



## PROCEDURE

### Body Mass Index assessment

<b>Scope (Staff):</b>	Community health staff
<b>Scope (Area):</b>	CAHS-CH, WACHS

#### Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

**This document should be read in conjunction with this [disclaimer](#)**

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## Aim

To identify clients with a Body Mass Index (BMI) outside of the recommended cut-off-points and to support nurses to provide families with guidance for making positive lifestyle changes and/or provide referral when required.

## Risk

Failure to identify clients who are outside of the recommended cut-off-points for BMI for their age and sex increases the risk of unhealthy weight status in future.<sup>1, 2</sup> Being outside of the recommended BMI cut-off-points can increase the risk of short and long term health consequences, and may increase the burden of disease and associated health care costs.

## Background

Universal growth monitoring of children at key milestones facilitates early identification of growth concerns and provides opportunity for early intervention to support families to achieve and maintain healthy lifestyles for their children.<sup>3-8</sup>

International guidelines recommend the use of BMI assessment for children two years and older plotted on BMI-for-Age Percentile charts (for boys or girls) as a screening tool to identify children who may be outside the healthy weight range.<sup>3-8</sup>

BMI is a score calculated as the ratio of an individual's weight in kilograms to height in metres squared ( $\text{kg/m}^2$ ).<sup>9</sup> The use of BMI as an indirect measurement of excess adiposity has limitations. For example:

- It does not measure the distribution of fat in the body
- It does not discriminate between adiposity and high muscularity or perform well at the extreme measures of height
- It does not account for ethnic and racial differences in adiposity<sup>10</sup>

BMI alone is not diagnostic of excess adiposity, however it is convenient and effective in screening for cases where further lifestyle assessment, monitoring and/or additional medical assessments may be required.<sup>8, 11</sup>

In children, the BMI score is adjusted for age and sex assigned at birth (sex) on BMI percentile charts, in order to account for growth and body fat changes that occur as part of normal development.<sup>8</sup>

Infants and young children have a relatively higher proportion of fat as a normal component of growth.<sup>12</sup> During middle childhood BMI falls as children become relatively leaner, and then increases as puberty and body composition approaches that of adulthood.<sup>12</sup> BMI-for-Age percentile charts reflect these normal, predicted changes of BMI throughout childhood.<sup>8</sup>

The early identification of deviations to BMI in childhood can improve long-term physical and psychosocial health outcomes.<sup>13, 14</sup> The sooner that a growth concern is detected in young children, the more likely a sustainable change can be made to support future healthy growth.<sup>7, 15, 16</sup>

The role of the Community Health Nurse (nurse) in BMI assessment is not to 'diagnose' weight status but to identify individuals who may require further lifestyle assessment, provide brief healthy lifestyle intervention and to support families of children with a higher risk to seek a more comprehensive health assessment and access more intensive support where available.

Growth assessment is most meaningful when serial measurements are collected to enable monitoring over a period of time.<sup>8</sup> As such, BMI assessments are conducted via Universal and Universal Plus checks as follows:

- Universal contact 2 Years
- Universal contact 4 years (School Entry Health Assessment)
- Universal Plus – This could be in response to a concern raised by a parent or teacher. Follow-ups to the SEHA are considered to be a Universal Plus contact.

### Talking with parents/caregivers about their child's growth

It is well recognised that discussing a child's growth with parents/caregivers can be sensitive and difficult for both health care providers and the parent/caregiver.<sup>17</sup>

Parental support and cooperation is essential when addressing deviations to BMI in children.<sup>18</sup> Although parents may be unwilling to engage in conversations or interventions initially, raising the issue may lead to further discussion in the future.<sup>19</sup>

Discussions about growth, particularly where a child's BMI is outside of the recommended cut-off-points, require a family-centred approach that is free from stigma, blame and judgement and which considers the wider familial, societal and environmental context of overweight and obesity.<sup>18</sup> Where children are above the recommended BMI cut-off-points, conversations should focus on growth and health rather than weight.<sup>18</sup>

To support nurses in having conversations with parents/caregivers about growth, *Child growth*, *Talking with parents about children's weight and growth* and *Be Smarter* training packages can be accessed via My Learning.

