

SPECIAL DEVELOPMENTAL PROBLEMS OF INFANTS AND TODDLERS

Failure to Thrive

Definition

The term "failure to thrive" (FTT) has been used to describe a wide variety of conditions in which infants fail to achieve age-appropriate weight and height levels. Block, et al (2005) state that "inadequate nutrition and disturbed social interactions contribute to poor weight gain, delayed development, and abnormal behavior. The syndrome develops in a significant number of children as a consequence of child neglect"

The one characteristic common to these children is nutritional deficiency. This can be caused by a number of problems, and is often caused by a combination of the following factors:

- *Unintentional:* Breast-feeding problems, errors in formula preparation, poor diet selection, improper feeding technique
- *Organic diseases:* Including but not limited to cystic fibrosis, cerebral palsy, HIV infection or AIDS, inborn errors of metabolism, celiac disease, renal disease, lead poisoning, major cardiac disease
- *Child neglect:* Treatment approaches must include both medical and environmental management, regardless of the cause of the problem. (Block, 2005)

FTT from neglect often causes attachment problems. FTT is often not merely a feeding problem; it often indicates serious problems in the attachment, especially disorganized attachment, between the baby and primary caretaker. (Carlson, 2003) However, not every child with FTT has an attachment problem.

Physical characteristics of children with FTT associated with neglect

- Most appear emaciated, pale, and weak; and have little subcutaneous fat and decreased muscle mass.
- The infants are often below their birth weight, indicating weight loss; or their weight is well below the normal range.
- Most are listless, apathetic, motionless, and at times irritable.

- Some infants are unresponsive or resist to social involvement. Others become distressed when approached. Many show a preference for inanimate objects.
- Infants may sleep for longer periods of time than is appropriate for age.
- Infants may display immature posturing; that is, postures more appropriate for newborn or very young infants, including lying with hands held near or behind the head, legs flexed in a "frog" position or thumbs closed inside fists.
- Some children display self-stimulatory rocking, head-banging, or rumination (vomiting and swallowing).
- Developmental assessment will likely reveal primary delays in gross motor and social domains.

Common characteristics of parents of malnourished children are as follows:

- Research has repeatedly described mothers of underfed children as depressed, socially isolated, withdrawn, and anxious.
- Many parents have histories of abuse and neglect, including an absence of attachment, in their own early childhoods.
- Parents often fail to interact warmly and in a nurturing manner with their infants.
- Many parents are "overwhelmed" by chronic stress, which can be exacerbated by the demands of caring for an infant.
- Parents often show little ability to empathize with their infants; they often misread or ignore their infant's cues. Their behavior meets their own needs rather than their infants'.
- The parent may create an unpleasant or painful feeding situation for the infant; as a result, the child may not cooperate or may reject food. The parent might be impatient, might force-feed the child, or might remove food abruptly. When the child resists or fails to eat, the parent may assume the child is not hungry and discontinues the feeding.

- Some parents, while expressing sincere concern about their children's conditions, appear not to know how to interact meaningfully with their infants. There is typically little interpersonal activity between the parent and the infant. Some parents play with their infants in a competitive manner rather than as a nurturing adult.

Specific problems related to feeding might include:

- The parent may not realize the child is failing to grow, nor recognize the lack of weight gain and emaciation.
- The parent may notice the child's feeding problems but think they are the result of vomiting, diarrhea, or other physical illness, rather than problems in the feeding situation itself. The parent may believe the child is being adequately fed.
- The parent may not be able to accurately report feeding times, schedules, or the quantity of formula the infant has taken. The parent may not be assuring adequate caloric intake.
- The parent may allow long periods of time to elapse between feedings because "the baby doesn't appear to be hungry." Apathy and listlessness that result from low caloric intake are mistaken for the absence of hunger.
- Breast-fed infants can be undernourished if the mother does not produce adequate milk or does not know how to nurse her infant. Breast-fed infants over the age of 5 months may not be able to get adequate nutrition from breast milk alone.

Recommended treatment for malnourished infants and their families

- A thorough medical assessment must be conducted to determine the etiology of the failure to thrive.
- The American Academy of Pediatrics (Block, 2003) states that in severe cases, where the child's weight is less than 70% of expected weight-for-length, urgent intervention is needed. Immediate hospitalization or placement in foster care may be necessary. A treatment that provides caloric intake far in excess of that needed for

maintenance under normal conditions is effective. This typically leads to rapid weight gain, called "catch-up growth," in children who are undernourished from underfeeding. Some infants achieve age-appropriate weight within a couple of weeks.

- Rapid catch-up growth during hospitalization is diagnostically significant for this syndrome, particularly when the child is fed in the hospital with the same formula used at home.
- Intense feeding problems appear to resolve some secondary physical conditions affecting the infant, as well as apathy and depression.
- A team approach to treating FTT is needed. The team includes child welfare caseworker, physician, nurse, and often includes a dietician.
- Parents should be directly involved in all aspects of the treatment program. Supportive counseling and education by a caring, nurturing professional can help parents feel less guilty, anxious, and depressed. It can teach and reinforce proper feeding methods and improve parent-child interactions. This treatment program should begin in the hospital. *If the parents are not treated, the child can be expected to quickly regress when returned to the home.* In severe cases, the infant can die.