

The World Health Organisation Child Growth Standards (WHO 2006) are the long-anticipated graphical result of a longitudinal study which weighed and measured several thousand breastfeeding children from a variety of diverse but healthy backgrounds as they grew and developed. Claimed to be universally applicable, these charts are seen by many as a welcome replacement for their predecessors. As a result of this and the fact that they carry the weight of the World Health Organization name, they are being adopted by many countries and maternity care systems as the new gold standard for practice.

Given the comparative advantages that these charts offer, this is not surprising. For the past few decades, the growth of many babies (and, indeed, older children) was assessed in relation to charts which were based on the measurements of a smaller number of participants, often from very specific and limited populations. A good proportion of the babies whose measurements were included on these charts were formula-fed or experiencing a mixture of milks and feeding methods. As a consequence, we had no idea whether these charts accurately represented the growth of breast-fed babies and neither did we know whether they were useful in monitoring the growth of those babies who belonged to ethnic or socio-economic groups that were not represented in the original sample.

Because we have long perceived there to be differences between the growth rates and patterns of babies who are fed by different means and milks, the WHO charts have been hailed by some practitioners as more baby-friendly (and I mean this in the generic sense rather than specifically in relation to BFI). In depicting the average weights of a population of breastfed babies at different points in time, the charts are deemed to be more in alignment with the related ideas that breast milk is the best food for babies, that breasts are the best way of delivering this food and that babies are the best people to determine how much they need to eat and when. As one midwife commented, many people were looking forward to using these charts because they perceived that they would be 'kinder' to breastfeeding mothers and breast-fed babies.

Charts vs Reality

The reality for some mothers and midwives, though, has been a bit different from the perception, and a number of people perceive the charts

to be somewhat less baby friendly than they had hoped. It seems that many people had hoped the charts would reflect the way in which many babies lose weight in the first days of life before regaining it as well as showing the different patterns in growth exhibited by breastfed babies compared to those fed on artificial milk. However, even some of those babies who are (in the opinion of their mothers and midwives) happily and heartily breastfeeding and not causing any concern on any other level can seem to be falling behind the average when their weight is mapped onto the charts during their first weeks of life.

Many midwives are reassuring the mothers of these babies that there is no cause for concern. Knowing that common-sense and experiential knowledge are just as important as statistical charts, they point out that the baby who is feeding well, filling her nappy with appropriate amounts of the appropriate substances and exhibiting the normal behaviour of a well baby is not likely to be failing to thrive. They tell the baby's mother that she is doing a fabulous job, that her breast milk is an amazing and wonderful fluid and that supplementation is absolutely not needed. These midwives are able to draw upon their experience of attending lots of healthy babies whose weight moves up and down relative to that of the population as a whole. They are not solely reliant on a chart to tell them how a baby is thriving, and their knowledge of normal growth patterns means that, if they are able, they take care in deciding when to weigh babies so as not to create undue concern.

This situation does, however, raise some interesting questions. The most important of which is: why do these charts not seem to correspond to reality? Was the study on which these charts were based somehow biased in one or more dimensions? Or have we been wrong in our observations and assumptions all this time? Are we missing an important point in the way we are using and interpreting the charts? Or is something else going on here?

In the next issue, I am going to look at the discrepancy in more depth and speculate about some possible answers to these questions.

WHO (2006) WHO Child Growth Standards based on length/height, weight and age. *Acta Paediatrica Supplement* 450: 76–85. Also available online at: <http://www.who.int/childgrowth/en/>