

## Well visits for Patients < 2 years of age

Assess healthy eating and physical activity behaviors

### Provide Prevention Counseling

During the first 2 years a great deal of preventive counseling is provided. From an obesity prevention perspective, food intake, movement and sleep are the areas of focus.

Here are a few questions to ask the caregiver:

- Who is feeding the child? Do they understand responsive feeding?
- How much sleep is the child getting?
- How much movement does the child get? For infants, are they getting tummy time?
- If the child has severe abnormal weight gain, educate the family and consider potential genetic etiologies for the weight gain.

### Responsive Feeding

Responsive Feeding is a framework which helps parents and children understand the cues for hunger or satiety. Recent studies have shown responsive feeding strategies to be associated with healthy weight gain and a decreased risk for developing obesity. For more information about responsive feeding, go to the American Academy of Pediatrics website: [healthychildren.org](https://www.healthychildren.org).

### Sleep

Ages	Hours
4-12 months	12-16 (including naps)
1-2 year(s)	11-14 (including naps)
3-5 years	10-13 (including naps)
6-12 years	9-12
13-18 years	8-10

### Assess Growth

Use a standardized approach for measuring weight and length and then use a weight for length growth curve to monitor growth. Review the growth curve with the family. **Note:** both small for gestational age (SGA) and large for gestational age (LGA) infants are at risk for obesity.

### Look for Crossing Weight for Length Percentiles

Crossing 2 or more percentiles can indicate rapid, unhealthy weight gain and requires a closer look into how, and what kinds of foods, the child is being fed

- Ask the caregiver what they think about the child's weight gain over the last few months.
- Let the caregiver know that the baby may be getting too much nourishment and this may lead to excess weight which could cause health problems.

For more information go to [aap.org](https://www.aap.org).

## Early Identification and Assessment of Childhood Obesity



Early identification of obesity is critical in reversing the trajectory of this disease. Leverage your interactions as a clinician to encourage, support and engage families in key behaviors through assessment and counseling. At well child visits, monitor growth and look for crossing growth percentiles as a sign of possible abnormal weight gain. Use obesity specific family history, review of symptoms and physical exam to assess possible risk of comorbidities associated with excess weight gain. Make a plan for follow up based on results of the assessment. This may include planned follow up visits, labs, and referrals.

### Working with patients and families

- Discuss opportunities to improve healthy habits with the patient and family.
- Be empathetic—research shows this actually helps increase the likelihood of behavior change.
- Try to listen more than you speak which empowers the family to express their concerns.
- Use Motivational Interviewing (MI) when talking with patients. MI is a skill that helps to identify what the patient values and possible motivation for making change.

## Well visits for patients ≥ 2 years of age

Assess healthy eating and active living behaviors using 5210 Healthy Habits Questionnaire

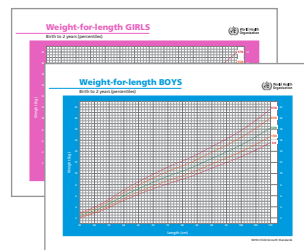
### Determine weight classification using standardized approach to weight and height measurement, BMI and BMI % calculated

Weight Status Category	Percentile Range
Underweight	< 5th percentile
Healthy Weight	5th - < 85th percentile
Overweight	85th - < 95th percentile
Obese – Class I	≥ 95th percentile
Obese – Class II	BMI > 120% of the 95th percentile for age & sex or a BMI of ≥ 35 (whichever is lower)
Obese – Class III	BMI ≥ 140% of the 95th percentile for age & sex or a BMI of ≥ 40 or greater (whichever is lower)



### Healthy weight children ≥ 2 years of age

- Review the 5210 Healthy Habits Questionnaire with the family. Discuss any habits that may have an impact on the child's health.
- Look to see if the patient or caregiver has checked off anything they would like to work on—start the conversation around that area. Use Motivational Interviewing to help facilitate the conversation.



### Healthy weight children, ≥ 2 years, who are crossing percentiles

Crossings percentiles can indicate rapid, unhealthy weight gain and requires a closer look into what may be contributing to this trend. Check their eating, sleeping and moving habits

- Ask if anything has changed at home or school
- Evaluate any potential medical issues that might be causing this trend in increased weight.

If you see crossing percentiles and are worried that the weight gain may continue, consider bringing the patient back for a follow up visit to talk more about healthy habits.

### Patients with Overweight (BMI 85-94%) and Obesity (BMI ≥ 95%)

It's important to determine if the patient's excess weight may be causing health problems.

#### To help sort this out obtain the following:

- Obesity specific Family History (FHx) see *Checklist for Assessment of Obesity*
- Obesity specific Review of Symptoms (ROS) see *Checklist for Assessment of Obesity*
- Obesity specific Physical Exam (PE) see *Checklist for Assessment of Obesity*
- Obtain a psychosocial history

If positive risk factors, obtain the following labs:

- Fasting glucose & lipids  
*it is okay to obtain non-fasting labs and if abnormal, repeat them fasting.*
- HbA1c
- ALT/AST

Consider follow up visit for patients whose weight may be causing medical problems or if they are at risk for obesity due to a positive family history, review of symptoms or physical exam. Remember, not everybody is ready to make a change. This is where motivational interviewing skills can come in handy. They help identify the discrepancy between what the patient values and their behaviors. You can help guide them to a health weight.

Currently, there are no guidelines on when to start laboratory testing for patients with obesity. Based upon the patient's health risk, some experts may start screening patients at 2 years of age.

### Patients who have Obesity Class I and Severe Obesity Class II or III

For patients whose BMI is beyond the 97th percentile, use the Extended BMI Growth Charts. They are designed for girls age 2 to 20 years and boys age 2 to 20 years. These charts allow providers to track and visualize BMI values and define a child's BMI as a "percentage of the 95th percentile." Additionally, these charts may enable providers to define subgroups of severe obesity, monitor trends in patients with obesity and measure treatment success or failure. *Pediatrics* 2012;130:1-5

For patients in these categories, it is necessary to look more closely at any medical issues their obesity may be causing. Let patients know that you are concerned that their weight may be causing medical issues that need to be addressed. Don't use scare tactics—but don't ignore these issues either.

There are lifestyle interventions and medical and surgical options that the patient should be aware of. Offer a follow up visit to evaluate any medical issues and discuss treatment options.

Use treatment stages as a guide. Keep in mind that not every patient is ready to make changes. Use frequent visits over time. Small behavior changes can have profound effects on health, and they are usually more sustainable than large changes. See the *Pediatric Obesity Clinical Decision Support Chart*.

Obesity is a complicated disease with many etiologies. There are many promising interventions that can help. If you would like training on assessing or managing pediatric obesity, please contact us at: [info@letsgo.org](mailto:info@letsgo.org).