Introduction

The World Health Organization (WHO) has launched the new Global child growth standards for infants and children up to the age of five. With these new WHO child growth standards it is now possible to show how children should grow. They demonstrate that children born in different regions of the world and given the optimum state in life have the potential to grow and develop to within the same range of height and weight for age ***(WHO, 2006)***.

The first 5 years of life are crucial for ensuring adequate nutrition, growth and development of the child. Child growth monitoring allows mothers and parents to be well-informed and empowered with a simple tool for monitoring the growth and development of their children. It also allows health workers, through a cost-effective tool, to assess and monitor the growth and nutritional status of children for supporting exclusive breastfeeding in the first 6 months, timely adequate complementary feeding practices and continued breastfeeding for 2 years or more ***(Abul-Fadl et al., 2010)***.

It is well-established that human milk is the optimal form of infant nutrition. Breastfeeding confers immunologic, psychological, and developmental benefits to the infant ***(Mortensen et al., 2002)***.

The WHO child growth standards will be widely used as a tool in public health medicine and by governmental and health organization for monitoring the well-being of children and for detecting children or populations not growing properly or under or overweight. They will be used around the world in doctors' offices, clinics and other health facilities, and by research institution child health advocacy organization and ministries of health.

Although growth charts are widely used to teach parents about their children's growth, very little research has been done to ascertain whether parents understand growth chart data and whether growth charts are effective as educational tools ***(de Onis, et al., 2004 and Ben-Joseph et al., 2009)***.

Growth charts are used to assess the nutritional and health status of children, to monitor individual growth, and also for research efforts to calculate prevalence estimates and z scores, compare populations, monitor trends, evaluate interventions, and define nutritional outcomes ***(Ogden et al., 2002)***.

It is important to monitor the growth of children especially in the first 5 years of life in order to ensure their health and nutritional status. Growth charts are the most sensitive, practical and effective way to detect growth and nutritional problems in growing children. The new WHO Child Growth Standards are prescriptive. They describe how children should grow, rather than how children under certain conditions actually grow ***(Cattaneo et al., 2000)***.

In addition there is a local Egyptian growth charts were constructed since 2002 for Egyptians and used by the Egyptian university. Adoption of growth charts will not be a simple process ***Egyptian Growth Curves (2002)*** .

To our knowledge, there is no study that compared the differences between WHO-CGS and Egyptian Growth Charts (EgGS). Hence, the aim of this study is to assess the growth of children under-five according to the WHO and UNICEF criteria then to compare their growth patterns on WHO-CGS and the local Egyptian growth charts (EgGS).