compares newborns <=-9.4% and >=-4.1% weight loss but data collected between 24-72 hours after delivery
Fonseca, M. J., Severo, M., Correia, S., Santos, A. C., Effect of birth weight and weight change during the first 96h of life on childhood body composition--path analysis, International Journal of Obesity, 39, 579-85, 2015	No relevant outcomes/comparison group
Griffiths, L. J., Smeeth, L., Hawkins, S. S., Cole, T. J., Dezateux, C., Effects of infant feeding practice on weight gain from birth to 3	No threshold data

Reference	Reason for Exclusion
years, Archives of Disease in Childhood, 94, 577-82, 2009	
Grossman, X., Chaudhuri, J. H., Feldman-Winter, L., Merewood, A., Neonatal weight loss at a US Baby-Friendly Hospital, Journal of the Academy of Nutrition & Dietetics, 112, 410-3, 2012	No comparison group
Horimukai, K., Morita, K., Narita, M., Kondo, M., Kabashima, S., Inoue, E., Sasaki, T., Niizeki, H., Saito, H., Matsumoto, K., Ohya, Y., Transepidermal water loss measurement during infancy can predict the subsequent development of atopic dermatitis regardless of filaggrin mutations, Allergology International, 65, 103-8, 2016	Does not use weight loss threshold
Irwin, L., Omekara, F., Traa, C., Eldredge, D., In-hospital weight loss in breastfeeding newborns during initial post-delivery period, Breastfeeding Medicine, 6, S12, 2011	Conference abstract
Iyer, N. P., Srinivasan, R., Evans, K., Ward, L., Cheung, W. Y., Matthes, J. W., Impact of an early weighing policy on neonatal hypernatraemic dehydration and breast feeding.[Erratum appears in Arch Dis Child. 2008 Jun;93(6):547], Archives of Disease in Childhood, 93, 297-9, 2008	Insufficient number of participants (<100)
Kaufman, J., Phadke, D., Tong, S., Eshelman, J., Newman, S., Ruzas, C., da Cruz, E. M., Osorio, S., Clinical Associations of Early Dysnatremias in Critically Ill Neonates and Infants Undergoing Cardiac Surgery, Pediatric Cardiology, 1-6, 2016	Comorbid heart disease population
Keely, A., Cunningham-Burley, S., Elliott, L., Sandall, J., Whittaker, A., "If she wants to eat...and eat and eat...fine! It's gonna feed the baby": Pregnant women and partners' perceptions and experiences of pregnancy with a BMI >40kg/m(2), Midwifery, 28, 28, 2016	Qualitative study
Lassaletta, A., Scheinemann, K., Zelcer, S. M., Hukin, J., Wilson, B. A., Jabado, N., Carret, A. S., Lafay-Cousin, L., Larouche, V., Hawkins, C. E., Pond, G. R., Poskitt, K., Keene, D., Johnston, D. L., Eisenstat, D. D., Krishnatry, R., Mistry, M., Arnoldo, A., Ramaswamy, V., Huang, A., Bartels, U., Tabori, U., Bouffet, E., Phase II weekly vinblastine for chemotherapy-naive children with progressive low-grade glioma: A Canadian pediatric brain tumor consortium study, Journal of Clinical Oncology, 34, 3537-3543, 2016	Cancer study
Levine, A. C., Glavis-Bloom, J., Modi, P., Nasrin, S., Atika, B., Rege, S., Robertson, S., Schmid, C. H., Alam, N. H., External validation of the DHAKA score and comparison with the current IMCI algorithm for the assessment of dehydration in children with diarrhoea: a prospective cohort study, The Lancet Global Health, 4, e744-e751, 2016	Low income country study
Macdonald, P. D., Ross, S. R., Grant, L., Young, D., Neonatal weight loss in breast and formula fed infants, Archives of Disease in Childhood Fetal & Neonatal Edition, 88, F472-6, 2003	No specified time point/threshold
Majeed, S., King, K. C., Hyponatremia in the extremely low-birth-weight infants: A retrospective study, Children's Hospital Quarterly, 6, 133-137, 1995	Insufficient number of participants (<100).
Manganaro, R., Mami, C., Marrone, T., Marseglia, L., Gemelli, M., Incidence of dehydration and hypernatremia in exclusively breast-fed infants, Journal of Pediatrics, 139, 673-5, 2001	No relevant data
Martens, P. J., Romphf, L., Factors associated with newborn in-hospital weight loss: comparisons by feeding method, demographics, and birthing procedures, Journal of Human Lactation, 23, 233-41, quiz 242-5, 2007	No relevant data
Merlob, P., Aloni, R., Prager, H., Jelin, N., Idel, M., Kotona, J.,	No relevant outcomes

Reference	Reason for Exclusion
Continued weight loss in the newborn during the third day of life as an indicator of early weaning, <i>Israel Journal of Medical Sciences</i> , 30, 646-8, 1994	
Mestrovic, Z., Roje, D., Vulic, M., Zec, M., Calculation of optimal gestation weight gain in pre-pregnancy underweight women due to body mass index change in relation to mother's height, <i>Archives of Gynecology &amp; Obstetrics</i> , 14, 14, 2016	Does not use weight loss threshold
Mustufa, M. A., Sheikh, M. A., Taseer, I. U., Raza, S. J., Arshad, M. S., Akhter, T., Arain, G. M., Habibullah, S., Safdar, S., Firdous, R., Adnan, M., Trajectory of cause of death among brought dead neonates in tertiary care public facilities of Pakistan: A multicenter study, <i>World Journal of Pediatrics</i> , 23, 23, 2016	Low income country study
Nastasi, S., McNamara, J., Wyble, J., Weiss, L., Wyble, L., Williams, M., Post delivery weight loss for exclusively or nearly exclusively breastfed infants in a suburban, non-teaching, lower minority, baby-friendly hospital, <i>Breastfeeding Medicine</i> , 8, S10-S11, 2013	Poster abstract
Noel-Weiss, J., Courant, G., Woodend, A. K., Physiological weight loss in the breastfed neonate: a systematic review, <i>Open Medicine : A Peer-reviewed, Independent, Open-access Journal</i> , 2, e99-e110, 2008	No relevant articles
Oddie, S., Richmond, S., Coulthard, M., Hybernatraemic dehydration and breast feeding: a population study, <i>Archives of Disease in Childhood</i> , 85, 318-20, 2001	No appropriate comparison group
Pathai, S., Cumberland, P. M., Rahi, J. S., Prevalence of and early-life influences on childhood strabismus: Findings from the millennium cohort study, <i>Archives of Pediatrics and Adolescent Medicine</i> , 164, 250-257, 2010	Does not use weight loss threshold
Preer, G. L., Newby, P. K., Philipp, B. L., Weight loss in exclusively breastfed infants delivered by cesarean birth, <i>Journal of Human Lactation</i> , 28, 153-8, 2012	No relevant outcomes
Regnault, N., Botton, J., Blanc, L., Hankard, R., Forhan, A., Goua, V., Thiebaugeorges, O., Kaminski, M., Heude, B., Charles, M. A., Eden mother-child cohort study group, Determinants of neonatal weight loss in term-infants: specific association with pre-pregnancy maternal body mass index and infant feeding mode, <i>Archives of Disease in Childhood Fetal &amp; Neonatal Edition</i> , 96, F217-22, 2011	No relevant outcomes
Regnault, N., Botton, J., Blanc, L., Hankard, R., Forhan, A., Thiebaugeorges, O., Kaminski, M., Heude, B., Charles, M. A., De Agostini, M., Ducimetiere, P., Saurel-Cubizolles, M. J., Dargent, P., Fritel, X., Larroque, B., Lelong, N., Marchand, L., Nabet, C., Annesi-Maesano, I., Slama, R., Goua, V., Magnin, G., Schweitzer, M., Foliguet, B., Job-Spira, N., Determinants of neonatal weight loss in term-infants: Specific association with pre-pregnancy maternal body mass index and infant feeding mode, <i>Archives of Disease in Childhood: Fetal and Neonatal Edition</i> , 96, F217-F222, 2011	No information on adverse outcomes
Smith, S. L., Kirchoff, K. T., Chan, G. M., Squire, S. J., Patterns of postnatal weight changes in infants with very low and extremely low birth weights, <i>Heart &amp; Lung</i> , 23, 439-45, 1994	Insufficient number of participants (<100).
Suchomlinov, A., Tutkuvienė, J., The absence of physiological neonatal weight loss on the 1st-5th day is associated with decreased later physical indices, <i>Annals of Human Biology</i> , 1-5, 2016	No comparison group
Tarcan, A., Tiker, F., Vatandas, N. S., Haberal, A., Gurakan, B.,	Not high income country

Reference	Reason for Exclusion
Weight loss and hypernatremia in breast-fed babies: frequency in neonates with non-hemolytic jaundice, <i>Journal of Paediatrics &amp; Child Health</i> , 41, 484-7, 2005	study/<100 participants
Thijs, H. F. H., Massawe, A. W., Okken, A., Coenraads, P. J., Muskiet, F. A. J., Huisman, M., Boersma, E. R., Measurement of transepidermal water loss in Tanzanian cot-nursed neonates and its relation to postnatal weight loss, <i>Acta Paediatrica, International Journal of Paediatrics</i> , 85, 356-360, 1996	Low income country study
Verd, S., de Sotto, D., Fernandez, C., Gutierrez, A., The Effects of Mild Gestational Hyperglycemia on Exclusive Breastfeeding Cessation, <i>Nutrients</i> , 8, 19, 2016	Does not use weight loss threshold
Verma, R. P., Shibli, S., Fang, H., Komaroff, E., Clinical determinants and utility of early postnatal maximum weight loss in fluid management of extremely low birth weight infants, <i>Early Human Development</i> , 85, 59-64, 2009	No comparison group
Wright, C. M., Parkinson, K. N., Postnatal weight loss in term infants: what is normal and do growth charts allow for it?, <i>Archives of Disease in Childhood Fetal &amp; Neonatal Edition</i> , 89, F254-7, 2004	No comparison group
Yang, W. C., Zhao, L. L., Li, Y. C., Chen, C. H., Chang, Y. J., Fu, Y. C., Wu, H. P., Bodyweight loss in predicting neonatal hyperbilirubinemia 72 hours after birth in term newborn infants, <i>BMC Pediatrics</i> , 13, 145, 2013	Provides data by hyperbilirubinemia status
Zuppa, A. A., Sindico, P., Antichi, E., Carducci, C., Alighieri, G., Cardiello, V., Cota, F., Romagnoli, C., Weight loss and jaundice in healthy term newborns in partial and full rooming-in, <i>Journal of Maternal-Fetal &amp; Neonatal Medicine</i> , 22, 801-5, 2009	Not clear when measurement time point

## H.4 Differences in feeding and eating

Reference	Reason for Exclusion
Abadie, V., Andre, A., Zaouche, A., Thouvenin, B., Baujat, G., Schmitz, J., Early feeding resistance: A possible consequence of neonatal oro-oesophageal dyskinesia, <i>Acta Paediatrica, International Journal of Paediatrics</i> , 90, 738-745, 2001	Cases included do not present with faltering growth
Ammaniti, M., Ambruzzi, A. M., Lucarelli, L., Cimino, S., D'Olimpio, F., Malnutrition and dysfunctional mother-child feeding interactions: clinical assessment and research implications, <i>Journal of the American College of Nutrition</i> , 23, 259-71, 2004	Cases were children with feeding disorders and faltering growth and were not separated for reporting the results or doing the analyses
Aviram, I., Atzaba-Poria, N., Pike, A., Meiri, G., Yerushalmi, B., Mealtime dynamics in child feeding disorder: the role of child temperament, parental sense of competence, and paternal involvement, <i>Journal of Pediatric Psychology</i> , 40, 45-54, 2015	Outcomes not relevant for the protocol
Berkowitz, C. D., Senter, S. A., Characteristics of mother-infant interactions in nonorganic failure to thrive, <i>Journal of Family Practice</i> , 25, 377-81, 1987	The assessment of the interactions were done while the mother-infant were playing but not at mealtime
Black, M. M., Krishnakumar, A., Predicting longitudinal growth curves of height and weight using ecological factors for children with and without early growth deficiency, <i>Journal of Nutrition</i> , 129, 539S-543S, 1999	Not relevant population (low income) and definition of faltering growth does not match with the current definition used in this guideline
Dowdney, L., Skuse, D., Heptinstall, E., Puckering, C., Zur-Szpiro, S., Growth retardation and developmental delay amongst inner-city children, <i>Journal of Child Psychology &amp; Psychiatry &amp; Allied</i>	Outcomes reported by the study are not relevant for the protocol



Reference	Reason for Exclusion
Disciplines, 28, 529-41, 1987	
Drewett, R. F., Corbett, S. S., Wright, C. M., Physical and emotional development, appetite and body image in adolescents who failed to thrive as infants, <i>Journal of Child Psychology &amp; Psychiatry &amp; Allied Disciplines</i> , 47, 524-31, 2006	Outcomes reported by the study are not relevant for the protocol
Kerzner, B., Clinical investigation of feeding difficulties in young children: a practical approach, <i>Clinical Pediatrics</i> , 48, 960-5, 2009	Narrative review
Lindberg, L., Ostberg, M., Isacson, I. M., Dannaeus, M., Feeding disorders related to nutrition, <i>Acta Paediatrica</i> , 95, 425-9, 2006	Cases included in the study do not present with faltering growth
Lobo, M. L., Barnard, K. E., Coombs, J. B., Failure to thrive: a parent-infant interaction perspective, <i>Journal of Pediatric Nursing</i> , 7, 251-61, 1992	The control group also presented with faltering growth
Ramsay, M., Gisel, E. G., McCusker, J., Bellavance, F., Platt, R., Infant sucking ability, non-organic failure to thrive, maternal characteristics, and feeding practices: a prospective cohort study, <i>Developmental Medicine &amp; Child Neurology</i> , 44, 405-14, 2002	Infants included present with sucking difficulties
Wright, C. M., Parkinson, K. N., Drewett, R. F., How does maternal and child feeding behavior relate to weight gain and failure to thrive? Data from a prospective birth cohort, <i>Pediatrics</i> , 117, 1262-9, 2006	Study does not present with a control or comparative group

## H.5 Approaches in assessing feeding and eating

Reference	Reason for Exclusion
Ahmed, S., Goldberg, G. R., Roy, S. K., Raqib, R., Haque, S., Prentice, A., Dietary calcium and phosphate intake in the aetiology of rickets in bangladesh, <i>Annals of Nutrition and Metabolism</i> , 63, 725, 2013	Low income country study
Akman, S. A., Halicioğlu, O., Koturoğlu, G., Koc, F., Aslan, A., Sutcuoğlu, S., Arikan, C., Kurugol, Z., The characteristics and eating habits of 2 to 6-year-old children with food refusal, <i>Journal of Pediatric Gastroenterology and Nutrition</i> , 50, E173, 2010	Conference abstract, Turkish study
Ali, S. S., Dhaded, S. M., Goudar, S. S., The impact of nutrition on child development at 3 years in a rural community of India, <i>International Journal of Preventive Medicine</i> , 5, 494-499, 2014	Lower-middle income country study
Ammaniti, M., Ambrozzi, A. M., Lucarelli, L., Cimino, S., D'Olimpio, F., Malnutrition and dysfunctional mother-child feeding interactions: clinical assessment and research implications, <i>Journal of the American College of Nutrition</i> , 23, 259-71, 2004	Cases were children with feeding disorders and faltering growth and were not separated for reporting the results or doing the analyses
Barnard, M. U., Wolf, L., Psychosocial failure to thrive. Nursing assessment and intervention, <i>Nursing Clinics of North America</i> , 8, 557-65, 1973	Narrative review
Bell, L. K., Golley, R. K., Magarey, A. M., A short food-group-based dietary questionnaire is reliable and valid for assessing toddlers' dietary risk in relatively advantaged samples.[Erratum appears in <i>Br J Nutr.</i> 2014 Nov 14;112(9):1587], <i>British Journal of Nutrition</i> , 112, 627-37, 2014	Included children did not present with faltering growth or weight gain concerns
Black, M. M., Tilton, N., Bento, S., Cureton, P., Feigelman, S., Recovery in Young Children with Weight Faltering: Child and Household Risk Factors, <i>Journal of Pediatrics</i> , 170, 301-6, 2016	Not an assessment study
D'Angelo, S., Yajnik, C. S., Kumaran, K., Joglekar, C., Lubree, H., Crozier, S. R., Godfrey, K. M., Robinson, S. M., Fall, C. H., Inskip, H. M., S. W. S. Study Group, the, Pmns Study Group, Body size and body composition: a comparison of children in India and the UK through infancy and early childhood, <i>Journal of Epidemiology &amp; Community Health</i> , 69, 1147-53, 2015	No relevant assessment method

Reference	Reason for Exclusion
Dowdney, L., Skuse, D., Heptinstall, E., Puckering, C., Zur-Szpiro, S., Growth retardation and developmental delay amongst inner-city children, <i>Journal of Child Psychology &amp; Psychiatry &amp; Allied Disciplines</i> , 28, 529-41, 1987	Study does not use any assessment method for comparison
Drewett, R. F., Kasese-Hara, M., Wright, C., Feeding behaviour in young children who fail to thrive, <i>Appetite</i> , 40, 55-60, 2003	Study does not use any assessment method for comparison
Emmett, P., Dietary assessment in the Avon Longitudinal Study of Parents and Children, <i>European Journal of Clinical Nutrition</i> , 63 Suppl 1, S38-44, 2009	Assessment methods were not directed to children with faltering growth
Emmett, P., Assessing diet in longitudinal birth cohort studies, <i>Paediatric and Perinatal Epidemiology</i> , 23 Suppl 1, 154-73, 2009	Expert review
Emmett, P. M., Jones, L. R., Diet, growth, and obesity development throughout childhood in the Avon Longitudinal Study of Parents and Children, <i>Nutrition Reviews</i> , 73 Suppl 3, 175-206, 2015	Included children did not present with faltering growth or weight gain concerns
Emmett, P. M., Jones, L. R., Diet and growth in infancy: relationship to socioeconomic background and to health and development in the Avon Longitudinal Study of Parents and Children, <i>Nutrition Reviews</i> , 72, 483-506, 2014	Included children did not present with faltering growth or weight gain concerns
Emmett, P. M., Jones, L. R., Northstone, K., Dietary patterns in the Avon Longitudinal Study of Parents and Children, <i>Nutrition Reviews</i> , 73 Suppl 3, 207-30, 2015	Included children did not present with faltering growth or weight gain concerns
Emond, A., Drewett, R., Blair, P., Emmett, P., Postnatal factors associated with failure to thrive in term infants in the Avon Longitudinal Study of Parents and Children, <i>Archives of Disease in Childhood</i> , 92, 115-9, 2007	Not assessment study - weaning and feeding data were collected before faltering growth appeared
Evans, A., Seth, J. G., Smith, S., Harris, K. K., Loyo, J., Spaulding, C., Van Eck, M., Gottlieb, N., Parental feeding practices and concerns related to child underweight, picky eating, and using food to calm differ according to ethnicity/race, acculturation, and income, <i>Maternal and child health journal</i> , 15, 899-909, 2011	Assessment methods are not relevant to review protocol.
Fledderjohann, J., Vellakkal, S., Khan, Z., Ebrahim, S., Stuckler, D., Quantifying the impact of rising food prices on child mortality in India: A cross-district statistical analysis of the District Level Household Survey, <i>International Journal of Epidemiology</i> , 45, 554-564, 2016	Lower-middle income country mortality study
Frappier, P. A., Marino, B. L., Shishmanian, E., Nursing assessment of infant feeding problems, <i>Journal of Pediatric Nursing</i> , 2, 37-44, 1987	Narrative review
Garg, A., Chadha, R., Index for measuring the quality of complementary feeding practices in rural India, <i>Journal of Health, Population &amp; Nutrition</i> , 27, 763-71, 2009	Lower-middle income country study
Heptinstall, E., Puckering, C., Skuse, D., Start, K., Zur-Szpiro, S., Dowdney, L., Nutrition and mealtime behaviour in families of growth-retarded children, <i>Human Nutrition - Applied Nutrition</i> , 41, 390-402, 1987	Study does not use any assessment method for comparison
Hollen, L. I., Din, Z. U., Jones, L. R., Emond, A. M., Emmett, P., Are diet and feeding behaviours associated with the onset of and recovery from slow weight gain in early infancy?, <i>British Journal of Nutrition</i> , 111, 1696-1704, 2014	ALSPAC study - risk factors for faltering growth rather than assessment of infants with faltering growth
Jansen, P. W., Roza, S. J., Jaddoe, V. W., Mackenbach, J. D., Raat, H., Hofman, A., Verhulst, F. C., Tiemeier, H., Children's eating behavior, feeding practices of parents and weight problems in early childhood: results from the population-based Generation R Study, <i>International Journal of Behavioral Nutrition &amp; Physical Activity</i> , 9, 130, 2012	Children included did not present with faltering growth or weight gain concerns
Kasese-Hara, M., Drewett, R., Wright, C., Sweetness preferences	Study does not use any

