Maternal and Child Health Nurse
BMI education resource

Section 5: How to discuss BMI with parents

Print version
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Section 5: How to discuss BMI with parents

Having calculated a child’s BMI and knowing the relevant and appropriate information to share with parents about growth, healthy eating and physical activity, and thus promote a healthy BMI, the challenge is to give this advice in a sensitive and effective manner.

The areas addressed in this section are:
- Appropriate and sensitive ways to broach the subject of a child’s weight with their parents.
- Discussing healthy eating and physical activity.
- Supporting parents to implement changes.
- When to refer children to other health care professionals.

Did you know?
Based on a survey completed by 175 Maternal and Child Health Nurses in February 2006:
- 33% of the respondents felt very competent about broaching a child’s overweight with parents.
- 42% of the respondents felt very competent about discussing a child’s overweight when a parent broaches it.
- 25% of the respondents felt very competent in managing a child’s overweight.

Primary messages to promote a healthy BMI

Think through the primary messages to give a parent regarding growth, a healthy diet for their children and physical activity.

Read the information below to check if you are covering most of the key points.

Growth
- Growth patterns are individual.
- Growth patterns over time are more important than a single measurement (repeated measurements every 6 months is ideal).
- Growth is one sign of general health.
- A child’s growth often reflects family growth patterns – for example a child with two short parents is unlikely to be tall themselves. However, if both parents are overweight this does not make it OK for the child to be overweight too!

Healthy diet
- Parents are responsible for what and how much they provide their child; children are responsible for what they choose to eat from the food provided.
- Parents should offer a varied diet, including foods from all food groups.
- Aim for 5 servings of vegetables and 2 servings of fruit every day.
- High fat, sugary foods should be limited and ideally kept for special occasions.
- Water is the best drink; juices, fizzy drinks and cordials should be avoided.
- In most children over the age of 2, low fat dairy products and milk consumption should not exceed 500 - 600mls a day, (less if other dairy products are eaten).
Activity

- Children need at least 2 hours of physical activity every day, usually carried out in short blocks of time.
- Physical activity includes both structured and unstructured activity.
- Outdoor play should especially be encouraged.
- Screen time (TV watching and using a computer) should never exceed 2 hours a day and ideally should not be more than 30 minutes a day for young children.
- Child physical activity is easier if parents act as a good role model.

Refer to Section 4: Advice to promote a healthy BMI for more detail about these primary messages and appropriate parent information sheets.

Initiating discussion about BMI

How NOT to initiate discussion about BMI

The CD ROM contains a video clip where you will see an example of how a health professional initiates a discussion with a parent about their child’s BMI. This is an example of how not to broach the subject of a child’s weight with their parents.

To view the video clip, go to the “Resources” section of the CD ROM, click on the Video button and then click the video link title “How not to broach the subject of a child’s weight”.

As you watch the video, pay particular attention to the following things:
- The language and types of words used in the conversation.
- The body language of the mother in response to the information provided.
- How the growth charts are explained.
- How the health care professional responds to the parent’s questions.
- The way in which the importance of achieving a healthy BMI in children is discussed.

A worksheet is provided on the next page for to make notes on whilst watching the video clip.

Take a moment – reflect

- What are your initial thoughts about the video showing bad practice?
- How do you think the parent would feel after the consultation?

Page 37 has a summary of the main points raised by this video clip.
## How NOT to initiate discussion about BMI

### Video Clip Worksheet

<table>
<thead>
<tr>
<th>Points to note</th>
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</tr>
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<td>How the health care professional responds to the parent’s questions.</td>
<td></td>
</tr>
<tr>
<td>The way in which the importance of achieving a healthy BMI in children is discussed.</td>
<td></td>
</tr>
</tbody>
</table>
How not to initiate a discussion with parents about a child’s BMI
Although it is very unlikely that a health care professional would have a consultation as such, it is helpful to be aware of bad practices and consider how this would make the parent feel. The following table summarises the main points of the video.

