the growth failure. If malnutrition is severe, the initial treatment is directed at reversing the malnutrition. The goal is to provide sufficient calories to support "catch-up" growth—a rate of growth greater than the expected rate for age.

In addition to adding caloric density to feedings, the child may require multivitamin supplements and dietary supplementation with high-calorie foods and drinks. Any coexisting medical problems are treated.

In most cases of FTT, an interdisciplinary team of physician, nurse, dietitian, child life specialist, occupational therapist, pediatric feeding specialist, and social worker or mental health professional is needed to deal with the multiple problems. Make efforts to relieve any additional stresses on the family by offering referrals to welfare agencies or supplemental food programs. In some cases, family therapy may be required. Temporary placement in a foster home may relieve the family's stress, protect the child, and allow the child some stability if insurmountable obstacles are preventing appropriate family function. Behavior modification aimed at mealtime rituals (or lack thereof) and family social time may be required. Hospitalization admission is indicated for (1) evidence (anthropometric) of SAM, (2) child abuse or neglect, (3) significant dehydration, (4) caretaker substance abuse or psychosis, (5) outpatient management that does not result in weight gain, and (6) serious intercurrent infection (American Academy of Pediatrics, 2014).

Prognosis

The prognosis for FTT is related to the cause. If the parents have simply not understood the infant's needs, teaching may remedy the child's limited caloric intake and permanently reverse the growth failure. Inadequate or infrequent feeding periods by the infant's primary caretaker, in conjunction with family disorganization, are often observed to be the cause of FTT.

Few long-term studies provide data on the prognosis for children with FTT; however, experts indicate that children who had FTT as infants are at risk for shorter heights, and delayed development (Nangia and Tiwari, 2013). Factors related to poor prognosis are severe feeding resistance, lack of awareness in and cooperation from the parent(s), low family income, low maternal educational