### Key points

- BMI is a convenient and useful screening tool for growth monitoring which can identify children who may require further assessment or lifestyle intervention/s.
- Community Health Nurses play an essential role in monitoring child growth and identifying deviations outside of recommended BMI trajectories in child and school health settings.
- BMI assessments are to be performed by staff with appropriate training and assessment skills.

- Nurses need to provide a culturally safe service delivery which demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of all clients.
- Community health nurses must follow the organisation's overarching Infection Control policies and perform hand hygiene in accordance with WA Health guidelines at all appropriate stages of the procedure.
- All nurses will refer to the [Nursing and Midwifery Board AHPRA Decision-making framework](#) in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence-based.

## Procedure – Assessment, interpretation & documentation

Steps	Additional Information
<p><b>1. Consent and parent engagement</b></p> <p><b>Universal – 2-year-old check</b></p> <ul style="list-style-type: none"> <li>• Consent for Universal services is implied unless the parent/caregiver or legal guardian is not present</li> </ul> <p><b>School entry health assessment (SEHA)</b></p> <ul style="list-style-type: none"> <li>• Consent for universal BMI assessment as part of SEHA is provided via the returned and signed <i>SEHA Parent Questionnaire</i> (CHS409-1).</li> <li>• If a parent/caregiver marks the <i>SEHA Parent Questionnaire</i> (CHS409-1) in any way that suggests consent for a BMI is not provided, do not undertake a growth assessment.</li> </ul> <p><b>Universal Plus growth assessment</b></p> <p>Consent for Universal Plus contacts is implied if the parent/caregiver is present</p> <p>If a growth concern is identified by a teacher, the nurse will contact the parent to seek consent to conduct an assessment via the <i>Referral to Community Health Nurse</i> (CHS142) form</p> <ul style="list-style-type: none"> <li>• On contacting the parent, determine the following:</li> </ul>	<p>See <a href="#">Consent for services</a></p>

Steps	Additional Information
<ul style="list-style-type: none"> <li>○ Parent awareness that a possible growth issue may be present;</li> <li>○ The beliefs and views on the growth issue, and concerns about the client's growth; and</li> <li>○ Parent 'readiness' for behavioural change.</li> <li>○ Invite parent to attend the appointment and discuss the results.</li> </ul> <ul style="list-style-type: none"> <li>● If parent consent/engagement cannot be achieved for Universal Plus growth assessment, offer follow-up within 12 months. Depending on level of concern, discuss with Principal and line manager.</li> </ul>	
<p><b>3. Preparing for BMI assessment</b></p> <ul style="list-style-type: none"> <li>● Ensure that the stadiometer is correctly assembled according to manufacturer's instructions.</li> <li>● Ensure that the weighing scales are placed on a firm level surface with the indicator/switch on 'weight'. Follow manufacturer's guidelines if using the scales on carpet.</li> </ul>	<p>When conducting growth assessments staff should ensure privacy and confidentiality is maintained.</p> <p>Use of a laminated template showing an outline of two feet may help orient the client to where to stand for the weight and height measurement.</p> <p>Take care when disassembling the stadiometer to prevent strain on the wrists.</p>
<p><b>4. Measure height</b></p> <p>Refer to <a href="#">Height assessment 2 years and over</a> procedure to measure the client's height.</p>	<p>Accuracy of height measurement is critical given the value is squared in the BMI calculation.</p>
<p><b>5. Measure weight</b></p> <p>Refer to the <a href="#">Weight assessment 2 years and over</a> procedure.</p>	<p>If the client declines to remove items of clothing, the weight is still measured but the refusal and items worn noted on the results.</p>
<p><b>6. Determine BMI for age percentile</b></p> <ul style="list-style-type: none"> <li>● Calculate BMI score.</li> </ul>	<p>When an electronic patient record system is not available, the online <a href="#">CDC BMI and percentile calculator</a> may be</p>