Reference	Reason for Exclusion
in 1-year-old children who fail to thrive, <i>Journal of Reproductive and Infant Psychology</i> , 19, 253-257, 2001	assessment method for comparison
Kasese-Hara, M., Wright, C., Drewett, R., Energy compensation in young children who fail to thrive, <i>Journal of Child Psychology &amp; Psychiatry &amp; Allied Disciplines</i> , 43, 449-56, 2002	Study does not use any assessment method for comparison
Kulshrestha, R., Dalzell, M., Kumar, R., Utility of child eating behaviour questionnaire in assessment of feeding aversion in children with neurodisability, <i>European Journal of Paediatric Neurology</i> , 13, S34, 2009	Included children did not present with faltering growth or weight gain concerns
Leung, A.K.C., Robson, W.L.M., Fagan, J.E., Assessment of the child with failure to thrive, <i>American Family Physician</i> , 48, 1432-1438, 1993	Narrative review
MacPhee, M., Schneider, J., A clinical tool for nonorganic failure-to-thrive feeding interactions, <i>Journal of Pediatric Nursing</i> , 11, 29-39, 1996	Nested case control study. It was included in the assessment (differences) review
Noble, S., Emmett, P., Differences in weaning practice, food and nutrient intake between breast- and formula-fed 4-month-old infants in England, <i>Journal of Human Nutrition &amp; Dietetics</i> , 19, 303-13, 2006	Included children did not present with faltering growth or weight gain concerns
Parkinson, K. N., Wright, C. M., Drewett, R. F., Mealtime energy intake and feeding behaviour in children who fail to thrive: a population-based case-control study, <i>Journal of Child Psychology &amp; Psychiatry &amp; Allied Disciplines</i> , 45, 1030-5, 2004	Study does not use any assessment method for comparison
Ramsay, M., Gisel, E. G., McCusker, J., Bellavance, F., Platt, R., Infant sucking ability, non-organic failure to thrive, maternal characteristics, and feeding practices: a prospective cohort study, <i>Developmental Medicine &amp; Child Neurology</i> , 44, 405-14, 2002	Infants included present with sucking difficulties
Ramsay, M., Martel, C., Porporino, M., Zygmuntowicz, C., The Montreal Children's Hospital Feeding Scale: A brief bilingual screening tool for identifying feeding problems, <i>Paediatrics &amp; Child Health</i> , 16, 147-e17, 2011	Children included in the study do not present with faltering growth
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, <i>Appetite</i> , 56, 753-9, 2011	Nested case control study. It was included in the assessment (differences) review
Seiverling, L., Hendy, H. M., Williams, K., The Screening Tool of Feeding Problems applied to children (STEP-CHILD): psychometric characteristics and associations with child and parent variables, <i>Research in Developmental Disabilities</i> , 32, 1122-9, 2011	Included children did not present with faltering growth or weight gain concerns
Shields, B., Wacogne, I., Wright, C. M., Weight faltering and failure to thrive in infancy and early childhood, <i>BMJ</i> , 345, e5931, 2012	Narrative review
Woods, J. N., Borrero, J. C., Laud, R. B., Borrero, C. S. W., Descriptive analyses of pediatric food refusal: The structure of parental attention, <i>Behavior Modification</i> , 34, 35-56, 2010	Unclear whether faltering growth: included children were admitted to either an inpatient program or an intensive day treatment feeding program
Wright, C., Loughridge, J., Moore, G., Failure to thrive in a population context: two contrasting studies of feeding and nutritional status, <i>Proceedings of the Nutrition Society</i> , 59, 37-45, 2000	Study does not use any assessment method for comparison



## H.6 Risk factors

Reference	Reason for exclusion
Altemeier, W. A., 3rd, O'Connor, S. M., Sherrod, K. B., Vietze, P. M., Prospective study of antecedents for nonorganic failure to thrive, <i>Journal of Pediatrics</i> , 106, 360-5, 1985	Small sample size (<100)
Avan, B., Richter, L. M., Ramchandani, P. G., Norris, S. A., Stein, A., Maternal postnatal depression and children's growth and behaviour during the early years of life: exploring the interaction between physical and mental health, <i>Archives of Disease in Childhood</i> , 95, 690-5, 2010	Study was not conducted in a high-income country (South Africa)
Avan, B., Richter, L. M., Ramchandani, P. G., Norris, S. A., Stein, A., Maternal postnatal depression and children's growth and behaviour during the early years of life: exploring the interaction between physical and mental health, <i>Archives of Disease in Childhood</i> , 95, 690-5, 2010	Study was not conducted in a high-income country (South Africa)
Aviram, I., Atzaba-Poria, N., Pike, A., Meiri, G., Yerushalmi, B., Mealtime dynamics in child feeding disorder: the role of child temperament, parental sense of competence, and paternal involvement, <i>Journal of Pediatric Psychology</i> , 40, 45-54, 2015	No outcomes of interest
Bauer, C. R., Perinatal effects of prenatal drug exposure. Neonatal aspects, <i>Clinics in Perinatology</i> , 26, 87-106, 1999	This is a review and not an observational study
Bauer, C. R., Perinatal effects of prenatal drug exposure. Neonatal aspects, <i>Clinics in Perinatology</i> , 26, 87-106, 1999	This is a review and not an observational study
Behar, A. R., Arancibia, M. M., [Maternal eating disorders and their influence on eating behavior of the children: a review of the literature], <i>Revista Chilena de Pediatría</i> , 85, 731-9, 2014	Article not in English
Black, M. M., Tilton, N., Bento, S., Cureton, P., Feigelman, S., Recovery in Young Children with Weight Faltering: Child and Household Risk Factors, <i>Journal of Pediatrics</i> , 170, 301-6, 2016	Small sample size (<500)
Blair, P. S., Drewett, R. F., Emmett, P. M., Ness, A., Emond, A. M., Family, socioeconomic and prenatal factors associated with failure to thrive in the Avon Longitudinal Study of Parents and Children (ALSPAC), <i>International Journal of Epidemiology</i> , 33, 839-47, 2004	This is a review and not an observational study
Block, R. W., Krebs, N. F., American Academy of Pediatrics Committee on Child, Abuse, Neglect, American Academy of Pediatrics Committee on, Nutrition, Failure to thrive as a manifestation of child neglect, <i>Pediatrics</i> , 116, 1234-7, 2005	This is a review and not an observational study
Cooper, P. J., Whelan, E., Woolgar, M., Morrell, J., Murray, L., Association between childhood feeding problems and maternal eating disorder: role of the family environment, <i>British Journal of Psychiatry</i> , 184, 210-5, 2004	No outcomes of interest
Daniel, M., Kleis, L., Cemeroglu, A. P., Etiology of failure to thrive in infants and toddlers referred to a pediatric endocrinology outpatient clinic, <i>Clinical Pediatrics</i> , 47, 762-5, 2008	Children and young people included in this study presented with gastrointestinal disease. Additionally, small for gestational age was one of the studied risk factors but is unclear whether analysis adjusted for this
De Jesus, L. C., Pappas, A., Shankaran, S., Li, L., Das, A., Bell, E. F., Stoll, B. J., Laptook, A. R., Walsh, M. C., Hale, E. C., Newman, N. S., Bara, R., Higgins, R. D., Eunice Kennedy Shriver National Institute of Health, Human Development Neonatal Research, Network, Outcomes of small for gestational age infants born at <27 weeks' gestation, <i>Journal of Pediatrics</i> , 163, 55-	Preterm infants

Reference	Reason for exclusion
60.e1-3, 2013	
Doctor, B. A., O'Riordan, M. A., Kirchner, H. L., Shah, D., Hack, M., Perinatal correlates and neonatal outcomes of small for gestational age infants born at term gestation, <i>American Journal of Obstetrics &amp; Gynecology</i> , 185, 652-9, 2001	Outcomes only reported at birth
Dubowitz, H., Zuckerman, D. M., Bithoney, W. G., Newberger, E. H., Child abuse and failure to thrive: individual, familial, and environmental characteristics, <i>Violence &amp; Victims</i> , 4, 191-201, 1989	This study does not reach the minimum sample size stated in the protocol (n=41)
Easter, A., Howe, L. D., Tilling, K., Schmidt, U., Treasure, J., Micali, N., Growth trajectories in the children of mothers with eating disorders: a longitudinal study, <i>BMJ Open</i> , 4, e004453, 2014	The outcome of this study was not faltering growth
Ekeus, C., Lindblad, F., Hjern, A., Short stature, smoking habits and birth outcome in international adoptees in Sweden, <i>Acta Obstetrica et Gynecologica Scandinavica</i> , 87, 1309-1314, 2008	Cross sectional study; no outcomes of interest
Elwood, P. C., Sweetnam, P. M., Gray, O. P., Davies, D. P., Wood, P. D., Growth of children from 0-5 years: with special reference to mother's smoking in pregnancy, <i>Annals of Human Biology</i> , 14, 543-57, 1987	The population included did not present with faltering growth
Ester, W., Roza, S., Hoek, W., Susser, E., Tiemeier, H., Fetal size and eating behavior in childhood: the generation R study, <i>European Child and Adolescent Psychiatry</i> , 1), S191-S192, 2013	Faltering growth was not an outcome in this study
Farrow, C., Blissett, J., Maternal cognitions, psychopathologic symptoms, and infant temperament as predictors of early infant feeding problems: A longitudinal study, <i>International Journal of Eating Disorders</i> , 39, 128-134, 2006	No outcomes of interest
Goh, L. H., How, C. H., Ng, K. H., Failure to thrive in babies and toddlers, <i>Singapore Medical Journal</i> , 57, 287-91, 2016	Review study
Hack, M., Breslau, N., Weissman, B., Aram, D., Klein, N., Borawski, E., Effect of very low birth weight and subnormal head size on cognitive abilities at school age, <i>New England Journal of Medicine</i> , 325, 231-7, 1991	Only cognitive abilities have been reported as an outcome
Hack, M., Schluchter, M., Cartar, L., Rahman, M., Cuttler, L., Borawski, E., Growth of very low birth weight infants to age 20 years, <i>Pediatrics</i> , 112, e30-8, 2003	Multivariate analysis of correlates of weight, height and BMI z scores is only reported at 20 years.
Henrichs, J., Schenk, J. J., Barendregt, C. S., Schmidt, H. G., Steegers, E. A., Hofman, A., Jaddoe, V. W., Moll, H. A., Verhulst, F. C., Tiemeier, H., Fetal growth from mid- to late pregnancy is associated with infant development: the Generation R Study, <i>Developmental Medicine &amp; Child Neurology</i> , 52, 644-51, 2010	This study is not specifically related with faltering growth as the conclusion is that (faster) fetal growth is associated with lower risk of delayed infant development
Herman-Staab, B., Antecedents to nonorganic failure-to-thrive, <i>Pediatric Nursing</i> , 18, 579-83, 590, 1992	Study not adjusted for confounders
Hofman, A., Jaddoe, V. W., Mackenbach, J. P., Moll, H. A., Snijders, R. F., Steegers, E. A., Verhulst, F. C., Witteman, J. C., Buller, H. A., Growth, development and health from early fetal life until young adulthood: the Generation R Study, <i>Paediatric and Perinatal Epidemiology</i> , 18, 61-72, 2004	Study focused in the scope of the Generation R study
Husain, N., Cruickshank, J. K., Tomenson, B., Khan, S., Rahman, A., Maternal depression and infant growth and development in British Pakistani women: a cohort study, <i>BMJ Open</i> , 2, e000523, 2012	Faltering growth was not the outcome of this study
Hvelplund, C., Hansen, B. M., Koch, S. V., Andersson, M.,	Only feeding and eating

Reference	Reason for exclusion
Skovgaard, A. M., Perinatal Risk Factors for Feeding and Eating Disorders in Children Aged 0 to 3 Years, <i>Pediatrics</i> , 137, 1-8, 2016	disorders have been reported as an outcome
Jaddoe, V. W., van Duijn, C. M., Franco, O. H., van der Heijden, A. J., van Iizendoorn, M. H., de Jongste, J. C., van der Lugt, A., Mackenbach, J. P., Moll, H. A., Raat, H., Rivadeneira, F., Steegers, E. A., Tiemeier, H., Uitterlinden, A. G., Verhulst, F. C., Hofman, A., The Generation R Study: design and cohort update 2012, <i>European Journal of Epidemiology</i> , 27, 739-56, 2012	Not an observational study
Jaddoe, V. W., Verburg, B. O., de Ridder, M. A., Hofman, A., Mackenbach, J. P., Moll, H. A., Steegers, E. A., Witteman, J. C., Maternal smoking and fetal growth characteristics in different periods of pregnancy: the generation R study, <i>American Journal of Epidemiology</i> , 165, 1207-15, 2007	This study has low birth weight as an outcome
Jansen, P. W., Roza, S. J., Jaddoe, V. W., Mackenbach, J. D., Raat, H., Hofman, A., Verhulst, F. C., Tiemeier, H., Children's eating behavior, feeding practices of parents and weight problems in early childhood: results from the population-based Generation R Study, <i>International Journal of Behavioral Nutrition &amp; Physical Activity</i> , 9, 130, 2012	Not relevant outcomes; children with obesity have also been included
Kelleher,, Erratum: Risk factors and outcomes for failure to thrive in low birth weight preterm infants ( <i>Pediatrics</i> (May 1993) 91 (941-948)), <i>Pediatrics</i> , 92, 190, 1993	Erratum. Used for completing the funding of the study by Kelleher, 1993
Kerr, M. A., Black, M. M., Krishnakumar, A., Failure-to-thrive, maltreatment and the behavior and development of 6-year-old children from low-income, urban families: a cumulative risk model, <i>Child Abuse &amp; Neglect</i> , 24, 587-98, 2000	This study looks at failure to thrive as a risk factor for other aspects often seen in children
Leung, A. K., Robson, W. M., Fagan, J. E., Assessment of the child with failure to thrive, <i>American Family Physician</i> , 48, 1432-8, 1993	This is a review and not an observational study
McDougall, P., Drewett, R. F., Hungin, A. P., Wright, C. M., The detection of early weight faltering at the 6-8-week check and its association with family factors, feeding and behavioural development, <i>Archives of Disease in Childhood</i> , 94, 549-52, 2009	This study looked at the association between weight faltering and family factors, feeding and behavioural development rather than the risk factors for weight faltering
Micali, N., Simonoff, E., Stahl, D., Treasure, J., Maternal eating disorders and infant feeding difficulties: maternal and child mediators in a longitudinal general population study, <i>Journal of Child Psychology &amp; Psychiatry &amp; Allied Disciplines</i> , 52, 800-7, 2011	The outcome for maternal eating difficulties are infant eating difficulties and not faltering growth
Miller, B. S., Kroupina, M. G., Iverson, S. L., Masons, P., Narad, C., Himes, J. H., Johnson, D. E., Petryk, A., Auxological evaluation and determinants of growth failure at the time of adoption in Eastern European adoptees, <i>Journal of Pediatric Endocrinology</i> , 22, 31-9, 2009	Risk factors included in this study are not considered in the protocol
Motion,S., Northstone,K., Emond,A., Persistent early feeding difficulties and subsequent growth and developmental outcomes, <i>Ambulatory Child Health</i> , 7, 231-237, 2001	Analysis did not adjust for critical confounders
Nutzenadel, W., Failure to thrive in childhood, <i>Deutsches Arzteblatt International</i> , 108, 642-9, 2011	Not in English
O'Keefe, L. M., Kearney, P. M., Greene, R. A., Zuccolo, L., Tilling, K., Lawlor, D. A., Howe, L. D., Maternal alcohol use during pregnancy and offspring trajectories of height and weight: A prospective cohort study, <i>Drug &amp; Alcohol Dependence</i> , 153, 323-9, 2015	Not faltering growth infants

Reference	Reason for exclusion
Ong, K. K. L., Preece, M. A., Emmett, P. M., Ahmed, M. L., Dunger, D. B., Size at birth and early childhood growth in relation to maternal smoking, parity and infant breast-feeding: Longitudinal birth cohort study and analysis, <i>Pediatric Research</i> , 52, 863-867, 2002	This study is not addressing faltering growth
Ounsted, M., Scott, A., Smoking during pregnancy. Its association with other maternal factors and birth weight, <i>Acta Obstetrica et Gynecologica Scandinavica</i> , 61, 367-371, 1982	Study did not adjust for confounders
Reilly, S.M., Skuse, D.H., Wolke, D., Stevenson, J., Oral-motor dysfunction in children who fail to thrive: organic or non-organic?, <i>Developmental Medicine and Child Neurology</i> , 41, 115-122, 1999	N=47
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, <i>Appetite</i> , 56, 753-9, 2011	Not a risk factors study
Skuse, D. H., Gill, D., Reilly, S., Wolke, D., Lynch, M. A., Failure to thrive and the risk of child abuse: a prospective population survey, <i>Journal of Medical Screening</i> , 2, 145-9, 1995	Faltering growth as a risk factor for other events
Stewart, R. C., Maternal depression and infant growth: a review of recent evidence, <i>Maternal &amp; Child Nutrition</i> , 3, 94-107, 2007	In this systematic review, studies from low and medium income countries were included. The included studies from high income countries are already in this review
Surkan, P. J., Kennedy, C. E., Hurley, K. M., Black, M. M., Maternal depression and early childhood growth in developing countries: systematic review and meta-analysis, <i>Bulletin of the World Health Organization</i> , 89, 608-15, 2011	All studies included in this systematic review were conducted in developing countries
Timmermans, S., Jaddoe, V. W., Hofman, A., Steegers-Theunissen, R. P., Steegers, E. A., Periconception folic acid supplementation, fetal growth and the risks of low birth weight and preterm birth: the Generation R Study, <i>British Journal of Nutrition</i> , 102, 777-85, 2009	The outcome for this study was low birth weight
Traviss, G. D., West, R. M., House, A. O., Maternal mental health and its association with infant growth at 6 months in ethnic groups: results from the Born-in-Bradford birth cohort study, <i>PLoS ONE [Electronic Resource]</i> , 7, e30707, 2012	Not specific to faltering growth, but abdominal circumference at 6 months was the only growth measurement used.
Victora, C. G., Villar, J., Barros, F. C., Ismail, L. C., Chumlea, C., Papageorghiou, A. T., Bertino, E., Ohuma, E. O., Lambert, A., Carvalho, M., Jaffer, Y. A., Altman, D. G., Noble, J. A., Gravett, M. G., Purwar, M., Frederick, I. O., Pang, R., Bhutta, Z. A., Kennedy, S. H., International, Fetal, Newborn Growth Consortium for the 21st, Century, Anthropometric Characterization of Impaired Fetal Growth: Risk Factors for and Prognosis of Newborns With Stunting or Wasting, <i>JAMA Pediatrics</i> , 169, e151431, 2015	Children from low/medium income countries were included (Brazil, China, India, Kenya)
Victora, C. G., Villar, J., Barros, F. C., Ismail, L. C., Chumlea, C., Papageorghiou, A. T., Bertino, E., Ohuma, E. O., Lambert, A., Carvalho, M., Jaffer, Y. A., Altman, D. G., Noble, J. A., Gravett, M. G., Purwar, M., Frederick, I. O., Pang, R., Bhutta, Z. A., Kennedy, S. H., International, Fetal, Newborn Growth Consortium for the 21st, Century, Anthropometric Characterization of Impaired Fetal Growth: Risk Factors for and Prognosis of Newborns With Stunting or Wasting, <i>JAMA Pediatrics</i> , 169, e151431, 2015	The study included populations from developing countries
Wahlbeck, K., Forsen, T., Osmond, C., Barker, D. J., Eriksson, J. G., Association of schizophrenia with low maternal body mass index, small size at birth, and thinness during childhood, <i>Archives</i>	Anthropometric measurements were studied as a risk factor for schizophrenia in adulthood

Reference	Reason for exclusion
of General Psychiatry, 58, 48-52, 2001	
Walden, R. V., Taylor, S. C., Hansen, N. I., Poole, W. K., Stoll, B. J., Abuelo, D., Vohr, B. R., Major congenital anomalies place extremely low birth weight infants at higher risk for poor growth and developmental outcomes, Pediatrics, 120, e1512-e1519, 2007	The type of major congenital anomalies this study looks at are cardiovascular, CNS, chromosome, gastrointestinal or geritourinary; which are not stated in the protocol. All preterm infants
Wilensky, D. S., Ginsberg, G., Altman, M., Tulchinsky, T. H., Ben Yishay, F., Auerbach, J., A community based study of failure to thrive in Israel, Archives of Disease in Childhood, 75, 145-8, 1996	Not a risk factors study
Wright, C. M., Stone, D. H., Parkinson, K. N., Undernutrition in British Haredi infants within the Gateshead Millennium cohort study, Archives of Disease in Childhood, 95, 630-3, 2010	Risk factors in this study are not considered in the protocol
Wright, C., Birks, E., Risk factors for failure to thrive: a population-based survey, Child: Care, Health & Development, 26, 5-16, 2000	Analysis did not adjust for critical confounders

## H.7 Prevalence of specific causative conditions

Reference	Reason for Exclusion
Adedoyin, O., Gottlieb, B., Frank, R., Vento, S., Vergara, M., Gauthier, B., Trachtman, H., Evaluation of failure to thrive: diagnostic yield of testing for renal tubular acidosis, Pediatrics, 112, e463, 2003	Adult population; small sample size
Agnihotri, A., Singh, P., Sharma, P., Jyotsna, V., Das, P., Gupta, S., Makharia, G., Khadgawat, R., Patients with short stature should be screened for celiac disease, Journal of Gastroenterology and Hepatology, 28, 380, 2013	Population presented with short stature and the study was developed in a low income country
Alper, B. S., Curry, S. H., Urinary tract infection in children, American Family Physician, 72, 2483-8, 2005	Children did not present with faltering growth
Anonymous., ARC syndrome is not so rare, Journal of Medical Genetics, 39, 183, 2002	Commentary article
Eichler, I., Frisch, H., Granditsch, G., Growth failure and insulin-like growth factor (IGF-I) in childhood celiac disease, Klinische Wochenschrift, 69, 825-9, 1991	Main aim is to assess the growth outcomes of children with celiac disease
Furth, S. L., Growth and nutrition in children with chronic kidney disease, Advances in Chronic Kidney Disease, 12, 366-71, 2005	Review article
Furth, S. L., Hwang, W., Yang, C., Neu, A. M., Fivush, B. A., Powe, N. R., Growth failure, risk of hospitalization and death for children with end-stage renal disease, Pediatric Nephrology, 17, 450-5, 2002	Outcome reported by the study is not relevant. Study looked at associations between growth failure and risk of hospitalization
Furth, S. L., Stablein, D., Fine, R. N., Powe, N. R., Fivush, B. A., Adverse clinical outcomes associated with short stature at dialysis initiation: a report of the North American Pediatric Renal Transplant Cooperative Study, Pediatrics, 109, 909-13, 2002	Study looks at the relation between short height and adverse clinical outcomes at dialysis initiation
Hendrikse, W. H., Reilly, J. J., Weaver, L. T., Malnutrition in a children's hospital, Clinical Nutrition, 16, 13-18, 1997	No separate data for infants/preschool children
Hill, I., Fasano, A., Schwartz, R., Counts, D., Glock, M., Horvath, K., The prevalence of celiac disease in at-risk groups of children in the United States, Journal of Pediatrics, 136, 86-90, 2000	Failure to thrive group includes school-age children up to 20 years old
Ikram, M. A., Sajid, A., Hameed, S., Arshad, K., Irshad ul, Haq, Coeliac disease in children presenting with failure to thrive, Journal of Ayub Medical College, Abbottabad: JAMC, 23, 6-9, 2011	Small sample size



