

# CT Children's CLASP Guideline

## Early Obesity Prevention (birth to 5 years)

### INTRODUCTION

Childhood obesity has tripled over the past 30 years, and the most recent CDC data shows 18.5% of children and adolescents, and 14% of 2-5 year olds have obesity. Early and rapid weight gain tracks into later childhood, adolescence and adulthood and leads to worse health outcomes. Rates are higher in low income and minority children (22% of Black & 26% of Latino children). Achieving long-lasting treatment results for childhood obesity with lifestyle modification is difficult once BMI crosses the 95<sup>th</sup> percentile. Obesity is increasingly recognized as a chronic disease with increased occurrence of serious health consequences, including but not limited to, diabetes, hypertension, heart disease, fatty liver disease, sleep apnea, joint problems, anxiety and depression. Therefore the focus is shifting to obesity prevention with healthy eating and active living in pregnancy, infancy and childhood to alter adiposity and weight gain trajectories. Children with risk factors need earlier and aggressive preventive measures.

### INITIAL EVALUATION

*The Robert Wood Johnson Foundation and the Institute of Medicine have identified Maternal and Pediatric Risk Factors for developing childhood obesity.*

#### ASSESSMENT OF RISK FACTORS

The INITIAL EVALUATION at first visit and all subsequent visits to include screening for risk factors, and documentation of the following (obesity screening ICD-10 code Z13.89):

#### **MATERNAL RISK FACTORS:**

- High maternal pre-pregnancy BMI > 26
- Maternal history of gestational diabetes mellitus (GDM) during the child's gestation
- Excess maternal weight gain during pregnancy > 35 pounds
- Maternal smoking during pregnancy
- Parental obesity (Family history of obesity ICD 10 code Z83.49)

#### **PEDIATRIC RISK FACTORS**

- Rapid weight gain, crossing  $\geq 2$  weight for length or BMI percentiles on growth curve (Abnormal weight gain ICD-10 code R63.5)
- Higher birth weight > 4 kg or low birth weight < 2.5 kg.
- Higher absolute weight-for-length or BMI > 85<sup>th</sup> percentile
- Lower SES
- Race/ethnicity (African American, Latino, Asian American, Native American, Pacific Islander)
- Insufficient sleep: < 12 hours/day in 6 month to 2 year olds, < 10 hours/day in 3-5 year olds

#### ASSESSMENT OF PARENTAL UNDERSTANDING & BARRIERS

#### **PARENTAL DISCUSSION**

Assess parental understanding of infant or child's risk factors for developing obesity and associated health risks if obesity develops. Address barriers to healthy eating and active living to maintain a healthy weight. Assess whether parents need help with:

- Breastfeeding support
- Healthy food access and/or affordability
- Nutrition education
- Physical activity
- Limiting screen time

**HOW TO FRAME THE CONVERSATION**

- “What concerns, if any, do you have about your child’s weight? Why? What are some things you might like to change?”
- “Starting childhood off right with good feeding practices, healthy eating, and daily physical activity is so important to prevent obesity. The key to keeping kids at a healthy weight is to create a healthy home environment and making healthy eating and exercise a family affair.”
- “Because obesity and unhealthy weight in early childhood can follow children into adolescence and adulthood and cause serious health problems, we want to be sure your child starts at and maintains healthy growth.”
- “A number of things contribute to a person becoming overweight – diet habits, lack of exercise, genetics, and we are starting to screen young children for risk factors to try to help prevent obesity which can cause serious health problems down the road.”

Additional resources: *See APPENDIX A below: Obesity Prevention Resources*

**INITIAL MANAGEMENT**

**INITIATING HEALTHY EATING ACTIVE LIVING PRACTICES**

- Monitor growth
  - Follow weight-for-length (birth to 24 months) and BMI (2-5 years) closely
  - Explain and review growth chart visually with parents at each visit and discuss importance of keeping child on the chart
  - Intervene when patient’s weigh-for-length or BMI trajectory crosses more than 2 percentile curves on the growth chart or if the weight-for-length or BMI is  $\geq 85^{\text{th}}$  percentile.
- Consistent and repeated messaging at well child visits on the following:
  - Focus on breastfeeding promotion and support for at least the first 6 months
  - Healthy bottle feeding if not breastfeeding
  - “Responsive feeding” messages for all infant feeding (see reference)
  - Appropriate introduction of complementary foods at 4-6 months and helping families shape healthy food preferences
  - Limit sugar sweetened beverages (water, breast milk and unflavored milk only after first year)
  - At least 1 hour daily of physical activity
  - No screen time under 2 years of age and less than 2 hours under 5 years of age
  - Good sleep hygiene:  $\geq 12$  hours/day in 6 month to 2 year olds,  $\geq 10$  hours/day in 3-5 year olds (see family handout)

