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Are boy and girl growth charts different

Sample growth chart for use with American boys from birth to age 36 months. A growth chart is used by pediatricians and other health care providers to follow a child's growth over time. Growth charts have been constructed by observing the growth of large numbers of normal children over time. The height, weight, and head circumference of a child can be compared to the expected parameters of children of the same age and sex to determine whether the child is growing appropriately. Growth charts can also be used to predict the expected adult height and weight of a child because, in general, children maintain a fairly constant growth curve. When a child deviates from his or her previously established growth curve, investigation into the cause is generally warranted. For instance, a decrease in the growth velocity may indicate the onset of a chronic illness such as inflammatory bowel disease. Growth charts can also be compiled with a portion of the population deemed to have been raised in more or less ideal environments, such as nutrition that conforms to pediatric guidelines, and no maternal smoking. Charts from these sources end up with slightly taller but thinner averages.[1] Growth curve of a girl, compared to the 2006 WHO curves. Growth charts are different for boys and girls, due in part to pubertal differences and disparity in final adult height. In addition, children with diseases such as Down syndrome and Turner syndrome follow distinct growth curves which deviate significantly from children without these conditions. As such, growth charts have been created to describe the expected growth patterns of several genetic conditions. Since there are differences in normal growth rates between breastfed and formula-fed babies,[2] the World Health Organization growth charts, which better reflect the growth pattern of the healthy, breastfed infant are considered the standard for U.S. children under age two.[3] See also Failure to thrive, a growth disorder Weight and height percentile References ^ "WHO Child Growth Standards" (PDF). World Health Organization. ^ Dewey, KG; Peerson, JM; Brown, KH; Krebs, NF; Michaelsen, KF; Persson, LA; Salmenpera, L; Whitehead, RG; Yeung, DL (1995). "Growth of breast-fed infants deviates from current reference data: A pooled analysis of US, Canadian, and European data sets. World Health Organization Working Group on Infant Growth". *Pediatrics*. 96 (3 Pt 1): 495-503. PMID 7651784. ^ "Use of World Health Organization and CDC Growth Charts for Children Aged 0-59 Months in the United States" (PDF). Centers for Disease Control. External links CDC information on growth charts WHO information on growth charts The WHO Child Growth Standards Growth Charts and Breastfeeding Babies Retrieved from " Kids grow at their own pace. Big, small, tall, short — there is a wide range of healthy shapes and sizes among children. Genetics, gender, nutrition, physical activity, health problems, environment, and hormones all play a role in a child's height and weight. And many of these things can vary widely from family to family. So how do doctors figure out whether kids' height and weight measurements are "healthy"? Whether they're developing on track? Whether any medical problems are affecting growth? Doctors use growth charts to help answer those questions. Here are some facts about growth charts and what they say about a child's health. Why Do Doctors Use Growth Charts? Growth charts are a standard part of your child's checkups. They show how kids are growing compared with other kids of the same age and gender. They also show the pattern of kids' height and weight gain over time, and whether they're growing proportionately. Let's say a child was growing along the same pattern until he was 2 years old, then suddenly started growing much more slowly than other kids. That might mean there is a health problem. Doctors could see that by looking at a growth chart. Does a Different Pattern Mean There's a Problem? Not necessarily. Doctors consider the growth charts along with a child's overall well-being, environment, and genetic background. For example: Is the child meeting other developmental milestones? Are there other signs that a child is not healthy? How tall or heavy are the child's parents and siblings? Was the child born prematurely? Has the child started puberty earlier or later than average? Are All Kids Measured on One Growth Chart? No. Girls and boys are measured on different growth charts because they grow in different patterns and at different rates. And one set of charts is used for babies, from birth to 36 months. Another set is used for kids and teens ages 2-20 years old. Also, special growth charts can be used for children with certain conditions, such as Down syndrome, or who were born early. What Measurements Are Put on the Charts? Until babies are 36 months old, doctors measure weight, length, and head circumference (distance around the largest part of the head). With older kids, doctors measure weight, height, and body mass index (BMI). It's important to look at and compare weight and height measurements to get a full picture of a child's growth. Why Is Head Circumference Measured? In babies, head circumference can give clues about brain development. If a baby's head is bigger or smaller than most other kids' or the head stops growing or grows too quickly, it may mean there is a problem. For example, an unusually large head may