### Childhood Growth Measurement Training Module



## Why a focus on growth measurement?

- accurate and reliable measurements are fundamental to growth monitoring
- if measurements are in error, then the foundation of the growth assessment is also in error
- erroneous or missing measurements lead to:
  - incorrect interpretation of growth patterns
  - missed or unnecessary referrals

### Errors in Length Measurements

#### **Case Example**

- 10mo boy had been growing along 25<sup>th</sup>% weight-for- length, 10<sup>th</sup>% weight-for-age and 10<sup>th</sup> % length- for - age
- Last 2 length measurement errors
- Result in wt-for-length dropping to 3%ile
- Unnecessary referral

#### Weight-for-length



### Childhood Growth Monitoring Guidance

Purpose: to optimize growth monitoring practices and therefore child health outcomes.

Addresses:

- Growth measurement
- Interpretation
- Growth discussions



## Components of accurate measurements

- quality equipment which is calibrated and accurate
- a standardized measurement technique
- trained measurers who are reliable and precise in their technique

### General guidelines

- follow procedures and maintain/calibrate equipment
- explain procedures to caregiver and child
- use sensitive language "let's check your weight"
- respect personal, religious, cultural perspectives
- respect the need for privacy
- place equipment on a hard, stable, even surface
- record measurements immediately
- repeat measurements if needed

### Measurements and equipment

Infants – Birth to 24 months of age		
Measure	Equipment to be used	
weight <20kg	beam or electronic Infant scale	
length	infant length board or infantometer	
head circumference	head circumference tape	

#### Measure weight



- put paper barrier in place and 'zero' scale
- place infant in middle of the scale
- measure and record to the nearest 0.001 or 0.01 kg

## Modified measurement technique



- weigh the infant being held on a standing scale
- subtract the weight of the person holding the child from their combined weight
- measure and immediately record the weight to the nearest 0.1 kg

### Measure length

- cover the length board with a paper barrier
- place infant on back in centre of length board



#### **Positioning Head**

- head against headboard
- eyes looking straight up
- chin not tucked or stretched

### Measure length



#### **Positioning Legs**

- align trunk and legs
- extend <u>both</u> legs (keep knees down) with toes pointed up
- bring footboard against the heels
- measure and immediately record the length to nearest 0.1 cm

## Modified measurement technique

Birth to 24 months of age			
Unable to measure in recumbent position	Equipment to be used		
<ul> <li>Measure standing height</li> <li>Add 0.7 cm to convert to length</li> <li>Immediately record the height to the nearest 0.1cm</li> </ul>	Stadiometer		

### Measure head circumference

- remove hair accessories and place infant on lap or flat surface
- tape measure above the eyebrows and ears and around the prominent part on the back of the head
- pull the tape snugly to compress the hair
- measure and record to the nearest 0.1 cm.



# Measurements and equipment

Children 2 to 19 years of age		
Measure	Equipment to be used	
weight	beam balance or child and adolescent (Adult) electronic scale	
height	stadiometer	

# Measure weight: 2-19 years of age





- put paper barrier in place and 'zero' scale
- remove shoes, hats and other bulky items
- child should stand unassisted in the middle of the scale
- measure and record to the nearest 0.1 kg

# Modified measurement technique

Unable to Stand Unassisted	Alternate Equipment
< 20 kg	Infant scale
> 20 kg	<ul> <li>Child and adolescent scale for tare weight,</li> <li>Sit-down, wheelchair scale</li> </ul>

### Measure height -Positioning



- heels almost together, legs straight, arms at sides, and shoulders relaxed
- heels, buttocks, shoulders and head touching surface
- child looking straight ahead in Frankfort Horizontal Plane

### Measure height



- move the headpiece down to touch the crown of the head
- view the measurement with eyes parallel to the headpiece
- measure to the nearest 0.1 cm and record

# Modified measurement technique

Cannot Stand Unassisted	Alternate Equipment
<ul> <li>Measure length on a recumbent length board</li> <li>Subtract 0.7cm to convert it to height</li> <li>Immediately record the length to the nearest 0.1cm</li> </ul>	Recumbent length board

# Special considerations – length/heigh measures

- Obesity aim for at least 2 points of contact
- Leg Asymmetry stand on longer leg with shorter leg supported
- Cultural Headpiece
  - topknot measure to the side of the topknot
  - turban upper arm length with equation
- Physical Disabilities
  - pediatric length board
  - upper arm length with equation

### Upper Arm Length (UAL) - Measurement

- arm at 90°, palm up
- mark the acromion process
- measure to the olecronon process
- immediately record the UAL to the nearest 0.1cm



### Upper Arm Length -Calculation

Standing height

= (4.35 X UAL cm) + 21.8

If 10yr 6mo girl has an UAL measure of 30.5 cm

Standing Height=

- = (4.35 x 30.5 cm) + 21.8
- = 154.5 cm

# How often should we measure?

	Inpatients	Ambulatory
	<b>Measure</b> At birth or within 24 hours of admission as able and,	Measure at each clinic visit, or as per clinic protocol
Weight	*Prems daily < 2 yrs at least 3 x / wk > 2 yrs at least 2 x / wk	
Length	*Prems weekly < 2 yrs 2 x / month > 2 yrs 1 x / month	
Head Circumference	*Prems weekly < 2 yrs 2 x / month	0-2 mo monthly 2-6 mo q 2 months 6-24 mo q 3 months

<sup>4</sup> \*once growth expectations are met, measure/ weigh based on age

#### AHS Resources

- Childhood Growth Monitoring Guidance
  - specifications for purchasing equipment
  - maintenance and calibration guidelines
    - contact site clinical engineering or facilities
- training resources (module and videos)
- growth measurement posters

Available from: www.ahs.ca/cgm

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