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## Baby growth chart boy weight

As parents watch their children grow, monitoring their development is both a source of pride and anxiety. Many consult relatives about the genetic history of their family, talk to physicians, and scour the internet for information about what's normal and what isn't. One reliable source of information lies in height and weight charts provided by health institutes across the United States. The idea behind the height and weight chart started with Count Philibert de Montbeillard, who measured his son's height every six months for the first 18 years of his life. French naturalist George Buffon published this information in 1749 and formulated the first growth curve based on a child's age. In 1977, the National Center for Health Statistics formed its own height and weight charts for physicians across the United States. wakila / Getty Images Most modern height and weight charts in the U.S. are divided by sex since boys and girls progress differently. Puberty can arrive at various times and cause various changes, so a model that utilizes one "average" height or weight for both sexes isn't as effective. Ridofranz / Getty Images Height and weight charts traditionally use the metrics for which they are named to determine whether a child is developing appropriately. Many have five columns, one giving the child's age, and four showing the appropriate height and weight for each sex. Some height and weight charts also cite head circumference, body mass index, and waist circumference. FotoDiets / Getty Images Educational and medical institutions generally provide reliable height and weight charts. Pediatric offices and healthcare providers also display them, and a pediatrician can provide further information on these guidelines. Scheduling a visit with your child's primary care provider can help address any concerns. sturti / Getty Images The CDC's height and weight charts can help parents during a child's first few years. Their information indicates that the average one-year-old male weighs about 23 pounds and is about 29 inches, while the average female at this age is around 21 pounds and about 30 inches. kate\_sept2004 / Getty Images Parents will likely see rapid growth during a child's preschool years. By the age of five, most females will be about 42 inches tall and 40 pounds. Males have a similar weight and height, standing around 43 inches and weighing 40 pounds. Growth at this age is rapid and generally linear, a pattern that continues in the later childhood and teen years. kal19 / Getty Images The parents of children and teens can expect their exponential growth to continue until they're out of their teen years. For males, height continues to increase rapidly until about the age of 15, when growth slows. Their weight will continue to increase slightly more gradually than their height. Female increases in height slow dramatically by the age of 14, and weight gain also begins to slow during this time for the average female. kate\_sept2004 / Getty Images Some parents-to-be want to know as much as possible about their child's development in utero. Luckily, institutes like the CDC provide growth charts for the essential weeks of an embryo and fetus' life and tips for mothers who are concerned about their baby's health. This information gives parents an idea of what to expect in terms of development stages and the weeks of the highest risk of harm to the fetus. SanyaSM / Getty Images Preexisting conditions with which a child is born, such as achondroplasia, can directly impact physical development. Other factors, such as the mother's nutrition and risk factors, can also inhibit or promote healthy growth in fetuses and children. Drinking alcohol during pregnancy can negatively impact the health of the baby. Poor nutrition during pregnancy can also contribute to health problems and, eventually, obesity in children. Tonywestphoto / Getty Images The World Health Organization has adopted the United States' 1977 height and weight charts for international use. However, since genetic and environmental factors can directly affect these measurements, some countries have formulated their own charts. In general, though, humans follow similar development, and charts like those used by the WHO are considered an accurate guideline across populations. FatCamera / Getty Images Growth charts consist of a series of percentile curves that illustrate the distribution of selected body measurements in children. Pediatric growth charts have been used by pediatricians, nurses, and parents to track the growth of infants, children, and adolescents in the United States since 1977. CDC recommends that health care providers: Growth charts are not intended to be used as a sole diagnostic instrument. Instead, growth charts are tools that contribute to forming an overall clinical impression for the child being measured. The growth charts consist of a series of percentile curves that illustrate the distribution of selected body measurements in U.S. children. Pediatric growth charts have been used by pediatricians, nurses, and parents to track the growth of infants, children, and adolescents in the United States since 1977. The 1977 growth charts were developed by the National Center for Health Statistics (NCHS) as a clinical tool for health professionals to determine if the growth of a child is adequate. The 1977 charts were also adopted by the World Health Organization for international use. When the 1977 NCHS growth charts were first developed, NCHS recommended that they be revised periodically as necessary. With more recent and comprehensive national data now available, along with improved statistical procedures, the 1977 growth charts were revised and updated to make them a more valuable clinical tool for health professionals. The 2000 CDC growth charts represent the revised version of the 1977 NCHS growth charts. Most of the data used to construct these charts come from the National Health and Nutrition Examination Survey (NHANES), which has periodically collected height and weight and other health information on the American population since the early 1960's. Growth charts are not intended to be used as a sole diagnostic instrument. Instead, growth charts are tools that contribute to forming an overall clinical impression for the child being measured. The revised growth charts provide an improved tool for evaluating the