



***Obesity prevention in
early life - An opportunity
to better support the role
of Maternal and Child
Health Nurses in
Australia***

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team**

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Background

- High rates of obesity in early childhood, a period when obesity risk factors emerge
- Parents access PHC services frequently, particularly in first year of child life
- Maternal and child health (MCH) nurses in Victoria have 10 key age and stage with parents from birth to 3.5 years
- Little is known about obesity prevention practices of MCH nurses



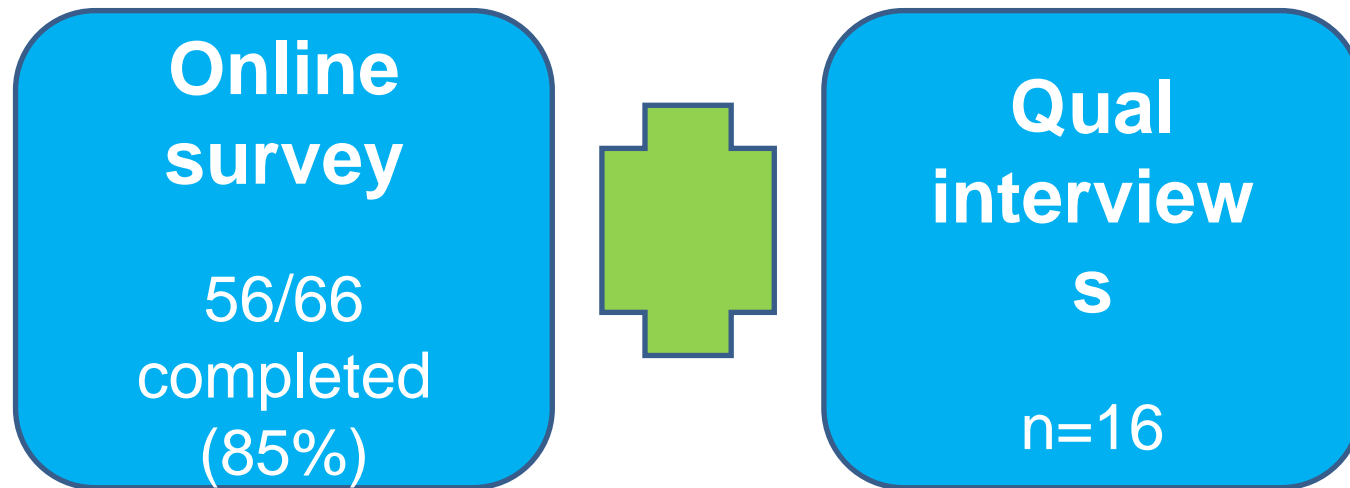
Aims

The study had two main aims, to:

1. examine the child obesity prevention practices of MCH nurses and factors influencing such practices
2. identify opportunities to enhance and support MCH nurses in this role, in particular the use of an app based programs to complement care.

Methods – Data Collection

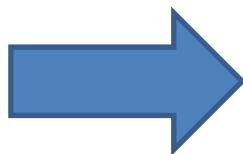
- All MCH nurses from 2 local government areas in Melbourne invited to participate



Data Collection – Survey & Interviews

focused on

- frequency of practices
- confidence
- attitudes
- use of guidelines
- barriers,
- previous training



**related
to**

Promotion of:

- breastfeeding
- best practice bottle feeding
- healthy infant feeding practices
- healthy eating
- active play
- limiting sedentary behaviours (ie screen time)

Results – Sample characteristics

- All participants female
- Majority (69%) were over 50 years, 20% over 60 years
- Majority (57%) had over 10 years experience
- Most (73%) worked part time

MCH nurses well placed to address obesity prevention

Because:

- growth and child development is central to their role
- infant feeding and growth is high on both their and parents' agendas
- they have a trusted and well established relationship with parents conducive to promoting family lifestyle change.



Key Gaps in Practice

- Around a quarter (22%) never or rarely using growth charts to identify infants and children at risk of overweight and obesity.
- Less than half (44%) reported routinely promoting active play
- Only 30% routinely discussed limiting screen time
- Just over a third (37%) reported routinely providing advice on best practice formula feeding
- Overall MCH nurses focused on 'what to feed' rather than parental practices around 'how to feed'

Top 3 barriers to obesity prevention

Barrier	% rating as a substantial barrier
1. Some parents react negatively to me raising the issue of their child's weight	67%
2. Parents don't recognise their child is overweight	65%
3. Parent is not motivated to change the diet or lifestyle of the family	51%

“...as soon as you go down that path, parents put up barriers and you can feel them shut down as they just don't want to hear their child's overweight” (nurse 13)

Conclusions

- Promoting healthy weight gain fits well within MCH nurse role
- There is scope to improve growth monitoring to prevent obesity, and promotion of active play and limiting screen time
- Maintaining rapport with parents and parental receptiveness a key driver of MCH nurse practice in this area.
- Building behavioural counselling skills ‘healthy conversations’ is key
- App based program has potential to reinforce and complement messages provided by MCH nurses.

Acknowledgements

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