<table>
<thead>
<tr>
<th>Points to note</th>
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<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language and types of words used.</td>
<td>The professional’s use of negative words and phrases such as “there’s a problem”, “fat” and “what you are doing wrong”.</td>
<td>This will immediately make the parent defensive and makes the rest of the consultation very difficult and have limited effect.</td>
</tr>
<tr>
<td>Body language of the mother in response to information provided.</td>
<td>When the mother was told her son was fat, her upper body moved away in shock.</td>
<td>Subtleties in body language can help you understand how the parent is feeling, watch out for these important cues, and adjust the conversation accordingly.</td>
</tr>
<tr>
<td>Explanation of growth charts.</td>
<td>The professional pointed to BMI chart and indicated that it shows that the child is &quot;much too high on the chart&quot;.</td>
<td>Inadequate explanation of the BMI chart will often mean that the parent will not understand what it shows. In this consultation the parent also feels unable to ask any questions to clarify the information.</td>
</tr>
<tr>
<td>Response to the parent’s questions.</td>
<td>The parent asked “What do I need to do about it?”. The professional did not reply to this question but instead spoke about why weight was important.</td>
<td>Not responding to questions will make the parent feel unheard and undermined, as if anything that they might want to add is of little or no importance. If the parent is not listened to, in turn they are less likely to then listen to the professional.</td>
</tr>
<tr>
<td>How the importance of achieving a healthy BMI in children is discussed.</td>
<td>The professional indicated an unpromising future for the child, saying he is likely to become an overweight adult and suffer from a number of health problems. Again the mother’s body language indicated that she was unhappy with how this information was provided.</td>
<td>If a parent thinks that a number of health problems are inevitable, they may believe that there will not be any benefit from making lifestyle changes.</td>
</tr>
</tbody>
</table>

Take a moment – reflect
- You may wish to view the video again to consider the impact of this bad practice and how it could be improved.
**Terms for overweight**

With regards to childhood obesity, some statements, phrases or terms are more acceptable to parents than others. For some parents, no term will be very acceptable!

From the list below pick whether you think each of the statements would be acceptable or not acceptable to parents.

<table>
<thead>
<tr>
<th>Phrase / term</th>
<th>Often Acceptable</th>
<th>Often not Acceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unhealthy body weight</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>BMI</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Morbidly obese</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Unhealthy BMI</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Heaviness</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Overweight</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Weight problems</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Puts your child at risk of being overweight in the future</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Fatness</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Extremely obese</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Obesity</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Not at his/her healthiest weight</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Excess fat</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Large size</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Excess weight</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Weight</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Check your answers with those supplied on page 61.
Acceptable and unacceptable terms
From the table it is apparent that phrases around the word “weight” tend to be more acceptable, such as “overweight”, “excess weight” and “weight problems”. Phrases and terms that can be seen as derogatory such as “fatness”, “unhealthy BMI” and “obesity” are generally less well accepted.

If a child is overweight or obese, the best term to use with parents is “overweight”. If a child is obese, the term “overweight” should still be used, as “obese” is less acceptable to parents and is more likely to cause a negative response.
How to initiate a discussion about BMI

The CD ROM contains a video clip where you will see an example of how a health care professional initiates a discussion with a parent about their child’s BMI. This is an example of good practice.

To view the video clip, go to the “Resources” section of the CD ROM, click on the Video button and then click the video link title “Initiating a discussion with a parent about their child’s BMI”.

As you watch the video, pay particular attention to the following things:
- How the conversation about the child’s weight is initiated.
- How the BMI charts are explained.
- The terms that are used to inform the parent that their child is overweight.
- How the health care professional responds to the parent’s reactions and questions.
- The health care professional’s explanation of why it is important for children to be a healthy weight.

A worksheet is provided on the next page for to make notes on whilst watching the video clip.

Take a moment – reflect
- How do you think the parent feels after this conversation?

Page 42 has a summary of the main points raised by this video clip.
### How to initiate a discussion about BMI

**Video Clip Worksheet**

<table>
<thead>
<tr>
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<tr>
<td>How the BMI charts are explained.</td>
<td></td>
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<tr>
<td>How the health care professional responds to the parent’s reactions and questions.</td>
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<tr>
<td>The health care professional's explanation of why it is important for children to be a healthy weight.</td>
<td></td>
</tr>
</tbody>
</table>
Points to remember about discussing BMI with parents

The table below summarises the main points from the video. After reading the information in the table, you may wish to review the video again.