be a sign of hydrocephalus, a buildup of fluid inside the brain. A head that's smaller than average may be a sign that the brain is not developing properly or has stopped growing. What Are Percentiles? Percentiles are measurements that show where a child is compared with other kids. On the growth charts, the percentiles are shown as lines drawn in curved patterns. When doctors plot a child's weight and height on the chart, they see which percentile line those measurements land on: The higher the percentile number, the bigger a child is compared with other kids of the same age and gender, whether it's for height or weight. The lower the percentile number, the smaller the child is. For example, if a 4-year-old boy's weight is in the 10th percentile, that means that 10% of boys that age weigh less than he does and 90% of boys that age weigh more. Being in a high or a low percentile doesn't necessarily mean that a child is healthier or has a growth or weight problem. Let's say that the 4-year-old boy who is in the 10th percentile for weight is also in the 10th percentile for height. So 10% of kids are shorter and weigh less than he does, and most kids — 90% — are taller and weigh more. That just shows that he's smaller than average, which usually doesn't mean there is a problem. If his parents and siblings are also smaller than average, and there are other signs that he's healthy and developing well, doctors would likely decide that there's no reason to worry. What's the Ideal Percentile for My Child? There is no one ideal number. Healthy children come in all shapes and sizes, and a baby who is in the 5th percentile can be just as healthy as a baby who is in the 95th percentile. Ideally, each child will follow along the same growth pattern over time, growing in height and gaining weight at the same rate, with the height and weight in proportion to one another. This means that usually a child stays on a certain percentile line on the growth curve. So if our 4-year-old boy on the 10th percentile line has always been on that line, he is continuing to grow along his pattern, which is a good sign. What Could Signal a Problem? A few different growth chart patterns might signal a health problem, such as: When a child's weight or height percentile changes from a pattern it's been following. For example: If height and weight have both been on the 60th percentile line until a child is 5 years old, and then the height drops to the 30th percentile at age 6, that might suggest a growth problem because the child is not following his or her usual growth pattern. But changing percentiles doesn't always mean there's a problem. Many kids may show changes in growth percentiles at some points in development, when it's normal for growth rates to vary more from child to child. This is particularly common during infancy and puberty. When kids don't get taller at the same rate at which they're gaining weight. For example: If a boy's height is in the 40th percentile and his weight is in the 85th percentile, this means he's taller than 40% of kids his age, but weighs more than 85% of kids his age. That might be a problem. On the other hand, if he's in the 85th percentile for both height and weight and follows that pattern over time, that usually means that he's a healthy child who's just larger than average. If you have any questions about your child's growth — or growth charts — talk with your doctor. You may be trying to access this site from a secured browser on the server. Please enable scripts and reload this page. An individual is overweight when their BMI is between 25.0-29.9. Obesity is defined as a BMI greater than 30.0. Many web sites have calculators to measure BMI (for example, . Measuring body fat may be done via skin-fold-thickness measurement, waist-to-hip-circumference ratio, and neutral buoyancy (water displacement) measurements. BMI is not used for children under 2 years of age, and instead growth charts should be used to identify any weight issues. Read more about childhood obesity » Steady weight gain is one of the signs that your baby is healthy and feeding well. It's normal for babies to lose some weight in the first few days after birth.Your baby will be weighed during their first 2 weeks to make sure they're regaining their birthweight. Most babies are at, or above, their birthweight by 2 weeks.A midwife or health visitor will support you if your baby loses a large amount of weight or does not regain their birthweight by 2 weeks.They'll talk to you about how feeding is going, possibly ask to observe a feed if you're breastfeeding, and look at your baby's health in general. After the first 2 weeks, your baby should be weighed:no more than once a month up to 6 months of ageno more than once every 2 months from 6 to 12 months of ageno more than once every 3 months over the age of 1Your baby will usually only be weighed more often than this if you ask for it or if there are concerns about their health or growth.Your baby's length may also be measured at some of their developmental reviews. Your child's growth will be recorded on centile charts in their personal child health record (PCHR), or red book.These charts show the pattern of growth healthy children usually follow, whether they're breastfed or formula fed, or having a mixture of both.Visit the Royal College of Paediatrics and Child Health website to see some examples of baby weight charts.Boys and girls have different charts because boys tend to be a little heavier and taller, and their growth