Steps	Additional Information										
<ul style="list-style-type: none"> <li>Where available, electronic record keeping systems will generate a BMI score and percentile automatically when the client's weight and height are entered.</li> </ul> <p>Manual BMI calculation can be made on a standard calculator:</p> $BMI = Weight (kg) \div [Height (m)]^2$ <p>Example follows:</p> <p>Weight 18.2 kg Height 1.083 m</p> $BMI = 18.2 \div [1.083]^2$ $BMI = 18.2 \div (1.083 \times 1.083)$ $BMI = 18.2 \div 1.172$ $BMI = 15.52 \text{ kg/m}^2$	<p>used to generate a client's BMI value and BMI percentile.</p> <p>Measurements of the growth assessment and/or BMI percentile should not be shared with the client.</p>										
<p><b>Interpret results</b></p> <ul style="list-style-type: none"> <li>Use CDC BMI cut-off-points.<sup>3-8</sup></li> </ul> <table border="1" data-bbox="165 1104 761 1561"> <thead> <tr> <th>BMI Indicator</th><th>Percentile range</th></tr> </thead> <tbody> <tr> <td>Underweight</td><td>&lt; 5<sup>th</sup> percentile</td></tr> <tr> <td>Healthy weight</td><td>5<sup>th</sup> to &lt; 85<sup>th</sup> percentile</td></tr> <tr> <td>Overweight</td><td>85<sup>th</sup> to &lt; 95<sup>th</sup> percentile</td></tr> <tr> <td>Obese</td><td>≥ 95<sup>th</sup> percentile</td></tr> </tbody> </table>	BMI Indicator	Percentile range	Underweight	< 5 <sup>th</sup> percentile	Healthy weight	5 <sup>th</sup> to < 85 <sup>th</sup> percentile	Overweight	85 <sup>th</sup> to < 95 <sup>th</sup> percentile	Obese	≥ 95 <sup>th</sup> percentile	<p>BMI is a screening tool and is not diagnostic, however it contributes to the overall clinical impression.</p> <p>If BMI Indicator is outside of recommended cut-off-points, review any previous growth measurements available to identify any deviations or to confirm appropriate growth tracking.</p>
BMI Indicator	Percentile range										
Underweight	< 5 <sup>th</sup> percentile										
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Obese	≥ 95 <sup>th</sup> percentile										
<p><b>7. Documentation</b></p> <p>Community health nurses will document relevant findings according to CAHS-CH and WACHS processes.</p>	<p>Document physical features, heavy clothing or cultural dress that may have interfered with the accuracy of the measurement.</p>										

Steps	Additional Information
<p><b>Universal contact – 2 years</b></p> <ul style="list-style-type: none"> <li>Document growth measurements and interpret growth trajectories using: <ul style="list-style-type: none"> <li>Electronic records. Use hard copy growth charts where electronic systems are unavailable.</li> </ul> </li> </ul> <p><b>Universal (SEHA) documentation:</b></p> <ul style="list-style-type: none"> <li>Record height, weight, BMI, BMI percentile and 'BMI indicator' category on <i>SEHA results for Parent</i> (CHS409-6A) and <i>SEHA results for Staff</i> (CHS409-2)</li> </ul> <p><b>Universal Plus assessment documentation:</b></p> <ul style="list-style-type: none"> <li>Note assessment and height and weight (check if needed) in electronic record and/or progress notes.</li> <li>In the school setting, use <i>Body Mass Index Girls/Boys</i> (CHS430 A/B) to plot initial and subsequent BMI measures. Attach to <i>Referral to Community Health Nurse</i> (CHS142) if appropriate.</li> </ul>	<p><i>Body Mass Index (CHS430 A/B)</i> is completed in the following circumstances:</p> <ul style="list-style-type: none"> <li>Following a Universal Plus BMI assessment</li> <li>When a referral is initiated attach <i>Body Mass Index Girls/Boys (CHS430A/B)</i> to <i>Clinical Handover/Referral</i> (CHS663)</li> <li>At any time during parent communication where the nurse believes the plotted chart will assist the parents understanding of the BMI result and facilitate parent engagement.</li> </ul>

## Care Planning & follow-up

Steps	Additional Information
<p><b>Care planning - BMI is between the 5<sup>th</sup> and 85<sup>th</sup> centiles</b></p> <ul style="list-style-type: none"> <li>No action is required</li> </ul>	<p>Provide the parent/caregiver with:</p> <ul style="list-style-type: none"> <li><i>Tips to support healthy choices (2-5 years)</i> (CAH-000994 for Universal contact – 2 years or CHS409-8 for SEHA)</li> </ul>



