

# Healthy Change



Dr Harriette Carr  
Ministry of Health



# Healthy Change

---



Childhood Obesity Plan



Healthy Families New Zealand



Active Movement



NRVs



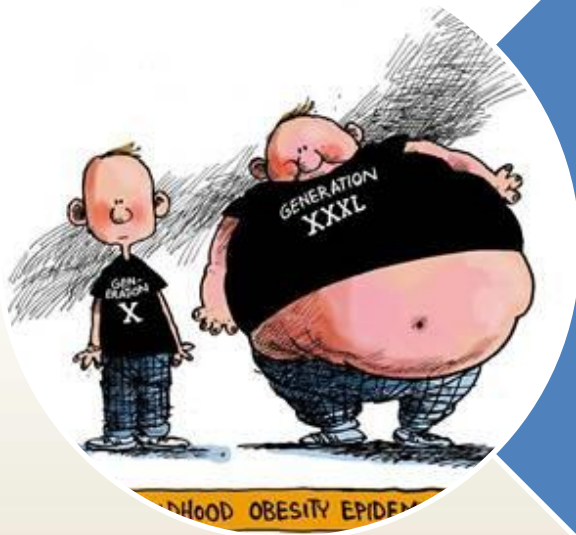
Guidance for Healthy Weight Gain in Pregnancy



Eating and Activity Guidelines

---

## A question to ponder.....



If you could do three things at a national level to address childhood obesity, what would they be?

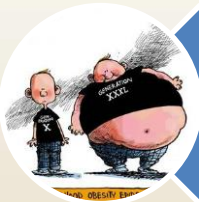
# Childhood Obesity



Minister's priority



Ending Childhood Obesity Report  
for Consultation



The statistics....

# Why childhood obesity is a priority

**1 out of 9** (83,000) children are obese (BMI  $\geq 30$ ),  
with a further 2 (163,000) overweight (BMI 25-29)



**5%** of children  
(35,000) are  
extremely obese  
(BMI  $\geq 35$ )

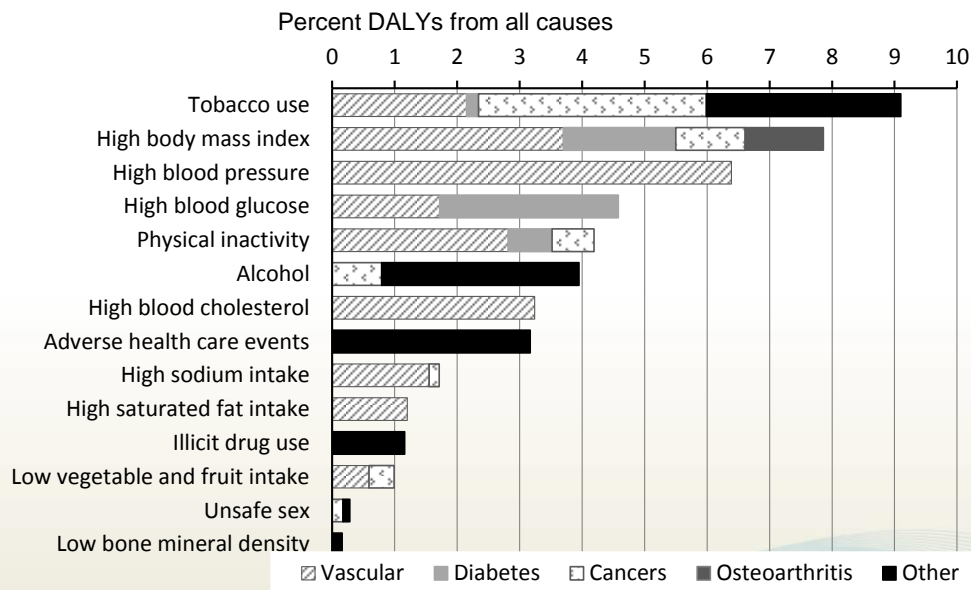


**Over half** of  
parents of obese  
children do not  
perceive their child  
to be overweight





## Attributable burden\* (percentage of DALYs) for selected risk factors, 2006



Source: Health Loss in New Zealand study by the Ministry of Health (2013).

