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

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Background

Increasingly children are becoming overweight at a young age, with 25% of 2-4 years old in Australia overweight or obese. Early childhood is a critical time in which many risk factors for overweight and obesity emerge, providing an opportunity for establishing and promoting behaviours that will affect weight gain and health across the life course. Maternal and child health (MCH) nurses are well placed to address obesity prevention in early life, because of their regular contact with parents and their role in monitoring child growth and development. Little is known however, regarding the extent to which MCH nurses promote obesity prevention practices and how such practices could be better supported.

About the study

56 MCH nurses (response rate 85%) from two local government areas in Melbourne were surveyed, 16 of whom also participated in a qualitative interview. Both the survey and interviews aimed to examine the extent to which MCH nurses addressed healthy infant feeding practices, healthy eating, active play and limiting sedentary behaviour during routine consultations with parents of young children aged 0-5 years. Key factors influencing such practices and how they could be best supported were also investigated. All data was collected from September to December 2013.

Key findings

This study shows that MCH nurses are well placed to address obesity prevention in early life as:
- 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 identified included:

- Around a quarter (22%) reported never or rarely using growth charts to identify infants and children at risk of overweight and obesity.
- MCH nurses often feel reluctant to raise overweight with parents because of the fear of negative reactions and uncertainty about the best intervention strategies
- Less than half reported routinely promoting active play
- Only 30% routinely discussed limiting screen time such as TV viewing
- 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'.

MCH nurses welcomed the opportunity to learn more about how to raise sensitive issues with parents and to learn more about how to empower parents to make lifestyle changes of benefit to the whole family.

Implications for practice

This study suggests that while MCH nurses are well placed to address obesity prevention early in life, they need additional support in this role. Key strategies to achieve this could include:

1. Increasing MCH nurse skills in behaviour change counselling so they are more confident to approach parents about sensitive topics without fear of offending, and have conversations that will empower parents to make lifestyle changes that will benefit the whole family.
2. Use service delivery prompts such as growth and BMI charts, parent education materials and recording systems to help MCH nurses in creating a legitimate opening to discuss lifestyle behaviours with parents.
3. Align advice on healthy eating, active play and screen time with child growth and development which is considered central to the MCH nurse role.
4. Promote continuity of care with parents, helping strengthen the MCH nurse-parent relationship, a key foundation for promoting behaviour change.

Implications for policy

Promoting healthy lifestyle behaviours in families fits well with key strategic directions for MCH services in Victoria and with NSW Kids and Families initiative. In particular, the strategic policy direction of intervening early and preventing problems from escalating. Focusing on healthy eating habits and active play in infants may prevent problems that need to be addressed in future consultations such as fussy eating or not meeting developmental milestones. It also fits well with the strategic focus on building the capacity and confidence of the MCH workforce.

Implications for research

This study is based on a relatively small sample of nurses from two local government areas in Melbourne. Further research is required to examine the generalisability of the findings and to explore effective approaches to supporting MCH nurse practice in the prevention of childhood obesity.

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