Steps	Additional Information
<ul style="list-style-type: none"> <li>Nurses can reinforce positive lifestyle behaviours where applicable.</li> <li>Nurses should use clinical judgement where a BMI is on the cusp of two categories.</li> </ul>	<ul style="list-style-type: none"> <li><i>Keeping children healthy (5-12 years)</i> (CAH-001025)</li> </ul>
<p><b>Care planning - BMI is under the 5<sup>th</sup> centile</b></p> <p>Review previous growth assessment measurements if available.</p> <ul style="list-style-type: none"> <li>If there is a growth concern with serial measurements showing unexpected changes in growth trajectories see the <a href="#">Growth – static or downward trajectory</a> for further actions</li> <li>If there is no growth concern:             <ul style="list-style-type: none"> <li>Explore parent's perception of their child's growth and/or whether they have concerns.</li> <li>Review the child's eating patterns, food and drink selection, sleep and physical and sedentary activity patterns (lifestyle review).</li> <li>Reinforce healthy nutrition, physical activity, screen time and sleep practices</li> <li>Support the parent/caregiver to plan healthy changes for their child if indicated.</li> </ul> </li> </ul>	<p><b>Growth concern:</b></p> <p>This situation may require additional assessments and/or referral as per - the CAHS-CH <a href="#">Growth – static or downward trajectory</a></p> <p><b>No growth concern:</b></p> <p>Use the content of the following to facilitate a brief intervention:</p> <ul style="list-style-type: none"> <li>A5 booklet Tips to support healthy choices (2-5 years) (CHS409-8)</li> <li>Keeping children healthy (5-12 years) (CAH-001025) parent handout.</li> </ul>
<p><b>Care planning - BMI is between the 85<sup>th</sup> and the 95<sup>th</sup> percentiles</b></p> <ul style="list-style-type: none"> <li>Review previous growth assessment measurements (if part of the SEHA include 2-year-old BMI results if available)</li> <li>Explore parent's perception of their child's growth</li> <li>Inform the parent that the child's BMI is outside of the recommended cutoff-</li> </ul>	<p>See <a href="#">Appendix 3: Responding according to parent engagement</a></p> <p>For SEHA, record the intervention offered and the outcome under the 'Weight &amp; Height' screen on CDIS</p> <p>Lifestyle factors and family background are other important factors when considering the intervention</p>



Steps	Additional Information
<p>points Inform the parent that the BMI is <u>not diagnostic</u> but based on their child's results, their child's growth may be outside the healthy range expected for their age and sex.</p> <p><b>For 2-year-old check, offer a Universal Plus contact and a brief intervention</b></p> <ul style="list-style-type: none"> <li>• Develop <i>My care plan</i> (CHS825) in partnership with the parent/caregiver</li> <li>• Review the child's eating patterns, food and drink selection, sleep and physical and sedentary activity patterns (lifestyle review).</li> <li>• Reinforce healthy nutrition, physical activity, screen time and sleep practices</li> <li>• Support the parent to plan healthy changes for their child if indicated</li> </ul> <p><b>For SEHA:</b></p> <p>If the parent/caregiver is present for SEHA:</p> <ul style="list-style-type: none"> <li>• If nurse capacity allows, offer a face-to-face <i>Be Smarter</i> intervention on the day of the assessment, or as a Universal Plus appointment at a later date</li> </ul> <p>If the parent/caregiver is not present for SEHA:</p> <ul style="list-style-type: none"> <li>• Call the parent/caregiver and offer a face-to-face <i>Be Smarter</i> appointment that day <ul style="list-style-type: none"> <li>○ If the parent/caregiver is interested but unable to meet that day, offer a future appointment and send the SEHA results home</li> <li>○ If parent declines face-to-face <i>Be Smarter</i> consultation, nurses can offer a phone-based brief intervention based using the <i>Tips</i></li> </ul> </li> </ul>	<p>Recommendations for supplementary support and actions taken should be clearly documented in progress notes.</p>