Reference	Reason for Exclusion
Karlberg, J., Henter, J. I., Tassin, E., Lindblad, B. S., Longitudinal analysis of infantile growth in children with celiac disease, <i>Acta Paediatrica Scandinavica</i> , 77, 516-24, 1988	Main aim is to assess the growth outcomes of children with celiac disease
Karlberg, J., Schaefer, F., Hennicke, M., Wingen, A. M., Rigden, S., Mehls, O., Early age-dependent growth impairment in chronic renal failure. European Study Group for Nutritional Treatment of Chronic Renal Failure in Childhood, <i>Pediatric Nephrology</i> , 10, 283-7, 1996	Main aim is to assess the growth outcomes of children with renal failure
Lewis, M., Shaw, J., Reid, C., Evans, J., Webb, N., Verrier-Jones, K., Growth in children with established renal failure--a Registry analysis (chapter 14), <i>Nephrology Dialysis Transplantation</i> , 22 Suppl 7, vii176-80, 2007	No relevant population (children between 2 and 16 years old)
Nurminen, S., Kivela, L., Taavela, J., Huhtala, H., Maki, M., Kaukinen, K., Kurppa, K., Factors associated with growth disturbance at celiac disease diagnosis in children: a retrospective cohort study, <i>BMC Gastroenterology</i> , 15, 125, 2015	No infant or pre-school children were included
Rodig, N. M., McDermott, K. C., Schneider, M. F., Hotchkiss, H. M., Yadin, O., Seikaly, M. G., Furth, S. L., Warady, B. A., Growth in children with chronic kidney disease: a report from the Chronic Kidney Disease in Children Study, <i>Pediatric Nephrology</i> , 29, 1987-95, 2014	Main aim is to assess the growth outcomes of children with kidney disease
Rossi, T. M., Albini, C. H., Kumar, V., Incidence of celiac disease identified by the presence of serum endomysial antibodies in children with chronic diarrhea, short stature, or insulin-dependent diabetes mellitus, <i>Journal of Pediatrics</i> , 123, 262-4, 1993	No separate data for infants and preschool children
Saari, A., Harju, S., Makitie, O., Saha, M. T., Dunkel, L., Sankilampi, U., Systematic growth monitoring for the early detection of celiac disease in children, <i>JAMA Pediatrics</i> , 169, e1525, 2015	Main aim is to assess the growth outcomes of children with celiac disease
Saki Malehi, A., Hajizadeh, E., Ahmadi, K., Kholdi, N., Modeling the recurrent failure to thrive in less than two-year children: recurrent events survival analysis, <i>Journal of Research in Health Sciences</i> , 14, 96-9, 2014	Main aim of the study not relevant (study looks at the hazard ratios for the FTT event over time)
Sisley, S., Trujillo, M. V., Khoury, J., Backeljauw, P., Low incidence of pathology detection and high cost of screening in the evaluation of asymptomatic short children, <i>Journal of Pediatrics</i> , 163, 1045-51, 2013	Sample not infants/preschool children
Smarrazzo, A., Arcidiaco, C., Velmishi, V., Roma, E., Kansu, A., Micetic-Turk, D., Costa, S., Bouziane-Nedjadi, K., Tamara, M. L., Ben-Hariz, M., Misak, Z., Kraljacic, V. D., Attard, T. M., Abu-Zekry, M., Mohamed, A., Magazzu, G., Auricchio, R., Greco, L., Coeliac disease across mediterranean countries: A prospective study, <i>Journal of Pediatric Gastroenterology and Nutrition</i> , 62, 83-84, 2016	Conference abstract/insufficient information to determine sample age

## H.8 Breastfeeding support

Reference	Reason for Exclusion
Formula versus donor breast milk for feeding preterm or low birth weight infants, <i>Essentially MIDIRS</i> , 5, 48-48 1p, 2014	Study unavailable.
Agrasada, G. V., Gustafsson, J., Kylberg, E., Ewald, U., Postnatal peer counselling on exclusive breastfeeding of low-birthweight infants: a randomized, controlled trial, <i>Acta Paediatrica</i> , 94, 1109-15, 2005	Takes place in hospital in Manila.
Ahmed, A. H., Sands, L. P., Effect of pre- and postdischarge interventions on breastfeeding outcomes and weight gain among	Used for the references; none of the participants were

Reference	Reason for Exclusion
premature infants, JOGNN - Journal of Obstetric, Gynecologic, & Neonatal Nursing, 39, 53-63, 2010	reported to have specific feeding difficulties.
Bakewell-Sachs, S., Toward evidence-based practice. [Commentary on] Effect of breastmilk consumption on neurodevelopmental outcomes at 6 and 12 months of age in VLBW infants, MCN: The American Journal of Maternal Child Nursing, 28, 336-336 1p, 2003	Commentary.
Bhat, B. A., Gupta, B., Effects of human milk fortification on morbidity factors in very low birth weight infants, Annals of Saudi medicine, 23, 28-31, 2003	Babies from special care unit.
Boyd, C. A., Quigley, M. A., Brocklehurst, P., Donor breast milk versus infant formula for preterm infants: systematic review and meta-analysis, Archives of Disease in Childhood Fetal & Neonatal Edition, 92, F169-75, 2007	As per protocol: exclude Comparisons of interventions for breastfeeding with non-breastfeeding interventions.
Buthmanaban, V., Ong, C. B. K., Chua, M. C., Ong, I., Effect of pre-discharge nutrition and lactation counselling on growth and feeding practices of extremely low birth weight infants, Proceedings of Singapore Healthcare, 19, S240, 2010	Pre-post study on counselling; no enough details on intervention delivered.
Centre for Reviews and Dissemination, Prevalence, diagnosis, and treatment of ankyloglossia: methodologic review (Structured abstract), Database of Abstracts of Reviews of Effects, 2015	Summary of full article Segal 2007
Centre for Reviews and Dissemination, A systematic review of telephone support for women during pregnancy and the early postpartum period (Structured abstract), Database of Abstracts of Reviews of Effects, 2015	summary of full paper Dennis 2008
Centre for Reviews and Dissemination, Hindmilk: a head start in preterm nutrition (Structured abstract), Database of Abstracts of Reviews of Effects, 2015	summary of paper Heon 2009
Centre for Reviews and Dissemination, Effects of n-3 long-chain polyunsaturated fatty acid supplementation during pregnancy and/or lactation on neurodevelopment and visual function in children: a systematic review of randomized controlled trials (Provisional abstract), Database of Abstracts of Reviews of Effects, 2015	summary of paper Dziechciarz 2010
Centre for Reviews and Dissemination, Effect of pre- and postdischarge interventions on breastfeeding outcomes and weight gain among premature infants (Structured abstract), Database of Abstracts of Reviews of Effects, 2015	No relevant population (infants did not present with weight concerns)
Centre for Reviews and Dissemination, Effect of domperidone on insufficient lactation in puerperal women: a systematic review and meta-analysis of randomized controlled trials (Structured abstract), Database of Abstracts of Reviews of Effects, 2015	No relevant population (i.e. typically developing infants have been included)
Centre for Reviews and Dissemination, Extending breastfeeding duration through primary care: a systematic review of prenatal and postnatal interventions (Structured abstract), Database of Abstracts of Reviews of Effects, 2015	No relevant population (i.e. typically developing infants have been included)
Constantine, A. H., Williams, C., Sutcliffe, A. G., A systematic review of frenotomy for ankyloglossia (Tongue Tie) in breast fed infants, Archives of Disease in Childhood, 96, A62-A63, 2011	Abstract only; not enough info reported.
Dastgerdi, E., Shirazi, M., Mohammadzadeh, A., ShahFarhat, A., Amiri, R., Effect of metoclopramide on increased milk production in mothers of preterm infants, Iranian Journal of Obstetrics, Gynecology and Infertility, 14, 2011	Paper unavailable.
Davanzo, Riccardo, Cannioto, Zemira, Ronfani, Luca, Monasta, Lorenzo, Demarini, Sergio, Independent Study Module for Lactation Consultants: œBreastfeeding and Neonatal Weight	Study module for lactation consultants.

Reference	Reason for Exclusion
Loss in Healthy Term Infants, Journal of Human Lactation, 29, 102-104 3p, 2013	
Dennis, C. L., Kingston, D., A systematic review of telephone support for women during pregnancy and the early postpartum period, JOGNN - Journal of Obstetric, Gynecologic, & Neonatal Nursing, 37, 301-14, 2008	Population: not specific to faltering growth or feeding difficulties.
Dziechciarz, P., Horvath, A., Szajewska, H., Effects of n-3 long-chain polyunsaturated fatty acid supplementation during pregnancy and/or lactation on neurodevelopment and visual function in children: a systematic review of randomized controlled trials, Journal of the American College of Nutrition, 29, 443-54, 2010	Preventative interventions during pregnancy.
Embleton, N. D., Wilson, D. J., Shah, L., Breastmilk Fortification or Supplementation for Preterm Infants: Effects on Growth and Duration of Breastfeeding, Pediatric Academic Societies Annual Meeting, 2, 2009	Fortification of breast milk for preterm babies without specific feeding difficulties.
Feyereislova, S., Stranak, Z., Cerna, M., Kollarova, J., Feyereisl, J., Limited amount of formula may facilitate breastfeeding-a randomized controlled trial, Journal of Maternal-Fetal and Neonatal Medicine, 29, 264-265, 2016	>5% loss of birth weight is not considered faltering growth
Flaherman, V. J., Aby, J., Burgos, A. E., Lee, K. A., Cabana, M. D., Newman, T. B., Effect of early limited formula on duration and exclusivity of breastfeeding in at-risk infants: an RCT, Pediatrics, 131, 1059-65, 2013	Study excluded because of the population here considered: the entry criteria were for example, those who had lost more than 5% of birth weight, but excluded those who lost more than 10%. This not faltering growth population, nor early weight loss babies.
Flaherman, V., Aby, J., Burgos, A., Lee, K., Cabana, M., Newman, T., Randomized Trial of Early Limited Formula To Reduce Formula Use at 1 Week and Promote Breastfeeding at 3 Months in Infants with High Early Weight Loss, Pediatric Academic Societies Annual Meeting, 2012	Study unavailable.
Francis, D. O., Krishnaswami, S., McPheeters, M., Treatment of ankyloglossia and breastfeeding outcomes: a systematic review, Pediatrics, 135, e1458-66, 2015	Study unavailable.
Gaman, W. N., Failure to thrive in the contented breast-fed baby, Canadian Medical Association Journal, 132, 97-100, 1985	Commentary.
Giglia, R., Binns, C., The effectiveness of the internet in improving breastfeeding outcomes: a systematic review, Journal of Human Lactation, 30, 156-60, 2014	Not RCT
Giugliani, E. R., Horta, B. L., Loret de Mola, C., Lisboa, B. O., Victora, C. G., Effect of breastfeeding promotion interventions on child growth: a systematic review and meta-analysis, Acta Paediatrica, 104, 20-9, 2015	This systematic review includes papers on breastfeeding promotion rather than breastfeeding support interventions. Also, the populations considered do not include children or infants with particular feeding difficulties.
Gupta, M., Shaw, B., A double-blind randomized clinical trial for evaluation of galactogogue activity of asparagus racemosus willd, Iranian Journal of Pharmaceutical Research, 10, 167-172, 2011	Study unavailable.
Heon, M., Goulet, C., Levy, E., Nuyt, A. M., Hindmilk: a head start in preterm nutrition, Enfermeria Clinica, 19, 129-35, 2009	This review includes four studies that do not meet the review protocol criteria with



Reference	Reason for Exclusion
	regards to the population included.
Hogan, M., Westcott, C., Griffiths, M., Randomized, controlled trial of division of tongue-tie in infants with feeding problems, Journal of Paediatrics and Child Health, 41, 246-250, 2005	This papers has been excluded because both population (infants with feeding problems due to tongue-tie) and outcomes (improvement of feeding problems, no better specified) were not specifically relevant to review protocol. However, this particular paper has been used in the NICE Post-natal care guideline.
Hogan, M., Westcott, C., Griffiths, M., Randomized, controlled trial of division of tongue-tie in infants with feeding problems [corrected] [published erratum appears in J PAEDIATR CHILD HEALTH 2006 Dec;42(12):829], Journal of Paediatrics & Child Health, 41, 246-251, 2005	Infants presented with feeding problems, mostly due to tongue-tie. At risk of weight faltering but no weight outcomes assessed.
Hornell, A., Lagstrom, H., Lande, B., Thorsdottir, I., Breastfeeding, introduction of other foods and effects on health: a systematic literature review for the 5th Nordic Nutrition Recommendations, Food & Nutrition Research, 57, 2013	Population: healthy babies and mothers, no specific feeding difficulties reported.
Ibanez, G., de Saint Michel, C. R., Denantes, M., Saurel-cubizolles, M., Ringa, V., Magnier, A., Systematic review and meta-analysis of randomized controlled trials evaluating primary care-based interventions to promote breastfeeding in low-income women, Family Practice, 29, 245-254, 2012	Not directed at weight gain
Kennedy, T. S., Oakland, M. J., Shaw, R. D., A nutrition intervention with families of low-birth-weight infants, Nutrition in Clinical Practice, 15, 30-35 6p, 2000	LBW infants from NICU units.
Khanam, S., Khan, J., Sharma, D., Chawla, D., Murki, S., Nutritional bundle to improve growth outcomes among very low birth weight infants, Journal of Maternal-Fetal & Neonatal Medicine, 28, 1851-5, 2015	Intervention not relevant to the review protocol; population of mixed breast-fed and formula fed babies.
Kuschel, Carl A., Harding, Jane E., Multicomponent fortified human milk for promoting growth in preterm infants, Cochrane Database of Systematic Reviews, 2009	Fortification of breast milk for preterm babies without specific feeding difficulties.
Kuschel, Carl A., Harding, Jane E., Protein supplementation of human milk for promoting growth in preterm infants, Cochrane Database of Systematic Reviews, 2009	Fortification of breast milk for preterm babies without specific feeding difficulties.
Kuschel, Carl A., Harding, Jane E., Kumaran, Vazhkudai S., Fat supplementation of human milk for promoting growth in preterm infants, Cochrane Database of Systematic Reviews, 2009	Fortification of breast milk for preterm babies without specific feeding difficulties.
Kuschel, Carl A., Harding, Jane E., Kumaran, Vazhkudai S., Calcium and phosphorus supplementation of human milk for preterm infants, Cochrane Database of Systematic Reviews, 2009	Fortification of breast milk for preterm babies without specific feeding difficulties.
Marinelli, Kathleen A., Lussier, Mary M., Brownell, Elizabeth, Herson, Victor C., Hagadorn, James I., The Effect of a Donor Milk Policy on the Diet of Very Low Birth Weight Infants, Journal of Human Lactation, 30, 310-316 7p, 2014	Pre-post prospective cohort; NICU setting; no weight outcomes.
Pinelli, J., Saigal, S., Atkinson, S. A., Pinelli, J. M., Mainous, R. O., Effect of breastmilk consumption on neurodevelopmental outcomes at 6 and 12 months of age in VLBW infants, Advances in Neonatal Care (Elsevier Science), 3, 76-87 12p, 2003	VLBW babies in NICU.
Pinelli, J., Atkinson, S.A., Saigal, S., Randomized trial of breastfeeding support in very low-birth-weight infants, Archives of	Population in NICU setting.

Reference	Reason for Exclusion
Pediatrics and Adolescent Medicine, 155, 548-553, 2001	
Power, R. F., Murphy, J. F., Tongue-tie and frenotomy in infants with breastfeeding difficulties: achieving a balance, Archives of Disease in Childhood, 100, 489-94, 2015	Not weight based outcomes have been reported
Rocha, N. M., Martinez, F. E., Jorge, S. M., Cup or bottle for preterm infants: effects on oxygen saturation, weight gain, and breastfeeding, Journal of human lactation : official journal of International Lactation Consultant Association, 18, 132-138, 2002	Population: preterm infant with no specific feeding problems reported.
Sakha, K., Behbahan, A. G., Training for perfect breastfeeding or metoclopramide: which one can promote lactation in nursing mothers?, Breastfeeding Medicine: The Official Journal of the Academy of Breastfeeding Medicine, 3, 120-3, 2008	Study conducted in a low-income country
Secco, L., Walsh, A., Maclellan, M., Weak infant sucking in the first 8 weeks, reliance on breastfeeding for $\geq 9$ months, small feeds, and difficulties in weaning were associated with failure to thrive, Evidence-Based Nursing, 10, 90, 2007	The study reports on association with risk factors.
Segal, L. M., Stephenson, R., Dawes, M., Feldman, P., Prevalence, diagnosis, and treatment of ankyloglossia: methodologic review, Canadian Family Physician, 53, 1027-33, 2007	The only RCT included in this review has been included.
Turkyilmaz, C., Onal, E., Hirfanoglu, I. M., Turan, O., Koc, E., Ergenekon, E., Atalay, Y., The effect of galactagogue herbal tea on breast milk production and short-term catch-up of birth weight in the first week of life, Journal of Alternative & Complementary Medicine, 17, 139-42, 2011	Inclusion criteria applied to the population do not represent those of the review protocol.
Verner, Alison M., McGuire, William, Craig, Stanley John, Effect of taurine supplementation on growth and development in preterm or low birth weight infants, Cochrane Database of Systematic Reviews, -, 2010	Participants were all formula-fed.
Waisman, I., Gonzalez, M. L., Gonzalez, D., Prenatal education and breastfeeding, Saludarte, 2, 7-17, 2001	Study unavailable.
Wallace, L.M., Dunn, O.M., Alder, E.M., Inch, S., Hills, R.K., Law, S.M., A randomised-controlled trial in England of a postnatal midwifery intervention on breast-feeding duration, Midwifery, 22, 262-273, 2006	Weight gain was not one of the outcomes
Watson, Julie, McGuire, William, Responsive versus scheduled feeding for preterm infants, Cochrane Database of Systematic Reviews, 2015	Fortification of breast milk for preterm babies without specific feeding difficulties.
Yesinel, S., Aldemir, E. Y., Kavuncuoglu, S., Yesinel, S., Yildiz, H., Evaluation of growth in very low birth weight preterm babies, Turk Pediatri Arsivi, 49, 289-98, 2014	Not an intervention study (no intervention evaluated).

## H.9 Dietary advice and supplementation

Reference	Reason for Exclusion
Abate, G., Kogi-Makau, W., Muroki, N. M., Health seeking and hygiene behaviours predict nutritional status of pre-school children in a slum area of Addis Ababa, Ethiopia, Ethiopian Medical Journal, 38, 253-65, 2000	Review on potential determinants of feeding practices.
Abrams, S. A., Mushi, A., Hilmers, D. C., Griffin, I. J., Davila, P., Allen, L., A multinutrient-fortified beverage enhances the nutritional status of children in Botswana, Journal of Nutrition, 133, 1834-40, 2003	Population = urban school children aged 6-11 y
Ackatia-Armah, R. S., McDonald, C. M., Doumbia, S., Erhardt, J. G., Hamer, D. H., Brown, K. H., Malian children with moderate	Evidence from developing country

Reference	Reason for Exclusion
acute malnutrition who are treated with lipid-based dietary supplements have greater weight gains and recovery rates than those treated with locally produced cereal-legume products: a community-based, cluster-randomized trial, <i>American Journal of Clinical Nutrition</i> , 101, 632-45, 2015	
Al Hazzani, F., Early or delayed enteral feeding for preterm growth-restricted infants: a randomized trial, <i>Journal of Clinical Neonatology</i> , 1, 181-3, 2012	No population or outcomes of interest
Alaimo, K., Oleksyk, S. C., Drzal, N. B., Golzynski, D. L., Lucarelli, J. F., Wen, Y., Velie, E. M., Effects of changes in lunch-time competitive foods, nutrition practices, and nutrition policies on low-income middle-school children's diets, <i>Childhood obesity (Print)</i> , 9, 509-23, 2013	School programs.
Arora, N. K., Anand, N. K., Bhan, M. K., Jaikhani, B., Aggarwal, A., Meenu, R., Batla, R., Nutrient absorption from a fat-enriched diet in young malnourished children: a randomized controlled trial, <i>Acta Paediatrica</i> , 87, 143-8, 1998	No outcomes relevant to growth/weight gain were studied.
Ashworth, A., Ferguson, E., Dietary counseling in the management of moderate malnourishment in children, <i>Food &amp; Nutrition Bulletin</i> , 30, S405-33, 2009	Aim: to evaluate dietary messages in current programs and assess their adequacy and effectiveness.
Bahwere, P., Banda, T., Sadler, K., Nyirenda, G., Owino, V., Shaba, B., Dibari, F., Collins, S., Effectiveness of milk whey protein-based ready-to-use therapeutic food in treatment of severe acute malnutrition in Malawian under-5 children: A randomised, double-blind, controlled non-inferiority clinical trial, <i>Maternal &amp; Child Nutrition</i> , 10, 436-51, 2014	Population = severe acute malnutrition.
Batra, P., Schlossman, N., Balan, E., Pruzensky, W., Saltzman, E., Roberts, S., Effects of two micronutrient-fortified food aid products containing different levels of dairy protein on anthropometric variables in rural pre-school children in Guinea-Bissau, <i>FASEB journal</i> , 1), 2014	Evidence from developing country (causes leading to FG are different)
Beckett, C., Durnin, J. V., Aitchison, T. C., Pollitt, E., Effects of an energy and micronutrient supplement on anthropometry in undernourished children in Indonesia, <i>European Journal of Clinical Nutrition</i> , 54 Suppl 2, S52-9, 2000	Evidence from developing country (causes leading to FG are different)
Bhat, B. A., Gupta, B., Effects of human milk fortification on morbidity factors in very low birth weight infants, <i>Annals of Saudi medicine</i> , 23, 28-31, 2003	Preterm babies only.
Bhutta, Z. A., Das, J. K., Interventions to address maternal and childhood undernutrition: current evidence, <i>Nestle Nutrition Institute Workshop Series</i> , 78, 59-69, 2014	Narrative review.
Blakstad, E. W., Strommen, K., Moltu, S. J., Wattam-Bell, J., Nordheim, T., Almaas, A. N., Gronn, M., Ronnestad, A. E., Braekke, K., Iversen, P. O., Von Hofsten, C., Veierod, M. B., Westerberg, A. C., Drevon, C. A., Nakstad, B., Improved Visual Perception in Very Low Birth Weight Infants on Enhanced Nutrient Supply, <i>Neonatology</i> , 108, 30-37, 2015	Primary (and only) outcome reported is not relevant to the review protocol.
Blaney, S., Februhartanty, J., Sukotjo, S., Feeding practices among Indonesian children above six months of age: a literature review on their magnitude and quality (part 1), <i>Asia Pacific Journal of Clinical Nutrition</i> , 24, 16-27, 2015	Literature review on magnitude and quality of feeding practices In Indonesia.
Brand, J. C., Miller, J. J., Vorbach, E. A., Edwards, R. A., A trial of lactose hydrolysed milk in Australian Aboriginal children, <i>Medical Journal of Australia</i> , 2, 10-3, 1977	Not randomized.
Brooke, O. G., Kinsey, J. M., High energy feeding in small for	N = 17 small sample size.