\*Note: Attributable burdens are not additive across risk factors.

## What we know about obesity

**3 out of 10** (1,061,000) adults are obese (BMI  $\geq 30$ ),  
with a further 3 (1,234,000) overweight (BMI 25-29)



High BMI is projected to overtake tobacco as the leading risk factor cause of health loss by 2016

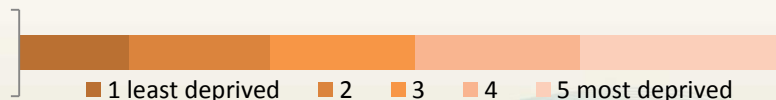


The graphs on the right show the estimated population numbers that are obese (BMI  $\geq 30$ )  
*\*data not yet published*

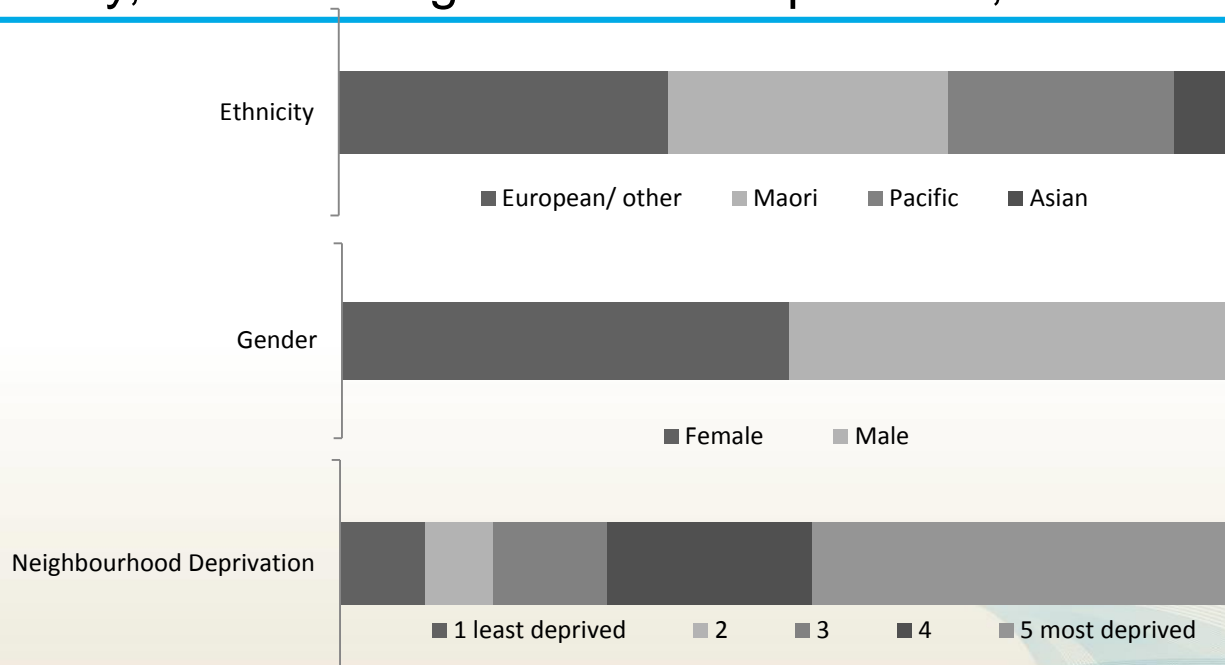
Gender



Social Deprivation



## Socio-demographic characteristics of obese children aged 2-17 years by ethnicity, sex and neighbourhood deprivation, 2013/14





# Childhood Obesity Technical Advisory Group

---

Pat Tuohy (Ministry Chair)

