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Growth and Development

Child Health Nursing

Principles of growth and development, factors affecting development, developmental milestones, theories of development, growth charts and assessment of developmental progress.

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CHAPTER 02 / CHILD HEALTH NURSING 02. Growth and Development

1. Concepts and principles

Growth is quantitative change in size; development is acquisition and change of abilities. Maturation reflects biological progression. Development proceeds generally cephalocaudally, proximodistally and from simpler to complex skills, but rates and patterns vary. Genetics, prenatal exposures, nutrition, disease, responsive caregiving, play, education and socioeconomic conditions interact.

2. Developmental milestones (approximate educational examples)

Age	Gross/fine motor	Language/social
2 months	Raises head briefly prone	Social smile, reacts to sound
6 months	Rolls, reaches and grasps	Laughs, babbles, recognizes familiar people
9 months	Sits without support, transfers objects	Responds to name, stranger wariness
12 months	Pulls to stand, may cruise; pincer grasp	Waves, simple meaningful words
18 months	Walks independently, scribbles	Several words, simple pretend play
2 years	Runs, kicks ball, uses spoon	Two-word combinations, parallel play
3 years	Climbs, draws simple marks	Short conversation, joins play
4-5 years	Hops, improves drawing/dressing	Sentences, cooperative play, stories

Milestones are surveillance clues, not rigid deadlines. Use validated screening and corrected age for preterm children as appropriate; loss of previously acquired skills warrants assessment.

3. Developmental theories

Theorist	Stages/concepts
Erikson	Trust vs mistrust (infancy), autonomy vs shame (toddler), initiative vs guilt (preschool), industry vs inferiority (school), identity vs role confusion (adolescent).
Piaget	Sensorimotor 0-2; preoperational 2-7; concrete operational 7-11; formal operational about 12 onward.
Freud	Historical oral, anal, phallic, latency, genital stages; not established universal biological stages.

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Attachment	Responsive, consistent care supports security; separation and illness may increase distress.

4. Growth assessment

Measure weight on calibrated scale, recumbent length under 2 years, standing height thereafter, head circumference in infancy and young children as indicated. Plot age- and sex-specific WHO growth standards (0-5 years), appropriate references thereafter. Weight-for-age identifies underweight, height-for-age stunting, weight-for-height/BMI-for-age wasting or overweight. Interpret serial trend, not one point. Z-score is standard deviations from reference median using appropriate chart method. For children 6-59 months MUAC <115 mm, weight-for-height z <-3 or bilateral pitting nutritional oedema indicates severe acute malnutrition evaluation.

5. Nursing application

Assess feeding and development during visits, encourage responsive play and language, screen hearing/vision, address risk factors, refer for early intervention. Demonstrate positioning and measurement to caregivers; record date, age, measurements and interpretation.

6. Important Examination Questions

Long Answer Questions

1. 1. Describe principles, milestones and theories of growth and development.

Short Answer Questions

1. 1. Explain growth charts
2. 2. compare growth and development
3. 3. describe developmental screening.

Very Short Answer Questions (with answers)

1. 1. What is stunting? - Low height-for-age.
2. 2. Which theory includes sensorimotor stage? - Piaget.

7. Quick Revision

- Plot serial measurements.
- Assess developmental domains together.
- Regression is a warning sign.

8. Conclusion

Plot serial measurements. Assess developmental domains together. Regression is a warning sign.

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Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. Which description represents development rather than growth?

A. Increase in body weight

B. Increase in standing height

C. Increase in head circumference

D. Acquisition of new abilities

2. A child has a persistently low height-for-age. Which growth problem does this indicate?

A. Stunting

B. Wasting

C. Overweight

D. Underweight

3. Which developmental finding warrants assessment rather than reassurance about normal variation?

A. Different rates of milestone acquisition

B. Loss of previously acquired skills

C. Progress from simple to complex skills

D. Increasing independence with age

4. A toddler becomes distressed when a parent leaves during hospital admission. Which approach best supports developmentally appropriate care?

A. Label the child's distress as deliberate disobedience

B. Forbid familiar objects in all circumstances

C. Expect the child to cope exactly like an adult

D. Encourage a familiar caregiver's presence and maintain comforting routines where feasible

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Answer key and explanations

1. D - Acquisition of new abilities

Development concerns abilities; growth concerns quantitative changes in size.

2. A - Stunting

Height-for-age identifies stunting.

3. B - Loss of previously acquired skills

Regression is a warning sign and requires assessment.

4. D - Encourage a familiar caregiver's presence and maintain comforting routines where feasible

Separation anxiety is common in toddlers. Familiar caregivers, routines and comfort objects can support adjustment while care and safety needs are met.

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