**INTERVENTION (after confirmation with repeat measurements)** should include:

- Assess growth chart, parental concerns, and target area for change
  - Set agenda to transform benefits/barriers into plans for change
  - Assess motivation and confidence for change
  - Summarize plan for change and next steps with positive feedback
  - Schedule follow up in 2-3 months and repeat steps above
- Connect families to community services and resources for early intervention to support families after they leave the office

**WHEN TO REFER**

- If growth trajectory continues upward trend after 6 months of office intervention and weight-for-length or BMI  $> 95^{\text{th}}$  percentile persists for more than 6 months, consider referral to CT Children’s Weight Management Program or other pediatric weight management multi-disciplinary team (Physician, Psychologist, Physical Therapist, and Nutritionist).

<b>HOW TO REFER</b>	<ul style="list-style-type: none"> <li>For connection to services, call Child Development Infoline (see below) and identify abnormal weight gain/obesity as Medical or Health condition</li> <li>Refer to Connecticut Children’s Obesity and Weight Management via OneCall Physician Access Line 1-833-PEDS-NOW or Specialty Referral form <a href="https://www.connecticutchildrens.org/make-a-referral/refer-a-patient/">https://www.connecticutchildrens.org/make-a-referral/refer-a-patient/</a></li> </ul>
<b>WHAT TO EXPECT</b>	<ul style="list-style-type: none"> <li>Comprehensive physical exam and review of family history to rule out genetic or syndromic causes of early obesity</li> <li>Laboratory studies as indicated</li> <li>Work with parents and children on nutrition education and parenting surrounding feeding behaviors and physical activity</li> </ul>

## APPENDIX A: Obesity Prevention Resources

CLINICIAN RESOURCES	PARENT / FAMILY RESOURCES
<ul style="list-style-type: none"> <li>For Provider information, AAP Institute for a Healthy Childhood Weight, Kohl’s Start Childhood Off Right (SCOR) <ul style="list-style-type: none"> <li><a href="https://ihcw.aap.org">https://ihcw.aap.org</a></li> <li><a href="http://www.scorct.org">www.scorct.org</a></li> </ul> </li> <li>Connect families to helpful resources to address barriers through Child Developmental Infoline 1-800-505-7000 or <a href="http://cdi.211ct.org">cdi.211ct.org</a> or through 211</li> <li>Encourage families with food affordability and access issues to enroll in WIC or SNAP <ul style="list-style-type: none"> <li><a href="http://www.ct.gov/dph/wic">http://www.ct.gov/dph/wic</a></li> <li><a href="http://snaped.fns.usda.gov">http://snaped.fns.usda.gov</a></li> </ul> </li> <li>For nutrition counseling can refer to Connecticut Children’s Clinical Nutrition (860-837-6286) <ul style="list-style-type: none"> <li><a href="http://www.connecticutchildrens.org/search-specialties/nutrition/">http://www.connecticutchildrens.org/search-specialties/nutrition/</a></li> </ul> </li> <li>Healthy Active Living <ul style="list-style-type: none"> <li><a href="https://ihcw.aap.org/Documents/fact%20sheet-%20healthy%20active%20living%20for%20families.pdf">https://ihcw.aap.org/Documents/fact%20sheet-%20healthy%20active%20living%20for%20families.pdf</a></li> </ul> </li> <li>Screen Time &amp; Mobile Device Management <ul style="list-style-type: none"> <li><a href="http://www.healthychildren.org/MediaUsePlan">www.healthychildren.org/MediaUsePlan</a></li> <li><a href="http://www.common sense media.org/">www.common sense media.org/</a></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Healthy Eating <ul style="list-style-type: none"> <li><a href="http://www.scorct.org">www.scorct.org</a></li> <li><a href="http://www.healthychildren.org">www.healthychildren.org</a></li> </ul> </li> <li>Healthy Active Living <ul style="list-style-type: none"> <li><a href="https://ihcw.aap.org/Documents/fact%20sheet-%20healthy%20active%20living%20for%20families.pdf">https://ihcw.aap.org/Documents/fact%20sheet-%20healthy%20active%20living%20for%20families.pdf</a></li> </ul> </li> <li>Screen Time &amp; Mobile Device Management <ul style="list-style-type: none"> <li><a href="http://www.healthychildren.org/MediaUsePlan">www.healthychildren.org/MediaUsePlan</a></li> <li><a href="http://www.common sense media.org/">www.common sense media.org/</a></li> </ul> </li> <li>CT Children’s Handouts <ul style="list-style-type: none"> <li>Healthy Eating Tips</li> <li>Healthy Lifestyle Tips</li> <li>SCOR Feeding Guidelines</li> </ul> </li> </ul>

## APPENDIX B: Early Obesity Prevention Algorithm