Boyd Swinburn

Cliona Ni Mhurchu

Ihi Heke

Leslie McCowan

Lynne Lane

Maea Hohepa

Mafi Funaki-Tahifote

Scott Duncan

Wayne Cutfield

# Childhood Obesity – next steps



Industry Forum



High-level advice to Minister mid-year



Further work and consultation



Link with Healthy Families NZ

# Healthy Families NZ



Aims to improve people's lives where they live, learn, work and play in order to prevent chronic disease



10 locations across NZ with a population reach of 900,000+



\$10M annually, with 80% for dedicated prevention workforce and 20% to seed sustainable large scale change



Whole of community approach to embed healthy change across education settings, workplaces, marae, sports clubs and other community settings



Leadership for Prevention - strong focus on enabling local leadership across multiple settings and sectors

# Active Movement for Under 5s



Advice on physical activity and fundamental movement skills for under 5s



Developed 2005



Scoping work to review evidence – including sedentary behaviour and sleep



Will include seeking stakeholder feedback on current available resources



Based on scoping report – advice and resources may be updated



Scoping project likely to be complete early 2016.



# Nutrient Reference Values

---



Commonwealth Dept of Health (Australia) and NZ Ministry of Health



Developed and now trialling a new methodological framework



First nutrients (from list of priorities determined by scoping project): Fluoride, Iodine, Sodium



Public consultation on the first 3 nutrients planned for mid-2015

---

# Guidance for Healthy Weight Gain in Pregnancy

## Healthy Weight Gain in Pregnancy

### LMC Quick Reference Guide

As Lead Maternity Carers have the most in-depth and consistent contact with a woman during her pregnancy they play a pivotal role in supporting healthy weight gain.

#### 1. Calculate BMI

- BMI must be calculated from a **measured** height and a **measured** weight.
- This is important as women tend to underestimate their weight and overestimate their height.
- BMI should be calculated from a pre-pregnancy weight, or an early pregnancy weight (ideally <10 weeks gestation).
- BMI is calculated as  $BMI = \text{Weight (kg)} / \text{Height}^2 (\text{m}^2)$  **note** Height is the same as height (m) x height (m).

Reference Institute of Medicine Weight Gain During Pregnancy Revising the Guidelines Washington DC 2009

#### 2. Inform women of their recommended weight gain

Match BMI in the table below to establish recommended weight gain.

BMI	Recommended weight gain (kg)
Underweight	13-18
Healthy weight	11-16
Overweight	7-11
Obese	5-8

Reference Institute of Medicine Weight Gain During Pregnancy Revising the Guidelines Washington DC 2009

#### 3. Examples of healthy weight gain tips that you could discuss with pregnant women

- Pregnancy is not about eating for two! In the first 12 weeks of pregnancy you can eat the same amount as you usually would. It is important you eat nutritious food.
- After the 12th week, and if you are a healthy weight, the extra food you need each day is about the same as a wholegrain peanut butter sandwich and a banana. If you are overweight or obese, the extra food you need is the same as one slice of wholegrain bread or two apples.
- Drink water rather than sweetened drinks, fizzy drinks or fruit juices.
- Drink low-fat (even green) or calcium-enriched (yellow) or light blue top milk instead of full-fat (blue or silver top) milk.
- Eat wholegrain bread instead of white bread.
- Eat a healthy breakfast every day such as wheat biscuits or porridge with low-fat milk or two slices of wholegrain toast.
- Have at least four servings of vegetables and two servings of fruit every day. Buy vegetables and fruits that are in season, or buy frozen vegetables to help reduce cost, waste and preparation time.
- Prepare and eat meals at home. Have takeaways no more than once a week.
- Choose healthy snacks such as unsweetened low-fat yogurt, fruit, cheese and crackers, a small bowl of cereal, home-made popcorn or a small wholegrain sandwich.
- Aim to do at least 30 minutes of moderate intensity activity five or more days a week, for example, brisk walking or swimming (or as advised by your doctor, midwife or physiotherapist).

