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About normal growth/abnormal growth in a malnourished environment

1. A normal child will pick a percentile on the normal growth curve to follow early in life and stay with that percentile, usually for height, weight and head circumference. For instance, we are not all meant to be average. Some of us are genetically tall or genetically short. This is why using only weight for age in months can be misleading .e.g. A tall skinny child will weigh an average amount but can be very skinny for height and be malnourished. Or a tall skinny child may come from a family where everyone is tall and skinny and will never be of “average” weight. A short child may be completely normal, not malnourished at all, but have a weight that is below average for an average height.
2. When a child is not getting enough calories, first the weight will fall off the expected percentile for age, then the height (but only after about 4- 6 months of poor weight gain) and then the head circumference stops growing after about 6-12 months of not enough calories.
3. If you see the child late in childhood and they have been malnourished their whole life they may be short, have a small head and have normal weight for height. You will never know what their earlier genetic height potential was. All you can do is look at the child before you. Check the weight, height and see where they are on the curve. If they match, i.e. not less than 85% of weight for height, do not have red or thin hair and are not edematous, you can assume that they are not malnourished at the present time but may or may not have been in the past. Going forward, your expectation is that the child will grow along his/her own curve, probably below the normal but parallel to the normal curve.

4. To say it a different way, if the child continues to grow in weight and height but does not grow faster than other children and does not rise into the normal area for weight after a few months of adequate intake of Medika Mamba™ (MM) then the child is probably not going to. This child probably is not malnourished at the present time. The child may be genetically short or permanently stunted by past malnutrition and this child should no longer continue in the mamba program
5. For all of these reasons, checking the weight and the height is much more accurate and less confusing than just going by weight for age.
6. Many parents do not know the exact age of their child. This makes using the Haitian weight for age in months chart very inaccurate. If we use weight for height it does not matter what the age in months is as long as the child is less than 60 months old, our cutoff for treatment.
7. An edematous child may initially weigh more than our criteria but is definitely malnourished. The child will receive mamba from the beginning if he is alert and can eat. The child will first lose the edema weight and then gradually gain weight to 100% of weight for height. We would not expect these children to gain in the first 2 weeks. They may be eating all the MM™ and still lose weight. But once the edema is gone they should gain if they are eating the MM™.
8. A child who week after week does not gain weight is either not receiving the mamba or is not going to gain because their body does not perceive them to be malnourished. They are genetically short or skinny or stunted by past malnutrition and their brain perceives them to be currently at the correct weight for their body.