

## Obesity in reception year – short briefing

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## 1. What do we know about the risks and outcomes associated with obesity at reception year?

Although there are people in all population groups who are overweight or obese, obesity is related to social disadvantage (Marmot Review). Children with a parent who is obese are more likely to have weight problems and adolescents are likely to become obese adults. The areas in Kent with highest rates are shown within the Health and Social Care maps. <http://www.kmpho.nhs.uk/health-and-social-care-maps/>

Apart from increased risks to the mother's health (e.g. through gestational diabetes) obesity is also associated with large-sized babies (macrosomia). Children of obese mothers are at an increased risk of later obesity themselves.

Women who are planning to become pregnant should be advised of the benefits of losing weight prior to pregnancy. They should not be advised to lose weight during pregnancy. Women who have a BMI >30 should be informed about the increased risks to herself and her baby and advised that losing weight after pregnancy will have no adverse effects. Pregnant women should be given advice about healthy eating and undertaking moderate intensity physical activity of 30 minute duration.

Data on obesity and disability is not robust. However, analysis shows that children who have a limiting illness are more likely to be obese or overweight, particularly if they also have a learning disability. A child with both a limiting illness and a learning disability is over one and a half times as likely to be obese or overweight as a child with neither. Those children who have a limiting illness are one and a half times as likely to be obese as children with neither, whilst a child who also has a learning disability is twice as likely to be obese.

In Kent there are differences evident in levels of obesity in childhood by sex, deprivation, ethnicity and rurality. Inequalities are particularly marked by ethnicity and deprivation.

## 2. What works to prevent reception year children from becoming obese?

The evidence base for preventing obesity is not well developed, but within the Healthy Child programme there are actions that should help prevent obesity:

- an assessment at 12 weeks of pregnancy, and advice on healthy weight gain during pregnancy
- raising the profile of Healthy Start whereby mothers receive advice on healthy eating and breastfeeding and increasing the numbers of eligible recipients accessing vouchers
- making breastfeeding the norm for parents – evidence shows that breastfeeding reduces the risk of excess weight in later life

- delaying weaning until around six months of age, introducing children to healthy foods and controlling portion size
- identifying early those children and families who are most at risk (e.g. where either the mother or the father is overweight or obese, or where there is rapid weight gain in the child)
- encouraging an active lifestyle
- for some families, skilled professional guidance and support will be needed. The health professional should work in partnership with the family – setting small goals, using strength- based methods and exploring family relationships and earlier life experiences
- in addition, the promotion of Change4Life messaging across all settings, encouraging small changes in behaviour

### **3. Questions you might need to ask**

- How might your organisation have a role in supporting families to be more active and make positive food choices?
- Have all staff in your organisation who come into regular contact with women and families received appropriate training to ensure they are confident to have a conversation about weight?
- Do staff have information about the support that is available if families need more help, for example for breastfeeding, introducing solid foods and interventions such as cooking, increasing physical activity and understanding food labels, where these are available?
- Are the midwifery and health visiting teams being pro-active in ensuring that Healthy Start is promoted and applications are signed?
- Do organisations have champions who can demonstrate evidence of appropriate knowledge and skill?
- Has the LCPG plans to support healthy weight, are these shared with the Health and Wellbeing Board and vice versa?
- Are there robust partnerships locally that are co-ordinating the response to childhood obesity in your District?

### **4. Who to involve?**

- Women and families
- Midwifery
- Family Nurse Partnership
- Early Help
- Health Visiting Team
- School staff
- School Public Health Team
- District and Borough Councils

- Primary Care Teams
- Specialist services e.g. dietetics, paediatrics

## **Resources/further information**

[www.kent.gov.uk/change4liferesources](http://www.kent.gov.uk/change4liferesources)

[http://www.kpho.org.uk/search?mode=results&queries\\_exclude\\_query=no&queries\\_excludfromsearch\\_query=yes&queries\\_keyword\\_query=obesity](http://www.kpho.org.uk/search?mode=results&queries_exclude_query=no&queries_excludfromsearch_query=yes&queries_keyword_query=obesity)

[www.noo.org.uk](http://www.noo.org.uk)

<http://pathways.nice.org.uk/pathways/obesity>