Reference	Reason for Exclusion
gestation infants, Archives of Disease in Childhood, 60, 42-6, 1985	
Brown, K. H., Sanchez-Grinan, M., Perez, F., Peerson, J. M., Ganoza, L., Stern, J. S., Effects of dietary energy density and feeding frequency on total daily energy intakes of recovering malnourished children, American Journal of Clinical Nutrition, 62, 13-8, 1995	Severe malnutrition small sample size.
Brumberg, H. L., Kowalski, L., Troxell-Dorgan, A., Gettner, P., Konstantino, M., Poulsen, J. F., Ehrenkranz, R. A., Randomized trial of enteral protein and energy supplementation in infants less than or equal to 1250 g at birth, Journal of Perinatology, 30, 517-21, 2010	Considers infants from NICU and this is specified as exclusion criterion in the protocol
Brunton, J. A., Saigal, S., Atkinson, S. A., Growth and body composition in infants with bronchopulmonary dysplasia up to 3 months corrected age: a randomized trial of a high-energy nutrient-enriched formula fed after hospital discharge, Journal of Pediatrics, 133, 340-5, 1998	Population = 60 preterm babies with BMP from ICU
Cadell, J. L., Studies in protein-calorie malnutrition. II. A double-blind clinical trial to assess magnesium therapy, New England Journal of Medicine, 276, 535-40, 1967	Magnesium deficiency.
Centre for Reviews and Dissemination, Home fortification of foods with multiple micronutrient powders for health and nutrition in children under two years of age (Structured abstract), Database of Abstracts of Reviews of Effects, 2015	Population = children under 2 years of age with no specific health problems; intervention = micronutrient powders
Chan, J. C. M., McEnery, P. T., Chinchilli, V. M., Abitbol, C. L., Boineau, F. G., Friedman, A. L., Lum, G. M., Roy, S., Ruley, E. J., Strife, C. F., A prospective, double-blind study of growth failure in children with chronic renal insufficiency and the effectiveness of treatment with calcitriol versus dihydrotachysterol, Journal of Pediatrics, 124, 520-528, 1994	Children with chronic renal insufficiency.
Ciampolini, M., Bini, S., Giommi, A., Vicarelli, D., Giannellini, V., Same growth and different energy intake over four years in children suffering from chronic non-specific diarrhoea, International Journal of Obesity, 18, 17-23, 1994	Population = chronic non-specific diarrhoea
Cohen, R. J., Brown, K. H., Canahuati, J., Rivera, L. L., Dewey, K. G., Determinants of growth from birth to 12 months among breast-fed Honduran infants in relation to age of introduction of complementary foods, Pediatrics, 96, 504-10, 1995	Evidence from developing country (causes leading to FG are different)
Cohen, R. J., Brown, K. H., Canahuati, J., Rivera, L. L., Dewey, K. G., Effects of age of introduction of complementary foods on infant breast milk intake, total energy intake, and growth: a randomised intervention study in Honduras, Lancet, 344, 288-93, 1994	Evidence from developing country (causes leading to FG are different)
Cole, S. Z., Lanham, J. S., Failure to thrive: an update, American Family Physician, 83, 829-34, 2011	Narrative review.
De Oliveira, S. M. S., Costa, Mjdc, Rivera, M. A. A., Santos, L. M. P., Ribeiro, Mdc, Soares, Gdsf, Ascitti, L. S., Da Costa, S. F. G., [Impact of a dietary supplement on the nutritional status of preschool children enrolled in day care centers], Revista de Nutricao, 19, 169-76, 2006	In Spanish.
DeRegil, Maria Luz, Suchdev, Parminder S., Vist, Gunn E., Walliser, Silke, PenaRosas, Pablo Juan, Home fortification of foods with multiple micronutrient powders for health and nutrition in children under two years of age, Cochrane Database of Systematic Reviews, 2014	Population = children with no specific health problem.
DeRegil, Maria Luz, Jefferds, Elena Maria, PenaRosas, Pablo Juan, Point-of-use fortification of foods with micronutrient powders	Protocol only.

Reference	Reason for Exclusion
containing iron in children of preschool and school age, Cochrane Database of Systematic Reviews, -, 2014	
Dewey, K. G., Adu-Afarwuah, S., Systematic review of the efficacy and effectiveness of complementary feeding interventions in developing countries, <i>Maternal and Child Nutrition</i> , 4, 24-85, 2008	Evidence from developing country (causes leading to FG are different)
Diop el, H. I., Dossou, N. I., Ndour, M. M., Briend, A., Wade, S., Comparison of the efficacy of a solid ready-to-use food and a liquid, milk-based diet for the rehabilitation of severely malnourished children: a randomized trial, <i>American Journal of Clinical Nutrition</i> , 78, 302-7, 2003	Population = severely malnourished children
Evans,S., Twaissi,H., Daly,A., Davies,P., Macdonald,A., Should high-energy infant formula be given at full strength from its first day of usage?, <i>Journal of Human Nutrition and Dietetics</i> , 19, 191-197, 2006	Methodological reason, as the study reports non-parametric outcomes which is not an issue itself, but they do not provide exact p-values and therefore it is not possible to grade the paper. This is a statistical "rule" that has been agreed at the NCC-WCH.
Fenton, Tanis R., Premji, Shahirose S., AlWassia, Heidi, Sauve, Reg S., Higher versus lower protein intake in formula-fed low birth weight infants, <i>Cochrane Database of Systematic Reviews</i> , 2014	Low birth weight infants; ICU
Flax, V. L., Phuka, J., Cheung, Y. B., Ashorn, U., Maleta, K., Ashorn, P., Feeding patterns and behaviors during home supplementation of underweight Malawian children with lipid-based nutrient supplements or corn-soy blend, <i>Appetite</i> , 54, 504-11, 2010	Evidence from developing country (causes leading to FG are different)
Francis, D. K., Smith, J., Saljuqi, T., Watling, R. M., Oral protein calorie supplementation for children with chronic disease.[Update of <i>Cochrane Database Syst Rev</i> . 2000;(3):CD001914; PMID: 10908515], <i>Cochrane Database of Systematic Reviews</i> , 5, CD001914, 2015	Population = children with cystic fibrosis or malignant disease.
Francis, Damian K., Smith, Joanne, Saljuqi, Tawab, Watling, Ruth M., Oral protein calorie supplementation for children with chronic disease, <i>Cochrane Database of Systematic Reviews</i> , 2015	Population = children with chronic diseases.
Galeano, N. F., Lepage, G., Leroy, C., Belli, D., Levy, E., Roy, C. C., Comparison of two special infant formulas designed for the treatment of protracted diarrhea, <i>Journal of Pediatric Gastroenterology &amp; Nutrition</i> , 7, 76-83, 1988	Intractable diarrhea and short bowel syndrome
Gera, T., Efficacy and safety of therapeutic nutrition products for home based therapeutic nutrition for severe acute malnutrition: A Systematic Review, <i>Indian Pediatrics</i> , 47, 709-718, 2010	Population = severe acute malnutrition.
Gershoff, S. N., McGandy, R. B., Nondasuta, A., Tantiwongse, P., Nutrition studies in Thailand: effects of calories, nutrient supplements, and health interventions on growth of preschool Thai village children, <i>American Journal of Clinical Nutrition</i> , 48, 1214-8, 1988	Evidence from developing country (causes leading to FG are different)
Gigante, D. P., Buchweitz, M., Helbig, E., Almeida, A. S., Araujo, C. L., Neumann, N. A., Victora, C., Randomized clinical trial of the impact of a nutritional supplement "multimixture" on the nutritional status of children enrolled at preschools, <i>Jornal de Pediatria</i> , 83, 363-9, 2007	Longitudinal study. Unclear if specific to FG.
Goudet, Sophie M., Griffiths, Paula L., Bogin, Barry A., Madise, Nyovani J., Nutritional interventions for preventing stunting in children (0 to 5 years) living in urban slums, <i>Cochrane Database</i>	Focuses on prevention of stunting.



Reference	Reason for Exclusion
of Systematic Reviews, 2015	
Graham, G. G., Lembcke, J., Morales, E., Quality-protein maize as the sole source of dietary protein and fat for rapidly growing young children, <i>Pediatrics</i> , 85, 85-91, 1990	Small sample size, N = 10
Grantham-McGregor SM, Fernald LCH, Kagawa RM, Walker S., Effects of integrated child development and nutrition interventions on child development and nutritional status (Provisional abstract), <i>Annals of the New York Academy of Sciences</i> , 1308, 11-32, 2014	Evidence from developing country (causes leading to FG are different)
Grantham-McGregor, S. M., Powell, C. A., Walker, S. P., Himes, J. H., Nutritional supplementation, psychosocial stimulation, and mental development of stunted children: The Jamaican study, <i>Lancet</i> , 338, 1-5, 1991	Population = stunted children.
Grantham-McGregor, S., Powell, C., Walker, S., Nutritional supplements, stunting, and child development, <i>Lancet</i> , 2, 809-10, 1989	Population = stunted children from jamaica
Gresham, E., Byles, J. E., Bisquera, A., Hure, A. J., Effects of dietary interventions on neonatal and infant outcomes: a systematic review and meta-analysis, <i>American Journal of Clinical Nutrition</i> , 100, 1298-321, 2014	Before or during pregnancy interventions.
Gupta, S., Kumar, D., An intervention study in malnutrition among under five children in a rural area of Jammu, <i>JK Science</i> , 15, 73-76, 2013	Not an RCT.
Henderson, G., Fahey, T., McGuire, W., Calorie and protein-enriched formula versus standard term formula for improving growth and development in preterm or low birth weight infants following hospital discharge, <i>Cochrane Database of Systematic Reviews</i> , CD004696, 2005	Preterm babies only.
Henderson, G., Fahey, T., McGuire, W., Nutrient-enriched formula milk versus human breast milk for preterm infants following hospital discharge, <i>Cochrane Database of Systematic Reviews</i> , CD004862, 2007	Preterm babies only.
Heyman, M. B., Vichinsky, E., Katz, R., Gaffield, B., Hurst, D., Castillo, R., Chiu, D., Kleman, K., Ammann, A. J., Thaler, M. M., Growth retardation in sickle-cell disease treated by nutritional support, <i>Lancet (London, England)</i> , 1, 903-6, 1985	Sickle-cell disease.
Hossain, M. I., Wahed, M. A., Ahmed, S., Increased food intake after the addition of amylase-rich flour to supplementary food for malnourished children in rural communities of Bangladesh, <i>Food and Nutrition Bulletin</i> , 26, 323-329, 2005	Evidence from developing country (causes leading to FG are different)
Hsu, J. W., Badaloo, A., Wilson, L., Taylor-Bryan, C., Chambers, B., Reid, M., Forrester, T., Jahoor, F., Dietary supplementation with aromatic amino acids increases protein synthesis in children with severe acute malnutrition, <i>Journal of Nutrition</i> , 144, 660-6, 2014	Population = severe acute malnutrition
Huynh, D. T., Estorninos, E., Capeding, R. Z., Oliver, J. S., Low, Y. L., Rosales, F. J., Longitudinal growth and health outcomes in nutritionally at-risk children who received long-term nutritional intervention, <i>Journal of Human Nutrition &amp; Dietetics</i> , 28, 623-35, 2015	At risk of undernutrition , Philippines
Iannotti, L. L., Dulience, S. J., Green, J., Joseph, S., Francois, J., Antenor, M. L., Lesorogol, C., Mounce, J., Nickerson, N. M., Linear growth increased in young children in an urban slum of Haiti: a randomized controlled trial of a lipid-based nutrient supplement, <i>American Journal of Clinical Nutrition</i> , 99, 198-208, 2014	Population = healthy infants

Reference	Reason for Exclusion
Jalil, R., Naser, I., Wan Muda, W. M., Wan Nik, W. S., Shariff, Z., Abdullah, M. R., Effect of animal source food (ASF) provision on the growth of malnourished children in kelantan, Malaysia: A randomized controlled trial, <i>Annals of Nutrition &amp; Metabolism</i> , 63, 2013	No clear definition of "malnourished".
Kabir, I., Rahman, M. M., Haider, R., Mazumder, R. N., Khaled, M. A., Mahalanabis, D., Increased height gain of children fed a high-protein diet during convalescence from shigellosis: a six-month follow-Up study, <i>Journal of Nutrition</i> , 128, 1688-91, 1998	Study conducted in Bangladesh, non-randomised
Karagianni, P., Briana, D. D., Mitsiakos, G., Elias, A., Theodoridis, T., Chatziioannidis, E., Kyriakidou, M., Nikolaidis, N., Early versus delayed minimal enteral feeding and risk for necrotizing enterocolitis in preterm growth-restricted infants with abnormal antenatal Doppler results, <i>American Journal of Perinatology</i> , 27, 367-73, 2010	NICU patients; no comparison of interest
Karagol, B. S., Zenciroglu, A., Okumus, N., Polin, R. A., Randomized controlled trial of slow vs rapid enteral feeding advancements on the clinical outcomes of preterm infants with birth weight 750-1250 g, <i>Jpen: Journal of Parenteral &amp; Enteral Nutrition</i> , 37, 223-8, 2013	NICU patients; no intervention/comparison of interest
Kasese-Hara, M., Wright, C., Drewett, R., Energy compensation in young children who fail to thrive, <i>Journal of Child Psychology &amp; Psychiatry &amp; Allied Disciplines</i> , 43, 449-56, 2002	Not randomized small sample size.
King, S., Prawitz, A. D., Umoren, J., O'Gorman, T., The impact of high diastase malted barley flour on weight and height of malnourished children in Panama, <i>Journal of hunger &amp; environmental nutrition</i> , 1, 23-35, 2007	Evidence from developing country (causes leading to FG are different)
Krahenbuhl, J. D., Schutz, Y., Jequier, E., High fat versus high carbohydrate nutritional supplementation: a one year trial in stunted rural Gambian children, <i>European Journal of Clinical Nutrition</i> , 52, 213-22, 1998	Evidence from developing country (causes leading to FG are different)
Krebs, N. F., Hambidge, K. M., Mazariegos, M., Westcott, J., Goco, N., Wright, L. L., Koso-Thomas, M., Tshetu, A., Bose, C., Pasha, O., Goldenberg, R., Chomba, E., Carlo, W., Kindem, M., Das, A., Hartwell, T., McClure, E., Complementary Feeding Study, Group, Complementary feeding: a Global Network cluster randomized controlled trial, <i>BMC Pediatrics</i> , 11, 4, 2011	The study does not focus on faltering growth.
Krebs, N. F., Mazariegos, M., Chomba, E., Sami, N., Pasha, O., Tshetu, A., Carlo, W. A., Goldenberg, R. L., Bose, C. L., Wright, L. L., Koso-Thomas, M., Goco, N., Kindem, M., McClure, E. M., Westcott, J., Garces, A., Lokangaka, A., Manasyan, A., Imenda, E., Hartwell, T. D., Hambidge, K. M., Randomized controlled trial of meat compared with multimicronutrient-fortified cereal in infants and toddlers with high stunting rates in diverse settings, <i>American Journal of Clinical Nutrition</i> , 96, 840-7, 2012	Study conducted with population from developing countries
Lagstrom, H., Seppanen, R., Jokinen, E., Niinikoski, H., Ronnema, T., Viikari, J., Simell, O., Influence of dietary fat on the nutrient intake and growth of children from 1 to 5 y of age: the Special Turku Coronary Risk Factor Intervention Project, <i>American Journal of Clinical Nutrition</i> , 69, 516-23, 1999	Healthy children.
Lapinleimu, H., Viikari, J., Jokinen, E., Salo, P., Routi, T., Leino, A., Ronnema, T., Seppanen, R., Valimaki, I., Simell, O., Prospective randomised trial in 1062 infants of diet low in saturated fat and cholesterol, <i>Lancet</i> , 345, 471-6, 1995	Population = healthy 7-month old infants. Effects on the children's growth measured as an adverse effect.
Lazzerini, M., Rubert, L., Pani, P., Specially formulated foods for treating children with moderate acute malnutrition in low- and	Malnutrition in low- and middle-income countries

Reference	Reason for Exclusion
middle-income countries, Cochrane Database of Systematic Reviews, -, 2013	
Leaf, A., Dorling, J., Kempley, S., McCormick, K., Mannix, P., Linsell, L., Juszcak, E., Brocklehurst, P., Abnormal Doppler Enteral Prescription Trial Collaborative, Group, Early or delayed enteral feeding for preterm growth-restricted infants: a randomized trial, <i>Pediatrics</i> , 129, e1260-8, 2012	Infants were in ICU
Livingstone, V. H., Problem-Solving Formula for Failure to Thrive in Breast-fed Infants, <i>Canadian Family Physician</i> , 36, 1541-5, 1990	Focuses on diagnosis/assessment.
Long, J. K., Murphy, S. P., Weiss, R. E., Nyerere, S., Bwibo, N. O., Neumann, C. G., Meat and milk intakes and toddler growth: a comparison feeding intervention of animal-source foods in rural Kenya, <i>Public Health Nutrition</i> , 15, 1100-7, 2012	No clear definition of population characteristics with regards to growth concerns.
Lucas, A., Morley, R., Cole, T. J., Gore, S. M., Davis, J. A., Bamford, M. F., Dossetor, J. F., Early diet in preterm babies and developmental status in infancy, <i>Archives of Disease in Childhood</i> , 64, 1570-8, 1989	Infants were recruited from an ICU
Lutter, C. K., Mora, J. O., Habicht, J. P., Rasmussen, K. M., Robson, D. S., Herrera, M. G., Age-specific responsiveness of weight and length to nutritional supplementation, <i>American Journal of Clinical Nutrition</i> , 51, 359-364, 1990	Population = children at risk of malnutrition; comparison over different periods for the same intervention.
Manary, M. J., Ndkeha, M. J., Ashorn, P., Maleta, K., Briend, A., Home based therapy for severe malnutrition with ready-to-use food, <i>Archives of Disease in Childhood</i> , 89, 557-61, 2004	Severe malnutrition.
Miller, J., Makrides, M., Gibson, R. A., McPhee, A. J., Stanford, T. E., Morris, S., Ryan, P., Collins, C. T., Effect of increasing protein content of human milk fortifier on growth in preterm infants born at <31 wk gestation: a randomized controlled trial, <i>American Journal of Clinical Nutrition</i> , 95, 648-55, 2012	Preterm babies only.
Moltu, S. J., Blakstad, E. W., Strommen, K., Almaas, A. N., Nakstad, B., Ronnestad, A., Braekke, K., Veierod, M. B., Drevon, C. A., Iversen, P. O., Westerberg, A. C., Enhanced feeding and diminished postnatal growth failure in very-low-birth-weight infants, <i>Journal of Pediatric Gastroenterology &amp; Nutrition</i> , 58, 344-51, 2014	Population from ICU.
Muzhingi, T., Tang, G., Yeum, K. J., Bermudez, O., Siwela, A., Peanut butter increases kale beta-carotene absorption and conversion to vitamin A in pre-school children, <i>FASEB journal</i> , 1), 2014	No weight gain measurements reported.
Nackers, F., Broillet, F., Oumarou, D., Djibo, A., Gaboulaud, V., Guerin, P. J., Rusch, B., Graiss, R. F., Captier, V., Effectiveness of ready-to-use therapeutic food compared to a corn/soy-blend-based pre-mix for the treatment of childhood moderate acute malnutrition in Niger, <i>Journal of Tropical Pediatrics</i> , 56, 407-13, 2010	Evidence from developing country (causes leading to FG are different)
Nesamvuni, A. E., Vorster, H. H., Margetts, B. M., Kruger, A., Fortification of maize meal improved the nutritional status of 1-3-year-old African children, <i>Public Health Nutrition</i> , 8, 461-7, 2005	Evidence from developing country (causes leading to FG are different)
Niinikoski, H., Lapinleimu, H., Viikari, J., Ronnema, T., Jokinen, E., Seppanen, R., Terho, P., Tuominen, J., Valimaki, I., Simell, O., Growth until 3 years of age in a prospective, randomized trial of a diet with reduced saturated fat and cholesterol, <i>Pediatrics</i> , 99, 687-94, 1997	Population = healthy infants
Nikiema, L., Huybregts, L., Kolsteren, P., Lanou, H., Tiendrebeogo, S., Bouckaert, K., Kouanda, S., Sondo, B.,	Evidence from developing country (causes leading to FG



