

**Failure to Thrive**

**Definition/  
cut-off value**

Presence of failure to thrive (FTT) diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.

**Note:** For premature infants with a diagnosis of FTT also see: **“Guidelines for Growth Charts and Gestational Age Adjustment for Low Birth Weight and Very Low Birth Weight Infants.”**

**Participant  
category and  
priority level**

Category	Priority
Infants	I
Children	III

**Justification**

Failure to thrive is a serious growth problem with an often complex etiology. Some of the indicators that a physician might use to diagnose FTT include:

- weight consistently below the 3<sup>rd</sup> percentile for age;
- weight less than 80% of ideal weight for height/age;
- progressive fall-off in weight to below the 3rd percentile; or
- a decrease in expected rate of growth along the child’s previously defined growth curve irrespective of its relationship to the 3rd percentile (1).

FTT may be a mild form of Protein Energy Malnutrition (PEM) that is manifested by a reduction in rate of somatic growth. Regardless of the etiology of FTT, there is inadequate nutrition to support weight gain (2).

A physician must diagnose failure to thrive and documented on the health history form in order to assign this risk criterion.

Ensure that the infant/child diagnosed with FTT is being followed by a health care professional. Try to determine the underlying etiology and refer to a RD if the infant/child has special health care needs. Refer to ECI if developmental delay or disability is present.

When you see any of the growth patterns listed in the justification section, you must refer the participant to a doctor for diagnosis of Failure to Thrive. Because WIC is a proactive program, when you see a drop-off in growth, or growth plots at or below the 5<sup>th</sup> percentile, referral to a physician and documentation must be included in the participant’s chart.

**Clarifications/  
Guidelines**

Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis (“My doctor says that I have/my son or daughter has...”) should prompt the CA to validate the presence of the condition by asking more pointed questions related to that diagnosis.

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**References**

1. Berkow R, Fletcher AJ. The Merck Manual of Diagnosis and Therapy. Rahway (NJ): Merck Sharp & Dohme Research Laboratories; 1992.
  2. Institute of Medicine: WIC Nutrition Risk Criteria: A Scientific Assessment. Washington (DC): National Academy Press; 1996; pp. 100.
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