Islington Healthy Weight Pathway (0 - 2 years old)

Always assess safeguarding concerns, complete a '<u>request</u> for service form' with child protection team **0207 527 7400**

Low/slow weight gain

- Weight below 2nd centile
- Losing weight rapidly (fall of 2 or more centiles)

Some babies are born below the 2nd centile and are still not classified as underweight if steady weight gain is observed.

Average Weight Gain

 Steady weight gain has been observed Tracking within a centile space.

High/Fast Weight gain

- Weight above the 99.6th centile
- Just keep Gaining weight rapidly

Some babies are born on the 98-99.6th centile still not classified as overweight if steady weight gain is observed.

Manage according to need:

Discuss feeding within the limitations of your remit. Refer to Health Visitor for feeding assessment and regular weight review.

For frequency of weight measuring please (See Box 3)

Consider contacting the Infant Feeding Team for further support:

whh-tr.islingtoninfantfeeding specialist@nhs.net

© 020 3316 8441

A child's weight should be checked less frequently the older they get because weight gain might not change as drastically with advice implemented.

Encourage all children to access

Bright Start
services (Box 1)

Manage according to need:

Discuss feeding within the limitations of your remit. Refer to Health Visitor for feeding assessment and regular weight review.

For frequency of weight measuring please (See Box 3)

Consider contacting the Infant Feeding Team for further support:

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A child's weight should be checked less frequently the older they get because weight might not change as drastically with advice implemented.

Next step:

Any ongoing concerns with feeding and weight refer to <u>Dietitian</u>. Refer for Paediatric review for **faltering growth** not resolved by feeding guide and implemented plan.

If there are significant concerns about weight refer to Paediatrican and inform GP of referral If family decline (See Box 2)

Referral to paediatrician:

10-12 Clinic Whittington, if referral not accepted inform GP of concerns. GP to complete referral to Paediatrican.





Box 1: Universal Support

Encourage parents to access Bright Start Services during all mandated contacts.

Families could benefit from attending a Child Health Clinic where the child can be weighed by staff and a consultation can be completed by the health visitor. Frequency specified in Box 3.

To access Stay and Play session to encourage development and movement (indoor and outdoor stay and play available in all 3 localities) See the timetable on the Bright Start webpage (link to **Bright Start Services**).

Useful activities for parents could include: Starting Solid Foods, Family Kitchen First Steps, parenting programmes. Breastfeeding support drop ins, New Parent Group, Starting Solid Foods, and the rest of it Under I's may benefit from attending an Under I's Stay and Play.

Box 2: Family Decline Referral or help

Flagged by Health Visiting Team to raise issue again in 3-6 months or at mandated contacts.

Document and plot weight/measurements in Personal Child Health Record.

It is important to document advice and interventions given in their progress notes.

Remember to contact families again please use RIO or respective electronic system/paper diary to put family in your diary for future contact.

Box 3: How often should children under 2 years old be weighed?

After the first 2 weeks, most babies should be weighed

- no more than once a month up to 6 months of age
- no more than once every 2 months from 6 to 12 months of age
- no more than once every 3 months over the age of 1

Babies/children will usually only be weighed more often than this if there are concerns about their health or growth.

Head Circumference, Length or height should be measured:

- Whenever there are any worries about a child's weight gain, growth or general health
- If the weight is below the 0.4th centile
- If there is very rapid weight gain
- If the weight is above the 99.6th centile

Compare if these are similar centiles or not to identify any abnormalities.

Risk factors and complex needs associated with obesity

Obesity is complex and is driven by multiple and interacting behavioural, social and environmental factors. The biggest risk factors include unhealthy diet, poverty, lack of physical activity, family health and behaviour, access to food outlets and spaces for active play and exercise (**UK Parliament**).

Childhood obesity is one of the biggest public health issues facing the UK. Obesity increases the risk of developing a range of health conditions in childhood and later life, including: heart disease; stroke; high blood pressure; diabetes and some cancers. Obese children are much more likely to be obese adults, which may lead to significant health risks (RCPCH Healthy Weight).

Parent: Where there are concerns with parental mental health please refer to <u>Islington's PNMH</u> <u>pathway</u> for further information on assessment and intervention – Where to refer to <u>iCope</u>, Parent and baby psychology (Referral Paper Form), <u>Maya Centre</u>

Parental weight – adult weight management More Life



