Michigan Quality Improvement Consortium Guideline

# Prevention and Identification of Childhood Overweight and Obesity

**The following guideline recommends specific interventions for children and their parents/guardians for prevention and identification of childhood overweight and obesity.**

## Key Components, Recommendations and Level of Evidence

### Education, Parental Modeling of Health Behaviors and Prevention of Risk

**At each periodic health exam**

**General advice for all ages:**

Promote a healthy diet and lifestyle with focus on 5-2-1-0: ≥ 5 fruits and vegetables, ≤ 2 hours recreational screen time, > 1 hour physical activity, 0 sugar-containing drinks daily.
Educate parents about importance of parental role modeling for a healthy lifestyle (diet and exercise) and parental controls.
Limit eating out; avoid fast food.
Avoid food as a reward.

**Infant/Toddler (age 0-2):**

Encourage breastfeeding for at least 12 months; discourage overfeeding of bottle-fed infants. **[A]** Avoid bottle feeding as a sleep aid.
Avoid premature introduction of solids and base timing for introduction of solids on child's development, usually between 4 and 6 months of age.
Preserve natural satiety by respecting a child's appetite.
Discourage/avoid high-calorie, nutrient-poor beverages (e.g., toddler milk, soda, fruit punch, sports drinks, or any juice drink).
No television or other screen time under age 2. **[D]**

**Preschool (ages 3-5):**

Limit television and other screen time to at most 1-2 hours per day. No access to television and other screens in primary sleeping area.
Replace whole milk with skim or 2%; discourage/avoid high-calorie, nutrient-poor beverages (soda, fruit punch, sports drinks, juice drinks).
Respect the child's appetite and allow him or her to self-regulate food intake.
Provide structure and boundaries around healthy eating with adult supervision.
Promote physical activity including unstructured play at home, during childcare and in the community.
Promote age-appropriate sleep durations (11-13 hours/night).

**School-aged (ages 5-12), the above plus:**

Accumulate ≥ 60 minutes, and up to several hours of age-appropriate physical activity on all or most days of the week (emphasize lifestyle exercise, i.e., outdoor play, yard work, and household chores).
Consider barriers (e.g., social support, unsafe neighborhoods, or lack of school-based physical education) and explore individualized solutions. Reinforce making healthy food and physical activity choices at home and outside of parental influence.
Promote age-appropriate sleep durations (10-11 hours/night).

### Assessment of Body Mass Index, Risk Factors for Overweight and Excessive Weight Gain Linear to Growth

**General assessment:**

History (including focused family history) and physical exam.
Starting at age 2[1], calculate BMI percentile at each well child visit and record result.
Dietary patterns (e.g., frequency of eating outside the home, consumption of breakfast, adequate fruits and vegetables, excessive portion sizes, consumption of sugar-sweetened beverages, etc.)
Physical activity level.
Monitor sleep patterns.
Risk factors for overweight[3] including pattern of weight change. **[C]** Watch for increasing BMI percentile or BMI in the ≥ 85th percentile. (*See MQIC guideline on Treatment of Childhood Overweight and Obesity*)

[1]AAP recommends screening at age 2; USPSTF age 6+; NCQA HEDIS age 3+

[2]CDC growth charts

[3]Low or high birth weight, low income, minority, television or computer screen time > 2 hrs, low physical activity, poor eating, depression

**Levels of evidence for the most significant recommendations:** A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists core management steps. It is based on US Preventive Services Task Force. Screening for Obesity in Children and Adolescents: US Preventive Services Task Force Recommendation Statement. JAMA. 2017; 317(23):2417-2426.doi:10.1001/jama.2017.6803; and the American Medical Association 2007 Expert Committee Recommendations on the Treatment of Pediatric Obesity. Individual patient considerations and advances in medical science may supersede or modify these recommendations.