Reference	Reason for Exclusion
Roberfroid, D., Treating moderate acute malnutrition in first-line health services: An effectiveness cluster-randomized trial in Burkina Faso, <i>American Journal of Clinical Nutrition</i> , 100, 241-9, 2014	are different)
Nutzenadel, W., Failure to thrive in childhood, <i>Deutsches Arzteblatt International</i> , 108, 642-9, 2011	The paper does not focus on weight gain or relevant comparisons.
Patel, M. P., Sandige, H. L., Ndekha, M. J., Briend, A., Ashorn, P., Manary, M. J., Supplemental feeding with ready-to-use therapeutic food in Malawian children at risk of malnutrition, <i>Journal of Health, Population &amp; Nutrition</i> , 23, 351-7, 2005	No randomisation.
Penny, M. E., Creed-Kanashiro, H. M., Robert, R. C., Narro, M. R., Caulfield, L. E., Black, R. E., Effectiveness of an educational intervention delivered through the health services to improve nutrition in young children: a cluster-randomised controlled trial, <i>Lancet</i> , 365, 1863-72, 2005	Population = poor peri-urban area, no definition of faltering growth or malnutrition state.
Perez-Escamilla, R., Pollitt, E., Growth improvements in children above 3 years of age: The Cali Study, <i>Journal of Nutrition</i> , 125, 885-893, 1995	Not an RCT.
Phu, P. V., Hoan, N. V., Salvignol, B., Treche, S., Wieringa, F. T., Dijkhuizen, M. A., Khan, N. C., Tuong, P. D., Schwartz, H., Berger, J., A six-month intervention with two different types of micronutrient-fortified complementary foods had distinct short- and long-term effects on linear and ponderal growth of vietnamese infants, <i>Journal of Nutrition</i> , 142, 1735-40, 2012	Evidence from developing country (causes leading to FG are different)
Phuka, J. C., Maleta, K., Thakwalakwa, C., Cheung, Y. B., Briend, A., Manary, M. J., Ashorn, P., Post intervention growth of Malawian children who received 12-mo dietary complementation with a lipid-based nutrient supplement or maize-soy flour, <i>American Journal of Clinical Nutrition</i> , 89, 382-90, 2009	Severe stunting.
Phuka, J., Thakwalakwa, C., Maleta, K., Cheung, Y. B., Briend, A., Manary, M., Ashorn, P., Supplementary feeding with fortified spread among moderately underweight 6-18-month-old rural Malawian children, <i>Maternal and Child Nutrition</i> , 5, 159-170, 2009	Evidence from developing country (causes leading to FG are different)
Picot J, Hartwell D, Harris P, Mendes D, Clegg AJ, Takeda A. , The effectiveness of interventions to treat severe acute malnutrition in young children: a systematic review, <i>Health Technology Assessment</i> , 16, 1â€• 316, 2012	Severe acute malnutrition.
Poustie, V. J., Russell, J. E., Watling, R. M., Ashby, D., Smyth, R. L., Oral protein energy supplements for children with cystic fibrosis: CALICO multicentre randomised controlled trial, <i>British Medical Journal</i> , 332, 632-635, 2006	Population = children with cystic fibrosis
Poustie, V. J., Smyth, R. L., Watling, R. M., Oral protein calorie supplementation for children with chronic disease, <i>Cochrane Database of Systematic Reviews</i> , (4), 2009	Chronic disease population.
Poustie, V. J., Watling, R. M., Smyth, R. L., Oral protein-energy supplements for children with chronic disease: systematic review, <i>Proceedings of the Nutrition Society</i> , 62, 801-6, 2003	Cystic fibrosis population.
Pridham, K., Kosorok, M. R., Greer, F., Carey, P., Kayata, S., Sondel, S., The effects of prescribed versus ad libitum feedings and formula caloric density on premature infant dietary intake and weight gain, <i>Nursing research</i> , 48, 86-93, 1999	Preterm babies only.
Sanchez-Tamayo, T., Espinosa Fernandez, M. G., Moreno Algarra, M. C., Fernandez Romero, V., Vallejo Triano, J., Tapia Moreno, E., Salguero Garcia, E., New clinical practice guideline on enteral feeding in very low birth weight infants; first part,	Study in Spanish

Reference	Reason for Exclusion
Nutricion Hospitalaria, 30, 321-8, 2014	
Saran, S., Gopalan, S., Krishna, T. P., Use of fermented foods to combat stunting and failure to thrive, Nutrition, 18, 393-396, 2002	Evidence from developing country (causes leading to FG are different)
Shewade, H. D., Patro, B. K., Bharti, B., Soundappan, K., Kaur, A., Taneja, N., Effectiveness of indigenous ready-to-use therapeutic food in community-based management of uncomplicated severe acute malnutrition: A randomized controlled trial from india, Journal of Tropical Pediatrics, 59, 393-398, 2013	Evidence from developing country (causes leading to FG are different)
Simmer, Karen, Patole, Sanjay K., Rao, Shripada C., Longchain polyunsaturated fatty acid supplementation in infants born at term, Cochrane Database of Systematic Reviews, 2011	Population = healthy infants
Simondon, K. B., Gartner, A., Berger, J., Cornu, A., Massamba, J. P., San Miguel, J. L., Ly, C., Missotte, I., Simondon, F., Traissac, P., Delpeuch, F., Maire, B., Effect of early, short-term supplementation on weight and linear growth of 4-7-mo-old infants in developing countries: A four-country randomized trial, American Journal of Clinical Nutrition, 64, 537-545, 1996	Evidence from developing country (causes leading to FG are different)
Singh, A. S., Kang, G., Ramachandran, A., Sarkar, R., Peter, P., Bose, A., Locally made ready-to-use therapeutic food for treatment of malnutrition: A randomized controlled trial, Indian Pediatrics, 47, 679-686, 2010	Population = severe acute population.
Stein, A. D., Barnhart, H. X., Hickey, M., Ramakrishnan, U., Schroeder, D. G., Martorell, R., Prospective study of protein-energy supplementation early in life and of growth in the subsequent generation in Guatemala, American Journal of Clinical Nutrition, 78, 162-7, 2003	The intervention started prenatally.
Super, C. M., Herrera, M. G., Mora, J. O., Long-term effects of food supplementation and psychosocial intervention on the physical growth of Colombian infants at risk of malnutrition, Child Development, 61, 29-49, 1990	Evidence from developing country (causes leading to FG are different)
Tedstone A, Aviles M, Shetty P, Daniels L. , Effectiveness of interventions to promote healthy eating in preschool children aged 1 to 5 years: a review, Health Promotion Effectiveness Reviews, 65, 1998	Not specific to FG.
Thakwalakwa, C. M., Ashorn, P., Jawati, M., Phuka, J. C., Cheung, Y. B., Maleta, K. M., An effectiveness trial showed lipid-based nutrient supplementation but not corn-soya blend offered a modest benefit in weight gain among 6- to 18-month-old underweight children in rural Malawi, Public Health Nutrition, 15, 1755-62, 2012	Evidence from developing country (causes leading to FG are different)
Visser, Janicke, McLachlan, Milla H., Fergusson, Pamela, Volmink, Jimmy, Garner, Paul, Supplementary feeding for food insecure, vulnerable and malnourished populations - an overview of systematic reviews, Cochrane Database of Systematic Reviews, 2013	Protocol only.
Williams, E. A., Elia, M., Lunn, P. G., A double-blind, placebo-controlled, glutamine-supplementation trial in growth-faltering Gambian infants, American Journal of Clinical Nutrition, 86, 421-7, 2007	Evidence from developing country (causes leading to FG are different)
Williams, P. A., Cates, S. C., Blitstein, J. L., Hersey, J., Gabor, V., Ball, M., Kosa, K., Wilson, H., Olson, S., Singh, A., Nutrition-education program improves preschoolers' at-home diet: A group randomized trial, Journal of the Academy of Nutrition and Dietetics, 114, 1001-8, 2014	No weight gain measurements as an outcome.
Wright, C. M., Callum, J., Birks, E., Jarvis, S., Effect of community	This paper will be included in

Reference	Reason for Exclusion
based management in failure to thrive: randomised controlled trial, <i>BMJ</i> , 317, 571-4, 1998	another systematic review of this guideline (probably the 'information and support' question).
Yoo, S. D., Hwang, E. H., Lee, Y. J., Park, J. H., Clinical Characteristics of Failure to Thrive in Infant and Toddler: Organic vs. Nonorganic, <i>Pediatric Gastroenterology Hepatology &amp; Nutrition</i> , 16, 261-8, 2013	Clinical characteristics of failure to thrive.
Young, Lauren, Morgan, Jessie, McCormick, Felicia M., McGuire, William, Nutrient-enriched formula versus standard term formula for preterm infants following hospital discharge, <i>Cochrane Database of Systematic Reviews</i> , -, 2012	Preterm babies only.

## H.10 Non-nutritional interventions

Reference	Reason for Exclusion
Aboud, F. E., Shafique, S., Akhter, S., A responsive feeding intervention increases children's self-feeding and maternal responsiveness but not weight gain, <i>Journal of Nutrition</i> , 139, 1738-43, 2009	The study has been conducted in a low- or middle-income country. Moreover, the participants are not only children with faltering growth.
Ashworth, A., Ferguson, E., Dietary counseling in the management of moderate malnourishment in children, <i>Food &amp; Nutrition Bulletin</i> , 30, S405-33, 2009	It is about current dietary recommendation for moderate malnutrition which have been collected from different organizations. None of the included studies in this paper could be included in our review based on the protocol.
Bithoney, William G., McJunkin, James, Michalek, Joanne, Snyder, John, Egan, Harwood, Epstein, Daniel, The effect of a multidisciplinary team approach on weight gain in nonorganic failure-to-thrive children, <i>Journal of Developmental and Behavioral Pediatrics</i> , 12, 254-258, 1991	The intervention is not relevant to non-nutritional interventions.
Black, M. M., Dubowitz, H., Hutcheson, J., Berenson-Howard, J., Starr, R. H., Jr., A randomized clinical trial of home intervention for children with failure to thrive, <i>Pediatrics</i> , 95, 807-14, 1995	The intervention is related to health care services delivery.
Black, M. M., Dubowitz, H., Krishnakumar, A., Starr, R. H., Jr., Early intervention and recovery among children with failure to thrive: follow-up at age 8, <i>Pediatrics</i> , 120, 59-69, 2007	The intervention is related to health care services delivery.
Buthmanaban, V., Ong, C. B. K., Chua, M. C., Ong, I., Effect of pre-discharge nutrition and lactation counselling on growth and feeding practices of extremely low birth weight infants, <i>Proceedings of Singapore Healthcare</i> , 19, S240, 2010	Not enough data has been reported.
Casey, P. H., Kelleher, K. J., Bradley, R. H., Kellogg, K. W., Kirby, R. S., Whiteside, L., A multifaceted intervention for infants with failure to thrive. A prospective study, <i>Archives of Pediatrics &amp; Adolescent Medicine</i> , 148, 1071-7, 1994	The population study is not only children with FTT. While the main outcome is the incidence of FTT.
Garcia Coll, C. T., Halpern, L., Seifer, R., Meyer, E. C., Kilis, E., Lester, B. M., Vohr, B. R., Oh, W., Behavioral intervention and post-natal growth in full-term intrauterine growth retarded (IUGR) infants, <i>Early Human Development</i> , 46, 105-16, 1996	The population of the study are IUGR infants.
Godfrey, Kate, Rhodes, Paul, Hunt, Caroline, The relationship between family mealtime interactions and eating disorder in childhood and adolescence: A systematic review, <i>Australian and New Zealand Journal of Family Therapy</i> , 34, 54-74, 2013	The population of the included studies are not children with faltering growth.

Reference	Reason for Exclusion
Hanks, H., Hobbs, C., Seymour, D., Stratton, Peter, Infants who fail to thrive: An intervention for poor feeding practices, <i>Journal of Reproductive and Infant Psychology</i> , 6, 101-111, 1988	No comparison group and small size (n=6) participants.
Haynes, Clare F., Cutler, Christy, Gray, Jane, O'Keefe, Kirstin, Kempe, Ruth S., Non-organic failure to thrive: Decision for placement and videotaped evaluations, <i>Child Abuse &amp; Neglect</i> , 7, 309-319, 1983	It is not about the non-nutritional interventions. It is more focused on health care delivery.
Hutcheson, J. J., Black, M. M., Talley, M., Dubowitz, H., Howard, J. B., Starr, R. H., Jr., Thompson, B. S., Risk status and home intervention among children with failure-to-thrive: follow-up at age 4, <i>Journal of Pediatric Psychology</i> , 22, 651-68, 1997	The intervention is related to healthcare services delivery.
Iwaniec, Dorota, Herbert, Martin, McNeish, A., Social work with failure-to-thrive children and their families: II. Behavioural social work intervention, <i>British Journal of Social Work</i> , 15, 375-389, 1985	It is a non-randomized study, all children with faltering growth has received the intervention. However, the intervention is more related to healthcare services delivery.
Iwaniec, Dorota, Herbert, Martin, McNeish, A., Social work with failure-to-thrive children and their families: I. Psychosocial factors, <i>British Journal of Social Work</i> , 15, 243-259, 1985	The effectiveness of a non-nutritional intervention has not been assessed in this study.
Iwaniec, Dorota, Sneddon, Helga, Attachment style in adults who failed to thrive as children: Outcomes of a 20 year follow-up study of factors influencing maintenance or change in attachment style, <i>British Journal of Social Work</i> , 31, 179-195, 2001	No outcome of interest.
Kafatos, A. G., Tsitoura, S., Pantelakis, S. N., Doxiadis, S. A., Maternal and infant health education in a rural Greek community, <i>Hygie</i> , 10, 32-7, 1991	This study focused on maternal and infant mortality and morbidity. The children with faltering growth have not been addressed.
Kendrick, D., Elkan, R., Hewitt, M., Dewey, M., Blair, M., Robinson, J., Williams, D., Brummell, K., Does home visiting improve parenting and the quality of the home environment? A systematic review and meta analysis, <i>Archives of Disease in Childhood</i> , 82, 443-51, 2000	The aim of this systematic review is to evaluate the effectiveness of home visiting programmes on parenting and quality of the home environment. Two related studies in this systematic review has been retrieved and evaluated on our review.
Malhotra, N., Vishwambaran, L., Sundaram, K. R., Narayanan, I., A controlled trial of alternative methods of oral feeding in neonates, <i>Early Human Development</i> , 54, 29-38, 1999	The infants and children with faltering Growth have not been addressed in this study.
Parkinson, Kathryn N., Wright, Charlotte M., Drewett, Robert F., Mealtime energy intake and feeding behaviour in children who fail to thrive: A population-based case-control study, <i>Journal of Child Psychology and Psychiatry</i> , 45, 1030-1035, 2004	It is a case-control study.
Ramsay, Maria, Zelazo, Philip R., Food refusal in failure-to-thrive infants: Nasogastric feeding combined with interactive-behavioral treatment, <i>Journal of Pediatric Psychology</i> , 13, 329-347, 1988	There is no comparison and the sample size is very small (n=5).
Rendon-Macias, M. E., Cruz-Perez, L. A., Mosco-Peralta, M. R., Saraiba-Russell, M. M., Levi-Tajfeld, S., Morales-Lopez, M. G., Assessment of sensorial oral stimulation in infants with suck feeding disabilities, <i>Indian journal of pediatrics</i> , 66, 319-329, 1999	The patients involved in the study are not children with faltering growth.
Richter-Strydom, L. M., Griesel, R. D., Glatthaar, I., Effects of a nutrition education programme on the psychological performance of malnourished children. A 3-year follow-up study, <i>South African Medical Journal. Suid-Afrikaanse Tydskrif Vir Geneeskunde</i> , 68,	It has conducted in a developing country. Population is malnourished children in South Africa.

Reference	Reason for Exclusion
659-62, 1985	
Robertson, Joanne, Puckering, Christine, Parkinson, Kathryn, Corlett, Lauren, Wright, Charlotte, Mother-child feeding interactions in children with and without weight faltering; nested case control study, <i>Appetite</i> , 56, 753-759, 2011	It is a case-control study.
Stein, A., Forsyth, R., Netsi, E., Juszcak, E., The relationship between changes in eating disorder psychopathology in mothers with eating disorders and infant weight during the first year of life, <i>Archives of Women's Mental Health</i> , 18 (2), 402, 2015	The participants are not infants or children with faltering growth.
Wang, X. M., Zhu, Y. P., Wang, L., Effect of positive nutritional support strategy on extrauterine growth restriction in preterm infants. [Chinese], <i>Chinese Journal of Contemporary Pediatrics</i> , 15, 1054-1058, 2013	The full text is in Chinese.
Ward, Mary J., Kessler, Daniel B., Altman, Susannah C., Infant-mother attachment in children with failure to thrive, <i>Infant Mental Health Journal</i> , 14, 208-220, 1993	The effectiveness of non-nutritional intervention has not been assessed.
Wright, C., Birks, E., Risk factors for failure to thrive: a population-based survey, <i>Child: Care, Health &amp; Development</i> , 26, 5-16, 2000	It is a case-control study. The effectiveness of a non-nutritional intervention has not been assessed.
Yilmaz, G., Caylan, N., Karacan, C. D., Bodur, I., Gokcay, G., Effect of cup feeding and bottle feeding on breastfeeding in late preterm infants: a randomized controlled study, <i>Journal of Human Lactation</i> , 30, 174-9, 2014	The study population are preterm infants in ICU.
Zeskind, P. S., Ramey, C. T., Fetal malnutrition: an experimental study of its consequences on infant development in two caregiving environments, <i>Child Development</i> , 49, 1155-62, 1978	The study has focused on fetal malnutrition. Children with faltering growth have not been addressed.
Zeskind, P. S., Ramey, C. T., Preventing intellectual and interactional sequelae of fetal malnutrition: a longitudinal, transactional, and synergistic approach to development, <i>Child Development</i> , 52, 213-8, 1981	The study has focused on fetal malnutrition. Children with faltering growth have not been addressed.

## H.11 Monitoring

Reference	Reason for Exclusion
Abul-Fadl, A., Bagchi, K., Cheikh Ismail, L., Practices in child growth monitoring in the countries of the Eastern Mediterranean Region, <i>Eastern Mediterranean Health Journal</i> , 16, 194-201, 2010	The study aimed to assess the current use of growth charts throughout a questionnaire, no relevant data specific to growth monitoring was reported
Akram, D. S., Agboatwalla, M., Bharmal, F. Y., Community growth monitoring, <i>JPMA - Journal of the Pakistan Medical Association</i> , 50, 188-91, 2000	Population did not present with faltering growth; study was carried out in a low income country (Pakistan)
Argyle, J., Approaches to detecting growth faltering in infancy and childhood, <i>Annals of Human Biology</i> , 30, 499-519, 2003	Narrative review, no data relevant to growth monitoring was reported
Ashworth, A., Shrimpton, R., Jamil, K., Growth monitoring and promotion: review of evidence of impact, <i>Maternal &amp; Child Nutrition</i> , 4 Suppl 1, 86-117, 2008	Narrative review, only generalizable to low income countries
Batchelor, J. A., Has recognition of failure to thrive changed?, <i>Child: Care, Health &amp; Development</i> , 22, 235-40, 1996	Study reviews the thresholds used for recognition of faltering growth, but does not provide with specific information about growth measurements
Casanovas Mdel, C., Lutter, C. K., Mangasaryan, N., Mwadime,	Narrative review. Specific data



Reference	Reason for Exclusion
R., Hajeebhoy, N., Aguilar, A. M., Kopp, C., Rico, L., Ibiert, G., Andia, D., Onyango, A. W., Multi-sectoral interventions for healthy growth, <i>Maternal &amp; Child Nutrition</i> , 9 Suppl 2, 46-57, 2013	on growth monitoring or faltering growth was not reported
Casey, P. H., Growth of Low Birth Weight Preterm Children, <i>Seminars in Perinatology</i> , 32, 20-27, 2008	Narrative review focused on thresholds for atypical growth
Casey, P. H., Wortham, B., Nelson, J. Y., Management of children with failure to thrive in a rural ambulatory setting. <i>Epidemiology and growth outcomes, Clinical Pediatrics</i> , 23, 325-30, 1984	Study does not provide with growth measurements data, only with the presence/absence of faltering growth and its origin.
Centre for Reviews and Dissemination, A systematic review of the routine monitoring of growth in children of primary school age to identify growth-related conditions (Structured abstract), <i>Database of Abstracts of Reviews of Effects</i> , 2015	Executive summary, no data about growth monitoring was provided
Clemons, R. M., Issues in newborn care, <i>Primary Care; Clinics in Office Practice</i> , 27, 251-67, 2000	Narrative review. No data regarding growth monitoring was reported
Corbett, S. S., Drewett, R. F., Wright, C. M., Does a fall down a centile chart matter? The growth and developmental sequelae of mild failure to thrive, <i>Acta Paediatrica</i> , 85, 1278-83, 1996	The comparison group is the control group, which has measures at the same time points as the faltering growth group
De Curtis, M., Rigo, J., Extrauterine growth restriction in very-low-birthweight infants, <i>Acta Paediatrica</i> , 93, 1563-8, 2004	Narrative review, no data relevant to growth monitoring was reported
De Onis, M., Monitoring child growth and infant and young child feeding practices, <i>Annals of Nutrition and Metabolism</i> , 63, 51, 2013	Abstract of a narrative review. No relevant data regarding growth monitoring was reported
Drewett, R., Emond, A., Blair, P., Emmett, P., The importance of slow weight gain in the first 2 months in identifying children who fail to thrive, <i>Journal of Reproductive and Infant Psychology</i> , 23, 309-317, 2005	No comparison group
Emond, A. M., Blair, P. S., Emmett, P. M., Drewett, R. F., Weight faltering in infancy and IQ levels at 8 years in the Avon Longitudinal Study of Parents and Children, <i>Pediatrics</i> , 120, e1051-8, 2007	No comparison group
Frisancho, A. R., Reduction of birth weight among infants born to adolescents: maternal-fetal growth competition, <i>Annals of the New York Academy of Sciences</i> , 817, 272-80, 1997	Population are adolescents and adults and not children with faltering growth
Gerein, N., Is growth monitoring worthwhile?, <i>Health Policy and Planning</i> , 3, 181-194, 1988	Narrative review, does not contain relevant growth monitoring data
Hall, D. M., Growth monitoring: the next five years, <i>Journal of Medical Screening</i> , 2, 174-8, 1995	Narrative review, no data relevant to growth monitoring was reported
Hall, D. M., Growth monitoring, <i>Archives of Disease in Childhood</i> , 82, 10-5, 2000	Narrative review, no data relevant to growth monitoring was reported
Haymond, M., Kappelgaard, A. M., Czernichow, P., Biller, B. M., Takano, K., Kiess, W., Global Advisory Panel Meeting on the Effects of Growth, Hormone, Early recognition of growth abnormalities permitting early intervention, <i>Acta Paediatrica</i> , 102, 787-96, 2013	Narrative review, no data relevant to growth monitoring was reported
Henry, J. J., Routine growth monitoring and assessment of growth disorders, <i>Journal of Pediatric Health Care</i> , 6, 291-301, 1992	Narrative review. Specific data on growth monitoring or faltering growth was not reported
Holme, A. R., Blair, P. S., Emond, A. M., Psychosocial and	Study does not compare an