Steps	Additional Information
<p><i>to Support Healthy Choices (2-5 years)</i></p> <p><b>For a Universal Plus contact in school setting:</b></p> <p>Conduct a holistic assessment.</p> <p>Families can be offered:</p> <ul style="list-style-type: none"> <li>• A Be Smarter brief intervention delivered via as a face-to-face contact.</li> <li>• Consider whether a GP referral is required</li> <li>• Consider <a href="#">Supplementary support options</a></li> </ul>	
<p><b><u>BMI is</u></b> &gt;95<sup>th</sup> percentile</p> <p>Conduct a holistic assessment.</p> <p>Families can be offered nurse-led interventions as per the 85<sup>th</sup> and 95<sup>th</sup> percentile <b>AND</b></p> <ul style="list-style-type: none"> <li>• A referral to their GP <ul style="list-style-type: none"> <li>○ Send <i>Clinical handover/referral</i> (CHS 663) and <i>Body Mass Index A/B</i> (CHS 430A/B) to the GP via encrypted email</li> <li>○ Provide the parent/caregiver with <i>Clinical handover/referral</i> (CHS 663) and <i>Body Mass Index A/B</i> (CHS 430A or B) if they do not identify a usual GP</li> </ul> </li> <li>• Consider referral to the PCH Healthy Weight Program via medical practitioner If obesity is <math>\geq 99^{\text{th}}</math> Percentile or co-morbidities are present</li> <li>• Consider referral to a dietitian (WACHS only)</li> <li>• Consider supplementary support options</li> </ul>	<p>See the <a href="#">Be Smarter facilitator guide</a></p> <p>For SEHA, record the intervention offered and the outcome under the 'Weight &amp; Height' screen on CDIS</p> <p>Recommendations for supplementary support and actions taken should be clearly documented in progress notes.</p>

Steps	Additional Information
<p><b><i>Reinforce that the aim is for the child to grow into their weight (as they grow taller) and not for reduction in weight.</i></b></p>	
<p><b>Review and follow up</b></p> <p>Where agreed to with families, follow-up phone contact is recommended after 3 months for clients who are &gt;95th percentile and within 12 months for clients between the 85th and 95th percentiles.</p> <ul style="list-style-type: none"> <li>• Make phone contact to enquire on progress of family lifestyle changes implemented. If initial referral was initiated but not acted upon, offer to re-send referral.</li> </ul> <p>Repeated BMI assessments are not required by nurses.</p> <ul style="list-style-type: none"> <li>• Regular BMI plotting as part of weight management progress should be undertaken under the care of a medical practitioner and/or dietitian. Refer to <a href="#">Supplementary Support Options</a></li> </ul> <p>Where a child's BMI is <math>\geq 99^{\text{th}}</math> percentile and the family has not engaged with an alternative health service provider, this should be discussed with the line manager and/or specialist staff within the PCH Healthy Weight Service.</p> <ul style="list-style-type: none"> <li>• On parent request, a repeat BMI assessment can be provided in 12 months if care has not been undertaken by an alternative health professional.</li> <li>• If parent continues to decline the referral (by choice or access to services), nurse follow-up should consider severity and level of parent engagement in family lifestyle modification.</li> </ul>	<p>See <a href="#">Supplementary support options</a></p> <p>See <a href="#">Guidelines for Protecting Children 2020</a> and <a href="#">Child Protection Unit (CPU)</a> if there are concerns of medical neglect in the context of growth deviations.</p> <p>Nurse follow-up should focus on lifestyle changes within the family context and providing encouragement and support for the family as required.</p> <p>The Child Protection Unit (CPU) and Healthy Weight Management Service located at Perth Children's Hospital (PCH), are available to provide guidance or support for decisions and processes</p>

Steps	Additional Information
<ul style="list-style-type: none"> <li>• If concerns for medical neglect are identified in the context of child obesity, nurses are encouraged to discuss the issue with their manager and/or Clinical Nurse Specialist.</li> <li>• The frequency of follow-up needs to be balanced against the severity of concern, individual needs, parent engagement, staff capacity for support and the family's engagement with other health service providers and/or intervention programs.</li> </ul> <p>Document follow-up outcomes clearly and the timeframe for further follow-up, if required.</p>	

## Supplementary support options

In addition to the GP, support from other supplementary services may be considered.

Suitability of supplementary support services will depend on the growth status of the client and the capacity and preferences of the family. Availability of support services vary across the State. Nurses can consider the following:

- Healthy lifestyle programs or activities according to local availability
- Community leisure and recreation services

## Dietitian

- Public services - Some local health services (hospitals or community health centres) provide dietetic services for children. WACHS staff to refer to *WACHS Clinical Pathway for BMI assessments in 2-5yo and dietetic services*.
- Private services - see the [Dietitians Australia](#) website to locate private dietetic services.

