

Failure to Thrive - Topic of the Month

MARCH 4, 2026

WIC staff play a critical role in promoting appropriate growth and healthy eating behaviors during early childhood. Failure to thrive or growth faltering in children requires early identification, a comprehensive nutrition assessment, and consistent monitoring. Read this month's topic to learn how to support children with failure to thrive.



What is failure to thrive?

Failure to thrive is a term used to describe inadequate growth or an abnormal pattern of weight gain that is significantly lower than expected for age and sex. It is identified through growth measurements over time, rather than a single anthropometric value.

Failure to thrive is indicated by

- Weight-for-age, weight-for-height, or BMI below expected.
- Moving downward through two percentiles on the growth chart.
- Little or no weight gain over an extended period of time.

Steady growth in children is a part of a normal and healthy growth pattern. Failure to thrive often manifests early in life; most infants and children are diagnosed before 18 months of age. Inadequate growth for a prolonged period can lead to developmental delays and other long-term health complications in the developing child.

Failure to thrive should not be assigned by WIC staff without the condition being diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by the caregiver.

Contributing factors

The underlying reason for failure to thrive can vary, but it is often related to inadequate calorie intake. Below, we will look at a variety of factors that may lead to poor nutrient intake in children. This list is not all-inclusive.

Nutritional and feeding factors

- Inadequate caloric or protein intake.
- Excessive intake of juice or milk that displaces solid foods.
- Limited variety or highly selective eating.
- Lack of structured meals and snacks.
- Poor caregiver-child interactions.

Medical and developmental factors

- Prematurity, low birth weight, or small for gestational age.
- Chronic illness or frequent infections.
- Gastrointestinal disorders or food allergies.
- Feeding or swallowing difficulties.
- Developmental delays impacting feeding skills.

Environmental and psychosocial factors

- Food insecurity.
- Caregiver stress or mental health concerns.
- Limited nutrition knowledge.
- Inconsistent routines or chaotic mealtime environments.
- Neglect or abuse.

WIC assessment

Minnesota WIC policy emphasizes that growth assessment should be based on patterns over time, not a single measurement. A full nutrition assessment is required to obtain a complete picture of each circumstance.

Anthropometric data should be evaluated in combination with:

- Dietary intake.
- Feeding behaviors and routines.
- Food access and food security.
- Environmental and psychosocial factors.

When failure to thrive or growth faltering is reported, staff should implement a high-risk individual nutrition care plan.

Related risk criteria

Under Minnesota WIC risk criteria

- Risk code [134 Failure to Thrive](#) is assigned only after being reported by a healthcare provider or caregiver.
- [135 Slow/Faltering Growth pattern](#) can be assigned by WIC staff when weight loss is measured or reported in an infant under six months.
- [103 Underweight or at Risk of Becoming Underweight \(Infants and Children\)](#) may be assigned when growth measured by CPA or a healthcare provider meets the criteria. This can be based on a single measurement.
- [411 Inappropriate Nutrition Practices for Infant](#) risk codes may accompany 134 or 135 if routine use of feeding practices is contributing to impaired nutrient status, disease, or health problems.
- [425 Inappropriate Nutrition Practices for Children](#) risk codes may accompany 134 if routine use of feeding practices is contributing to impaired nutrient status, disease, or health problems.
- Other risk factors may be chosen accordingly based on assessment and [WIC risk criteria](#).

WIC's role

WIC staff play a preventive and supportive role in addressing failure to thrive within the program's scope of practice. Follow [Section 6.6: High Risk Individual Nutrition Care Plans](#) to develop an individualized nutrition care plan. Responsibilities include:

1. Conduct a comprehensive nutrition assessment

- Assess dietary intake, feeding routines, and food access.
- Explore caregiver concerns and family context.
- Ask what feeding plan or recommendations were given by the health care provider and assess the participant's understanding and ability to implement the plan.

2. Provide high risk care through individualized nutrition education

- Support the participant in implementing the healthcare provider's or feeding clinic's treatment plan.
 - Offer practical, age-appropriate feeding strategies.
 - Encourage nutrient-dense, high-calorie foods when appropriate.
 - Promote structured meals and snacks, providing child-sized portions.
 - Encourage positive feeding interactions (no bribing, pressure, or force feeding). Praise the child for eating well.
 - Eat together as a family and reduce distractions at mealtimes.
- Assist the participant in implementing the health care provider's or feeding clinic's treatment plan.

3. Monitor growth (follow up)

- Review and interpret growth charts over time at subsequent follow-ups.
- Identify downward trends or other potential concerns.
- Make additional referrals as needed.

4. Make appropriate referrals

- If the participant is not receiving primary care, send a referral to their healthcare provider.
- If the participant is already receiving primary care, encourage caregivers to continue follow-up with the child's healthcare provider.

- Refer to community resources, feeding specialists, or social services as needed.
 - Problem-solve barriers to food insecurity, caregiver stress, and child development.
 - Consider culturally appropriate resources when relevant.

