

# Prevention and Management of Growth Failure During the First 6 Months of Life: Recommendations by the Joint Committee of the Pediatric and Adolescent Nutrition Society and the IAP Infant and Young Child Feeding Chapter

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## ABSTRACT

### OBJECTIVES

To develop evidence-based guidelines for the prevention, identification, and management of growth failure in infants under 6 months (U6M), ensuring early detection and intervention to improve health outcomes.

### JUSTIFICATION

Growth failure in the first 6 months of life significantly increases the risk of acute malnutrition and stunting in later childhood. Unlike older children, management in this age group prioritizes establishing exclusive breastfeeding and addressing feeding challenges. There are no standardized guidelines for identifying and managing growth failure in this vulnerable population.

### PROCESS

A national consultative committee of experts was convened to formulate these guidelines. The committee conducted extensive discussions, dividing key areas among six working groups. The process included four virtual and one in-person meeting between August and October 2024. A draft guideline was developed, reviewed, and approved by all committee members.

### RECOMMENDATIONS

Early growth failure is a significant public health concern. Timely identification of at-risk infants through mother-infant dyad assessments during routine health visits is essential. Weight-for-age is the most reliable anthropometric indicator for recognizing at-risk infants U6M. The term “infant at risk of poor growth and development” is recommended to identify at-risk infants needing intensified support. Community-based interventions should support at-risk infants without medical complications, while those with complications need facility-based care with skilled lactation support. Severely wasted infants require close monitoring for hypothermia, hypoglycemia, and sepsis. Establishing exclusive breastfeeding should be prioritized in all cases, and when not feasible, F-100D (Catch-up D) should be used to ensure safe nutritional rehabilitation while minimizing renal solute load.

**Keywords:** Breastfeeding · Growth failure · Infant · Malnutrition · Weight-for-age · Under 6 months (U6M)

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