## PCH Healthy Weight Service

- For children and adolescents with evidence of obesity related co-morbidity and/or significant obesity and their families. Note: Medical practitioner referral to the Healthy Weight Service is required. When relevant, consider mentioning PCH Healthy Weight Service on CHS663 when referring a client to a medical practitioner.
  - **Clinical advice for community health nurses:** PCH Healthy Weight Service can provide over the phone clinical advice and guidance to

support community health nurses working with individual cases of concern where no suitable alternative referral options are available.

- Contact the intake coordinator nurse on (08) 6456 1111 and follow the prompts for the Healthy Weight Service (option 4) or email [PCHHealthyWeightService@health.wa.gov.au](mailto:PCHHealthyWeightService@health.wa.gov.au).

## Better Health Programs

- The Better Health Company delivers free, evidence-based healthy lifestyle programs in partnership with WA Department of Health. The programs provide families with weekly support from qualified health professionals, practical resources to support behaviour change at home and interactive sessions. The sessions are offered in local communities as a face-to-face program, or online e-learning modules with weekly personalised health coaching.
  - Activ8 for children aged 2-5 years
  - The Better Health Program for children aged 6-12 years

## Referral options

- Complete the Better Health Program or Activ8 digital referral forms
- Phone 1300 822 953
- Email [info@betterhealthcompany.org](mailto:info@betterhealthcompany.org) or visit <http://www.betterhealthprogram.org/>
- Fax a referral form to 1300 325 301

## Training

Staff are required to complete the Child Growth, Be Smarter and Talking about Healthy Growth eLearning packages as indicated in the CAHS-CH [Practice Framework for Community Health Nurses](#) or the WACHS Practice Framework for Population Health Nurses.

## Documentation

- Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations according to CAHS-CH and WACHS processes.

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Related internal policies, procedures and guidelines
The following documents can be accessed in the CH Clinical Nursing Manual: <a href="#">HealthPoint link</a> or <a href="#">Internet link</a> or for WACHS staff in the <a href="#">WACHS Policy link</a>
Clients of concern management
Engagement procedure
Enhanced child health schedule
Growth birth - 18 years
Growth – static or downward trajectory
Height assessment 2 years and over
Nutrition for children – Birth to 18 years
Overweight and obesity
Universal contact 4 years (School Entry Health Assessment)
WebPAS child at risk alert
Weight assessment 2 years and over

Related external legislation, policies, and guidelines
<a href="#">Guidelines for protecting children 2020</a>

Related internal resources (including related forms)
Body Mass Index Boys (CHS430B)
Body Mass Index Girls (CHS430A)
Clinical handover/referral from Community Health Services (CHS663)
BMI Infographic handout for parents (CAH-001239)
<i>Be Smarter</i> : basics for healthy kids Facilitator Guide