#### 4. Ensure correct supplementation

- Folic acid 800 mcg sublingual tablet per day until the end of the 12th week of pregnancy.
- Iodine 150 mcg sublingual tablet per day while pregnant and breastfeeding.

#### 5. Tracking weight gain

- A woman should aim to weigh herself every four weeks, ideally on the same set of scales each time as each set of scales can be different. If they don't have scales you should offer to weigh them.
- If weight gain is too high or too low, firstly discuss possible reasons for this, and offer healthy weight gain tips if appropriate. If required, consider referral to a dietitian.

##### Rate of weight gain

- 0.5-2 kg is the average weight gain in the first trimester

BMI	Average rate of gain: 2nd and 3rd trimester (kg/week)
Underweight	0.5
Normal weight	0.4
Overweight	0.3
Obese	0.2

Reference Institute of Medicine Weight Gain During Pregnancy Revising the Guidelines Washington DC 2009

The Ministry of Health acknowledges the work of Emma Jeffs (Dietitian) and Canterbury CHS in producing this material.



## Guidance for Healthy Weight Gain in Pregnancy

2014



## Healthy Weight Gain in Pregnancy

Gaining the right amount of weight during your pregnancy is one of the most important things you can do to support your health and the health of your baby.

Your pre-pregnancy/early pregnancy weight  kg Your BMI is

It is recommended you gain between  kg to  kg in your pregnancy

This means you will ideally weigh between  kg and  kg at the end of your pregnancy

Track your weight gain on this table:

Week	Weight

Aim to weigh yourself every four weeks. Ideally, you should weigh yourself on the same set of scales each time as each set of scales can be different. If you don't have scales, ask your midwife to weigh you. It is important you talk to your midwife about your weight gain throughout pregnancy.

The Ministry of Health acknowledges the work of Emma Jeffs (Dietitian) and Canterbury CHS in producing this material.



# Issue



Optimal weight gain during pregnancy is associated with improved outcomes for both the mother and the baby regardless of the mother's pre-pregnancy weight.



NZ Survey of pregnant women (Hooker 2013): Over 2/3 of pregnant women incorrectly identified appropriate weight gain for pregnancy. Overweight and obese women were significantly more likely to overestimate appropriate weight gain.



An estimated one third of women of normal weight and 60 percent of obese women gain more than recommended during pregnancy.

# Results



Adoption of Institute of Medicine's 2009 advice for total and rate of weight gain during pregnancy



Agreement amongst agencies of key messages



Consensus on approach to measuring weight gain in pregnancy



Emphasise importance of attaining a healthy weight pre pregnancy and postpartum, and linking with the Weight Management Guidelines for Adults



Identification of resources developed by Canterbury DHB that could be adapted for use nationally

## Key messages



Where possible, women who are obese should be supported to lose weight prior to becoming pregnant



The amount of weight that a woman gains during pregnancy can affect both her health and the current and future health of her child



Healthy eating is especially important during pregnancy and supports optimal foetal growth



Physical activity together with good nutrition can contribute to healthy weight gain during pregnancy

## Key practice points



Pre-pregnancy: Height and weight measured and documented as part of routine clinical practice, and advice given consistent with the Weight Management Guidelines for Adults



During pregnancy: All women should have height and weight measured at booking visit. LMC should discuss with the woman the importance of gaining the right amount of weight during pregnancy with appropriate eating and activity advice, and identifying how the woman can monitor her weight gain



Postpartum: Encourage healthy eating, physical activity and breastfeeding as ways to support a return to pre-pregnancy weight, or a healthy weight.

