

AAP/NASPGHAN Guideline for Diagnosis and Management of Faltering Weight¹

Overview

The American Academy of Pediatrics (AAP) and NASPGHAN have released an evidence-based guideline redefining and standardizing the diagnosis and management of faltering weight, replacing the term failure to thrive. The guideline aims to improve diagnostic accuracy, reduce unnecessary testing, and promote effective nutritional and feeding interventions.

The guideline defines faltering weight using z-score-based criteria, noting that “a diagnosis of faltering weight includes any of the following:”

- Weight-for-length or BMI-for-age less than -1.65 z score
- Weight gain velocity less than -2 z score for age (in children younger than 2 years)
- Decline in weight, weight-for-length, or BMI greater than or equal to 1 z score

Key Diagnostic Principles

1. **Use z-score-based anthropometrics.** Z-scores are preferred over percentiles for precision and consistency. Accurate measurements (recumbent length <2 years; standing height ≥ 2 years; digital scale weights) are essential.
2. **Avoid routine diagnostic testing.** The panel states that testing offers “very low certainty with trivial benefit and could result in moderate harm.” Diagnostic testing is reserved for persistent faltering weight or in children with specified conditions that suggest a focal evaluation.
3. **Avoid endoscopy in the initial workup.** Endoscopy is not recommended initially, given “very low certainty of trivial benefit... and could result in moderate harm.” Endoscopy with biopsy is considered only for persistent cases or when a diagnosis cannot be made otherwise.
4. **Do not use socioeconomic status (SES) as a diagnostic risk factor.** SES should not be used to diagnose a child as having faltering weight, though clinicians should still screen for social drivers of health and connect families to support programs.
5. **Increase calories and use oral nutritional supplement (ONS).** The panel supports increasing caloric density through food/energy, and suggests the use of ONS stating its use for children older than 12 months may support improved weight gain.
6. **Feeding therapy for pediatric feeding disorder.** Recommended for children with documented feeding issues. Interdisciplinary feeding therapy can improve intake, oral-motor skills, and mealtime behaviors.

Clinical Takeaways for HCPs



Use z-score-based criteria to identify faltering weight early



Prioritize accurate anthropometrics, thorough history, and feeding assessment



Avoid unnecessary labs and procedures unless red flags are present



Increase caloric intake in the form of ONS



Engage feeding specialists when feeding difficulties are identified



Address social determinants without using SES as a diagnostic risk factor

Reference:

1. Kersten H, Goday PS, Abdelhadi R, Clinical Practice Guideline for Diagnosis and Management of Faltering Weight. Pediatrics Volume 157, Issue 4. April 2026:e2025075764.