Reference	Reason for Exclusion
educational outcomes of weight faltering in infancy in ALSPAC, BMJ Open, 3 (7) (no pagination), 2013	increased frequency of monitoring with routine monitoring
Jaddoe, V. W., van Duijn, C. M., Franco, O. H., van der Heijden, A. J., van Iizendoorn, M. H., de Jongste, J. C., van der Lugt, A., Mackenbach, J. P., Moll, H. A., Raat, H., Rivadeneira, F., Steegers, E. A., Tiemeier, H., Uitterlinden, A. G., Verhulst, F. C., Hofman, A., The Generation R Study: design and cohort update 2012, European Journal of Epidemiology, 27, 739-56, 2012	This review summarises the design of the Generation R study but does not provide any data in growth monitoring or faltering growth
James Cole, T., Assessment of growth, Best Practice and Research: Clinical Endocrinology and Metabolism, 16, 383-398, 2002	Narrative review
Karlberg, J., Jalil, F., Lam, B., Low, L., Yeung, C. Y., Linear growth retardation in relation to the three phases of growth, European Journal of Clinical Nutrition, 48 Suppl 1, S25-43; discussion S43-4, 1994	No comparison group was reported
Mulligan, J., Voss, L. D., McCaughey, E. S., Bailey, B. J., Betts, P. R., Growth monitoring: testing the new guidelines, Archives of Disease in Childhood, 79, 318-22, 1998	Population included in the study do not meet the age criteria(children at school entry)
Panpanich, Ratana, Garner, Paul, Growth monitoring in children, Cochrane Database of Systematic Reviews, 2009	The 2 studies included in this systematic review were from developing countries (South Africa and India)
Pfister, K.M., Ramel, S.E., Linear Growth and Neurodevelopmental Outcomes, Clinics in Perinatology, 41, 309-321, 2014	Narrative review
Richard, S. A., Black, R. E., Checkley, W., Revisiting the relationship of weight and height in early childhood, Advances in Nutrition, 3, 250-4, 2012	Narrative review focused on interventions to improve nutritional status of children living in developing countries
Sachs, M., Dykes, F., Carter, B., Weight monitoring of breastfed babies in the United Kingdom - Interpreting, explaining and intervening, Maternal and Child Nutrition, 2, 3-18, 2006	Narrative review, data about growth monitoring was not reported
ud Din, Z., Emmett, P., Steer, C., Emond, A., Growth outcomes of weight faltering in infancy in ALSPAC, Pediatrics, 131, e843-9, 2013	Comparison group (control group) gets measured at the same frequency than the faltering growth group
Warne, G. L., The assessment of growth in children, Australian Family Physician, 11, 422, 425-7, 1982	Narrative review. No data regarding growth monitoring was reported
Wells, J. C., Growth and failure to thrive, Paediatric Nursing, 14, 37-42; quiz 43, 2002	Narrative review. No data regarding growth monitoring was reported
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	No comparison group
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	No comparison group

## H.12 Referral

Reference	Reason for exclusion
Centre for Reviews and Dissemination, Effectiveness of weight management programs in children and adolescents (Structured abstract), Database of Abstracts of Reviews of Effects, 2015	Population present with overweight/obesity
Gerasimidis, K., Macleod, I., Maclean, A., Buchanan, E., McGrogan, P., Swinbank, I., McAuley, M., Wright, C. M., Flynn, D.	Study provides with the description of the development



Reference	Reason for exclusion
M., Performance of the novel Paediatric Yorkhill Malnutrition Score (PYMS) in hospital practice, <i>Clinical Nutrition</i> , 30, 430-5, 2011	of a tool for nutritional screening but does not present with specific data about referral
Grote, F. K., Oostdijk, W., De Muinck Keizer-Schrama, S. M., van Dommelen, P., van Buuren, S., Dekker, F. W., Ketel, A. G., Moll, H. A., Wit, J. M., The diagnostic work up of growth failure in secondary health care; an evaluation of consensus guidelines, <i>BMC Pediatrics</i> , 8, 21, 2008	Population included do not present with faltering growth
Jellinek, D., Hall, D. M., How are children's growth problems diagnosed?, <i>Child: Care, Health &amp; Development</i> , 20, 371-7, 1994	Study presents with the results of a survey made to parents regarding growth problems, but no specific data on referral or growth faltering.
Pritchard, N., A practical approach to the assessment of faltering growth in the infant and toddler, <i>Paediatrics and Child Health (United Kingdom)</i> , 25, 433-436, 2015	Narrative review. The study provides with statement about how to assess faltering growth, but does not provide with specific data about referral
van Buuren, S., Bonnemaijer-Kerckhoffs, D. J., Grote, F. K., Wit, J. M., Verkerk, P. H., Many referrals under Dutch short stature guidelines, <i>Archives of Disease in Childhood</i> , 89, 351-2, 2004	Study does not present with a comparison group, children do not present with faltering growth
van Buuren, S., van Dommelen, P., Zandwijken, G. R., Grote, F. K., Wit, J. M., Verkerk, P. H., Towards evidence based referral criteria for growth monitoring, <i>Archives of Disease in Childhood</i> , 89, 336-41, 2004	Chapter 5 of this guideline: individual growth curve models for assessing evidence-based referral criteria in growth monitoring - all children included are taking growth hormone
Wright, C. M., Talbot, E., Screening for failure to thrive--what are we looking for?, <i>Child: Care, Health &amp; Development</i> , 22, 223-34, 1996	Narrative review, study describes the process of how to screen for faltering growth, but does not provide with specific data on referral

## H.13 Organisation of care

Reference	Reason for Exclusion
Ashworth, A., Shrimpton, R., Jamil, K., Growth monitoring and promotion: review of evidence of impact, <i>Maternal &amp; Child Nutrition</i> , 4 Suppl 1, 86-117, 2008	Only studies from medium and low income countries were included
Bithoney, W. G., McJunkin, J., Michalek, J., Egan, H., Snyder, J., Munier, A., Prospective evaluation of weight gain in both nonorganic and organic failure-to-thrive children: an outpatient trial of a multidisciplinary team intervention strategy, <i>Journal of Developmental &amp; Behavioral Pediatrics</i> , 10, 27-31, 1989	Not an RCT
Bryson, S. R., Theriot, L., Ryan, N. J., Pope, J., Tolman, N., Rhoades, P., Primary follow-up care in a multidisciplinary setting enhances catch-up growth of very-low-birth-weight infants, <i>Journal of the American Dietetic Association</i> , 97, 386-90, 1997	Children had been admitted to a NICU setting; not an RCT.
Cole, S. Z., Lanham, J. S., Failure to thrive: an update, <i>American Family Physician</i> , 83, 829-34, 2011	This is a review of the current evidence related to faltering growth
Garner, P., Panpanich, R., Logan, S., Is routine growth monitoring effective? A systematic review of trials, <i>Archives of Disease in</i>	In this systematic review, the setting for the included studies

Childhood, 82, 197-201, 2000	are not high-income countries
Hench, K. D., Shults, J., Benyi, T., Clow, C., Delaune, J., Gilluly, K., Johnson, L., Johnson, M., Rosister, K., McKnight-Menci, H., Shorkey, D., Waite, F., Weber, C., Lipman, T. H., Effect of educational preparation on the accuracy of linear growth measurement in pediatric primary care practices: Results of a multicenter nursing study, <i>Journal of Pediatric Nursing</i> , 20, 64-74, 2005	Study not related with service configuration
Heuschkel, R., Salvestrini, C., Beattie, R. M., Hildebrand, H., Walters, T., Griffiths, A., Guidelines for the management of growth failure in childhood inflammatory bowel disease, <i>Inflammatory Bowel Diseases</i> , 14, 839-49, 2008	The main aim of this RCT was to identify treatments for faltering growth
Lipman, T. H., Hench, K. D., Benyi, T., Delaune, J., Gilluly, K. A., Johnson, L., Johnson, M. G., McKnight-Menci, H., Shorkey, D., Shults, J., Waite, F. L., Weber, C., A multicentre randomised controlled trial of an intervention to improve the accuracy of linear growth measurement, <i>Archives of Disease in Childhood</i> , 89, 342-6, 2004	Study focused on measurement accuracy and measurement devices
McCarton, C. M., Brooks-Gunn, J., Wallace, I. F., Bauer, C. R., Bennett, F. C., Bernbaum, J. C., Broyles, R. S., Casey, P. H., McCormick, M. C., Scott, D. T., Tyson, J., Tonascia, J., Meinert, C. L., Results at age 8 years of early intervention for low-birth-weight premature infants. The Infant Health and Development Program, <i>JAMA</i> , 277, 126-32, 1997	Children with low birth weight
Resnick, M. B., Davis, E. F., Nelson, R. M., et al., Developmental intervention for low birth weight infants: Improved early developmental outcome, <i>Pediatrics</i> , 80, 68-74, 1987	Not an RCT
Scholler, I., Nittur, S., Understanding failure to thrive, <i>Paediatrics and Child Health (United Kingdom)</i> , 22, 438-442, 2012	Narrative review

## H.14 Information and support

Reference	Reason for Exclusion
Adamson, M., Morawska, A., Sanders, M. R., Childhood feeding difficulties: a randomized controlled trial of a group-based parenting intervention, <i>Journal of developmental and behavioral pediatrics</i> : JDBP, 34, 293-302, 2013	Parenting programme (not giving information). Not focused on measurement of growth.
Centre for Reviews and Dissemination, Targeting physical activity and nutrition interventions towards mothers with young children: a review on components that contribute to attendance and effectiveness (Structured abstract), <i>Database of Abstracts of Reviews of Effects</i> , 2015	Children not specifically with growth concerns
Centre for Reviews and Dissemination, A systematic review of the effectiveness of peer/paraprofessional 1: 1 interventions targeted towards mothers (parents) of 0-6 year old children in promoting positive maternal (parental) and/or child health/developmental outcomes (Structured abstract), <i>Database of Abstracts of Reviews of Effects</i> , 2015	No relevant articles
Centre for Reviews and Dissemination, Parent participation in weight-related health interventions for children and adolescents: a systematic review and meta-analysis (Structured abstract), <i>Database of Abstracts of Reviews of Effects</i> , 2015	No relevant articles
Centre for Reviews and Dissemination, A systematic review of telephone support for women during pregnancy and the early postpartum period (Structured abstract), <i>Database of Abstracts of Reviews of Effects</i> , 2015	No relevant articles
Anonymous,, Failure to thrive: what this means for your child,	No qualitative analysis

Reference	Reason for Exclusion
American Family Physician, 83, 837-8, 2011	presented (info leaflet).
Beale, B., McMaster, R., Hillege, S., Eating disorders: a qualitative analysis of the parents' journey, Contemporary Nurse, 18, 124-32, 2004	Population considered and addressed = adolescents with eating disorders (bulimia and anorexia nervosa).
Borucki, L. C., Breastfeeding mothers' experiences using a supplemental feeding tube device: finding an alternative, Journal of Human Lactation, 21, 429-38, 2005	Qualitative analysis of women's perspectives on alternative breastfeeding intervention. No mention of FG or FTT.
Brotherton, A. M., Abbott, J., Aggett, P. J., The impact of percutaneous endoscopic gastrostomy feeding in children; the parental perspective, Child: Care, Health & Development, 33, 539-46, 2007	Population = children with PEG (only 2/24 have FG); not specific to FG.
Crawford, P. B., Gosliner, W., Anderson, C., Strode, P., Becerra-Jones, Y., Samuels, S., Carroll, A. M., Ritchie, L. D., Counseling Latina mothers of preschool children about weight issues: suggestions for a new framework, Journal of the American Dietetic Association, 104, 387-94, 2004	Population studied = healthy children. The paper collects the perspectives of Latina mothers.
Funkquist, E. L., Carlsson, M., Nyqvist, K. H., Consulting on feeding and sleeping problems in child health care: what is at the bottom of advice to parents?, Journal of Child Health Care, 9, 137-52, 2005	Population not clearly defined, evidence not relevant for the review protocol on what information and support should be provided to parents and carers.
Hillege, S., Beale, B., McMaster, R., Impact of eating disorders on family life: Individual parents' stories, Journal of Clinical Nursing, 15, 1016-1022, 2006	Population considered and addressed = adolescents with eating disorders of onset 10-19 years (bulimia and anorexia nervosa).
Kawakami, C., Fujiwara, C., Experiences of parents' with children receiving long-term home parenteral nutrition, Pediatrics International, 55, 612-8, 2013	Population = preschool children with chronic eating disorders who have received total parental nutrition for 1-6 years. Not specific to FG.
Loth, K. A., Neumark-Sztainer, D., Croll, J. K., Informing family approaches to eating disorder prevention: Perspectives of those who have been there, International Journal of Eating Disorders, 42, 146-152, 2009	Population considered and addressed = adolescents with eating disorders (bulimia and anorexia nervosa).
Rogeberg, K., Eating disorders and the family. Experiences gathered in a parent support group, Acta Psychiatrica Scandinavica, Supplementum, 361, 50-1, 1990	Not qualitative analysis evidence, and not specific to children with FG.
Singer, L. T., Song, L. Y., Hill, B. P., Jaffe, A. C., Stress and depression in mothers of failure-to-thrive children, Journal of Pediatric Psychology, 15, 711-20, 1990	The paper reports on prevalence of stress in mothers of FTT children. No qualitative analysis presented.
Woolford, S. J., Clark, S. J., Lumeng, J. C., Williams, D. R., Davis, M. M., Maternal perspectives on growth and nutrition counseling provided at preschool well-child visits, Journal of the National Medical Association, 99, 153-8, 2007	Population = mothers of healthy children, the study reports on their understanding of growth charts but this evidence is too indirect to be used for FG.
Adamson, M., Morawska, A., Sanders, M. R., Childhood feeding difficulties: a randomized controlled trial of a group-based parenting intervention, Journal of developmental and behavioral pediatrics : JDBP, 34, 293-302, 2013	Parenting programme (not giving information). Not focused on measurement of growth.

## H.15 Health economics

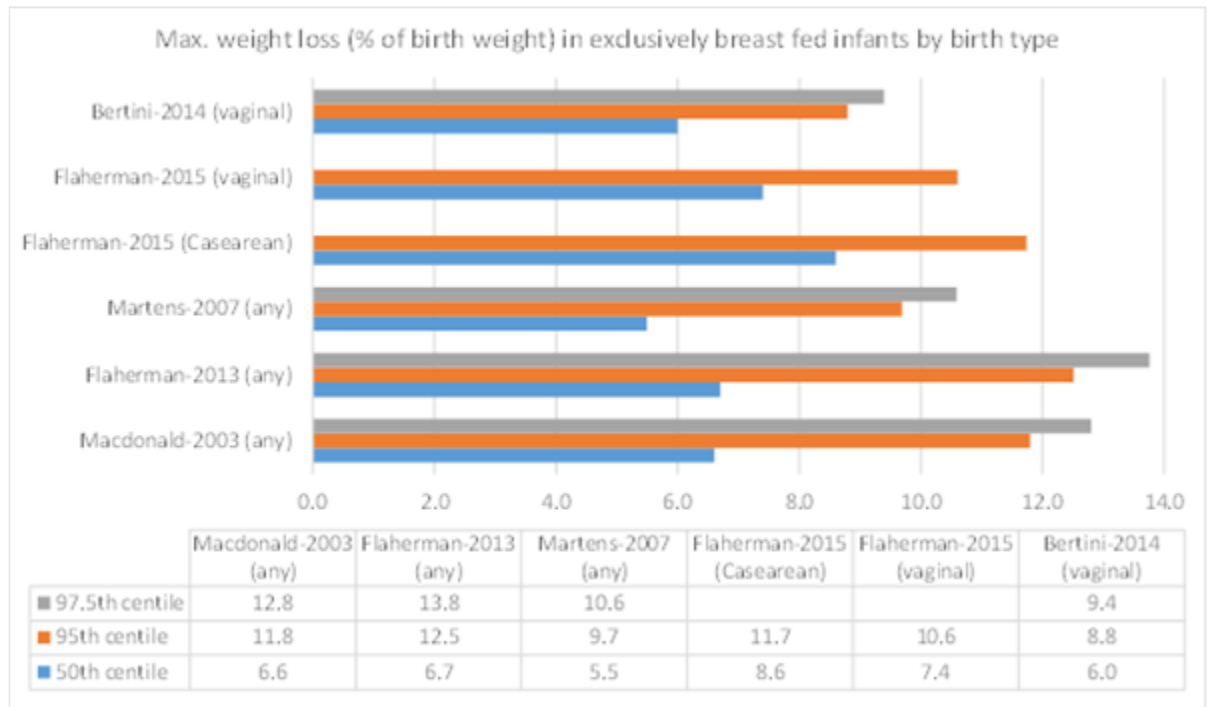
Reference	Reason for Exclusion
Bachmann, M. O., Cost effectiveness of community-based therapeutic care for children with severe acute malnutrition in Zambia: decision tree model, <i>Cost Effectiveness &amp; Resource Allocation</i> , 2 2009	Population not relevant to UK setting
Beissel, A., Nguyen, K. A., Pillet, F., Doiret, F., Plaisant, F., Gauthier-Moulinier, H., Magrou, A. S., Tarifa-Buisson, H., Deruy, F., Goyet, A. S., Conti, I., Keita, C., Duhamel, C., Hommey, S., Hommey, S. D. A., Touzet, S., Claris, O., Effects of education nurse program in improving feeding pattern in premature infants, <i>Archives of Disease in Childhood</i> , A477 2014	Not health economics
Breitfelder, A., Wenig, C. M., Wolfenstetter, S. B., Rzehak, P., Menn, P., John, J., Leidl, R., Bauer, C. P., Koletzko, S., Roder, S., Herbarth, O., von Berg, A., Berdel, D., Kramer, U., Schaaf, B., Wichmann, H. E., Heinrich, J., Gini-plus, Lisa-plus Study Groups, Relative weight-related costs of healthcare use by children--results from the two German birth cohorts, GINI-plus and LISA-plus, <i>Economics &amp; Human Biology</i> , 302-15 2011	Population not relevant to faltering growth
Butler, T. J., Szekely, L. J., Grow, J. L., A standardized nutrition approach for very low birth weight neonates improves outcomes, reduces cost and is not associated with increased rates of necrotizing enterocolitis, sepsis or mortality, <i>Journal of Perinatology</i> , 851-7 2013	Abstract only - full text could not be retrieved
Casiro, O. G., McKenzie, M. E., McFadyen, L., Shapiro, C., Seshia, M. M., MacDonald, N., Moffatt, M., Cheang, M. S., Earlier discharge with community-based intervention for low birth weight infants: a randomized trial, <i>Pediatrics</i> , 128-34 1993	Not relevant to any review question
Cheung, Y. B., Lam, K. F., Three estimates of the association between linear growth failure and cognitive ability, <i>Tropical Medicine &amp; International Health</i> , 1020-4 2009	Looks at long-term outcomes of faltering growth, which was not relevant to any review question
Corbett, S. S., Drewett, R. F., Durham, M., Tymms, P., Wright, C. M., The relationship between birthweight, weight gain in infancy, and educational attainment in childhood, <i>Paediatric and Perinatal Epidemiology</i> , 57-64 2007	Looks at long-term outcomes of faltering growth, which was not relevant to any review question
Craig, D., Fayer, D., Stirk, L., Crott, R., Growth monitoring for short stature: update of a systematic review and economic model, <i>Health Technology Assessment (Winchester, England)</i> , iii-iv, 1-64 2011	Systematic review identifying only studies also identified by NICE search
Dallas, M. J., Bowling, D., Roig, J. C., Auestad, N., Neu, J., Enteral glutamine supplementation for very-low-birth-weight infants decreases hospital costs, <i>Jpen</i> , 352-6 1998	Not relevant to any review question
Dewey, K. G., Begum, K., Long-term consequences of stunting in early life, <i>Maternal &amp; Child Nutrition</i> , 43221 2011	Looks at long-term outcomes of faltering growth, which was not relevant to any review question
Durand-Zaleski, I., Developments in idiopathic short stature: cost versus allocation of resources, <i>Hormone research in paediatrics</i> , 33-5 2011	Not relevant to any review question
Hall, A., Khanh, L. N., Son, T. H., Dung, N. Q., Lansdown, R. G., Dar, D. T., Hanh, N. T., Moestue, H., Khoi, H. H., Bundy, D. A., Partnership for Child, Development, An association between chronic undernutrition and educational test scores in Vietnamese children, <i>European Journal of Clinical Nutrition</i> , 801-4 2001	Population not relevant to UK setting
Hoddinott, J., Alderman, H., Behrman, J. R., Haddad, L., Horton,	Looks at long-term outcomes

