SYMPTOM

Faltering weight

Faltering weight is when a baby or child gains weight more slowly than expected over time.

WHAT IT FEELS LIKE
My child is not gaining weight as expected

WHERE IT IS FELT
Whole body, seen on weight and growth charts

MOST COMMON CAUSES
Feeding difficulties, low calorie intake, recent illness

WHEN IT IS URGENT
Poor feeding with much less urine or unusual sleepiness

USUALLY LASTS
Until feeding, illness, or another cause improves

SEE A DOCTOR IF
Weight gain slows or crosses down growth chart lines

Overview

Faltering weight means that a baby or child is gaining weight more slowly than expected. They may stay at a similar weight, lose weight, or move down across lines on a growth chart.

It is a symptom or growth pattern, not a diagnosis. Some children are naturally small or grow in uneven spurts. A single measurement rarely tells the whole story. The pattern over time, the child's length or height, and their general health are more useful.

Older terms include "failure to thrive." This can sound alarming and does not explain the cause. Faltering weight is usually a more helpful description.

Babies normally lose some weight shortly after birth. How much they lose and how quickly they regain it should be assessed using their age, feeding, measurements, and health.

What it may feel or look like

Faltering weight usually does not cause a particular sensation. You may notice it through measurements or changes in feeding and growth.

Possible signs include:

A child can appear active and well while gaining weight slowly. Others may seem unwell because of the condition affecting their growth.

- Clothes or nappies staying the same size for longer than expected
- Weight increasing slowly or falling between growth chart lines
- Feeding taking a long time or becoming stressful
- Tiring, coughing, sweating, or falling asleep during feeds
- Frequent vomiting, diarrhoea, constipation, or tummy discomfort
- Less energy or slower development

Common causes

Often, a child is taking in less energy than their body needs. This does not necessarily mean anyone has done something wrong.

Common reasons include feeding or latching difficulties, short or infrequent feeds, problems moving from milk to solid foods, a very limited diet, or meals that do not contain enough energy for growth. Recent infections can temporarily reduce appetite.

Some babies bring up milk because of reflux. Mild reflux is common, but frequent or painful vomiting may interfere with feeding. Mouth pain, tongue movement problems, or difficulty chewing and swallowing can also reduce intake.

Social and practical factors matter. Feeding may be affected by family stress, limited access to food, difficulty preparing formula safely, or uncertainty about what and how much to offer. These issues deserve practical support without blame.

Less common causes include:

Rarely, slow weight gain occurs alongside a serious illness. Green vomit, severe breathing difficulty, marked dehydration, or a child who is difficult to wake requires urgent assessment.

- Coeliac disease, which is an immune reaction to gluten
- Food allergy or inflammation in the digestive system
- Long-lasting diarrhoea or poor absorption of nutrients
- Heart, lung, kidney, liver, thyroid, or metabolic conditions
- Ongoing infection or increased energy needs
- Developmental or sensory differences affecting eating

When to seek medical care

Book a routine appointment if your child is gaining weight more slowly than expected, has crossed down growth chart lines, is losing weight without a clear reason, or has continuing feeding difficulties. Arrange review sooner for a young baby or if the change is rapid.

Seek same-day medical advice if your child:

Call emergency services if your child is unresponsive, has severe difficulty breathing, looks blue or grey, or has green vomit with a swollen or very painful abdomen.

- Is feeding poorly and passing much less urine
- Is unusually sleepy, weak, or difficult to keep awake
- Has repeated vomiting or cannot keep fluids down
- Has persistent diarrhoea with signs of dehydration
- Is losing weight and appears generally unwell
- Coughs, chokes, sweats, or becomes breathless during feeds

How the cause is found

A healthcare professional will first check the measurements. Weight, length or height, and sometimes head size are plotted on an age-appropriate growth chart. For babies born early, their expected birth date may need to be considered when interpreting growth.

You may be asked about pregnancy and birth, feeding routines, formula preparation, breastfeeding, meals, vomiting, stools, urine, illnesses, medicines, development, and family growth patterns. It can help to bring your child's health record and a short feeding diary.

A feed or meal may be observed. This can reveal difficulties with positioning, swallowing, chewing, pacing, or interaction around food.

Blood, urine, stool, or imaging tests are not always needed. They are usually chosen when the history, examination, or growth pattern suggests a particular medical cause.

Treatment and self-care

Treatment depends on why weight gain has slowed. The aim is to support healthy growth while keeping feeding safe and manageable.

A breastfeeding parent may be offered help with positioning, attachment, milk transfer, or

expressing. Formula-fed babies may need their feeding pattern and preparation checked. Do not change formula concentration unless a qualified professional has given specific instructions, because incorrect mixing can be harmful.

For children eating solid foods, support may include regular meals and snacks, suitable higher-energy foods, and changes to texture or mealtime routines. A dietitian can help make the diet more nourishing without making portions overwhelming.

Try to keep meals calm and predictable. Offer food without force, allow enough time, and respond to signs of hunger and fullness. Avoid using supplements, restrictive diets, or high-calorie products without advice, especially if food allergy or swallowing difficulty is possible.

Any medical cause, such as coeliac disease, persistent reflux, or an infection, may need its own treatment.

What to expect

Many children improve once feeding support is in place or a temporary illness has passed. Weight may rise before length or height changes become noticeable.

Follow-up measurements help show whether the plan is working. Weighing too often can cause anxiety and may make normal day-to-day changes look important. The timing of checks should reflect the child's age, health, and growth pattern.

Some children need longer-term support from a dietitian, feeding team, paediatrician, or another specialist. The goal is steady, appropriate growth rather than reaching a particular growth chart line quickly.

Common questions

Does crossing a growth chart line always mean something is wrong?

No. Children may shift toward the growth pattern expected from their family background. A sustained fall across lines, weight loss, or other symptoms still deserves review.

Can teething cause faltering weight?

Teething may briefly affect appetite, but it should not usually explain ongoing poor weight gain. Continuing changes should be assessed for other causes.

Should I weigh my child at home?

Occasional home measurements may be useful if recommended. Different scales, clothing,

and time of day can affect the result. Repeated weighing without a clear plan can make the pattern harder to interpret.

Is faltering weight caused by parenting?

Not usually. Feeding is affected by many medical, developmental, practical, and social factors. Assessment should focus on understanding barriers and providing support, not assigning blame.

Sources

- National Institute for Health and Care Excellence: Faltering growth-recognition and management of faltering growth in children, guideline NG75
- American Academy of Pediatrics: Growth Faltering in Newborns and Infants
- World Health Organization: Child Growth Standards
- Centers for Disease Control and Prevention: WHO Child Growth Standards
- NHS: How to tell if your baby is seriously ill