

Why My Child Is Not Growing: A Practical Guide for Parents

Common names: Poor weight gain, growth faltering, failure to thrive (older term)

Slow growth can come from not getting enough calories, not absorbing nutrients well, or using extra calories because of a medical condition. Many causes are treatable once identified.

1) Quick “At-a-glance”

Who it affects	Can occur at any age; evaluation depends on age and growth pattern.
What to do today	Check your child’s appetite, stool pattern, and energy level. If growth is truly slowing, book a clinician visit and bring a growth/food diary.
Red flags (urgent/ER)	Weight loss, persistent diarrhea, vomiting, blood in stool, delayed development, breathing trouble, or signs of dehydration or severe illness.
When to see a clinician	If your child drops percentiles, plateaus in weight/height, or you have ongoing feeding concerns.

2) What it is (plain language)

Children grow at different rates, but most follow their own curve. “Growth faltering” means the curve changes unexpectedly — for example crossing down percentiles or slowing for months.

3) Why it happens (causes & triggers)

- Not enough intake: picky eating, feeding battles, limited diet, stress, poverty/food insecurity.
- Increased losses: chronic diarrhea, vomiting, malabsorption (for example celiac disease).
- Increased needs: chronic lung/heart disease, hyperthyroidism (rare), chronic inflammation.
- Other: endocrine/growth hormone issues, genetic short stature (often normal if curve is steady).

4) What parents might notice (symptoms)



- Low appetite, long mealtimes, gagging with textures, or early fullness.
- Frequent diarrhea, greasy stools, bloating (possible malabsorption).
- Fatigue, pallor, frequent infections.
- Delayed puberty in teens.

5) Home care and what helps (step-by-step)

- For 1–2 weeks: keep a food diary (what/when/how much).
- Offer 3 meals + 2–3 snacks daily; avoid grazing all day.
- Add calorie “boosters” to foods (oil, nut butter, full-fat dairy if tolerated).
- Limit juice/sugary drinks that reduce appetite.

6) What NOT to do (common mistakes)

- Avoid forcing or bribing — it can worsen feeding aversion.
- Avoid unregulated supplements without clinician guidance.
- Do not start multiple restrictive diets without medical input.

7) When to worry: triage guidance

- Emergency now: severe lethargy, dehydration, breathing difficulty, or severe abdominal pain.
- Same-day urgent visit: persistent vomiting, severe diarrhea, blood in stool, or signs of serious infection.
- Routine appointment: dropping percentiles, chronic symptoms, feeding difficulties.
- Watch at home: steady growth on a low percentile with good energy and family history of small stature (still discuss at routine visits).

8) How doctors diagnose it (what to expect)

- Growth review over time (not just one measurement).
- Diet and feeding history; stooling pattern; family growth patterns.
- Exam: signs of nutrient deficiency, chronic disease.
- Possible tests: blood counts, iron, celiac screen, thyroid, stool studies — based on history.

9) Treatment options

- First-line: nutrition plan (calorie goals, meal structure).
- If not improving: evaluate for malabsorption/inflammation/endocrine issues.



- Severe cases: dietitian support, feeding therapy, or hospital-based assessment.

10) Expected course & prognosis

- Many children show catch-up growth once intake improves or the underlying issue is treated.
- Follow growth every 4–12 weeks depending on severity.

11) Complications (brief but clear)

- Iron deficiency anemia, low vitamin/mineral stores.
- Delayed development if severe and prolonged.

12) Prevention and reducing future episodes

- Regular growth checks at well visits.
- Early support for feeding difficulties and chronic GI symptoms.

13) Special situations

- Infants: milk intake and feeding technique are central; seek early help.
- Teens: consider mental health, eating disorders — seek supportive care.

14) Follow-up plan

- Bring: food diary, stool photos if abnormal, medication list, and growth records if available.
- Follow up sooner if symptoms worsen or new red flags appear.

15) Parent FAQs

- “Could it be genetics?” Possibly — if the curve is steady and family members are small.
- “Do we need tests?” Sometimes; your clinician chooses targeted tests based on symptoms.
- “Should we use supplements?” Sometimes, but choose clinician-guided options.

16) Printable tools (quick downloads)

- One-page action plan (what to do today).
- Symptom diary / tracker (what to write down).
- Red flags “fridge sheet” (when to seek urgent care).



- Medication schedule box (if medicines are used).
- School/daycare notes (what teachers should know).

17) Credible sources

- Canadian Paediatric Society: growth and nutrition resources.
- American Academy of Pediatrics (HealthyChildren.org): picky eating and growth guidance.
- NASPGHAN: child growth and nutrition-related resources.
- World Health Organization (WHO): child growth standards (background).

Developed and reviewed

This guide was fully developed and reviewed by Dr. Hussein.

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Board-certified pediatrician and pediatric gastroenterologist (Royal College of Physicians and Surgeons of Canada) with expertise in inflammatory bowel disease, eosinophilic gastrointestinal disorders, motility and functional testing, and complex nutrition across diverse international practice settings.

To book an online full assessment for your child's condition:

Email Dr. Hussein's Assistant Elizabeth Gray at Elizabeth.Gray@pedsgimind.ca

In the email subject, please write: New Assessment Appointment with Dr. Hussein

Note: This appointment is completely online, as Dr. Hussein is currently working overseas. This service is not covered by OHIP.

18) Safety disclaimer

This guide supports — but does not replace — medical advice. If you are worried, trust your instincts and seek urgent care.

