

PROCEDURE			
Length assessment 0 - 2 years			
Scope (Staff):	Community health staff		
Scope (Area):	CAHS-CH, WACHS		

#### **Child Safe Organisation Statement of Commitment**

The Child and Adolescent Health Service (CAHS) commits to being a child safe organisation by meeting the National Child Safe Principles and National Child Safe Standards. This is a commitment to a strong culture supported by robust policies and procedures to ensure the safety and wellbeing of children at CAHS.

# This document should be read in conjunction with this DISCLAIMER

#### **Aim**

To correctly measure and interpret the recumbent length of infants and children up to two years of age.

NOTE: Length assessments for children over 2 years, including those undertaken as part of the 2 year contact, will be conducted in accordance with the *Height assessment 2 years* and over procedure.

### Risk

The accurate measuring of length is an integral part of growth assessment. Failure to undertake length assessment or obtaining inaccurate length measurements may delay the identification of significant growth deviations for a child.

# **Background**

Assessment of growth identified whether a child has age appropriate growth or is deviating from normal parameters. For assessment of growth to be meaningful, serial measurements should be taken and plotted onto a growth chart over a period of time. Growth assessment is especially important during infancy to detect and monitor slow or excessive growth, check the impact of illness and treatment, and to identify or monitor those at higher risk.

Along with growth measurement; the child should always be assessed according to their overall health and wellbeing, and developmental progress. Consideration of growth trajectory (as indicated on growth charts), child's history and clinical judgement are required to determine whether further review or referral is required.<sup>3-5</sup>

# **Key Points**

- To be performed by staff with appropriate training and assessment skills.
- Assessment of length is offered and conducted at the 8 week, 4 month, 12 month and 2 year universal contacts.

- Length assessment should also be completed as part of a holistic growth assessment when concerns regarding growth or any other identified risk are raised by nurse or parent at any Universal Plus contact or drop in session.
- Length status in children should be plotted and interpreted using age and sex specific reference values.<sup>6</sup>
- Routine recumbent length assessment is recommended for infants or children under the age of two years of age.
- For children close to two years of age, standing height may be measured rather than
  recumbent length, if appropriate for the individual. Note: if Body Mass Index (BMI) is
  to be calculated, children must be two years of age or older and standing height must
  be used.
- It is important to record whether length or height has been measured when documenting findings. Recumbent length is approximately 1 2 centimetres (cm) greater than standing height.
- To ensure length measurement accuracy, reliable and sensitive equipment should be used along with good technique. Small errors during the measuring, recording or plotting can have a significant impact on the infant and/or child's growth assessment results and subsequent care planning.
- Recumbent length measurement process requires two people, that is, a health professional and a parent.
- Community health nurses must follow the organisation's overarching Infection
   Control Policies and perform hand hygiene in accordance with WA Health guidelines at all appropriate stages of the procedure.

# **Equipment**

Recumbent length board or infantometer (infant length board).

- The board should have a firm, flat horizontal surface with a measuring tape in 0.1cm or 1.0 millimetre (mm) increments.
- The tape or measurements should be fixed, and easily read.
- The measuring board should have a fixed, stationary headpiece at right angles to the tape and a movable or non-attached foot board perpendicular to the tape.

#### **Procedure**

Steps	Additional Information
Explanation	
Explain the procedure to the parent, and child where appropriate. Allow sufficient time for discussion of concerns.	Encourage parent support and involvement with the procedure where possible.
Preparation	
Remove the child's hair/head accessories and shoes and socks, if	

applicable

## Measuring

- Ask the parent to lay the infant in a supine position on the length board.
- The crown of the head must touch the stationary, vertical headboard.
- The infant's line of vision should face vertically upwards.
- Ensure the child's body and pelvis is straight along the measuring device.
- Extend the infant's legs gently at the hips and knees and lie them flat against the length-board with toes pointing directly up.
- Move the foot board into position against the infant's feet.

Ask the parent to hold the child's head against the headboard, throughout the procedure.

## Recording

- Record the length to the nearest 0.1cm.
- Plot the length on the appropriate age for length and gender chart.
- Document that recumbent length has been measured.
- Use dots to plot but do not join the dots with a line.
- Document if the child is in plaster, a harness, or any other item unable to be removed, which may impact results.
- Infants born after 37 completed weeks should be plotted on the WHO birth to 2 year growth charts. The actual age for these infants commences at birth. Growth measurement plotting begins at birth at "0" and continues according to actual age.
- Infants born less than 37 weeks gestation should be plotted onto the WHO birth to 2 year growth charts using their age corrected for their prematurity until 2 years of age.<sup>3, 6, 7</sup>

Age is plotted in **completed** weeks/months/ years as appropriate.