<table>
<thead>
<tr>
<th>Points to note</th>
<th>Examples</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>The initiation of the conversation about the child’s weight.</td>
<td>The professional informed the parent that the measurements are finished and suggested they should have a chat about them.</td>
<td>The parent is prepared for the discussion and immediately feels included in the conversation.</td>
</tr>
<tr>
<td>The explanation of the BMI charts.</td>
<td>The professional provides a full explanation of the BMI chart and what the child’s BMI means. NB – It may be worth discussing the height and weight charts first and explaining that BMI combines the 2 figures to let us know whether a child is the right weight for their height.</td>
<td>This supplies the parent with evidence for their child’s weight status, based on fact rather than objective opinion. If the chart is explained well, the parent is more likely to be receptive to any information subsequently provided.</td>
</tr>
<tr>
<td>The terms used to inform the parent that their child is overweight.</td>
<td>The professional using terms such as “bit heavy” and “bit overweight” to first inform parent of child’s weight status.</td>
<td>Gently introducing the subject of a child’s overweight provides opportunity to be able to judge parents reactions. The professional makes use of terms that are known to be more acceptable to parents.</td>
</tr>
<tr>
<td>The professional’s response to the parents reactions and questions.</td>
<td>Responding immediately to both verbal and non-verbal questions, such as the parent’s surprise in being told her son is overweight, answering questions directly and allowing the parent to talk freely.</td>
<td>The parent is involved in the conversation and feels that their thoughts and feelings are important and understood, therefore are more likely to respond positively to any information given.</td>
</tr>
<tr>
<td>The professional’s explanation of the importance of healthy weight for children.</td>
<td>The professional informs the parent why it is important for a child to have a healthy weight, focusing on long term risks.</td>
<td>To help explain the importance of a child having a healthy weight, both the short and long term health risks could be explained. Discussing any family history of cardiovascular disease or diabetes could make the information more relevant and pertinent to the parent.</td>
</tr>
</tbody>
</table>

Take a moment – reflect
- Do you feel confident that you could initiate a conversation with a parent about their child’s weight? It may help to participate in some role-plays to enable you to practice these skills.
Introducing the subject of healthy lifestyle

The CD ROM contains a video clip where you will see an example of how the health care professional introduces the lifestyle factors that are important in achieving a healthy BMI in children. As you watch the video, pay particular attention to the following things:

- How the health care professional answers the parent’s first question.
- What are the goals in weight change for children.

To view the video clip, go to the “Resources” section of the CD ROM, click on the Video button and then click the video link title “Introducing lifestyle factors”.

Take a moment – reflect
- Were you surprised in the way that the health care professional answered?
- How do you think you would have answered the parent?

Points to remember about a healthy lifestyle for children
In the video clip the parent asked, “What would we need to do to improve things”. At this point the health care professional could have answered in a number of ways. In this example the health care professional informed the parent of the two factors, physical activity and diet, that have an effect on weight. It was suggested that they would discuss each of these in turn, which prepares the parent for the upcoming conversation.

In answer to the parent’s question, the health care professional could have immediately started to discuss necessary changes to the child’s diet and lifestyle.

- What other ways could the health care professional have answered the parents question?
- What are the pros and cons of each of these methods?

In the second half of the video, the health care professional explained to the mother that the aim was not to achieve weight loss for child, but rather slow their weight gain in comparison to their height growth.

Take a moment – reflect
- Is this a surprise to you?
- Are there any circumstances where you would recommend a young child to lose weight?
  Write your response in the box below.

Check your answer with the answer supplied on page 61.
Discussing activity

Two of the most important factors in increasing a young child’s activity levels are:
• Limiting TV watching, and
• Encouraging outdoor play.

The CD ROM contains two video clips showing parts of a conversation which demonstrate how the health care professional discusses these factors with the parent. As you watch the videos, pay particular attention to the following things:
• The use of open or closed questions.
• How the health care professional encourages the parent to speak and provide the required information.
• The use of specific recommendations and generalised advice.
• How the possibilities to increase activity are explored.

A worksheet is provided on the next page for to make notes on whilst watching the video clips.

