

**Further information for the Standing Committee on Social Issues
Inquiry into Childhood Overweight and Obesity**

**Response to a Question on Notice provided by Prof Louise Baur and A/Prof Alison Hayes,
University of Sydney
10th October 2016**

Question on notice:

“That picks up our conversation with the last witnesses about time-poor parents and the cost of living in Sydney requires two parents now to work to pay the mortgage. The Victorian early childhood centres—you obviously have a national focus, not just New South Wales—how do they work and what is the success of them, and maybe you can give us some information, on notice, about the Victorian model? Are they more successful in reducing early childhood obesity?”

Response:

Victoria's Maternal and Child Health (MCH) service provides a free universal primary care service to all families with children from birth to school age. Evidence suggests 96% of first time parents attend the service (Goldfeld et al 2003). The service is provided in partnership with local and state government and aims to provide a comprehensive approach for the promotion, prevention and early detection of physical, emotional and social issues both in the child and the broader family unit. The service provides 10 key ages and stages visits with the MCH nurse, the first shortly after birth is a home visit and the remaining nine visits involve parents attending their local MCH clinic. Clinic visits are scheduled at 2, 4, 8 weeks, 4, 8, 12, 18 months, 2 and 3.5 years of age. At all visits infants/children are weighed and have their length/height and head circumference measured by the nurse.

The focus of each visit is detailed here:

<http://www.education.vic.gov.au/childhood/parents/mch/Pages/visits.aspx>

Outside of these key visits, MCH nurses or parents may schedule additional visits where there are concerns e.g. for additional monitoring of growth. Parents can also access their MCH nurse by phone during clinic hours or can access the 24 hour MCH line to speak to a MCH nurse outside of clinic hours. The other key function of the MCH nurse is to organise first time parent groups for families attending the clinic who have recently had their first child. These groups, facilitated by the MCH nurse for 6-8 weekly sessions, bring together new parents within the community and have been shown to be attended by approximately 2/3 of new parents and to continue beyond the nurse facilitation, with 2/3 of groups continuing to 18 months of age, some much longer.

There is no solid evidence as yet to suggest that the Victorian system is more successful than NSW in reducing childhood obesity. However, the InFANT (Infant Feeding And Nutrition Trial) provides some insight.

The Melbourne InFANT Program was an early childhood obesity prevention program that worked through the MCH service to recruit families into the intervention via the first time parent groups. The high recruitment (87%) and retention (>80% to 5 years) levels achieved in this study speak to the engagement of parents which is likely to have been enhanced by the use of existing social groups. While the Melbourne InFANT Program showed positive impacts on some obesity-preventive behaviours (e.g. improved diet and decreased screen time), it did not show an impact on weight outcomes (Campbell et al, 2013).

When data from this study were combined with that of three other Australasian early childhood obesity prevention programs it was found that the two programs that operated in areas with a high level of background universal early childhood care (like the Victorian model) were less effective than the two programs operating in states with low levels of universal care (like NSW). This is likely due to the positive impact to which children in these areas were already exposed by the universal services.

Please note that the results from this combined analysis have only been presented in abstract form (Askie et al, 2014) and are not yet fully published, although are likely to be published in 2017. However, the protocol for the combined analysis study is available (Askie et al, 2010).

References:

- Askie LM, Baur LA, Campbell K, et al for the EPOCH Collaboration. Study protocol: The Early Prevention of Obesity in Children (EPOCH) Collaboration - an Individual Patient Data prospective meta-analysis. BMC Public Health 2010; 10:728. Available at: <http://www.biomedcentral.com/1471-2458/10/728>
- Askie LM, Martin A, Campbell K, et al for the EPOCH Collaboration. The Early Prevention of Obesity in Children (EPOCH) Collaboration - results of an Individual Participant Data Prospective Meta-Analysis. ANZ Obesity Society Annual Conference, October 2014; Sydney, Australia,.
- Campbell KJ, Lioret S, McNaughton SA et al. A parent-focused intervention to reduce infant obesity risk behaviors: a randomised trial. Pediatrics 2013; 131:652-660.
- Goldfeld SR, Wright M, Oberklaid F. Parents, infants and health care: utilization of health services in the first 12 months of life. J Paediatr Child Health 2003, 39:249-253
- Scott D, Brady S, Glynn P. New mother groups as a social network intervention: consumer and maternal and child health nurse perspectives. Aust J Adv Nurs 2001, 18:23-29.