Mary BRIGGS (2123 45670 1) Pre-pregnancy BMI: 19.93 (kg/m<sup>2</sup>)

 View  
 Print  
 Exit

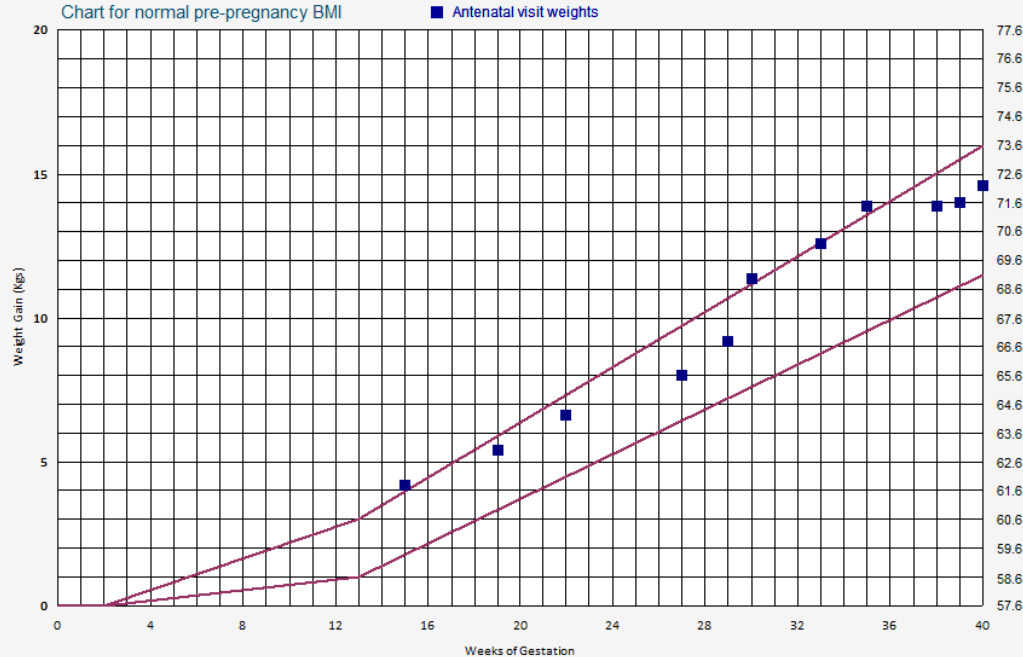
Pre-pregnancy BMI category	kg/m <sup>2</sup>	Recommended total weight gain (kg)	Recommended rate of weight gain (kg/week)
Under weight	< 18.5	12.5 - 18	0.51 (0.44 - 0.58)
<b>Normal</b>	<b>18.5 - 24.9</b>	<b>11.5 - 16</b>	<b>0.42 (0.35 - 0.50)</b>
Over weight	25 - 29.9	7 - 11.5	0.28 (0.23 - 0.33)
Obese	> 30	5 - 9	0.22 (0.17 - 0.27)

Pre-pregnancy weight 57.6 kg

Most recent antenatal weight 72.2 kg

Weight gain to date 14.6 kg

Source: Institute of Medicine's guidelines for weight gain during pregnancy (2009)



# Healthy Weight Gain in Pregnancy

Gaining the right amount of weight during your pregnancy is one of the most important things you can do to support your health and the health of your baby.

Your pre-pregnancy/early pregnancy weight  kg

Your BMI is

It is recommended you gain between  kg to  kg in your pregnancy

This means you will ideally weigh between  kg and  kg at the end of your pregnancy

Track your weight gain on this table:

Week	Weight
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Aim to weigh yourself every four weeks. Ideally, you should weigh yourself on the same set of scales each time as each set of scales can be different. If you don't have scales, ask your midwife to weigh you.

It is important you talk to your midwife about your weight gain throughout pregnancy.

The Ministry of Health acknowledges the work of Emma Jeffs (Dietitian) and Canterbury DHB in producing this material.



