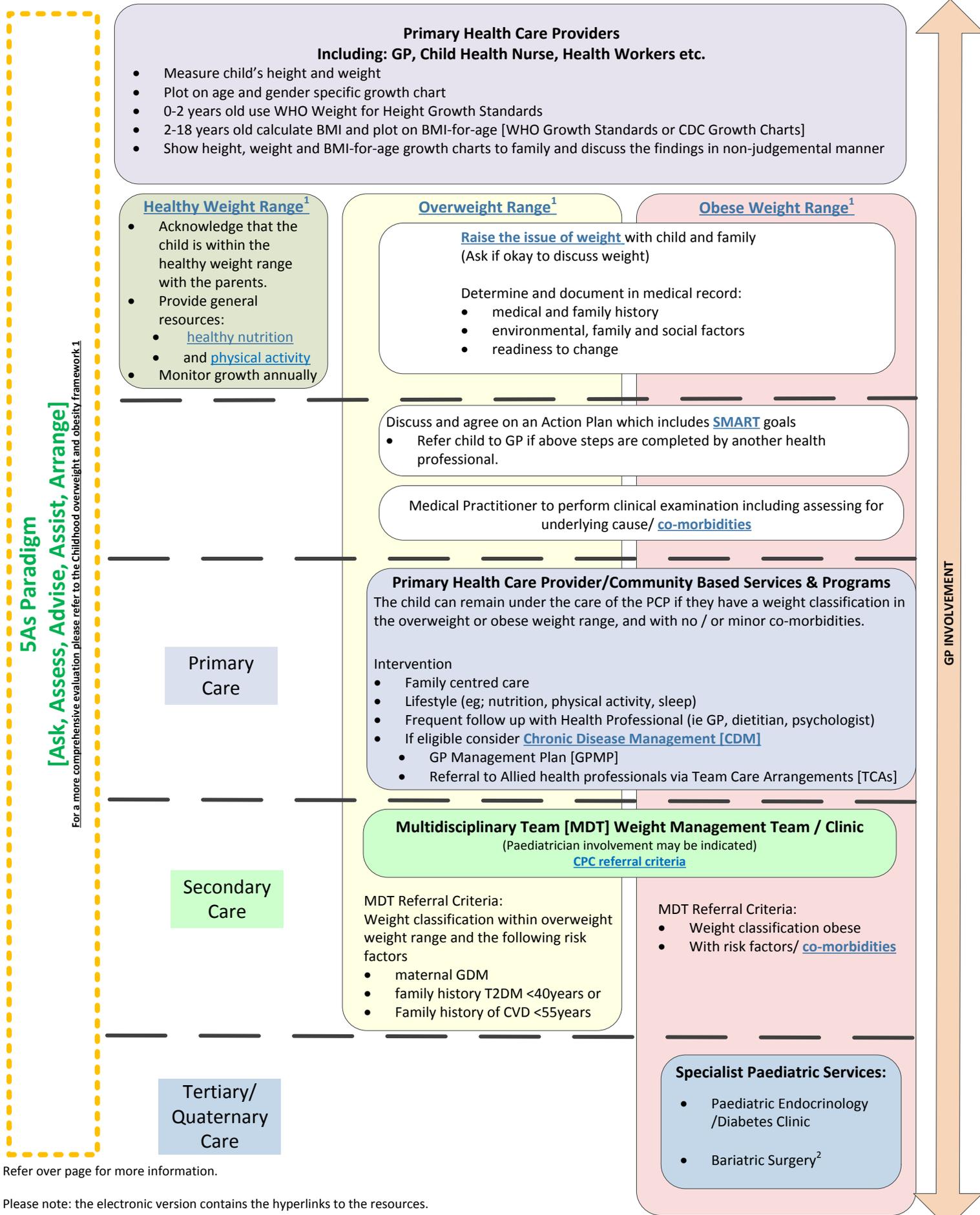


Queensland Childhood Overweight and Obesity Referral Pathway (HealthPathways link)



Primary Health Care Providers

Including: GP, Child Health Nurse, Health Workers etc.

- Measure child’s height and weight
- Plot on age and gender specific growth chart
- 0-2 years old use WHO Weight for Height Growth Standards
- 2-18 years old calculate BMI and plot on BMI-for-age [WHO Growth Standards or CDC Growth Charts]
- Show height, weight and BMI-for-age growth charts to family and discuss the findings in non-judgemental manner

Healthy Weight Range¹

- Acknowledge that the child is within the healthy weight range with the parents.
- Provide general resources:
 - [healthy nutrition](#)
 - and [physical activity](#)
- Monitor growth annually

Overweight Range¹

Raise the issue of weight with child and family
(Ask if okay to discuss weight)

- Determine and document in medical record:
- medical and family history
 - environmental, family and social factors
 - readiness to change

Obese Weight Range¹

Discuss and agree on an Action Plan which includes **SMART** goals

- Refer child to GP if above steps are completed by another health professional.