To view the video clips, go to the “Resources” section of the CD ROM, click on the Video button and then click the video link titles:
• TV watching
• Outdoor play

Page 46 has a summary of the main points raised by these video clips.
### Discussing activity

**Video Clip Worksheet**

<table>
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<tr>
<td>How the possibilities to increase activity are explored.</td>
<td></td>
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</tbody>
</table>
Gathering and providing information
The two video clips demonstrated different styles of information giving:
• The TV watching video clip provided quite specific information,
• The activity video clip was more exploratory in nature.
Both styles are of use when providing information and advice.

Take a moment – reflect
• Do you know the difference between open and closed questions? If you are unsure, the information following provides a definition and examples of these types of questions.
  - Open questions
    An open question is one that does not provide any options or predefined answers. The respondent needs to supply their own answer without being constrained by a fixed set of possible responses. Examples of open questions include:
    • “What sorts of activities does your child like to do?”
    • “What does your child tend to do in the morning or afternoon?”
  - Closed questions
    In closed questions the respondents' answers are limited to a fixed set of responses. This includes questions which are answered either “yes” or “no”, or questions that have a scale or range of answers. Examples of closed questions include:
    • “How many hours of TV does your child watch?”
    • “Does you child like to play outside?”

• Do you use both open and closed questions with parents?

A combination of open and closed questions is useful in obtaining information. Often a closed question is answered as an open question, which indicates that the person responding is happy to provide additional information and is comfortable within the consultation. This occurred in the video clip about TV watching, when the health care professional asked, “What about TV, does he like TV a lot?”. Although this was a closed question that could have simply been answered as “yes” or “no”, because it was asked in a friendly and easy going manner the parent felt comfortable to expand the answer and provide more information, much like if she was answering an open question.

As with the different styles of questions, advice can also be given in different ways. Specific advice could be seen as similar to closed questions, for example recommending the maximum number of TV programs that a young child should watch each day. Advice that resembles open question style is demonstrated in the video clips by exploring possibilities to increase outdoor activity.
Discussing healthy eating

A child’s eating habits
The two dietary factors that have an effect on an individual’s weight is the quantity (how much) and the quality (what sorts/type) of foods and drinks consumed. For young children who are overweight it is often the quality (types) of food they eat that needs adapting more than the quantity. However, it is worth asking about the child’s appetite, which can also help to initiate a discussion about food.

The CD ROM contains a video clip where you will see an example of how the health care professional initiates a discussion with a parent about their child’s eating habits, by first talking about the child’s appetite. As you watch the video, look out for the following things:
• How the health care professional starts the conversation.
• What the health care professional says to help reassure the parent.
• How the health care professional reinforces that it’s the parents responsibility to provide the right sorts of foods, whilst it is the child’s responsibility as to how much they eat from what is provided.

A worksheet is provided on the next page for to make notes on whilst watching the video clip.

To view the video clip, go to the “Resources” section of the CD ROM, click on the Video button and then click the video link title “Initiating a discussion with a parent about their child’s eating habits”.

Take a moment – reflect
• How do you start a conversation with a parent about their child’s eating behaviour?
• How do parents respond to different types of questions?

Page 49 has a summary of the main points raised by this video clip.
### Discussing healthy eating
#### Video Clip Worksheet

<table>
<thead>
<tr>
<th>Points to note</th>
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<tr>
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<td></td>
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</tbody>
</table>
**Points to remember when initiating a discussion about a child’s eating habits**

Discussing the food that parents provide their children can often be a sensitive subject, especially in the context of their child being overweight. Parents may feel that they are being blamed for their child’s weight status and they may have feelings of guilt. It is therefore especially important that the first question about food is non-judgemental and sensitive. In the video clip the health care professional started the conversation by asking:

“Would you say he (Josh) has a big appetite?”

This question places no direct responsibility on the parents. This is important in helping the parent feel able to discuss the topic openly.

Throughout the consultation it is important to reassure the parent, to let them know that they are not on their own and that you have encountered similar situations previously. The health care professional can reassure the parent by saying things like; “That sounds pretty normal” or “I understand what you mean”. Again phases like these help remove the blame from the parent and demonstrates that their situation is understood.

It is also vital that the messages provided by the health care professional are consistent throughout the consultation, between consultations and ideally between health care professionals. Key messages, such as, “It’s the parents responsibility to provide the right sorts of foods, whilst it is the child’s responsibility as to how much they eat from what is provided”, can be delivered in a number of different ways. In the previous video the health care professional reiterated this message by saying to the parent that if they “offer a suitable meal and he wants to leave some, that’s fine”. This is particularly important as a child’s appetite may vary considerably from one day to the next due to growth spurts and differences in activity.