Reference	Reason for Exclusion
S., The economic rationale for investing in stunting reduction, <i>Maternal &amp; Child Nutrition</i> , 69-82 2013	of faltering growth, which was not relevant to any review question
Hoddinott, J., Behrman, J. R., Maluccio, J. A., Melgar, P., Quisumbing, A. R., Ramirez-Zea, M., Stein, A. D., Yount, K. M., Martorell, R., Adult consequences of growth failure in early childhood, <i>American Journal of Clinical Nutrition</i> , 1170-8 2013	Looks at long-term outcomes of faltering growth, which was not relevant to any review question
Howe, T.H., Sheu, C.F., Wang, T.N., Hsu, Y.W., Parenting stress in families with very low birth weight preterm infants in early infancy, <i>Research in Developmental Disabilities</i> , 1748-1756 2014	Population not relevant to UK setting
Jelliffe-Pawlowski, L. L., Hansen, R. L., Neurodevelopmental outcome at 8 months and 4 years among infants born full-term small-for-gestational-age, <i>Journal of Perinatology</i> , 505-14 2004	Not HE
Karlberg, J., Albertsson-Wikland, K., Baber, F. M., Low, L. C., Yeung, C. Y., Born small for gestational age: consequences for growth, <i>Acta Paediatrica Supplement</i> , 8-13; discussion 14 1996	Looks at long-term outcomes of faltering growth, which was not relevant to any review question
Klek, S., Hermanowicz, A., Dziwiszek, G., Matysiak, K., Szczepanek, K., Szybinski, P., Galas, A., Home enteral nutrition reduces complications, length of stay, and health care costs: results from a multicenter study, <i>The American journal of clinical nutrition</i> , 609-15 2014	Population not relevant to FG
Koltowska-Haggstrom, M., Quality of life and growth hormone deficiency in adult patients in clinical evaluation and health economic assessment, <i>Pediatric endocrinology, diabetes, &amp; metabolism</i> , 203-9 2009	Population not relevant to FG
McDougall, P., Drewett, R. F., Hungin, A. P., Wright, C. M., The detection of early weight faltering at the 6-8-week check and its association with family factors, feeding and behavioural development, <i>Archives of Disease in Childhood</i> , 549-52 2009	Not HE
Norgan, N. G., Long-term physiological and economic consequences of growth retardation in children and adolescents, <i>Proceedings of the Nutrition Society</i> , 245-56 2000	Looks at long-term outcomes of faltering growth, which was not relevant to any review question
Schmitt, B. D., Mauro, R. D., Nonorganic failure to thrive: an outpatient approach, <i>Child Abuse &amp; Neglect</i> , 235-48 1989	Not HE

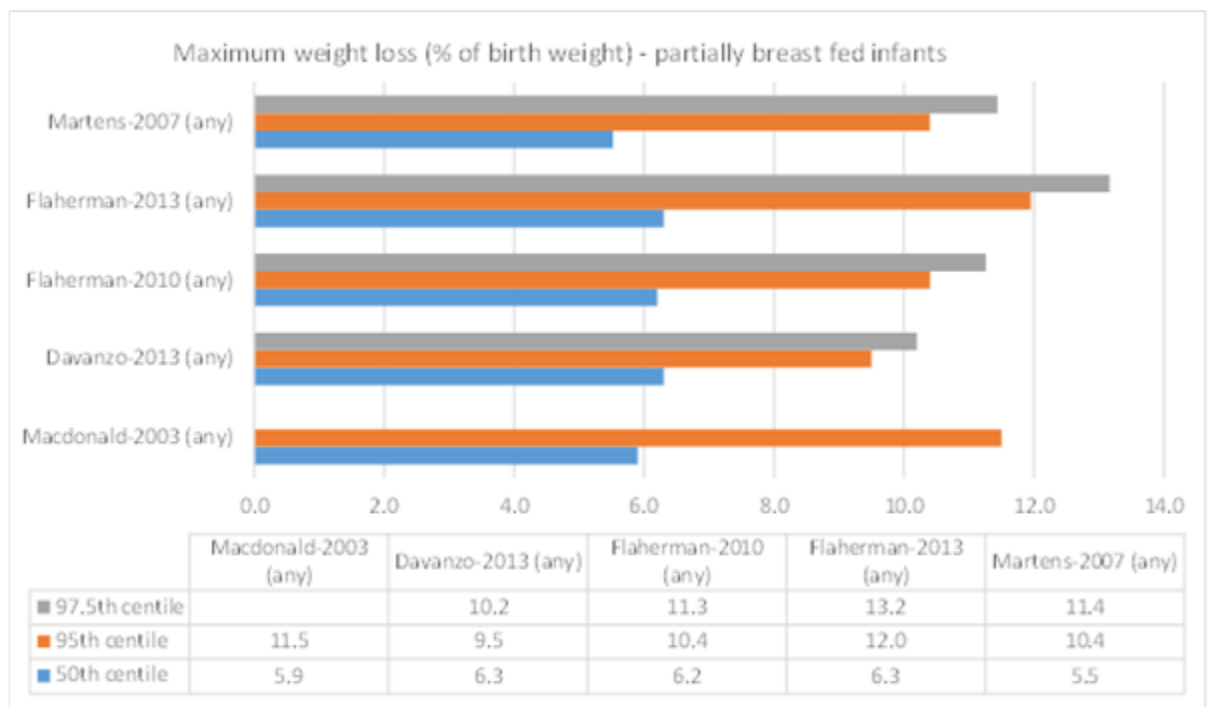
# Appendix I: Forest and percentage plots

## I.1 Weight loss in the first days of life

**Figure 16: Maximum weight loss in exclusively breast fed infants**

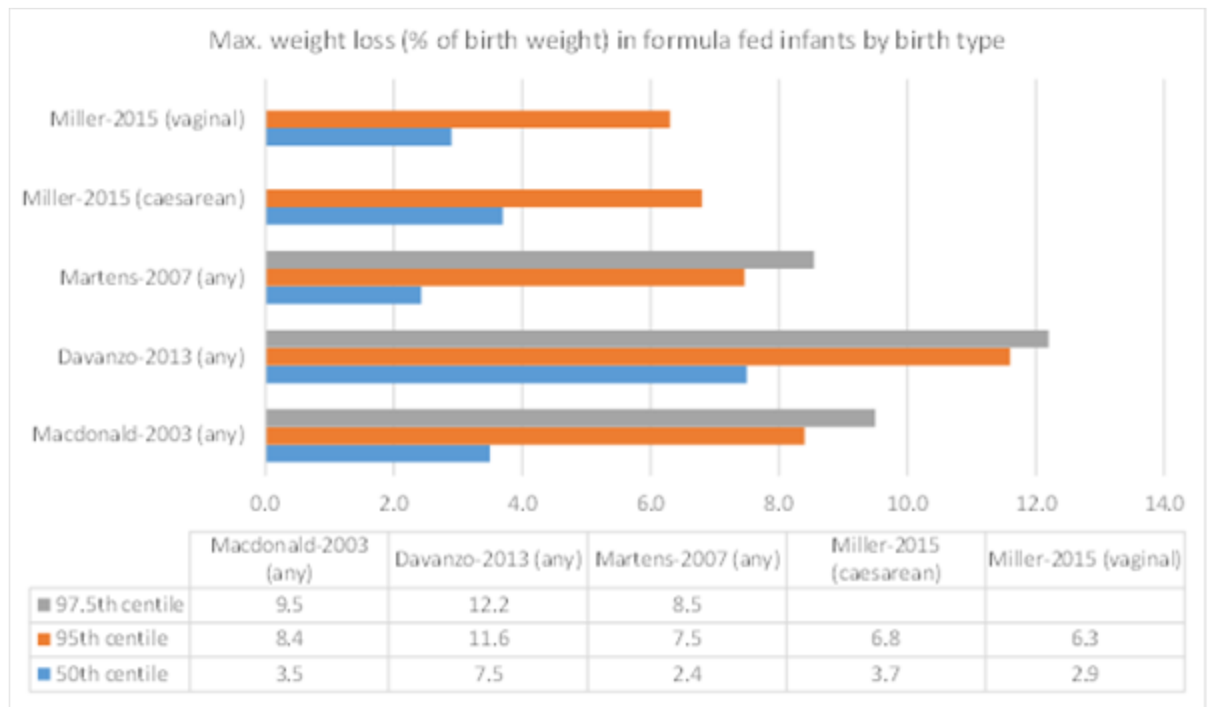


**Figure 17: Maximum weight loss in partially breast fed infants**

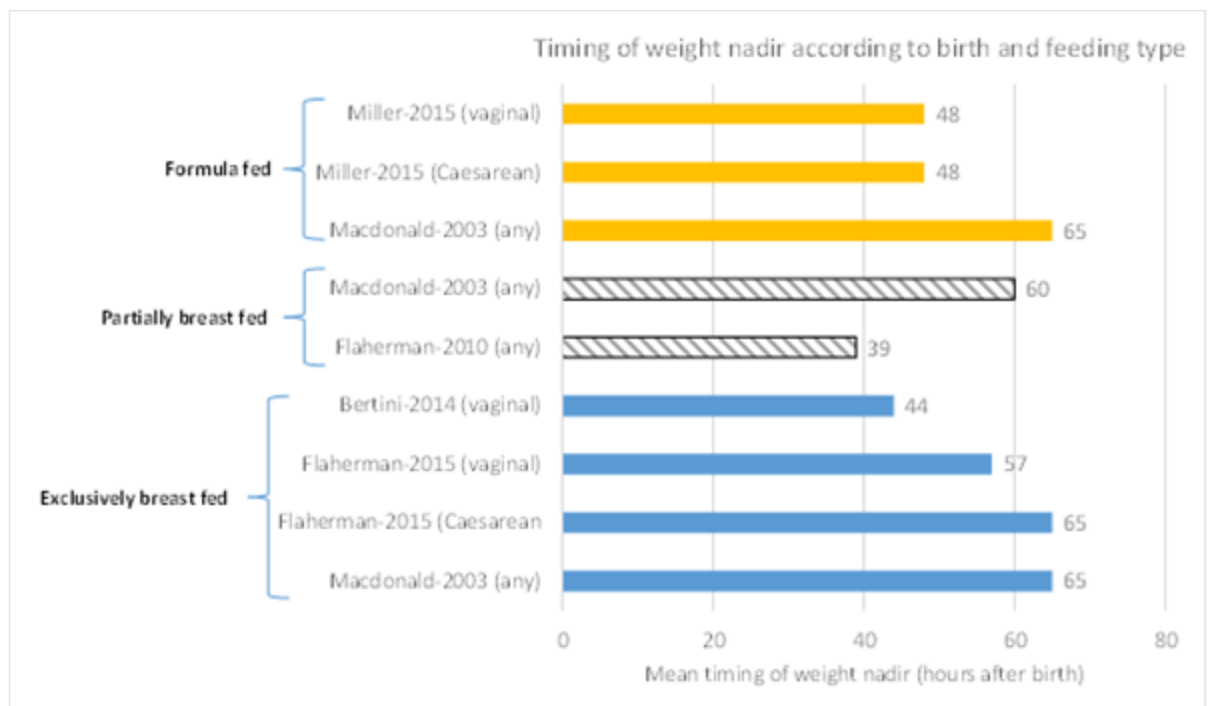




**Figure 18: Maximum weight loss in formula fed infants**



**Figure 19: Timing of weight nadir**



## I.2 Thresholds for faltering growth

Not applicable for this review

## I.3 Weight loss associated with adverse outcomes

Not applicable for this review



## I.4 Differences in feeding and eating

Not applicable for this review

## I.5 Approaches in assessing feeding and eating

Not applicable for this review

## I.6 Risk factors

Not applicable for this review

## I.7 Prevalence of specific causative organic disorders

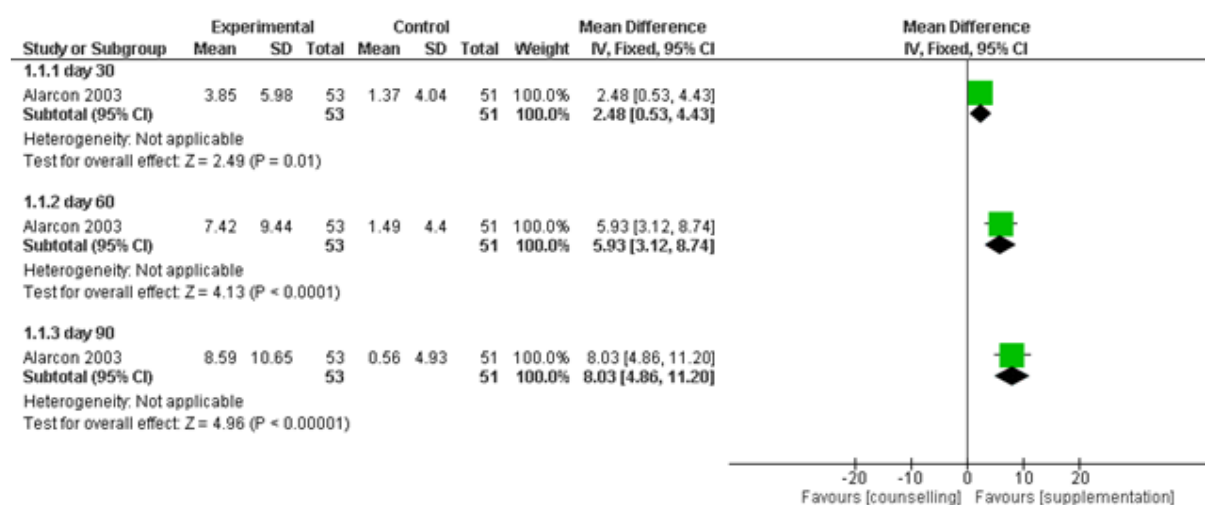
Not applicable for this review

## I.8 Breastfeeding support

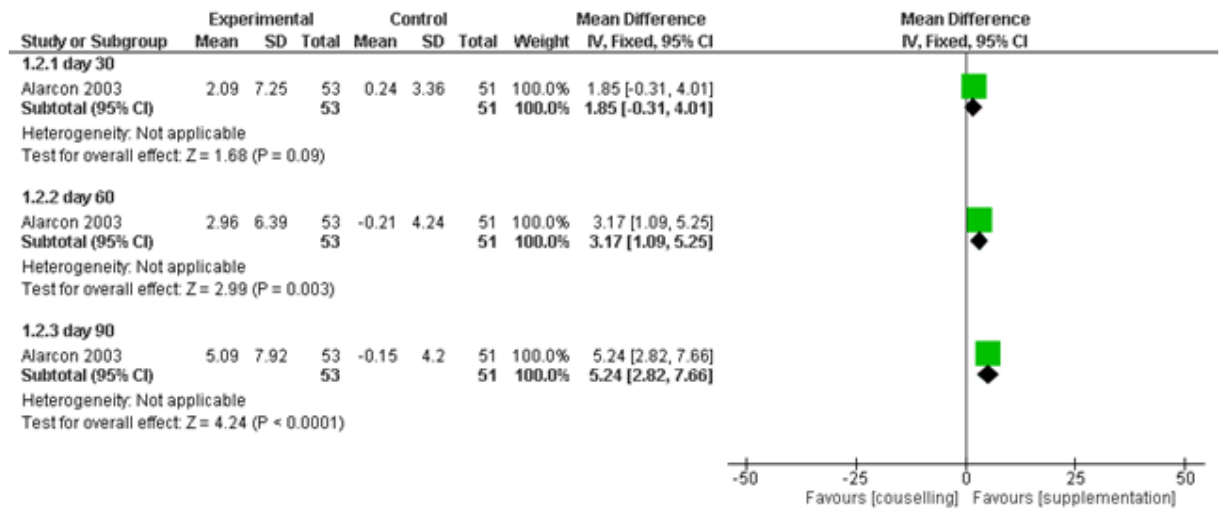
Not applicable for this review

## I.9 Dietary advice and supplementation

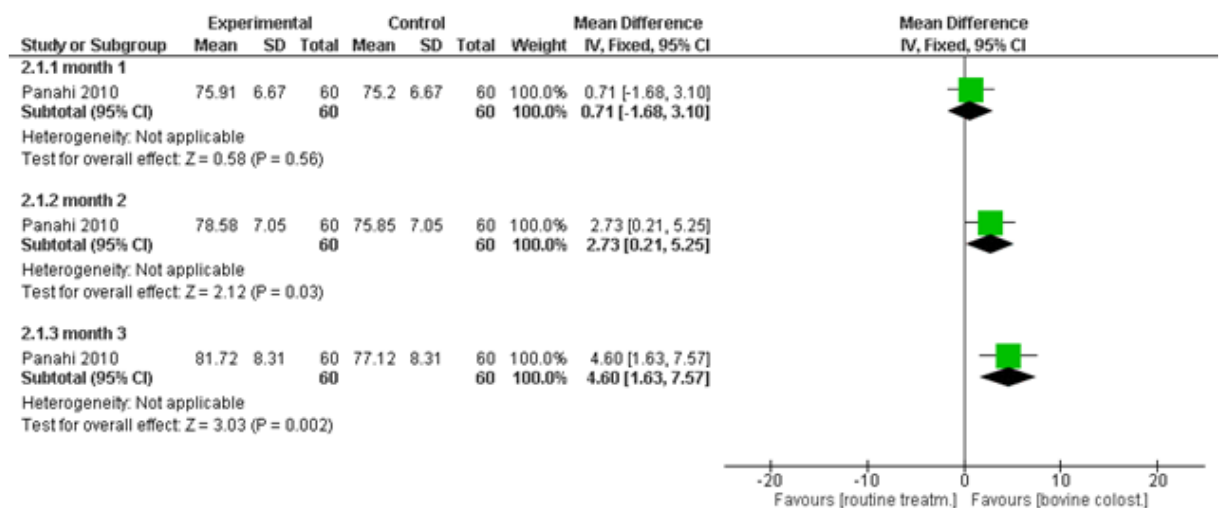
**Figure 20: Weight for age measurement for nutritional counselling + nutritional supplement versus counselling alone at 30, 60, and 90 days**



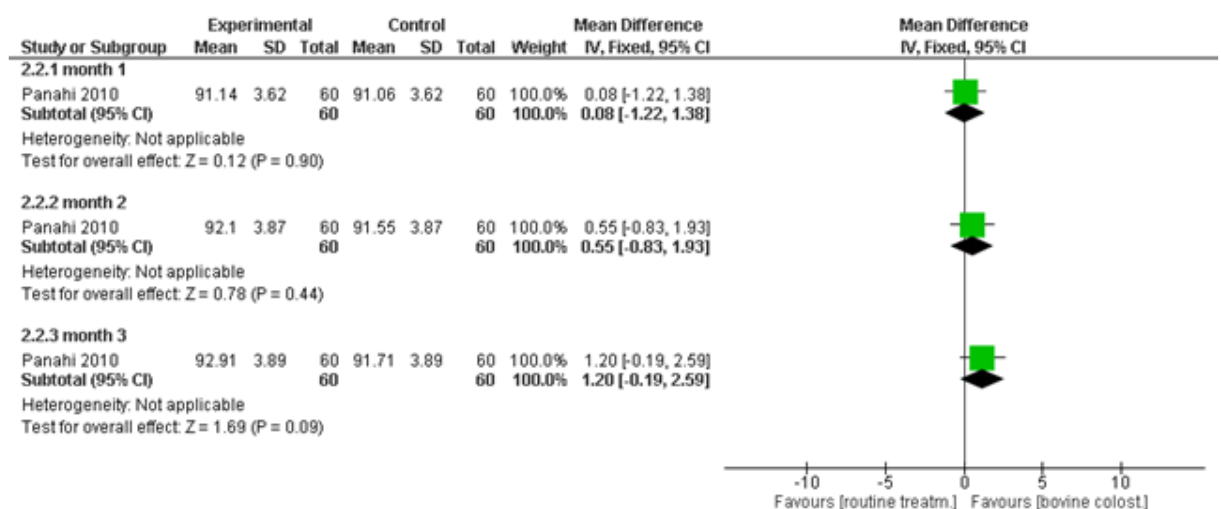
**Figure 21: Height for age measurement for nutritional counselling + nutritional supplement versus counselling alone at 30, 60, and 90 days**



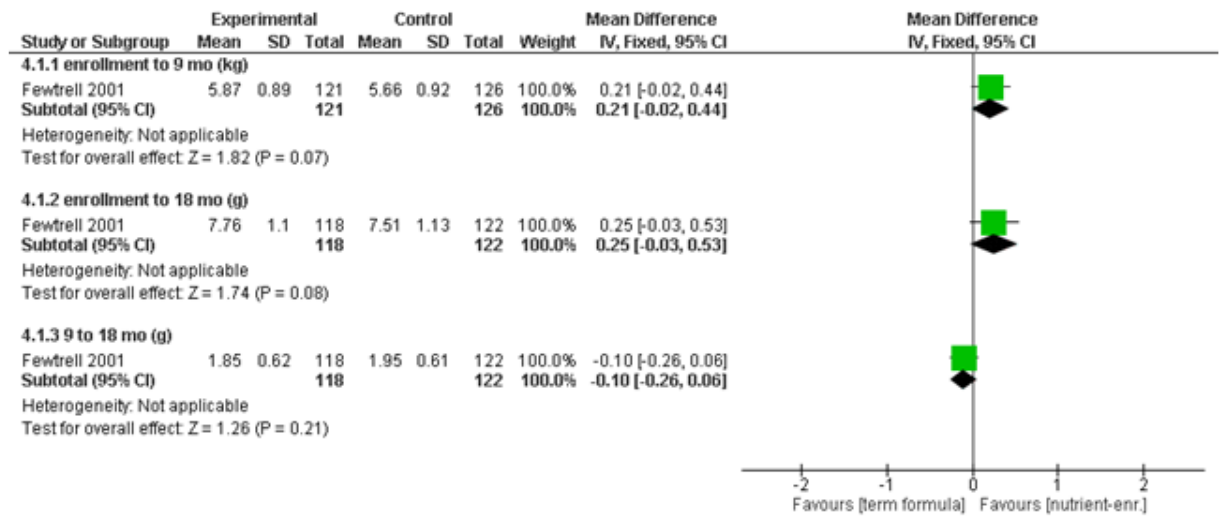
**Figure 22: Weight for age measurement for routine treatments + bovine colostrum versus routine treatments alone at 1, 2, and 3 months**