A child born before 37 completed weeks gestation is considered preterm. Once a corrected age of 40 weeks is reached, the WHO standards can be used to monitor ongoing growth. Corrected age should be used until 2 years of age. If this child catches up before this then actual age can be used.

Fenton Preterm Growth Charts can be used from 20 - 40 weeks gestation or up to 50 weeks of age, as these babies may not be old enough to be plotted from week 0 on the WHO growth charts.<sup>5</sup>

If concerns with growth status are identified

	in clients prior to 6 months of age, use the WHO 0-6 month growth charts to monitor and record serial weight and length measurements.
<ul> <li>Interpretation</li> <li>Interpret the growth chart with regard to the pattern of growth trajectory.</li> <li>Discuss findings and growth patterns with parent.</li> </ul>	Interpretations of measurements are to be done in conjunction with a holistic assessment.  Serial measurements showing unexpected changes in the growth trajectories requires additional assessment and/or referral.  For more information refer to the Growth birth to 18 years, Growth faltering, Overweight and obesity, Body Mass Index assessment 2 years and over and Body Mass Index assessment — primary school guidelines.

# Referral pathway

If required, refer to a medical practitioner.

## **Documentation**

Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations; according to CAHS-CH and WACHS processes.

#### References

- 1. Dietitians of Canada, Canadian Paediatric Society, The College of Family Physicians of Canada, Community Health Nurses of Canada. Promoting optimal monitoring of child growth in Canada: Using the new World Health Organization growth charts Executive Summary. Paediatrics & Child Health. 2010;15(2):77-9.
- 2. World Health Organization. Training course on child growth assessment Geneva: World Health Organization; 2006 [Available from: <a href="http://www.who.int/nutrition/publications/childgrowthstandards\_trainingcourse/en/">http://www.who.int/nutrition/publications/childgrowthstandards\_trainingcourse/en/</a>.
- 3. National Health and Medical Research Council. Infant feeding guidelines: information for health workers. Canberra: NHMRC; 2012.
- 4. Freeman JV, Cole TJ, Wales JKH, Cooke J. Monitoring infant weight gain: Advice for practitioners. Community Pract. 2006;79(5):149-51.
- 5. Smith Z. Faltering Growth. 2008. In: Clinical Paediatric Dietetics [Internet]. Wiley Online Library; [556-65].
- 6. National Health and Medical Research Council. Clinical practice guidelines for the management of overweight and obesity in adults, adolescents and children in Australia. Melbourne: National Health and Medical Research Council; 2013.
- 7. The Royal Children's Hospital Melbourne. Growth measuring technique under 2 year olds. Melbourne2013. p. 2.

# Related policies, procedures and guidelines

The following documents can be accessed in the **Clinical Nursing Manual** via the <u>HealthPoint</u> link, <u>Internet</u> link or for WACHS staff in the <u>WACHS Policy</u> link

Growth birth – 18 years

Growth faltering

Head circumference assessment

Overweight and obesity

Physical assessment 0 – 4 years

Universal contact guidelines

Weight assessment 0 - 2 years

The following documents can be accessed in the <a href="CAHS-CH Operational Manual">CAHS-CH Operational Manual</a>

Infection control policies

### **Related CAHS-CH forms**

The following forms can be accessed from the <u>CAHS-Community Health Forms</u> page on HealthPoint

World Health Organization Charts (CHS800A series)

#### **Related CAHS-CH resources**

The following resources can be accessed from the <u>CAHS-Community Health Resources</u> page on HealthPoint

How children develop

Practice guide for Community Health Nurses

#### Related external resources

Royal Children's Hospital Child Growth learning resource.

Preterm Fenton Growth Charts

World Health Organization Charts 0 – 6 months (external link)

This document can be made available in alternative formats on request for a person with a disability

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lon 2014		
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	December 2019 Community Health Clinical Nursing Policy Governance Group Executive Director, Operations  NSQHS Standards: 1.27, 1.7 Child Safe Standards 1, 3, 4, 7, 10	December 2019 Community Health Clinical Nursing Policy Governance Group Executive Director, Operations  NSQHS Standards:  1.27, 1.7

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