growth of children in clinical and research settings. The 2000 CDC Growth Charts and the New BMI-For-Age Charts The revised growth charts consist of 16 charts (8 for boys and 8 for girls). These charts represent revisions to the 14 previous charts, as well as the introduction of two new body mass index-for-age (BMI-for-age) charts for boys and for girls, ages 2 to 20 years. Most of the specific differences between the revised charts and the original charts occur in the charts for infants, where national data were previously lacking. The revised head circumference charts also show some noticeable differences when compared to the earlier charts. Compared to the original infant charts that were based on primarily formula-fed infants, the revised growth charts for infants contain a better mix of both breast- and formula-fed infants in the U. S. population. (On average, since 1970 approximately one-half of children born in the United States are reported to have been breast fed at some point, and about one-third have been breast fed for 3 months or more.) The addition of the BMI charts is probably the single most significant new feature of the revised growth charts. These BMI-for-age charts were created for use in place of the 1977 weight-for-stature charts. BMI (wt/ht<sup>2</sup>) is calculated from weight and height measurements and is used to judge whether an individual's weight is appropriate for their height. BMI is the most commonly used approach to determine if adults are overweight or obese and is also the recommended measure to determine if children are overweight. The new BMI growth charts can be used clinically beginning at 2 years of age, when an accurate stature can be obtained. In recent years, BMI has received increased attention for pediatric use. In 1994, an expert committee charged with developing guidelines for overweight in adolescent preventive services (ages 11-21 years) recommended that BMI be used routinely to screen for overweight adolescents. In addition, in 1997 an expert committee on the assessment and treatment of childhood obesity concluded that BMI should be used to screen for overweight children, ages 2 years and older, using the BMI curves from the revised growth charts. BMI can also be used to characterize underweight (though no expert guidelines exist for the classification of underweight based on BMI). Methods and Development For more information about the methods and development of the CDC Growth Charts, please see the 2000 CDC Growth Charts for the United States: Methods and Development Cdc-pdf[PDF - 5M] report. The individual growth charts, with one chart per page, have the grids aligned to English units (lb, in), with metric units (kg, cm) on the secondary scale. Individual charts are available for boys and for girls. The individual charts include the following: Infants, birth to 36 months Weight-for-age Length-for-age Weight-for-length Head circumference-for-age Children and adolescents, 2 to 20 years Weight-for-age Stature-for-age Body mass index-for-age Preschoolers, 2 to 5 years The individual growth charts were published in three sets. Set 1 contains 16 charts (8 for boys and 8 for girls), with the 3rd, 5th, 10th, 25th, 50th, 75th, 90th, 95th, and 97th smoothed percentile lines for all charts, and the 85th percentile for BMI-for-age and weight-for-stature. Set 2 contains 16 charts (8 for boys and 8 for girls), with the 5th, 10th, 25th, 50th, 75th, 90th, and 95th smoothed percentile lines for all charts, and the 85th percentile for BMI-for-age and weight-for-stature. Set 3 contains 16 charts (8 for boys and 8 for girls), with the 3rd, 10th, 25th, 50th, 75th, 90th, and 97th smoothed percentile lines for all charts, and the 85th percentile for BMI-for-age and weight-for-stature. These three distinct sets of charts are provided to meet the needs of various users. Set 1 shows all of the major percentile curves, but may have limitations where the curves are close together, especially at the youngest ages. Most users in the United States may wish to use the format shown in set 2 for the majority of routine applications. Pediatric endocrinologists and others dealing with special populations may wish to use the format in set 3 for selected applications. Within each set, individual charts can be accessed by pointing to the associated URL. In addition, all charts in each set are combined into 3 summary files. These summary files contain the individual charts from either set 1, set 2, or set 3, as described above. All individual 2000 CDC growth charts have an initial publication date of May 30, 2000. For various reasons, selected charts were modified after the initial publication date. Modifications were made to selected individual charts to correct or enhance particular aspects of the graphs. Where applicable, when individual charts were further modified, the date is indicated on each chart. In all cases where individual charts were modified, the data points in the corresponding data file remain unchanged from the initial release on May 30, 2000. The individual growth charts for weight-for-length and weight-for-stature were modified because the smoothed percentile lines were incorrectly graphed on the grids that were initially published. All individual growth charts may be viewed, downloaded, and printed in Adobe Acrobat. For routine viewing and printing, the individual charts are available as PDF (600 dpi screen optimized) files. Suggested citation Centers for Disease Control and Prevention, National Center for Health Statistics. CDC growth charts: United States. . May 30, 2000. Set 1: Individual charts with all percentiles (3rd, 5th, 10th, 25th, 50th, 75th, 90th, 95th, 97th) Weight-for-age percentiles: Boys, birth to 36 months 3rd, 5th, 10th, 25th, 50th, 75th, 90th, 95th, 97th percentiles Cdc-pdf[PDF - 45 KB] Weight-for-age percentiles: Girls, birth to 36 months 3rd, 5th, 10th, 25th, 50th, 75th, 90th, 95th, 97th percentiles Cdc-pdf[PDF - 45 KB] Length-for-age percentiles: Boys, birth to 36 months 3rd, 5th, 10th, 25th, 50th, 75th, 90th, 95th, 97th percentiles Cdc-pdf[PDF - 45 KB] Length-for-age percentiles: Girls, birth to 36 months 3rd, 5th, 10th, 25th, 50th, 75th, 90th, 95th, 97th percentiles Cdc-pdf[PDF - 44 KB] Weight-for-length percentiles: Boys, birth to 36 months 3rd, 5th, 10th, 25th, 50th, 75th, 90th, 95th, 97th percentiles Cdc-pdf[PDF - 48 KB] Revised and corrected 6/8/00. 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