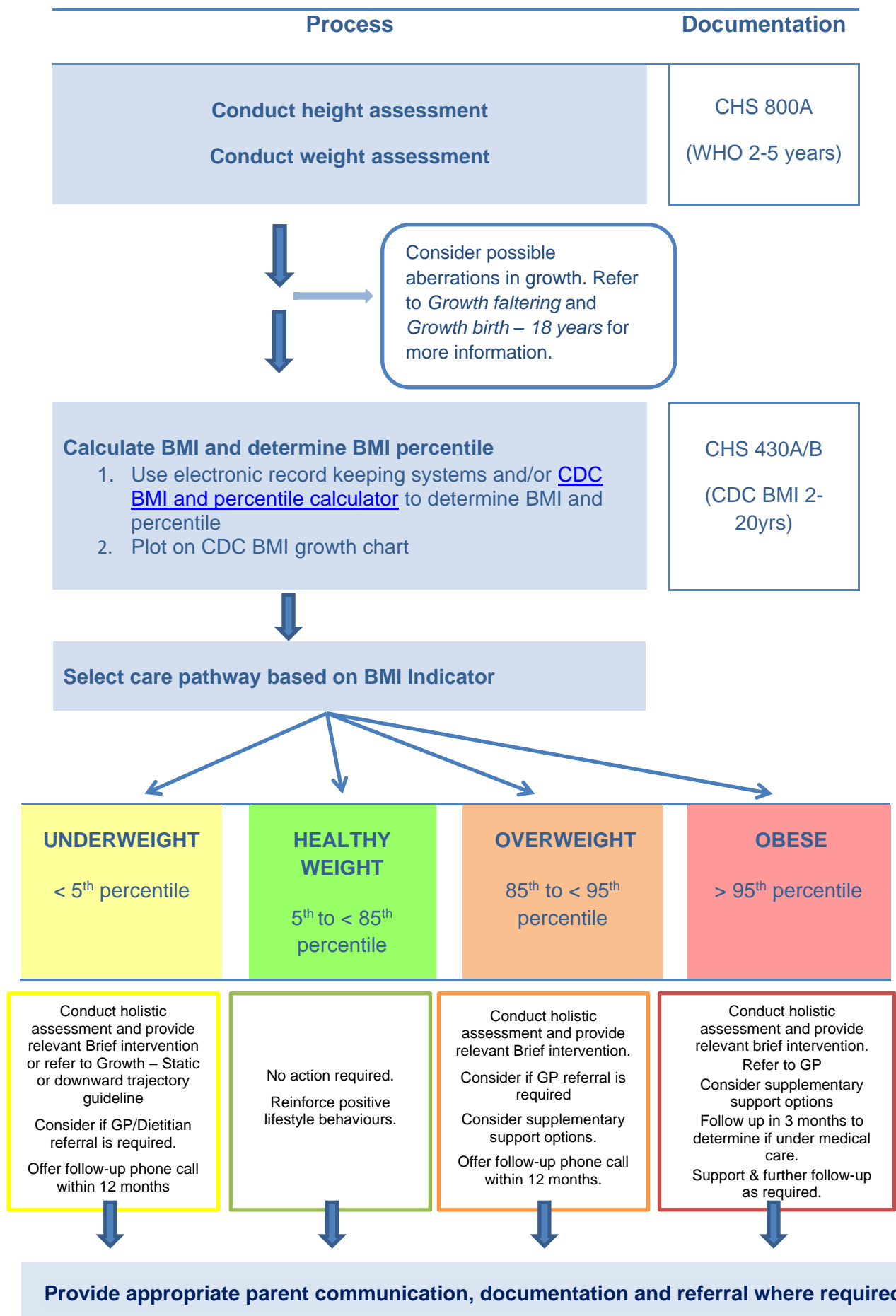
<i>Be Smarter</i> : basics for healthy kids Goal Sheet
Food for Kids
Health Promoting Schools Toolkit
How children develop
Keeping children healthy (5-12 years) <i>CAH001025</i>
Newsletter items
Nutrition resource catalogue
SEHA Results for parents (CHS409-6A)
SEHA Results for staff (CHS409-2)
Talking with parents about children's weight - online training (accessible via CAHS-CH and WACHS online Learning and Development systems)
Tips to support healthy choices (2-5 years) <i>CHS409-8 (A5 Booklet)</i>
Tips to support healthy choices (2-5 years) <i>CAH000994 (A4 folded brochure)</i>

Related external resources (including related forms)
<a href="#">Australia's Physical Activity and Sedentary Behaviour Guidelines</a>
<a href="#">Better Health Program</a>
<a href="#">CDC BMI and Percentile calculator</a> for Children and Adolescents (ensure 'metric' selected)
<a href="#">Centers for Disease Control and Prevention - About BMI for Children and Teens</a>
<a href="#">Make your move- sit less. Be active for life</a>
<a href="#">Nature Play WA</a>
<a href="#">PCH Healthy Weight Service</a> (intranet site) and <a href="#">PCH Healthy Weight Service</a> (internet site)
<a href="#">Raising Children Network</a>