5. Tailor the WIC food package

- Adjust the food package as needed if the participant is issued a medical formula.

Counseling and referrals should be documented according to [WIC Nutrition Education Documentation](#) standards to ensure continuity of care.

Communication

Discussing growth concerns with caregivers is complex and sensitive. Using participant centered services in the spirit of collaboration can empower parents to make informed choices that will fit the family's needs, goals, and realities. Supporting the caregiver starts with gaining their trust.

How WIC partners with families

- Use supportive and non-judgmental language.
- Emphasize that growth challenges are manageable.
- Focus on actionable strategies.
- Reinforce WIC's role as a partner in the child's health.

Always ask for permission before sharing information, providing resources, or offering to send a referral.

Referrals

WIC does not diagnose failure to thrive but supports families in accessing appropriate care. WIC staff should recommend medical referrals when:

- Failure to thrive or growth faltering is persistent or severe.
- There are underlying medical or developmental concerns.
- Feeding difficulties are beyond the WIC scope.

Minnesota WIC risk code [134 Failure to Thrive](#) provides clear guidance for recognizing failure to thrive as a nutrition risk condition and supporting families through education, food package adjustments, and referrals. The goal of failure to thrive treatment is to achieve optimal growth while also addressing whatever factors may be contributing to the failure to thrive. This may take time. A multidisciplinary approach is often used to treat children with failure to thrive, and WIC can support the guidance provided by the healthcare provider.

Resources:

[High Risk and Medical Referral Criteria](#) (MDH WIC)

[What is Participant Centered Services \(PCS\)?](#) (MDH WIC)

[WIC Weight Inclusive Approach](#) (MDH WIC)

[Failure to Thrive](#) (StatPearls. National Library of Medicine. Nov. 12, 2023)

[Etiologies of Poor Weight Gain and Ultimate Diagnosis in Children Admitted for Growth Faltering](#) (American Academy of Pediatrics. April 21, 2023)

Exercise

Work individually or as a team to explore the following questions:

1. How comfortable do you feel having difficult conversations with caregivers about growth concerns?
2. What language or approaches have you found to help build trust with families around feeding or weight issues?
3. How can we honor family strengths while still addressing serious concerns?
4. What tools have you found most helpful when working with families dealing with weight issues?

References- complete listing of hyperlinks:

[134 Failure to Thrive](#)

(<https://www.health.state.mn.us/people/wic/localagency/riskcodes/134.html>)

[135 Slow/Faltering Growth pattern](#)

(<https://www.health.state.mn.us/people/wic/localagency/riskcodes/135.html#category1>)

[103 Underweight or at Risk of Becoming Underweight \(Infants and Children\)](#)

(<https://www.health.state.mn.us/people/wic/localagency/riskcodes/103.html>)

[411 Inappropriate Nutrition Practices for Infant](https://www.health.state.mn.us/people/wic/localagency/riskcodes/411.html)

(<https://www.health.state.mn.us/people/wic/localagency/riskcodes/411.html>)

[425 Inappropriate Nutrition Practices for Children](https://www.health.state.mn.us/people/wic/localagency/riskcodes/425.html)

(<https://www.health.state.mn.us/people/wic/localagency/riskcodes/425.html>)

[WIC risk criteria](https://www.health.state.mn.us/people/wic/localagency/riskcodes/index.html)

(<https://www.health.state.mn.us/people/wic/localagency/riskcodes/index.html>)

[Section 6.6: High Risk Individual Nutrition Care Plans](https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch6/sctn6_6.pdf)

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch6/sctn6_6.pdf)

[WIC Nutrition Education Documentation](https://www.health.state.mn.us/people/wic/localagency/nedocumentation.html)

(<https://www.health.state.mn.us/people/wic/localagency/nedocumentation.html>)

[High Risk and Medical Referral Criteria](https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/exhbts/ex6/6a.pdf)

(<https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/exhbts/ex6/6a.pdf>)

[What is Participant Centered Services \(PCS\)?](https://www.health.state.mn.us/people/wic/localagency/training/pcs/index.html)

(<https://www.health.state.mn.us/people/wic/localagency/training/pcs/index.html>)

[WIC Weight Inclusive Approach](https://www.health.state.mn.us/people/wic/localagency/wtinclusive.html)

(<https://www.health.state.mn.us/people/wic/localagency/wtinclusive.html>)

[Failure to Thrive](https://www.ncbi.nlm.nih.gov/books/NBK459287/) (<https://www.ncbi.nlm.nih.gov/books/NBK459287/>)

[Etiologies of Poor Weight Gain and Ultimate Diagnosis in Children Admitted for Growth Faltering](https://publications.aap.org/hospitalpediatrics/article/13/5/394/191105/Etiologies-of-Poor-Weight-Gain-and-Ultimate?autologincheck=redirected)

(<https://publications.aap.org/hospitalpediatrics/article/13/5/394/191105/Etiologies-of-Poor-Weight-Gain-and-Ultimate?autologincheck=redirected>)

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