INTRODUCTION
Some mothers may give up exclusive breast feeding (BF) when they perceived baby having poor weight gain even though the baby was healthy. This is a report of 2 cases where growth references were used to reassure parents so that they had not given up.

SUBJECTS & METHODS
One had weight below average in the first 2 m and the other had very little weight gain around 4 m. Both were about to add supplemental formula. The current Hong Kong growth references with 7 centile lines were used to interpret their weight along with their birth weight (BW), length, maternal and paternal height and weight, maternal health and weight gain during pregnancy. In the second case, other growth references: WHO 2006, UK 2013 and China 2009 were also used for comparison.

RESULTS
Baby A: weight below average
Mother was worried as her baby appeared much smaller than the peers. Counselling given to mother included checking the breast-feeding technique and the physiological pattern of growth of infants:

1. Her weight at birth (2.89 kg) and at 2m (4.84 kg) were at the 25th centile. There is a wide variation in growth and that is the reason for using percentile charts. To be on the 25th centile is within the normal range. One should not expect the weight of every baby to be average or above average.

2. Mother’s weight and height were on the 25th centile when plotted on the axis of 18 year. It is natural for baby to bear resemblance to maternal size in the intrauterine life and the size reflected at birth and in the first few months after birth.

Subsequent follow up showed that mother was very happy to have achieved the goal of breast feeding up to 2 years and her girl had been very healthy.

Baby B: weight crossing downward centile from 50th to 10th
Mother was worried because her 4 m old baby appeared to refuse her breasts and his weight gain was much slower than before.

Birth 3.46 kg
1.5m 5.2 kg 55.7 cm
4m 6.54 kg
6m 7.16 kg 65.7 cm
12m 8.34 kg 72.1 cm
18m 9.5 kg

4-8m
Downward crossing 2 centile lines
12-18m
WT at 10th centile

Baby had weight around the 50th centile from birth (3.46 kg) and at 4 m (6.54 kg). His length was on the 10th centile. Mother was smallish with weight and height at the 10th centile plotted at 18 years of the same growth reference. Mother had gestational diabetes (GDM) and excessive weight gain (21 kg) during pregnancy. Mother was reassured that because of her overnutrition baby had put on more weight while in utero. Once released from the maternal nutritional environment, his own genetically determined growth potential should take the lead. This had to be achieved by self-regulation on intake. The decrease in intake and growing downward centile was physiological and should only be transient. Follow up had indeed showed that the downward crossing stopped at 8 m and remained at the 10th centile till 18 m.

When other references were used, similar assessment were made: crossing downward centile from around 50th to around 10th. The number of centile lines crossed depend on the number of centile lines used in the respective growth references. Parental height centile was much lower when the Caucasian references were used.

Discussion
Growth references can be useful to enhance these explanations for mothers and to support breast feeding. Since growth is a continuous process from conception to adulthood, it is necessary to interpret infant growth with reference to parental, especially maternal size.

REFERENCES

1. Department of Paediatrics, The Chinese University of Hong Kong
2. Department of Paediatrics and Adolescent Medicine, The University of Hong Kong

China Reference
Data from 9 cities in 2005 & published in 2009
BF rate: 80% (6m) & 70% (12m)
Birth 3.46 kg
1.5m 5.2 kg 55.7 cm
4m 6.54 kg
6m 7.16 kg 65.7 cm
12m 8.34 kg 72.1 cm
18m 9.5 kg

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