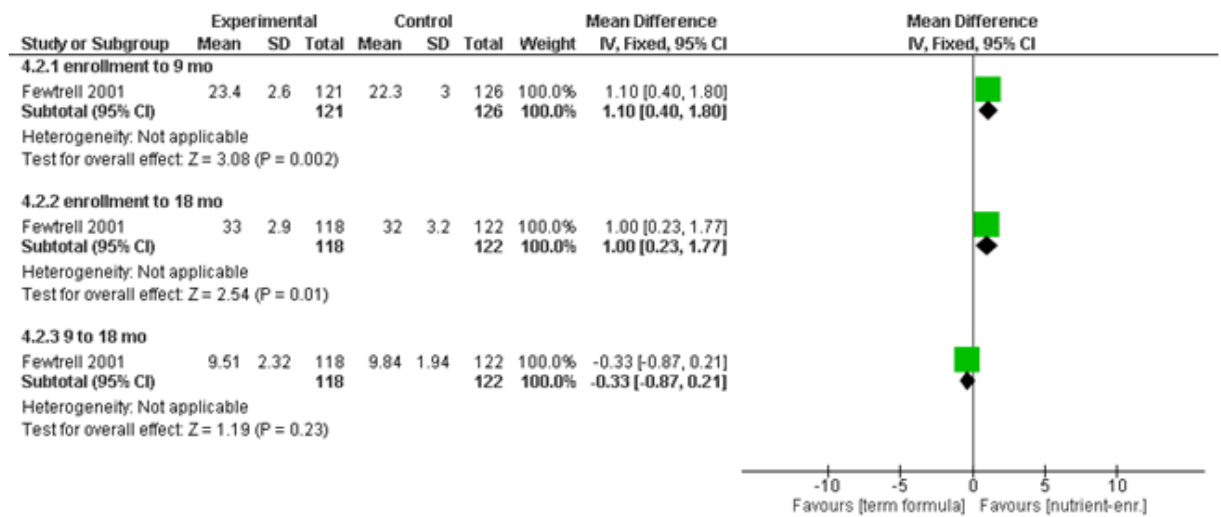
**Figure 23: Height for age measurement for routine treatments + bovine colostrum versus routine treatments alone at 1, 2, and 3 months**



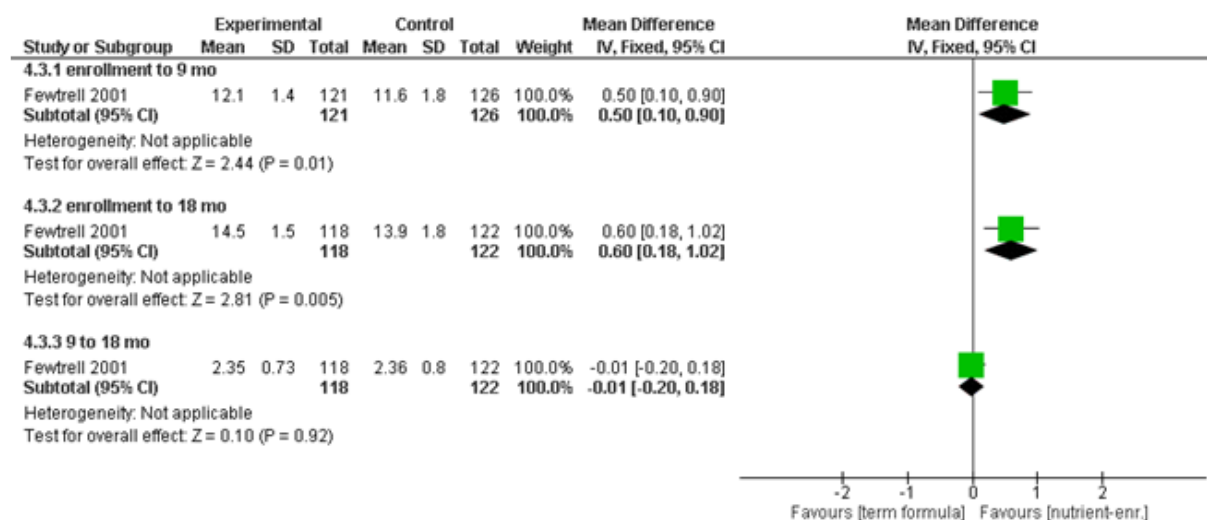
**Figure 24: Weight measurement for nutrient-enriched formula versus standard term formula at 9 and 18 months follow-up, and between 9 and 18 months**



**Figure 25: Length measurement for nutrient-enriched formula versus standard term formula at 9 and 18 months follow-up, and between 9 and 18 months**

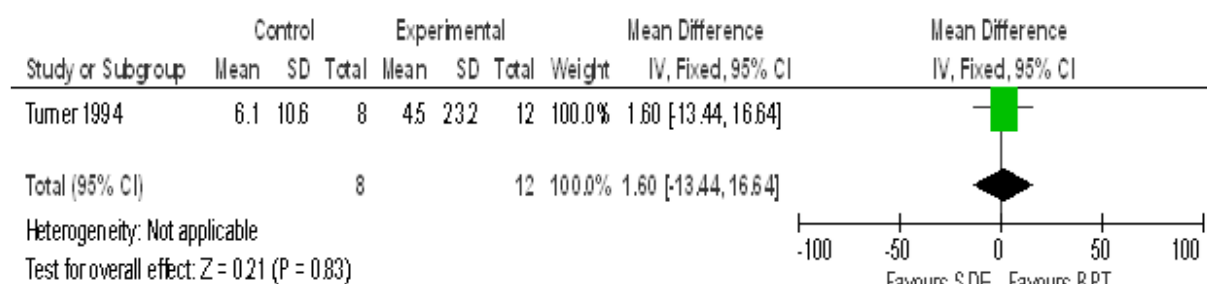


**Figure 26: Occipital frontal measurement for nutrient-enriched formula versus standard term formula at 9 and 18 months follow-up, and between 9 and 18 months**

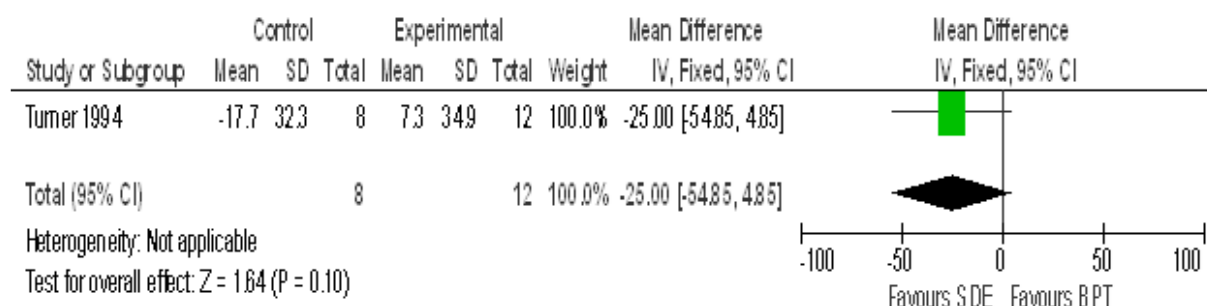


## I.10 Non-nutritional interventions

**Figure 27: Energy intake (% RDI)**



**Figure 28: Protein intake (% RDI)**



## I.11 Monitoring

Not applicable for this review

## I.12 Referral

Not applicable for this review

## I.13 Organisation of care

### I.13.1 Structured health visitor management compared to routine monitoring only

Figure 29: Weight (SD score and deficit) and height (SD score and deficit) at home visit

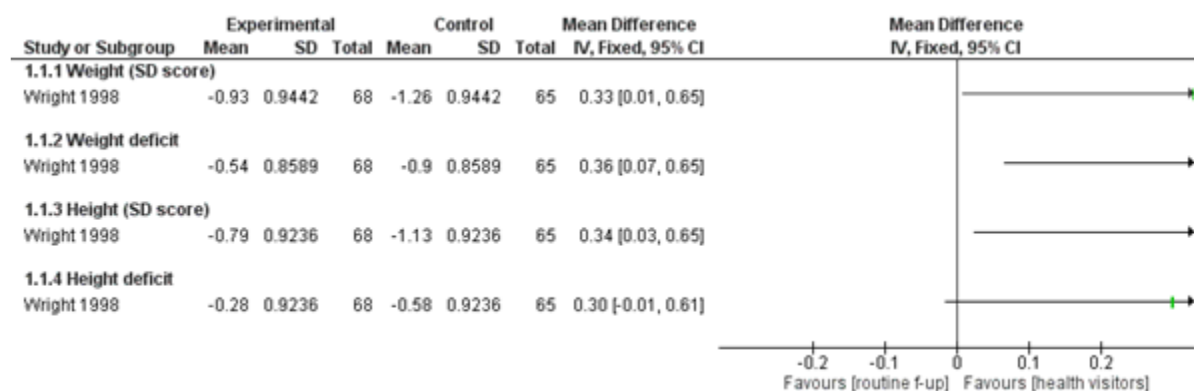


Figure 30: Weight (SD score) and weight deficit at last follow-up

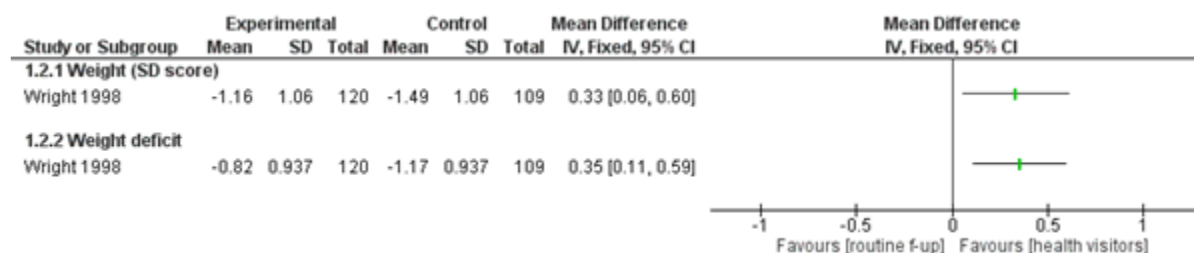
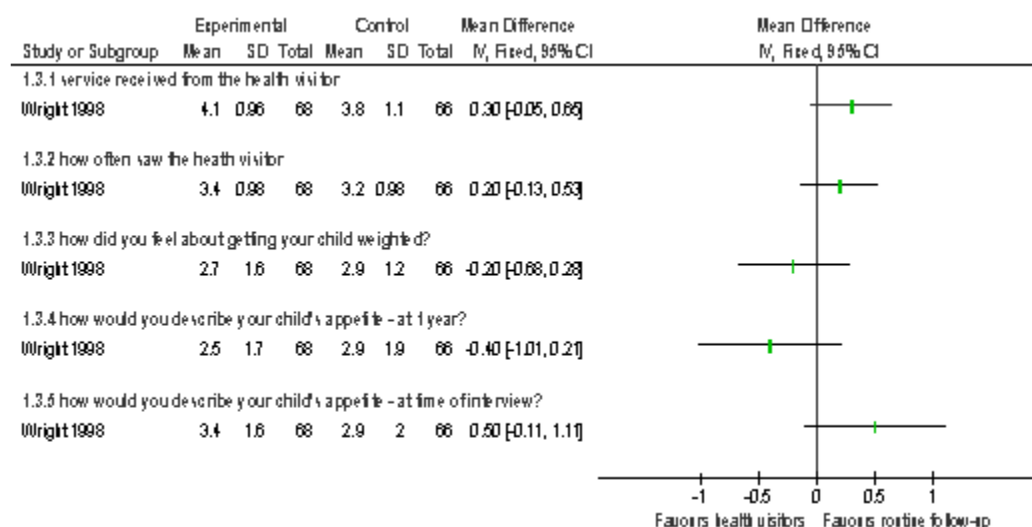
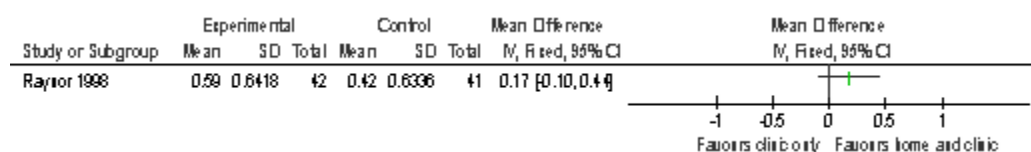


Figure 31: Parent or carer satisfaction

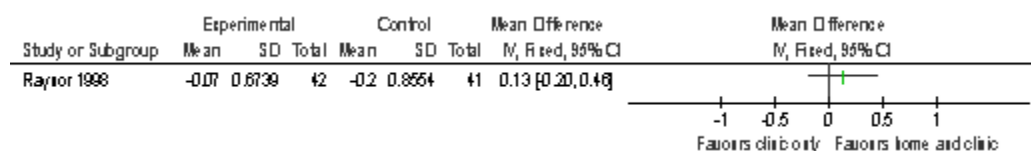


### I.13.2 Specialised home visit + outpatient clinic compared to outpatient clinic only

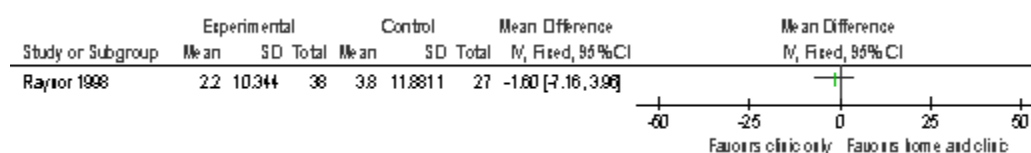
**Figure 32: Weight (SD score)**



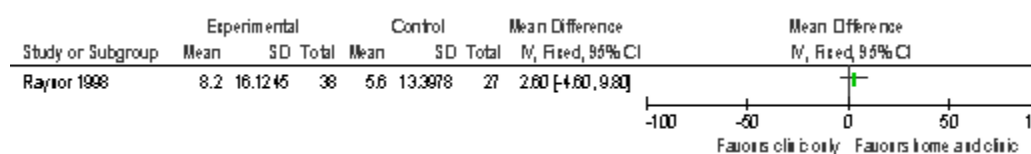
**Figure 33: Height (SD score)**



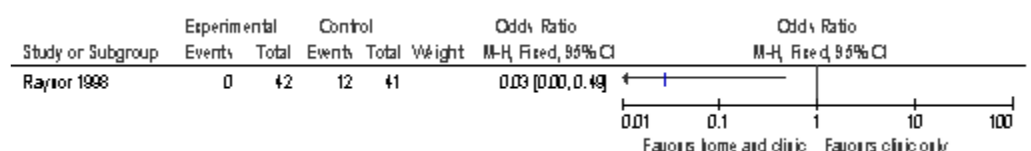
**Figure 34: Mental development index**



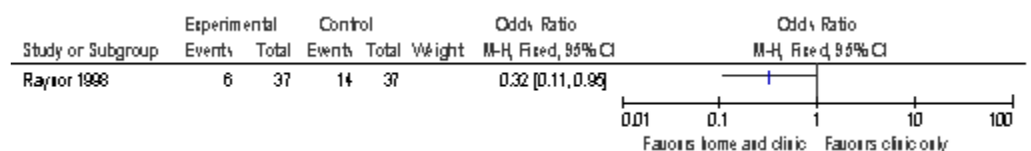
**Figure 35: Psychomotor developmental index**



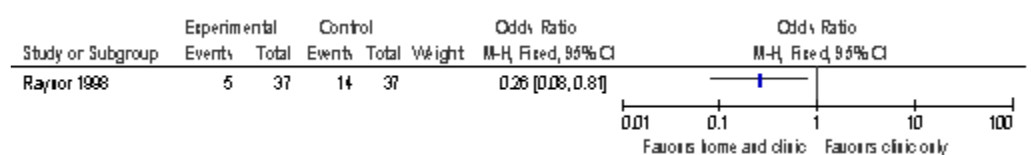
**Figure 36: Referrals to a community dietitian**



**Figure 37: Admissions to hospital**

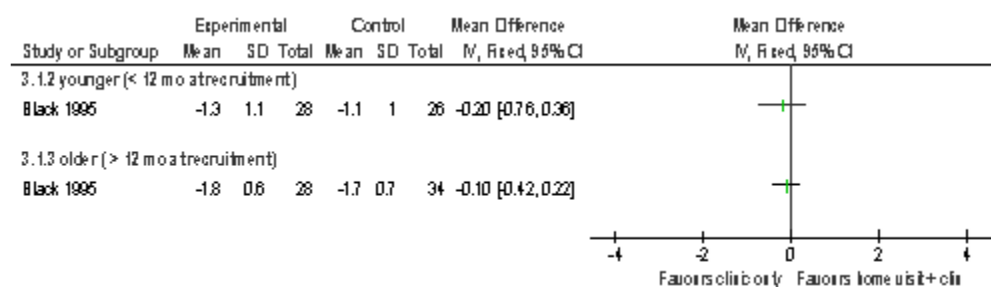


**Figure 38: Missed ≥ 3 outpatient appointments**

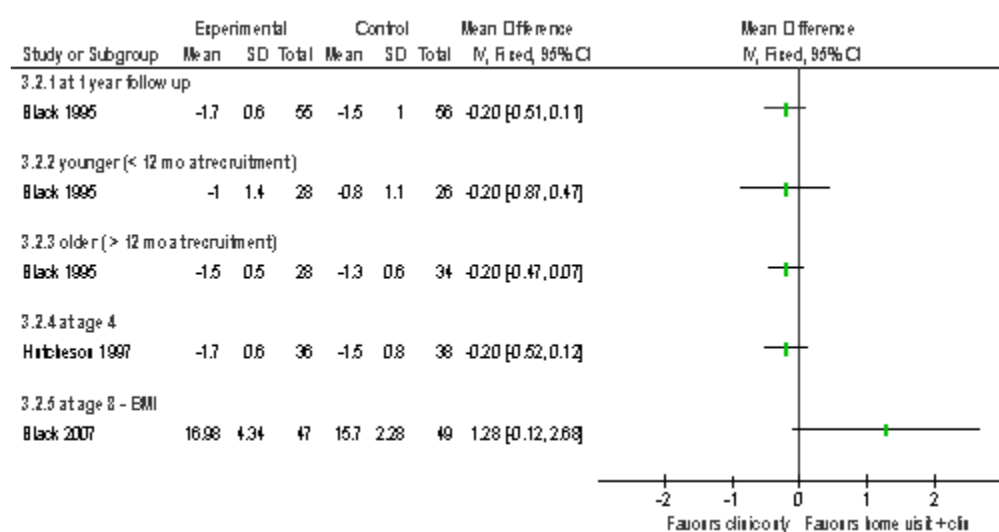


### I.13.3 Lay home visit + growth and nutrition clinic compared to clinic only

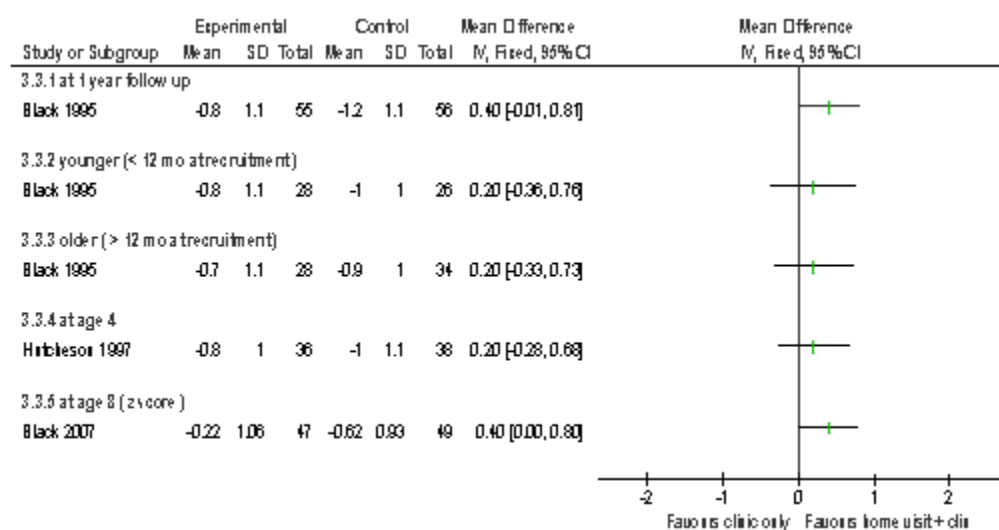
**Figure 39: Weight for age at 1 year**



**Figure 40: Weight for height**

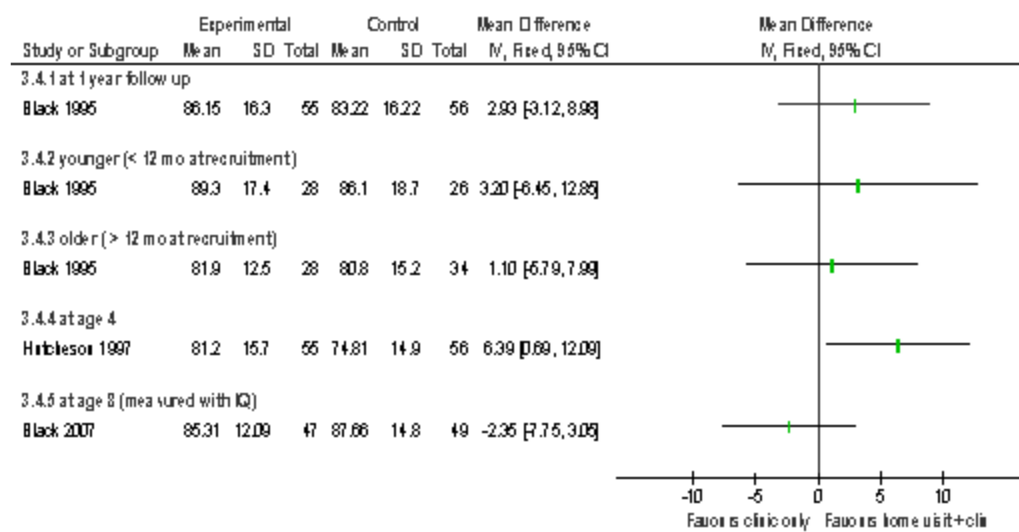


**Figure 41: Height for age**





**Figure 42: Cognitive development**



## I.14 Information and support

Not applicable for this review

## I.15 Health economics

Not applicable for this review