SYMPTOM

Delayed growth

Delayed growth means a child gains height or weight more slowly than expected over time.

WHAT IT FEELS LIKE
Growing more slowly than expected over months or years

WHERE IT IS FELT
The whole body, especially height and weight

MOST COMMON CAUSES
Family growth pattern, later growth spurt, feeding or nutrition problems

WHEN IT IS URGENT
Repeated vomiting with inability to keep fluids down

USUALLY LASTS
Months to years, based on growth pattern and underlying cause

SEE A DOCTOR IF
Growth slows, weight falls, or puberty seems delayed

Overview

Delayed growth means a child is not gaining height, weight, or both as expected for their age. In babies, head growth may also be considered.

Growth is best judged from several accurate measurements plotted on a growth chart. A single measurement cannot show how quickly a child is growing. Some healthy children are shorter or lighter than average but continue to follow their own growth curve.

A change in the pattern is often more important than the percentile itself. For example, a child who was growing steadily and then begins dropping across growth-chart lines may need assessment. Delayed growth is a sign, not a diagnosis, and it has many possible explanations.

What it may feel or look like

Delayed growth usually does not cause a physical sensation. You may notice that your child:

Comparisons with classmates can be misleading because healthy children grow and enter puberty at different times. Measurements taken with different equipment can also appear inconsistent.

- Is not outgrowing clothes or shoes as expected
- Is much shorter or lighter than children of a similar age
- Gains little weight or loses weight
- Has feeding difficulties or a poor appetite
- Starts puberty later than peers
- Appears tired or has other ongoing symptoms

Common causes

Common growth patterns include familial short stature and constitutional growth delay. Familial short stature means shorter height runs in the family. Children usually grow at a steady rate but remain shorter than average. With constitutional delay, growth and puberty happen later, often following a similar pattern seen in a parent.

Feeding and nutrition problems can slow weight gain and, over time, height gain. Possible reasons include difficulty feeding, a very restricted diet, limited access to food, swallowing problems, or poor absorption of nutrients. In babies, difficulties with breastfeeding or formula feeding may contribute.

Long-term health conditions can affect appetite, nutrient absorption, or the energy available for growth. Examples include coeliac disease, inflammatory bowel disease, long-term kidney or heart conditions, and ongoing lung disease.

Hormone-related causes are less common. An underactive thyroid, too little growth hormone, or unusually high exposure to steroid hormones may affect height. Some prescribed steroid medicines can influence growth, particularly with long-term use. Do not stop a prescribed medicine without medical advice.

Genetic or chromosome conditions can also affect growth. In some children, no single cause is found.

When to seek medical care

Delayed growth by itself is rarely an emergency. Book a routine appointment if your child's growth has slowed, weight is falling, clothes have stayed the same size for a long time, or puberty appears later than expected. Arrange an appointment sooner if there is persistent diarrhoea, pain, poor appetite, unusual thirst, frequent urination, marked tiredness, or difficulty feeding.

Seek same-day medical advice if your child has repeated vomiting and cannot keep fluids down, has very little urine, or is becoming unusually weak or sleepy.

Call emergency services if your child is difficult to wake, has severe trouble breathing, has a seizure, or becomes unresponsive. These symptoms require urgent help regardless of the growth concern.

How the cause is found

A healthcare professional will review measurements taken over time. Height or length, weight, and sometimes head size are plotted on an age-appropriate growth chart. Measuring parents may help estimate the height range expected from the family pattern.

You may be asked about pregnancy and birth, feeding, diet, bowel symptoms, long-term illnesses, medicines, sleep, and development. Family patterns of height and the age at which parents entered puberty are also useful.

The physical examination may look for signs of nutritional problems, long-term illness, or hormone changes. In an older child, the stage of puberty may be assessed.

Tests are chosen according to the growth pattern and other symptoms. They may include blood or urine tests for anaemia, inflammation, thyroid function, coeliac disease, or kidney and liver problems. A hand and wrist X-ray can estimate "bone age," meaning how mature the bones appear compared with the child's age. Some children are referred to a paediatrician, dietitian, or children's hormone specialist.

Treatment and self-care

Treatment depends on why growth has slowed. A feeding assessment or dietitian's support may help when calorie intake, food variety, or feeding skills are concerns. Treatment of a condition such as coeliac disease, thyroid disease, or bowel inflammation may allow growth to improve.

Growth hormone treatment is used only for certain diagnosed conditions after specialist assessment. It is not a general treatment for every child who is short.

At home, offer regular meals and snacks with a range of nutritious foods. Avoid pressuring or forcing a child to eat, as this can make mealtimes harder. Do not start high-calorie supplements, restrictive diets, or vitamins in large amounts without professional advice.

Keep records of measurements if asked, but avoid measuring too frequently. Small differences

in posture, equipment, and technique can make short-term results unreliable.

What to expect

The outlook depends on the cause, how long growth has been affected, and whether treatment is available. Children with a family pattern of short stature may remain shorter while staying healthy. Those with constitutional delay often have a later growth spurt and later puberty.

When poor nutrition or an underlying condition is treated, some children have catch-up growth. Follow-up measurements over time show whether the growth rate is improving.

Common questions

Is being short the same as delayed growth?

No. A short child who follows a steady growth curve may be growing normally. Delayed growth usually means the rate or pattern of growth has changed.

Can picky eating cause delayed growth?

It can contribute if the diet does not provide enough energy or nutrients. Many selective eaters still grow normally. A falling weight or very limited food range should be discussed at an appointment.

Does late puberty affect height?

Puberty causes a major growth spurt. Children who enter puberty later may temporarily be shorter than peers. Delayed puberty can run in families, but it may also need assessment.

Can extra sleep, exercise, or supplements make a child taller?

Sleep, activity, and balanced nutrition support general health, but they cannot change every cause of short stature. Supplements do not replace assessment when growth has slowed.

Sources

- Centers for Disease Control and Prevention. Growth Charts
- World Health Organization. Child Growth Standards

- National Institute for Health and Care Excellence. Faltering growth: recognition and management of faltering growth in children, guideline NG75
- Pediatric Endocrine Society. Child with Suspected Short Stature
- Grimberg A, et al. Guidelines for Growth Hormone and Insulin-Like Growth Factor-I Treatment in Children and Adolescents. Hormone Research in Paediatrics. 2016