

inadequate nutritional knowledge, family stress, feeding resistance, and insufficient breast milk intake. In infants younger than 8 weeks old, breastfeeding problems as a result of inadequate latch or uncoordinated sucking and swallowing may occur (Cole and Lanham, 2011). One account reports a 6-month-old term infant with FTT as a result of severe ankyloglossia (tongue tie) (Forlenza, Paradise Black, McNamara, et al, 2010).

Diagnostic Evaluation

Diagnosis is initially made from evidence of growth failure. If FTT is recent, the weight, but not the height, is below accepted standards (usually the fifth percentile); if FTT is longstanding, both weight and height are low, indicating chronic malnutrition. Perhaps as important as anthropometric measurements are a complete health and dietary history (including perinatal history), physical examination for evidence of organic causes, developmental assessment, and family assessment. A dietary intake history, either a 24-hour food intake or a history of food consumed over a 3- to 5-day period, is also essential. In addition, explore the child's activity level, perceived food allergies, and dietary restrictions. An assessment of household organization and mealtime behaviors and rituals is important in the collection of pertinent data. It is often helpful to obtain the growth patterns of the affected child's parents and siblings; these can be compared with norm-referenced standards to evaluate the child's growth. An assessment of the home environment and child-parent interaction may be helpful as well. Other tests (lead toxicity, anemia, stool-reducing substances, occult blood, ova and parasites, alkaline phosphatase, and zinc levels) are selected only as indicated to rule out organic problems. In most cases, laboratory studies are of little diagnostic value (Cole and Lanham, 2011). To prevent the overuse of diagnostic procedures, consider FTT early in the differential diagnosis. To avoid the social stigma of FTT during the early investigative phase, some health care workers use the term *growth delay* until the actual cause is established.

Therapeutic Management

The primary management of FTT is aimed at reversing the cause of