Annex 5

Recording Measurements of Children Accurately

Step 1 – Recording the reading in the B portion of the CHDR

Take the measurement correctly. Record the reading of weight to the nearest gram in the relevant column. Length/height should be recorded to the nearest mili meter in the column provided.

Step 2 – Plotting the measurement in the graph in the A portion of the CHDR

In the A portion of the CHDR,

- Choose the correct graph in the A portion and plot the measurement of weight and length/height accurately.
- If the child has been regulary presented for measuring, join the two plotted points (the current measurement and the measurement taken during the last visit) with a straight line.
- If the child has presented for measuring irregularly (later than the recommended time interval since the last visit) join the two plotted points with a dotted line.

Step 3 – Interpreting the plotted point and the growth curve and recording the relevant code (in A and B portions of the CHDR)

The growth status of the child should be correctly interpreted in relation to the colour zone and the standard growth curves given in the graphs of the A portion of the CHDR, and then the relevant code as given in the following table should be recorded.The PHM should record this code each time she measures the child in the B portion of the GHDR and if this is done in a clinic she should record the code also in the visit notes section of the A portion in addition to the B portion.

Interpreting the weight for age curve

Direction of the growth curve	Status of growth	Code
Growth parallel to the standard growth curves in the green/light green zone*	Normal growth	N
In the green/light green zone, between two subsequent weighings; - Inadequate gain in weight (e.g. in line with the birth weight) - Failure to gain weight (no weight gain at all or flattening of the curve) - Drop in weight	Growth faltering** (within the normal zone)	NO
Growth parallel to the standard growth curves in the orange zone	Moderate underweight	X
In the orange zone, between two subsequent weighings; - Inadequate gain in weight (e.g. in line with the birth weight) - Failure to gain weight (no weight gain at all or flattening of the curve) - Drop in weight	Growth faltering** (within the moderate underweight zone)	XO
Growth parallel to the standard growth curves in the red zone	Severe underweight	XX
In the red zone, between two subsequent weighings; - Inadequate gain in weight (e.g. in line with the birth weight) - Failure to gain weight (no weight gain at all or flattening of the curve) - Drop in weight	Growth faltering** (within the severe underweight zone)	XXO
Purple zone	"over weight"	OW
Growth curve is within the green zone but rising steeply within a short period of time crossing the standard growth curves***	"over weight"	OW

* Light green zone – if growth faltering occurs in a child in the light green zone, the risk of falling into the orange zone is high. Therefore special attention should be paid to these children to maintain their growth curve as recommended.

**A child with growth faltering should be considered as having growth faltering (and therefore recorded as such) till the growth curve of that child reaches the initial growth potential that was there before growth faltering occurred.

***A child who shows a rapid catch up growth after a period of growth faltering should not be considered as overweight.

Interpreting the length/height for age curve

Direction of the growth curve	Status of growth	Code
Growth parallel to the standard growth curves in the green/light green zone*	Normal growth	NH
Growth curve in the orange zone	Moderate stunting	S
Growth curve in the red zone	Severe stunting	SS

* light green zone - if faltering in the length/height occurs in a child in the light green zone, the risk of falling into the orange zone is high. Therefore special attention should be paid to these children to maintain their growth curve as recommended.

If the child did not present for weighing (after the recommended interval) in a particular month it should be recorded in the growth record of the B portion of CHDR as 'A' to denote absence.

Interpreting growth curves for pre term infants

It is compulsory for all preterm infants (after measuring weight and length) to be referred to the MOH for correct interpretation of the status of growth.

The medical officer should take the corrected age of the infant when interpreting the status of growth in relation to the standard growth curves; i.e. for infants born before 37 weeks of POA the same period should be substracted from the present calendar age to calculate the corrected age.

e.g. For a child born at 32 weeks of POA (born 8 weeks before Expected Date of Delivery) who presents at 5 months of age, the corrected age should be 3 months (5 months – 8 weeks = 3 months). Therefore the growth curves for age of this infant should be interpreted as for an infant aged 3 months to get a correct understading of the growth.

(See General Circular Letter No. 02-18/2008 - "Protocol for managing nutritional problems among under 5 children in community").

Till such an infant reaches 6 months of age or till a paediatrician decides so, the corrected age of these preterm children has to be considered in the assessment of their growth. After that the calendar age of the infant can be used for growth assessment.

An example of a duly filled growth chart from a B portion of CHDR is shown below;

The growth chart of the child

Birthweight - ….3.2 kg….. **Length at birth - …..48.5 cm…..**

Date			Status of growth					Date of issuing thriposha			Notes on interventions carriedout
D	M	Y	Weight			Length/height		D	M	Y	
			Kg	Normal weight/ "overweight"/ Moderate underweight/ severe underweight	Growth faltering	c.m	Staus of length/ height				
10	10	09	3.8	N	-	-	-				
12	11	09	4.7	N	-						
14	12	09	5.5	N	-						
12	01	10	6.2	N	-	62	N				
15	02	10	6.8	N	-						
10	03	10	7.5	N	0						Advised on correct feeding pattern
15	04	10	7.6	N	0			18	04	10	
12	06	10	7.6	N	0			20	06	10	
20	07	10	8.1	N	0	72.5	N				Referred to clinic
10	10	10	7.5	N	0			15	10	10	
15	02	11	7.7	X	0			19	02	11	
15	04	11	8	X	0	82	N				Not gone to clinic. Advised again.