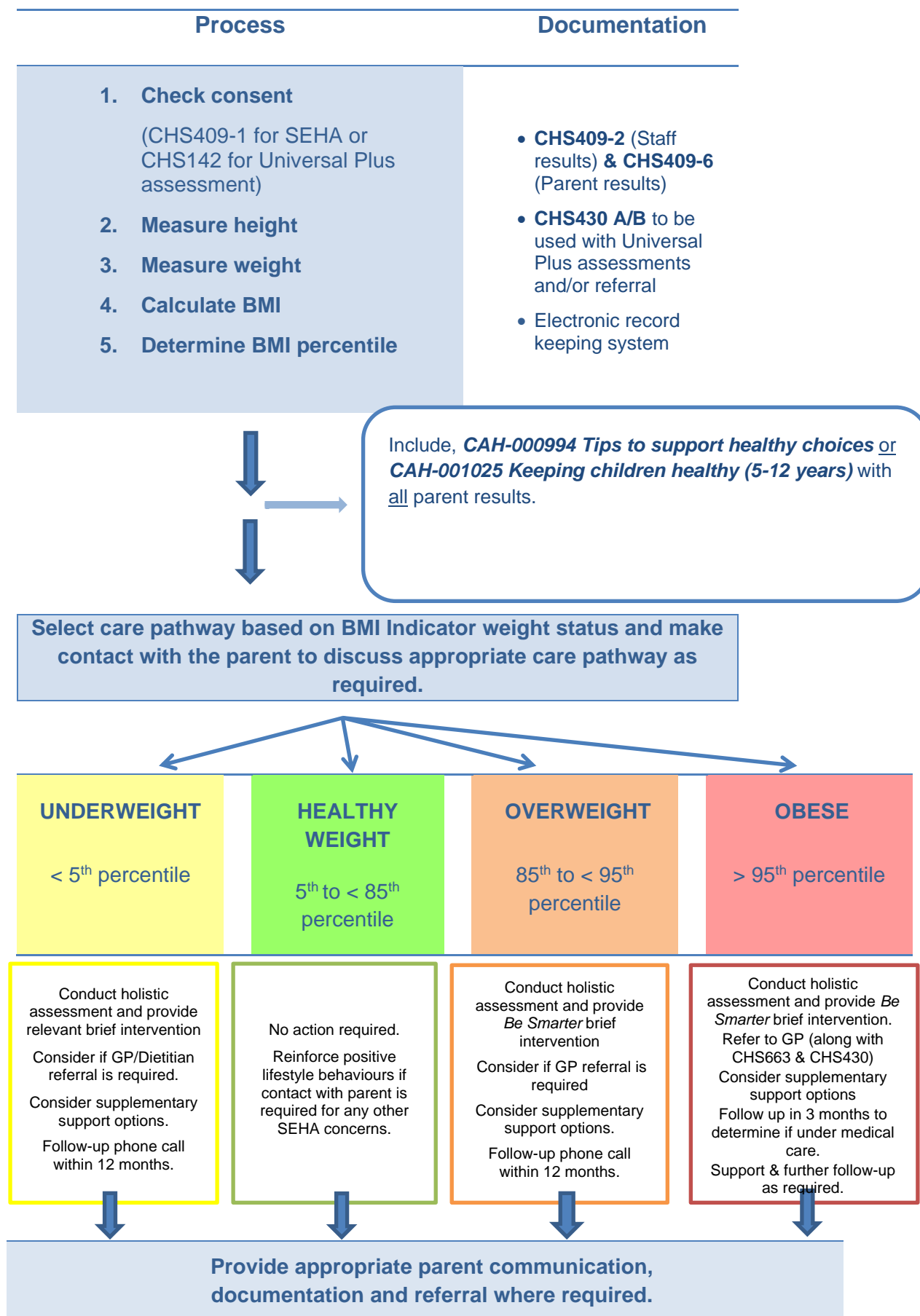
This document can be made available in alternative formats on request.

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<div><div>CompassionExcellenceCollaborationAccountabilityEquityRespect</div><div>Neonatology   Community Health   Mental Health   Perth Children's Hospital</div></div>			

## APPENDIX 1: Growth assessment - child health



## APPENDIX 2: BMI assessment– primary school flow chart



## APPENDIX 3: Responding according to parent engagement

### Responding according to parent engagement

Parent/carer receives advice and (where appropriate) offer of referral **positively**

- Let the family know what the next steps are
- Reassure the family that you are there to help them. Suggest a follow up appointment to monitor the family's progress in reaching identified lifestyle goals and provide help and encouragement

Parent/carer does **not perceive** that their child's BMI is above cut-off-points for their sex, age and height.

- Acknowledge the difficulties in recognising that a child's BMI is above cut-off-points
- Reassure the family that support is available; acknowledge that this is a difficult decision. Explain what the family could expect from you and/or the referral service (where indicated) and re-offer support and referral

Parent/carer is visibly upset or angry and **does not want to engage** in conversation about their child's growth

- Show acceptance of the parent or carer's wishes, reassure them that you are there to help and re-offer your support should they change their mind
- Don't force the issue (but 'leave the door open'). Be reassured that your conversation may have planted a seed that facilitates the family to accept or seek help for the issue in the future.