



**North American Society for Pediatric Gastroenterology, Hepatology and Nutrition Issues
Joint Clinical Practice Guideline for Diagnosis and Management of Faltering Weight**

The guideline offers a standardized approach for clinicians evaluating, diagnosing, and managing children with suspected faltering weight.

FOR IMMEDIATE RELEASE

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AMBLER, PA – The North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN), in partnership with the American Academy of Pediatrics (AAP) has published its first clinical practice guideline on the diagnosis and management of faltering weight. Previously described as “failure to thrive,” this condition affects 5%-10% of young pediatric patients who are not growing as expected.

The “Clinical Practice Guideline for Diagnosis and Management of Faltering Weight” and two related technical reports were published online today and will appear in the April 2026 issue of *Pediatrics*. Together, they provide clinicians with a well-defined description of faltering weight, specific diagnostic criteria, and a more uniform approach to the evaluation and management of affected children.

“NASPGHAN combined with the AAP to retire the pejorative term, failure to thrive, which will now be referred to as faltering weight. The clinical practice guideline released by both societies includes guidance on the new diagnostic criteria and initial workup and management relevant to pediatricians and pediatric gastroenterologists,” Praveen Goday, MD, co-author of the guideline and physician at Nationwide Children’s Hospital in Columbus, Ohio.

Faltering weight is a common reason for pediatric visits and hospital admissions, affecting an estimated 5% to 10% of children in primary care and 3% to 5% in specialty care settings. The guideline moves away from the term “failure to thrive,” noting that it is imprecise, potentially stigmatizing, and not tied to clear standards of care.

The new guidance also introduces the use of z-scores to more accurately assess infant growth. Children may meet criteria for faltering weight based on low weight-for-length or BMI-for-age, slower-than-expected weight gain in children under age 2, or a significant decline in weight-related growth measures over time.

The guideline recommends diagnostic testing only when there is concern for a specific underlying problem or when poor weight gain persists, and limits endoscopy to select cases in which symptoms persist despite treatment or when diagnosis requires direct evaluation.



Treatment recommendations include increasing caloric intake, considering oral nutrition supplements, and addressing feeding difficulties through appropriate therapy.

“NASPGHAN was pleased to partner with AAP on this joint clinical guideline, which helps clinicians take a more targeted approach to evaluating and managing children with faltering weight. By focusing testing and interventions where they are most needed, this guidance supports high-quality, efficient care,” said Vicky Ng, MD, President of NASPGHAN and physician at SickKids in Toronto, Canada.

Links to the guideline, technical reports, implementation toolkit, and other helpful resources can be found below.

- [Clinical Practice Guideline for Diagnosis and Management of Faltering Weight](#)
- [The Benefits and Harms of Endoscopy and Other Diagnostic Tests to Detect Underlying Conditions in Children With Faltering Weight: Technical Report](#)
- [The Impact of Socioeconomic Status and Different Treatment Modalities on Children With Faltering Weight: Technical Report](#)
- [Implementation Toolkit](#)
- *AAP News:* [New clinical practice guideline defines ‘faltering weight,’ recommends treatment options](#)
- *AAP News:* [GRADE framework helps evaluate quality of evidence to develop recommendations](#)
- *AAP News:* [New faltering weight guidance impacts coding, reporting, documentation](#)
- HealthyChildren.org: Faltering Weight in Children: Parent FAQs in [English](#) and [Spanish](#)
- HealthyChildren.org: Understanding Growth Charts: A Parents Guide to Percentiles and Z-Scores in [English](#) and [Spanish](#)