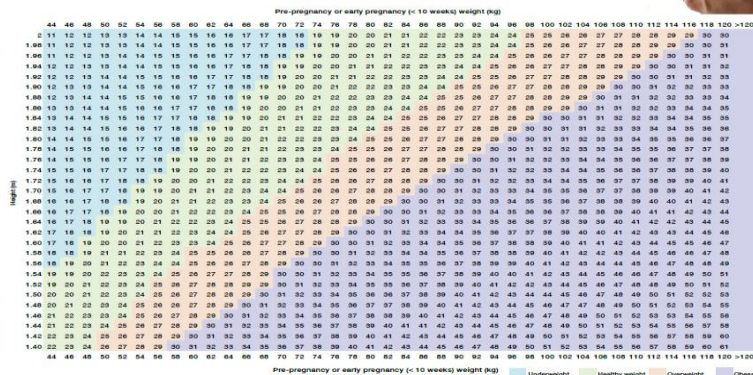
# Healthy Weight Gain in Pregnancy

## LMC Quick Reference Guide

As Lead Maternity Carers have the most in-depth and consistent contact with a woman during her pregnancy, they play a pivotal role in supporting healthy weight gain.

### 1. Calculate BMI

- BMI must be calculated from a **measured** height and a **measured** weight. This is important as women tend to underestimate their weight and overestimate their height.
- BMI should be calculated from a pre-pregnancy weight, or an early pregnancy weight (ideally <10 weeks gestation).
- BMI is calculated as:  $BMI = \text{Weight (kg)} / \text{Height}^2 \text{ (m}^2\text{)}$ . NB Height<sup>2</sup> is the same as (height [m] x height [m]).



### 2. Inform women of their recommended weight gain

Match BMI in the table below to establish recommended weight gain

BMI	Recommended weight gain (kg)
Underweight	<18.5
Healthy weight	18.5–24.9
Overweight	25–29.9
Obese	>30

Reference: Institute of Medicine Weight Gain During Pregnancy: Reexamining the Guidelines: Washington, DC, 2009

### 3. Examples of healthy weight gain tips that you could discuss with pregnant women

- Pregnancy is not about 'eating for two'. In the first 12 weeks of pregnancy, you can eat the same amount as you usually would. It is important you eat nutritious food.
- After the 12th week, and if you are a healthy weight, the extra food you need each day is about the same as a wholegrain peanut butter sandwich and a banana. If you are overweight or obese, the extra food you need is the same as one slice of wholegrain bread or two apples.
- Drink water rather than sweetened drinks, fizzy drinks or fruit juices.
- Drink low-fat trim (green top) or calcium-extra (yellow top) or light blue top milk instead of full-fat (blue or silver top) milk.
- Eat wholegrain bread instead of white bread.
- Eat a healthy breakfast every day, such as wheat biscuits or porridge with low-fat milk or two slices of wholegrain toast.
- Have at least four servings of vegetables and two servings of fruit every day. Buy vegetables and fruits that are in season, or buy frozen vegetables to help reduce cost, waste and preparation time.
- Prepare and eat meals at home. Have takeaways no more than once a week.
- Choose healthy snacks such as unsweetened low-fat yoghurt, fruit, cheese and crackers, a small bowl of cereal, home-made popcorn or a small wholegrain sandwich.
- Aim to do at least 30 minutes of moderate intensity activity five or more days a week, for example, brisk walking or swimming (or as advised by your doctor, midwife or physiotherapist).

### 4. Ensure correct supplementation

- Folic acid: 800 mcg subsidised tablet per day until the end of the 12th week of pregnancy.
- Iodine: 150 mcg subsidised tablet per day while pregnant and breastfeeding.

### 5. Tracking weight gain

- A woman should aim to weigh herself every four weeks. Ideally on the same set of scales each time as each set of scales can be different. If they don't have scales you should offer to weigh them.
- If weight gain is too high, or too low, firstly, discuss possible reasons for this, and offer healthy weight gain tips if appropriate. If required, consider referral to a dietitian.

#### Rate of weight gain

- 0.5–2 kg is the average weight gain in the first trimester:

BMI	Average rate of gain: 2nd and 3rd trimester (kg/wk)
Underweight	0.5
Normal weight	0.4
Overweight	0.3
Obese	0.2

Reference: Institute of Medicine: Weight Gain During Pregnancy: Reexamining the Guidelines: Washington, DC, 2009

The Ministry of Health acknowledges the work of Emma Jeffs (Dietitian) and Canterbury DHB in producing this material.