**Take a moment – reflect**

- Would you change the type of questions you use with parents to start a conversation about their child’s diet?
The quality of a child's diet

The quality of a child's diet refers to the types of food that they eat, which relates to the guidelines demonstrated by the Australian Guide to Healthy Eating.

It is a good idea to focus on just a few dietary changes, such as snacking behaviour, fruit and vegetable consumption and types of drinks. Try to assess which dietary factor is likely to need the most change or one that the parent feels will be easy to change to focus on first.

The CD ROM contains two video clips demonstrating how a health care professional discusses dietary changes with a parent. You may not cover all of these points with one parent, but you are likely to discuss each of these at some point in your practice.

A worksheet is provided on the next page for to make notes on whilst watching the video clips.

Snack foods

As you watch the video, take notice of the following things:
- How the health care professional asks the parent about the snack foods a child eats.
- The phrases that the health care professional uses to describe high fat or high sugar snack food.

To view the video clip, go to the “Resources” section of the CD ROM, click on the Video button and then click the video link title “Snack foods”.

Fruit and vegetables

As you watch the video, take notice of the following things:
- The three stages of advice given by the health care professional regarding the number of serves of fruit and vegetables that should be eaten every day.
- The three recommendations given by the health care professional about vegetables for children.

To view the video clip, go to the “Resources” section of the CD ROM, click on the Video button and then click the video link title “Fruit and vegetables”.

Page 52 has a summary of the main points raised by these video clips.
## Snack foods

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<tr>
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</tr>
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## Fruit and vegetables

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</tr>
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<td>The three recommendations given by the health care professional about vegetables for children.</td>
<td></td>
</tr>
</tbody>
</table>
Points to remember when discussing the quality of a child’s diet
The information below discusses key points from the conversations, shown in the video clips.

Snack foods
- When asking about snack foods the health care professional asked “What would he (Josh) ask for?”. When the question is phrased like this there is very little blame placed on the parent for giving their child the wrong types of food. This will mean that the parent is more likely to offer an honest answer as blame is not assigned to them.
- High fat and high sugar foods are described as “sometimes foods”, healthier snacks and foods can be described as “everyday foods”. These terms are easily understood and indicates that no food is either “banned” or “bad” but rather should be limited in amount and frequency.

Take a moment – reflect
- How do you think the response would differ if the question was asked, “What snack foods do you give Josh?”.
- Are you familiar with the terms “sometimes foods” and “everyday foods”? Practice using them so that they are easy to use in a consultation with parents.

Fruit and vegetables
- The three stages of advice when giving advice about fruit and vegetables were:
  1. Providing the information (ie that 2 serves of fruit and 5 serves of vegetables are recommended daily).
  2. Providing positive feedback (ie that nearly achieving the recommended fruit serves).
  3. Suggest change for an area that needs working on (ie work on increasing number of vegetable serves).
- The three recommendations about vegetables given by the health care professional were:
  1. Increasing the amount of serves.
  2. Increasing the variety.
  3. Offering them to the child as part of a meal, but not being too concerned whether they eat them (children often need to be presented with a food 10 – 20 times before it becomes acceptable to them).

Take a moment – reflect
- Do you currently use the three stages of advice giving when working with parents?
- Do you feel comfortable and competent to discuss a child’s fruit and vegetable intake with their parents?
About drinks – fizzy, juice and milk
Drinks can contribute to a large portion of a child’s energy intake. In children over the age of 2 years, water is the best drink to quench thirst; fizzy drinks and juice should be limited as much as possible and reduced fat milk should be used.

The CD ROM contains two video clips where you will see parts of a conversation between the health care professional and parent about what the child drinks. As you watch the videos, pay particular attention to the following things:
- What information about milk does the health care professional obtain from the parent.
- What open and closed questions are used.
- In both video clips, how does the health care professional make the parent feel at ease.
- When fruit juice is discussed what is the health care professional’s response to the parent’s comments.

A worksheet is provided on the next page for to make notes on whilst watching the video clips.