pattern is slightly different. The curved lines on the charts are called centile lines. These show the average weight and height gain for babies of different ages.Your baby's weight and height may not follow a centile line exactly. Their measurements may go up or down by 1 centile line, but it's less common for them to cross 2 centile lines. If this happens, talk to a health visitor, who can advise you.It's normal for your baby to be on different centiles for weight and length, but the 2 are usually fairly similar.All babies are different, and your baby's growth chart will not look exactly the same as another baby's, even their own brother or sister. Usually your baby will gain weight most rapidly in the first 6 to 9 months. Their rate of growth will gradually slow down as they become a toddler and are more active.If your baby or toddler is ill, their weight gain may slow down for a while. It will usually return to normal within 2 to 3 weeks. Your child's height after the age of 2 gives some indication of how tall they will be when they grow up. If you like, you can use the adult height predictor in your baby's red book to work it out. Once your child gets to the age of 2, a health visitor may use their weight and height to calculate their body mass index (BMI) and plot it on a centile chart. This is a way of checking whether your child's weight is in the healthy range or not.If they're overweight or underweight, a health visitor can give you advice about your child's diet and physical activity levels.You can also use our BMI calculator to check your child's BMI (as long as they are 2 years old or over).For more information about your baby or toddler's weight or height, talk to a health visitor or GP. From the WebMD Archives Q: My baby is small but my pediatric provider says she is "following the curve" so he is not worried. What does that mean? I'm still worried! A: If your baby is "following the curve" of the growth chart, she's paralleling one of the percentile lines on the chart, and the odds are good that her caloric intake is fine, no matter how much or how little milk she seems to be drinking. On the other hand, if she is "falling off the curve," she's dipping below two or more percentile lines on the growth chart, and she may have inadequate nutritional intake. This could represent a real problem. There are separate growth charts for weight, height, and head circumference. These simply represent the average weight, height, or head circumference of a bunch of normal children. You will see the percentile lines on the chart running parallel to each other. The percentile lines include 5%, 10%, 25%, 50%, 75%, 90%, and 95%. (For more information, see the CDC's web site: www.cdc.gov/growthcharts/). If a child's weight is at the 50th percentile line, that means that out of 100 normal children her age, 50 will be bigger than she is and 50 smaller. Similarly, if she is in the 75th percentile, that means that she is bigger than 75 children and smaller than only 25, compared with 100 children her age. The growth percentiles by themselves don't say much. What really matters is the rate of growth: A normal rate of growth means the child's growth points closely follow a percentile line on the chart. We usually don't worry about insufficient (or excessive) growth until a child's growth rate has crossed at least two percentile lines (e.g., from above the 90th percentile to below the 50th). If a child's weight, height, or head size is below the 5th percentile, it's important to see if her growth points have always paralleled the 5th percentile line -- which would mean her growth rate is normal -- or if she is suddenly falling further behind, which is more concerning. To see if your child is too skinny or overweight, there is a "weight for height" chart or a "BMI" index. These tell if your child's weight is close to what it should be, given her height. One of the first signs that a child is not getting enough calories is when her weight increases at a much slower rate than her height and begins to fall below two percentile lines. Depending on the extent of the poor caloric intake, the child's height could become "stunted," that is, the height begins descending on the growth chart. If the lack of nutrition is severe and continues for an extended period of time, the head growth slows down, indicating that there are not enough calories for the brain to grow at a normal rate. Similarly, a steady increase in weight, while the child's height increases at a much slower rate, indicates she may be putting too much extra meat on her bones. This can be a good thing or an early sign of a risk of obesity. Tips: Put the growth chart into context. No child's growth and development is always so smooth and perfect like the lines of the chart. Kids bounce up and down the growth charts, depending on appetite, feeding issues, illnesses, brief feeding strikes, etc. Consider other signs of good health. Does your child appear otherwise happy and healthy? Is she making nice developmental progress? If the answers are yes, a problem is less likely. If your child's growth rate slows down (weight, height, or head size) and she falls below two percentile lines, then you should explore the reason for the poor growth. Don't obsess about every up and down of your infant's growth chart. It's only potentially a problem when there is a persistent downward trend, usually lasting many months. © 2008 WebMD, LLC. All rights reserved.

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