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EDITORIAL

A new international growth reference for young children

At the 32nd Session of the Standing Committee on Nutrition (SCN) of the United Nations System in Brasilia, Brazil (14-18 March 2005), Professor Cutberto Garza, Director of the Food and Nutrition Programme, United Nations University (UNU), presented preliminary results from the World Health Organization (WHO) Multicentre Growth Reference Study (MGRS) for children up to 5 years of age.

The MGRS was part of a larger effort of the (WHO) to evaluate the interpretation and appropriate uses of anthropometric references. One significant issue that emerged from the comprehensive evaluation was that despite the well-established recognition for the nutritional and health benefits of breast-feeding, several studies reported negative deviations in growth patterns of healthy breast-fed infants when compared to the current reference (National Centre for Health Statistics (NCHS) Reference). The apparent poorer growth performance suggests that some women might be unable to produce sufficient milk to sustain the physiologic growth of their infants when they practice exclusive breastfeeding during the recommended period. This might have the undesirable consequence of encouraging premature cessation of breastfeeding and introduction of complementary foods. It is known that such as practice could have deleterious effects on the health and nutritional well-being of infants, especially in low-income families living in an environment with inadequate basic amenities.

The WHO and its principal partner the UNU designed the MGRS to provide date that describe how children should grow rather than merely describing their growth in a particular time and space. Through this prescriptive approach, the MGRS recruited children who met rigorous standards of health. They were not only free of debilitating diseases, but had to come from families that conformed to health recommendations including breastfeeding and smoking cessation.

Compared to the NCHS reference that is based on children from a single country, the MGRS involved an international group of children. Based on several considerations including survey results, epidemiological data, geographic distribution, presence of collaborative institutions, and availability of national and international funds, six countries were selected for the MGRS namely, Brazil (Pelotas), Ghana (Accra), India (New Delhi), Norway (Oslo), Oman (Muscat), and the United States (Davis). In each site, individual mothers and children were included based on pre-determined eligibility criteria of (i) no health, environment or economic constraints on growth (ii) mother willing to follow feeding recommendation (iii) term birth: gestational age \geq 37 completed months and <42 completed weeks (iv) single birth (vi) absence of significant morbidity (vii) nonsmoking mother before and after delivery.

The references in the MGRS include not only weight-for-age, length/height-for-age and weight-for-height, but also body mass index (BMI)-for-age, mid-upper-arm circumference (MUAC), head circumference-for-age, subscapular skinfold-for-age, and triceps skinfold-for-age As motor behaviour is an essential aspect of child development, the MGRS incorporated assessment of gross motor development as part of its longitudinal study using a standardized protocol for all the sites. Infants were followed from the age of 4 months until they could walk independently.

Four criteria were used to calculate sample size: the precision of a given centile at a particular age, the precision of the slope of the median curve over a given age range, the precision of the median curve overall and the influence of data at particular ages, and the precision of the correlation between measurements in the same subjects as different ages. When all considerations including refusals and attrition were factored in, the total MGRS sample size was about 8,500. The sample size exceeded the minimum required sample of 200 children for each sex and age group.

Implementation of the MGRS commenced with the enrollment of the first newborn in Pelota, Brazil on 1st July 1997. Data collection was completed with the last newborn enrolled in New Delhi, India by November 2003. A whole issue of the Food and Nutrition Bulletin (volume 25 supplement 1, March 2004) was devoted to the planning and implementation of the MGRS.

At the SCN meeting in Brasilia, it was shown that infants and young children grew at a similar velocity, whether from developing or developed participating countries, when given optimum care without health, economic and environmental constraints. The length/height-for-age of the children from all sites showed growth attainment curves from birth that were closely parallel to one another.

It is expected that the forthcoming WHO/MGRS growth curves will be used increasingly at least for children up to 5 years of age. Ideally, the MGRS should be expanded to include children up to 18 years old. The new international growth curve based on a prescriptive approach represents a challenging model for countries in setting achievable growth standards under optimum care conditions.

Khor Geok Lin (Universiti Putra Malaysia)

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Upcoming Conferences

2005

18th International Congress of Nutrition Nutrition Safari for Innovative Solutions 19-24 September, Durban, South Africa Contact: <u>safari@puk.ac.za</u>

American Dietetic Association Annual Food and Nutrition Conference 22-25 Oct, St Louis, USA Contact: <u>www.eatright.org</u>

ILSI 1st International Conference on Nutrigenomics – Opportunities in Asia 7-9 December, 2005, Singapore Contact: <u>www.ilsi.org</u>

2006

4th Asian Congress of Dietetics Nutrition and Dietetics in a Borderless Society 23-26 April, Manila, Philippines Contact: <u>ndap@I-next.net</u>

6th international Conference on Dietary Assessment Methods 26-29 April, Copenhagen, Denmark Contact: <u>http://www.icdam6.dk</u>

3rd Annual International Society of Sports Nutrition Conference and Expo 15-17 June, Las Vegas, United States Contact: <u>www.sportsnutritionsociety.org</u>

10th International Congress of Obesity 3-8 September, Sydney, Australia Contact: <u>enquiries@ico2006.com</u>

17th IUFost 13th World Congress of Food Science and Technology 17-21 September, Nantes, France Contact: <u>iufost@nantes.inra.fr</u>

Joint 8th IUNS-International Symposium on Clinical Nutrition and 5th Asia Pacific Society of Clinical Nutrition Conference 14-17 October, Hangzhou, China Contact: <u>http://www.2006iccn.org</u>

The International Conference on Nutrigenomics and Gut Health 30 April-3 May, Auckland, New Zealand Contact: <u>www.nutrigenomics.org.nz</u>