To view the video clips, go to the “Resources” section of the CD ROM, click on the Video button and then click the video link titles:
- Milk
- Drinks

Take a moment – reflect
- What questions about a child’s drinking behaviour do you ask?
- What information about children’s drinks do you provide?
- How do you discuss what a child drinks with the parents?

Page 55 has a summary of the main points raised by these video clips.
## About drinks – fizzy, juice and milk
### Video Clip Worksheet

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</tr>
<tr>
<td>In both video clips, how does the health care professional make the parent feel at ease.</td>
<td></td>
</tr>
<tr>
<td>When fruit juice is discussed what is the health care professional’s response to the parents comments.</td>
<td></td>
</tr>
</tbody>
</table>
Points to remember from the discussion about milk and other drinks

About milk
The two important pieces of information to ascertain when discussing milk consumption is how much the child is drinking and what type of milk they have. In the example shown the health care professional obtained this information by asking two short, closed questions. The health care professional then made the recommendations about milk consumption in general terms, referring to that child’s population group, rather than the individual child. The health care professional informed the parent that “once children are over two it’s fine to give them lower fat milk”. Again this way of providing advice minimises the chance of making the parents feel that they are being blamed for doing the wrong thing.

About other drinks
When the health care professional asked about other drinks, this time an open question was used and the parent was given the time and opportunity to discuss other drinks. In the conversation, the parent mentioned fruit juice first. Even though the health care professional wanted to discuss this further, no response was given until the parent had finished providing information. Waiting and not showing any negative reactions encourages the parent to provide the most honest and complete information. When the health care professional provided information about fruit juice she said “juice is a bit of a trap”. This phraseology shows the parent that the health care professional understands that providing juice to children is an easy mistake to make. This is further reinforced when the health care professional tells the parent that “with most families it comes as a bit of a surprise”.

Leading questions
When obtaining information it is important that no assumptions are made and questions are not asked in a leading manner. Examples of leading and non-leading questions include:

<table>
<thead>
<tr>
<th>Leading question</th>
<th>Non-leading alternative question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your son have low fat milk?</td>
<td>What sort of milk does your son drink?</td>
</tr>
<tr>
<td>When your daughter is thirsty, does she mostly drink water?</td>
<td>When your daughter is thirsty, what sorts of drinks would she have?</td>
</tr>
</tbody>
</table>

A leading question implies an answer. Leading questions are often replied with the answer that is expected to be correct. For this reason, non-leading questions are much preferred.

Complete a short exercise related to leading and non-leading questions. Complete the table below, filling in the blank leading or non-leading questions.

<table>
<thead>
<tr>
<th>Leading question</th>
<th>Non-leading alternative question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your son have at least 2 pieces of fruit every day?</td>
<td></td>
</tr>
<tr>
<td>Does your daughter drink more that 600mls of milk every day?</td>
<td></td>
</tr>
<tr>
<td>Does your son snack on chips and lollies?</td>
<td>Does your daughter like watching TV, how many shows does she tend to watch each day?</td>
</tr>
<tr>
<td></td>
<td>What activities does your child do when s/he plays?</td>
</tr>
</tbody>
</table>
Summing up the consultation

At the end of the consultation it is worth bringing together the points that have been discussed and summarise the main outcomes. An example of a way in which this can be done is shown in two video clips on the CD ROM. As you watch the videos, take note of the following things:

- How the parent feels at the beginning of the summing up and how the health care professional responds to this.
- How the parent feels at the end of the consultation and how this compares to her feelings when she was initially was told that her child was overweight.
- What the health care professional offers to help the parent remember the information provided.

A worksheet is provided on the next page for to make notes on whilst watching the video clips.

To view the video clips, go to the “Resources” section of the CD ROM, click on the Video button and then click the video link titles:

- Summing up
- Closing the consultation

Take a moment – reflect

- In your opinion, how important is the summation at the end of the consultation?
- Do you usually give written materials to parents?

Page 58 has a summary of the main points raised by these video clips.
### Summing up the consultation

#### Video Clip Worksheet

<table>
<thead>
<tr>
<th>Points to note</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>How the parent feels at the beginning of the summing up and how the health care professional responds to this.</td>
<td></td>
</tr>
<tr>
<td>How the parent feels at the end of the consultation and how this compares to her feelings when she was initially was told that her child was overweight.</td>
<td></td>
</tr>
<tr>
<td>What the health care professional offers to help the parent remember the information provided.</td>
<td></td>
</tr>
</tbody>
</table>
**Points about summing up the consultation**

At the start of the summing up, the parent seemed overwhelmed by all the suggestions made. The health care professional reassured the parent by reinforcing that the changes do not need to be done all at once and that there is plenty of time to make the changes. Long term changes towards a healthier lifestyle are most important for children, which can be achieved gradually by changing simple things like shopping habits.

