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 Range
- Acknowledge that the child is within the healthy weight range with the parents.
- Provide general resources:
  - healthy nutrition
  - physical activity
- Monitor growth annually

Overweight Range
- 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
- 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

Obese Weight Range
- 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]

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.

Multidisciplinary Team [MDT] Weight Management Team / Clinic
(Paediatrician involvement may be indicated)

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
- With risk factors/co-morbidities

Specialist Paediatric Services:
- Paediatric Endocrinology /Diabetes Clinic
- Bariatric Surgery

Refer over page for more information.

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

<table>
<thead>
<tr>
<th>Overweight</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 2 years:</td>
<td>Weight-for-height &gt; 2 Standard Deviation (SD) above the WHO Child Growth Standards median3</td>
</tr>
<tr>
<td>2 – 20 years:</td>
<td>CDC: 85th percentile to ≤ 95th percentile on BMI for age and gender Growth Charts4 WHO: 85th percentile to &lt; 97th percentile on BMI for age and gender Growth Standards5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Obese</th>
<th>Boys</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 2 years:</td>
<td>Weight-for-height &gt;3 Standard Deviation (SD) above the WHO Child Growth Standards median3</td>
</tr>
<tr>
<td>2 – 20 years:</td>
<td>CDC: ≥ 95th percentile on BMI for age and gender Growth Charts4 WHO: &gt; 97th percentile on BMI for age and gender Growth Standards5</td>
</tr>
</tbody>
</table>

**Areas to discuss**

**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.

---

**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.

---

**Childhood overweight and obesity Project ECHO® Series**


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