**QA59 – Head Circumference**

**QUESTION:**
We are not measuring head circumference at our WIC clinic and I am concerned about this after a recent pediatric training. However, I want to be able to tell the staff/my boss about why we should be checking this, what equipment we can use, and what we should be looking for in terms of changes. Could you refer me to article or particular points?

**ANSWER:**

**Guidelines:** The Bright Futures Health Supervision Guidelines recommendation is to measure head circumference (and other parameters) at birth, 1 month, 4 month, 6 month, 9 month, 1 year, 15 month, 18 month, and 2 year visits for typically developing children. The ‘Bright futures guidelines for health supervision of infants, children, and adolescents’ can be found at [http://www.brightfutures.org/](http://www.brightfutures.org/)

**Procedure:** There are a number of descriptions of the procedure for head circumference; one is Trahms and Pipes, Nutrition in Infancy and childhood, 6th edition, McGraw-hill, p. 19. Head circumference measures should be plotted on a standardized CDC growth chart for age and sex parameters.

**Equipment:** An insertion tape is the most reliable and accurate tape for head circumference measures. They can be purchased from: [http://www.shorrproductions.com/](http://www.shorrproductions.com/). Click on pediatric and adult scales & scroll down to measuring tapes (sometimes the Ross rep has them to distribute, too).

**Monitoring:** It is expected that head circumference attainment should be in ‘channel’ and ‘on the chart’ as head circumference reflects ‘brain growth’ in the young child. Various medical disorders are identified by ‘head growth’ such as micro or macrocephaly. This is a short answer regarding the main issues regarding head circumference as part of nutritional status.