

Child health nurses miss opportunities to tackle obesity

10.1136/eb-2015-102169

Kirsten Davison

Departments of Nutrition and Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health, Boston, Massachusetts, USA

Correspondence to: Dr Kirsten Davison, Departments of Nutrition and Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health, 665 Huntington Avenue, Building 2, Rm 331, Boston, MA 02115, USA; kdavison@hsph.harvard.edu

Commentary on: Laws R, Campbell KJ, van der Pligt P, *et al.* Obesity prevention in early life: an opportunity to better support the role of Maternal and Child Health Nurses in Australia. *BMC Nurs* 2015;14:26.

Implications for practice and research

- Maternal and Child Health (MCH) nurses are in an ideal position to promote healthy lifestyle behaviours in early life.
- While nurses regularly provide support on healthy infant feeding practices, additional training and educational materials are needed to promote active play and limited screen use in children.
- Future research should assess the efficacy of integrating obesity prevention practices into MCH nursing on children's growth trajectories using a design that balances scientific rigour and real-world application.

Context

Researchers and funding agencies have historically endorsed highly structured and scientifically rigorous interventions to prevent childhood obesity.¹ In this model, children and families who enrol in family-based obesity interventions typically receive a standardised programme implemented by researchers, rather than practitioners, in a tightly controlled setting. Moreover, families are expected to attend programme sessions at scheduled times at venues they do not ordinarily visit.² While ensuring scientific rigour, this approach jeopardises parent engagement and limits intervention efficacy.³ This study aimed to explore the potential role of MCH nurses in delivering childhood obesity prevention services to promote optimal growth in young children.

Methods

In Laws and colleagues' mixed method study, 56 MCH nurses completed an online survey to document their nursing practices when working with parents of children aged 0–5 years in relation to healthy infant feeding, healthy eating, active play and limiting screen time. In addition follow-up interviews were undertaken with 16 nurses. The study took place in 2013 in two local government areas in Melbourne, Australia which include a high proportion of disadvantaged families. The online survey assessed the frequency with which MCH nurses undertook health promotion activities related to a healthy eating and active play in young children, their confidence in implementing such activities, the perceived barriers to promoting healthy growth in children and their perceived training needs in obesity prevention. Interviews with a subset of the nurses examined factors influencing such practices and how to best support MCH nurses in this role. The quantitative and qualitative data were triangulated to best describe

the perspectives of nurses. For example, reasons for providing more advice on healthy eating than active play that were recalled by nurses during the interviews were used to explain the quantitative data on the reported differences in the amount of advice provided for each area.

Findings

While nurses routinely measured children's height and weight, 20% never or rarely used growth charts to identify overweight children. The majority of nurses counselled parents on healthy infant feeding practices (50–80%). Far fewer nurses discussed active play (44%) or limiting screen time (30%). Parent-related barriers to addressing obesity prevention included low parental awareness of childhood overweight (65%) and negative parent reaction to weight-related discussions (67%). Service-related barriers included a lack of referral pathways (29%) and lack of time (24%). Few practitioner-related barriers were noted. Parent sensitivity and a wish to maintain parental rapport were dominant drivers of nurses' obesity prevention practices.

Commentary

Multi-tiered approaches to childhood obesity prevention are recommended.⁴ While parents are central to this effort, their sustained engagement in obesity prevention programmes is challenging.^{2–5} Integrating obesity prevention into existing family-focused systems-of-care offers a sustainable approach to engaging families in obesity prevention across multiple contexts. While a systems-of-care approach is compelling and offers numerous public health advantages over more traditional controlled trials, contemporary research has been slow to embrace this innovation. The study by Laws and colleagues presents a refreshing departure from the standard model and places MCH nursing central to the public health agenda to prevent childhood obesity.

In addition to a willingness to step outside standard models of childhood obesity prevention strategies, key strengths of the study include a focus on nurses working in low-income districts, a high response rate (86%) and careful triangulation of qualitative and quantitative data. Moreover, based on the results of the study, the authors offer pragmatic targets to support future efforts to integrate childhood obesity prevention into MCH nursing practices. Recommendations include: targeted training in behaviour change counselling methods to increase nurses' confidence in raising sensitive topics while maintaining parent rapport; aligning obesity prevention advice with nurses' roles in promoting optimal growth; using service delivery prompts and educational materials to create legitimate openings to discuss sensitive issues such as weight. These tools could enable MCH nurses to play their part in a broader systems-of-care approach to childhood obesity prevention.

Competing interests None declared.



CrossMark



Editor's choice
Scan to access more
free content

References

1. Waters E, de Silva Sanigorski A, Hall BJ, *et al.* Interventions for preventing obesity in children. *Cochrane Database of Systematic Reviews*, 2011;12:CD001871.
2. O'Connor T, Jago R, Baranowski T. Engaging parents to increase youth physical activity: a systematic review. *Am J Prev Med* 2009;37:141–9.
3. Davison K, Lawson H, Coatsworth J. The Family Action-based Model of Intervention Layout and Implementation (FAMILI): the example of childhood obesity. *Health Promot Pract* 2012;13:454–61.
4. Institute of Medicine. *Accelerating progress in obesity prevention: solving the weight of the nation*. Washington DC: The National Academies Press, 2012.
5. Hingle M, O'Connor T, Dave J, *et al.* Parental involvement in interventions to improve child dietary intake: a systematic review. *Prev Med* 2010;51:103–11.