Medical Practitioner to perform clinical examination including assessing for underlying cause/ [co-morbidities](#)

Primary Health Care Provider/Community Based Services & Programs

The child can remain under the care of the PCP if they have a weight classification in the overweight or obese weight range, and with no / or minor co-morbidities.

Intervention

- Family centred care
- Lifestyle (eg; nutrition, physical activity, sleep)
- Frequent follow up with Health Professional (ie GP, dietitian, psychologist)
- If eligible consider [Chronic Disease Management \[CDM\]](#)
 - GP Management Plan [GPMP]
 - Referral to Allied health professionals via Team Care Arrangements [TCAs]

Multidisciplinary Team [MDT] Weight Management Team / Clinic

(Paediatrician involvement may be indicated)

[CPC referral criteria](#)

MDT Referral Criteria:

- Weight classification within overweight weight range and the following risk factors
- maternal GDM
 - family history T2DM <40years or
 - Family history of CVD <55years

MDT Referral Criteria:

- Weight classification obese
- With risk factors/ [co-morbidities](#)

Specialist Paediatric Services:

- Paediatric Endocrinology /Diabetes Clinic
- Bariatric Surgery²

5As Paradigm
[Ask, Assess, Advise, Assist, Arrange]

For a more comprehensive evaluation please refer to the [Childhood overweight and obesity framework](#)¹

GP INVOLVEMENT

Refer over page for more information.

Please note: the electronic version contains the hyperlinks to the resources.

Queensland Childhood Overweight and Obesity Supporting Documents

Raising the topic of Weight

- Ask permission to discuss weight with the child and family (as you walk into the consult room)
- Normalise the discussion of weight
- Explain what is measured
- Encourage involvement of parents when measuring weight and height to normalize the situation for the child
- Explain the classification of overweight/obesity and what is the healthy range
- Advise parents of child's weight status
- Avoid: Assigning blame, using language that is discriminatory, stigmatising or patronizing, using cosmetic benefits as a motivator, scare tactics
- For adolescents, if appropriate consider speaking without parent/carer present

Overweight	0 – 2 years:	Weight-for-height > 2 Standard Deviation (SD) above the WHO Child Growth Standards median ³
	2 – 20 years:	CDC: 85 th percentile to ≤ 95 th percentile on BMI for age and gender Growth Charts ⁴ WHO: 85 th percentile to < 97 th percentile on BMI for age and gender Growth Standards ⁵
Obese	0 – 2 years:	Weight-for-height >3 Standard Deviation (SD) above the WHO Child Growth Standards median ³
	2 – 20 years:	CDC: ≥ 95 th percentile on BMI for age and gender Growth Charts ⁴ WHO: > 97 th percentile on BMI for age and gender Growth Standards ⁵



Areas to discuss¹

Encourage:

- Water – make water your main drink*
- Eat from the 5 core food groups
- Physical activity that is continuous
- Eating meals together at the table (with the TV/ screens turned off)
- Good sleeping habits

Limit:

- Drinks – discourage sugary drinks intake
- take-away / fast food/ high energy foods
- excess screen time (non-academic screen time)
- Meals in front of the TV/ screen
- screens before bedtime
- screens from the bedroom

* From birth to 12 months, breastmilk (or infant formula) are babies' main drinks.

Families

- Family Resources
- Healthy Eating resources



Growing good habits.

An Integrated Approach for Tackling Childhood Overweight and Obesity in Queensland is the state's first evidence-based paediatric framework for addressing the issue of overweight and obesity among children and young people. Developed by Queensland Health's Paediatric Obesity Working Group, the document includes a detailed Overview, Model of Care and a toolkit with key resources and references that can be used by all clinicians across all levels of the health care system.

Health Professionals



Childhood overweight and obesity Project ECHO® Series
<https://www.childrens.health.qld.gov.au/chq/health-professionals/project-echo/>

Professional Development [Free]

1. <https://www.growinggoodhabits.health.qld.gov.au/health-professionals/clinical-resources-and-tools>
 2. <https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1440-1754.2010.01875.x>
 3. http://www.who.int/childgrowth/standards/weight_for_length_height/en/
 4. https://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html
 5. http://www.who.int/childgrowth/standards/bmi_for_age/en/
 Please note: the electronic version contains the hyperlinks to the resources.

