Endorsement of the new WHO Growth Standards for Infants and Young Children
By the European Childhood Obesity Group (ECOG)

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The European Childhood Obesity Group (ECOG) welcomes and endorses the highly needed WHO Child Growth Standards from 0 to 5 years released on April 2006. The growth standards are useful in the contexts of medicine, epidemiology, and public health for evaluating children's growth and population status and detecting children and groups requiring specific care.

The importance of early life period on later growth and future health has been demonstrated long ago in the context of undernutrition and more recently in the context of abundance. In order to determine whether or not infant and young child nutrition is adequate, paediatricians rely largely on the assessment of children's growth status. Reliable growth charts are thus essential for correctly evaluating the degree to which physiological needs for growth are being met; since the evaluation of child growth, and, consequently, the interventions designed to improve child health are highly dependent on the reference used.

Until 2006, growth measurements recorded from healthy children to construct standards were lacking. The new WHO Child growth standards, established on the basis of a longitudinal study conducted in children living in different countries and different continents (Africa, Asia, Europe, Latin and North America), demonstrated that infants and children living in optimal conditions (particularly optimal nutrition, including prolonged breast feeding) showed very similar growth patterns. The standards show “how children should grow” rather than simply “how children grow” in specific places and time, as it was the case with the observational growth references largely used until the construction of WHO standards. The WHO standards reliability was confirmed by the validation process performed in 4 countries in different continents. The WHO standards can thus be used to assess children development everywhere, regardless of ethnicity, socioeconomic status and type of feeding. Importantly, they explicitly identify breastfeeding as the biological norm and establish the breastfed child as the normative model for growth and development. They can, therefore, be also an advocacy tool for the protection and promotion of breastfeeding.

The use of WHO standards from 0 to 5 years facilitates surveillance by providing a large variety of measurements including standards for motor development and for growth velocity. The standards provide an effective tool for detecting both undernutrition and obesity. Both these status now coexist in developing countries, but while obesity is associated with accelerated growth in industrialized countries, it is associated with stunting in developing countries. To analyse the risk factors of obesity in both these contexts, a precise assessment of growth is required and the use of the same standards in all countries should improve the value of comparisons between studies. Furthermore, the high prevalence of overweight and obesity in industrialized countries and the evidence that early growth is a critical period for the development of later risks, makes mandatory its early diagnosis and the WHO standards are extremely useful to accomplish this task.
The standards and the website developed by WHO are useful in all these contexts, as well as the software built to follow individual subjects as well as to analyse data in large samples for epidemiological studies.

The European Childhood Obesity Group includes members from 25 countries and 4 continents. Members are clinicians specialized in paediatrics, endocrinology, nutrition, epidemiology, and all the other fields correlated to obesity.

The ECOG strongly encourages the use of the new WHO growth standards. This common tool will facilitate harmonization of protocols and will improve the quality of comparisons between studies and consequently improve research and surveillance.

The ECOG website provides a link to access the WHO website.

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