September 27, 2000

CHDP Program Letter No: 00-08

TO: CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM PROVIDERS AND MEDI-CAL MANAGED CARE PLANS

SUBJECT: NEW PEDIATRIC GROWTH CHARTS AVAILABLE THROUGH THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

The purpose of this information notice is to advise you of new pediatric growth charts. The new pediatric growth charts have been released by CDC and can be accessed through the CDC web site: http://www.cdc.gov/growthcharts/. CDC is planning an internet based training for the use of the new charts.

The revised growth charts consist of 16 charts (eight for boys and eight for girls). These charts represent revisions to the 14 existing charts, as well as the introduction of two new body mass index (BMI)-for-age charts for boys and for girls, ages two to 20 years. The new BMI growth charts can be used clinically beginning at two years of age, when an accurate stature can be obtained. These BMI for age charts were created for use in place of the 1977 weight-for-stature charts, as they are considered a more accurate tool.

Health care providers should be aware that there will be a period of transition as they shift from the old charts to the new charts, and this transition may take some time. There needs to be a continued awareness that although growth charts are an essential source of information in pediatrics, they are not intended to be used as a sole diagnostic instrument. Instead, growth charts are tools that contribute to forming an overall clinical impression for the child’s health assessment. The revised growth charts simply provide health care providers with an improved tool for everyday use in their clinics.

Most of the specific differences between the revised charts and the original chart are more apparent in the charts for infants and small children where national data was previously lacking. Some differences are also noted on the outer
percentiles, e.g., the smallest and the largest children. The revised head circumference charts also show some noticeable differences when compared to the earlier charts.

The CDC web site provides three different sets of growth charts. **Set 1** shows all of the major percentile charts, but may have limitations when the curves are close together, especially at the youngest ages. Most users in the United States, including CHDP providers may wish to use the format shown in **Set 2** for the majority of routine clinical applications. Pediatric endocrinologists and others dealing with special clinical populations may wish to use the format in **Set 3**.

The charts can be printed from the web site and reproduced locally. CDC plans to add data entry tables and a place to record the patient's name and record number to future revisions. Only versions that have been downloaded after June 8, 2000, should be used. At a later date, they may be available from Mead Johnson and/or Ross. The phone numbers for Mead/Johnson and Ross are listed in the CHDP Health Assessment Guidelines Manual, Appendix F-1. Updates of the portions of the CHDP Health Assessment Guidelines which pertain to the growth charts will be provided in the future. The web site also includes background information, the news release, a full report, data files, individual growth charts, and instructions for calculating BMI.

Accurate measuring and weighing are essential for accurate interpretation. Therefore, it is recommended that all staff who weigh and measure children review the section of the CDC web site for directions on how to weigh measure. Also, since BMI is used differently in children than adults, it is recommended that all providers review the CDC web site section, "Body Mass Index-for Age", under the instructions for calculating BMI. If a child is identified as being at risk for being overweight, further evaluation of diet and/or skin folds should be considered.

If you have questions related to the use of the new CDC pediatric growth charts for CHDP health assessment or need training in methods to use these growth charts, please contact your local CHDP nutritionist or CHDP nurse consultant.

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