At the end of the consultation it is worth checking to see how the parent feels with the suggestions made. If they are struggling to accept the information provided, then this would be a good opportunity to reassure the parent and make the targets appear much more manageable by suggesting that they make one change at a time.

**Written information**

It is a good idea to have a selection of information sheets that you can give to parents to take away. These sheets will help reinforce the information you have provided throughout the consultation, but may also provide additional information and advice.

The “Resource” section of the CD ROM provides some information sheets that may be used. In addition it refers to other useful websites where resources can be obtained.

**Take a moment – reflect**

- Do you feel more confident that you would be able to discuss lifestyle changes with a parent of an overweight child?
- What steps could you take to increase your competence further?
- What are the main skills that you think will be easiest to achieve?
- What skills do you think will be most difficult to achieve? How do you think you could overcome these?
Monitoring and referring

Monitoring
Ideally children should be weighed, measured and have their BMI calculated every six months. As with growth charts for infants, serial measurements provide more useful information than a single measurement.

Some children have a greater need to be monitored more closely than other children do. The same children may also need to be referred to another health care professional for additional support. These children include:
- Children who are very overweight (well above the 95th BMI percentile).
- Children who are rapidly gaining weight (crossing BMI percentiles upwards).
- Children who are underweight and appear not to be healthy (below the 5th BMI percentile).
- Children who are losing weight or fail to gain weight over an extended period (crossing the BMI percentiles downwards).

Try to monitor these children more closely and refer to other health care professionals where necessary. If you have monitored a child closely, you will be able to provide important, subjective, information when you make a referral. This information may include:
- The child’s current weight, height and BMI.
- Height, weight and BMI percentiles.
- A summary of their weight history (eg any changes in BMI percentiles).

Take a moment – reflect
- How often do you weigh, measure and calculate BMI for children over 2 years of age?
- What are the benefits of having serial measurements?
Where to refer

The number of referrals to primary care (GPs, community dietitians), secondary care (local hospitals) and tertiary care (specialist hospitals) for overweight children currently outnumbers the services available. However, the following list includes some other health care professionals which may assist with the promotion of a healthy lifestyle for children:

- Community Dietitians
- Private Dietitians
- Hospital Dietitians
- General Practitioners

Community Dietitians covered by Medicare are relatively rare, but where available are an excellent resource to assist in the management of a child’s weight. Community Dietitians are able to see families individually or provide group education sessions. Hospital Dietitians tend to see patients with acute illnesses and do not often manage young children who are overweight, except in specialist clinics. For these reasons, Private Dietitians are often the best option to help a family make positive lifestyle changes to help manage a child’s weight. The Dietitians Association of Australia provides a list of Private Dietitians available in Australia. If you have access to the Internet, use the link below to find an accredited Private Dietitian near you.


General Practitioners can also provide advice on healthy lifestyle choices for families of young children, but most do not have specific training in management of childhood overweight. GPs are able to refer to other specialists where necessary.

Take a moment – reflect

- Where would you currently refer a child if you were concerned about their weight?
## Terms for overweight

<table>
<thead>
<tr>
<th>Phrase / term</th>
<th>Often Acceptable</th>
<th>Often not acceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unhealthy body weight</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>BMI</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Morbidly obese</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Unhealthy BMI</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Heaviness</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Overweight</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Weight problems</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Puts your child at risk of being overweight in the future</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Fatness</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Extremely obese</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Obesity</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Not at his/her healthiest weight</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Excess fat</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Large size</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Excess weight</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Weight</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

### Are there any circumstances where you would recommend a young child to lose weight?

You should never recommend that a child under the age of 6 years should lose weight. If they are extremely overweight or gaining weight very rapidly or you are concerned about their weight in any way, you should refer them to a paediatrician or dietitian, so that medical factors and a more in-depth dietary analysis can be performed.