# Why change the Food and Nutrition Guidelines?



To implement 2011 evaluation findings



Reduce duplication of content



Evidence changing more rapidly in some areas than others



More flexibility to manage emerging or topical issues



To meet current and future needs within current resource

# Eating and Activity Guidelines Series

---

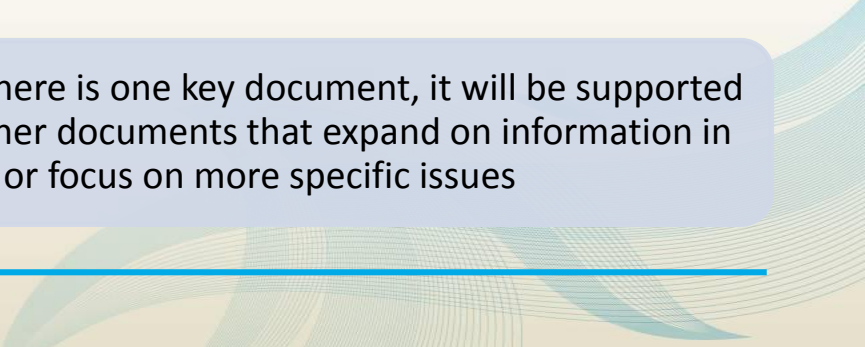
Eating

- to emphasise the focus on food

Activity

- to reflect inclusion of recommendations on physical activity and sitting time

Series

- to indicate while there is one key document, it will be supported by a number of other documents that expand on information in the key document or focus on more specific issues
- 

## New Eating and Activity Guidelines Series



# EAGs



Nutrition and physical activity together



More food and less nutrient focused



Aligned evidence base – with comparable countries



External technical advisory group

## EAGs (2)



Targeted consultation



Increased use of web/electronic  
technology



Comprehensive Promotion Strategy



Future reviews to align with major  
international reviews



# Technical Advisory Group

---

Professor Jim Mann (Chair)

Professor Murray Skeaff

Dr Clare Wall

Dr Pamela von Hurst

Dr Ofa Dewes

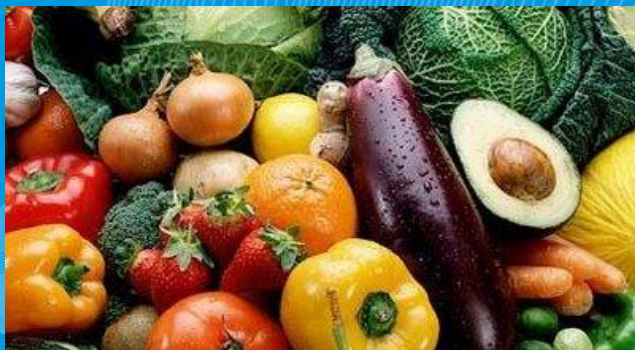
Zirsha Wharemate (Ngāti Ranginui)

Delvina Gorton

Dr Sandra Mandic

Dr Scott Duncan

---



# Monitoring



New Zealand Health Survey – (Nutrition module proposed for 2016/17 and Physical Activity 2017/18)



Will collect data on foods



Analysed by both food groups and nutrients

# Why review Serving Sizes?



Important health promotion tool – translates nutrition evidence into eating patterns that promote health and reduce NCDs



Current serving size advice produced by MOH in 1991 as part of Nutrition Taskforce's Food for Health Report – was based on research from late 1980s.



Many changes to eating patterns , food environment and NZ population since 1980s

## Rationale (2)



In 2006 NZ adopted the Nutrient Reference Values (NHMRC 2006) which provide updated quantitative nutrient guidance on preventing deficiency, optimising health and reducing chronic disease.



Serving size advice needs to be updated to include the NRVs via food modelling.



Population health needs have changed with significant increase in obesity prevalence.



Health promotion tools need to be strengthened to support action to improve health.



## Proposed process for Serving Size Review

