



Position Statement on the Identification and Prevention of Overweight and Obesity in the Pediatric Population

National Association of Pediatric Nurse Practitioners, Childhood Obesity Special Interest Group
Laura Roettger, PhD, APRN, CPNP-PC,
Marilou Shreve, DNP, MSN, APRN, CPNP,
Lydia Yeager, DNP, MSN, CPNP-PC, AE-C,
Sharon M. Karp, PhD, MSN, APRN, CPNP-PC,
Madonna J. Mahoney, MSN, BSN, PNP, Adrienne M. Platt, PhD, CPNP-PC,
Donna K. Garner, MSN, APRN, CPNP-PC, Mimi McCully, CPNP, IBCLC,
K. Bridget Marshall, DNP, APRN, CPNP-PC, PMHS,
Vanessa Hedge, MSN, CPNP-AC, Rose M. Morales, RN, MS, CPNP,
Jeannie Rodriguez, PhD, RN, APRN, Heather H. Ruegg, MS, RN, CPNP,
Julie LaMothe, DNP, APRN, CPNP-PC, CNE,
Sonnie K. Owusu, MSN, CPNP-PC, NE,
Jill F. Kilanowski, PhD, RN, CPNP-PC, FAAN, &
Angela Northrup, PhD, RN, FNP

Conflicts of interest: None to report.

Adopted by the National Association of Pediatric Nurse Practitioners' Executive Board on January 12, 2021. This document replaces the 2015 NAPNAP Position Statement on the Identification and Prevention of Overweight and Obesity in the Pediatric Population.

All regular position statements from the National Association of Pediatric Nurse Practitioners automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

Correspondence: National Association of Pediatric Nurse Practitioners, 5 Hanover Square, Suite 1401, New York, NY 10004.

J Pediatr Health Care. (2021) 35, 425-427

0891-5245/\$36.00

<https://doi.org/10.1016/j.pedhc.2021.03.001>

BACKGROUND

Childhood obesity continues to reach epidemic proportions. In the last decade alone, reports show that obesity is increasing in children aged between 2 and 19 years (Hales, Carroll, Fryar, & Ogden, 2017). The current prevalence of childhood obesity in this age group is 18.5% (Centers for Disease Control and Prevention, 2021). Ward et al. (2017) stated that children who are obese at the age of 3 years are close to one and a half—times more likely to be overweight in adolescence.

PURPOSE

The National Association of Pediatric Nurse Practitioners (NAPNAP) is committed to promoting healthy eating and active lifestyles for children and families to establish a foundation for optimal health across the life span. Early identification of accelerated weight gain and overweight and obesity is key to prevention and treatment.

In response to this epidemic, NAPNAP encourages pediatric health care providers to prioritize the following goals: (1) early identification of children and adolescents at risk for overweight; (2) the provision of age-specific anticipatory guidance on healthy eating and physical activity to families, and their communities; (3) continuity of care for children and adolescents identified as overweight or obese.

SIGNIFICANCE

Child and adolescent obesity often result in comorbidities that correlate with the chronicity of diseases and increased morbidity into adulthood (Llewellyn, Simmonds, Owen, & Woolacott, 2016). Initial comorbidities seen in children and adolescents may include cardiovascular changes leading to hypertension, dyslipidemia, insulin resistance (Kinlen, Cody, & O'Shea, 2018). In addition, social stigma and victimization by bullying frequently lead to trauma, low self-esteem, anxiety, and depression in obese children and adolescents (Mannan, Mamun, Doi, & Clavarino, 2016). These considerations are important when evaluating the lifetime economic costs to the patient and the health care systems when addressing the prevalence of obesity.

OVERVIEW OF RECOMMENDATION

The most effective strategy for reducing the unprecedented levels of child and adolescent overweight and obesity is prevention through the promotion of a healthy diet, physical activity, and decreased sedentary activity (Pandita et al., 2016).

NAPNAP encourages all pediatric health care providers to partner with patients, parents, families, caregivers, schools, and communities in the prevention, and early identification and management of overweight, obesity, and obesity-related comorbidities across the life span by incorporating the following clinical guidelines in their care of children and adolescents:

1. Obtain accurate measurement of (a) length/height and weight ratio in children, (b) body mass index for children aged 2 years and older, (c) blood pressure beginning at 3 years of age, or in younger children who have identified risk, (d) hyperlipidemia screening, (e) plasma glucose, and (f) hemoglobin A1c screening.
2. Genetic testing is recommended for those children who present with extreme obesity before 5 years of age, and those who display characteristic features of genetic obesity syndromes, or who have a family history of a genetic obesity syndrome (American Academy of Pediatrics, 2020; Daniels, Hassink, & Committee on Nutrition, 2015; Styne et al., 2017).
3. Recommend in pregnant and lactating women: (a) nutritious, well-balanced diet; (b) optimal gestational weight gain; (c) smoking cessation, if applicable; and (d) encourage and support breastfeeding during the infant's first year of life (Styne et al., 2017).
4. Obtain comprehensive health and medical history, including family history, psychosocial issues, and risk

for comorbid conditions. Evaluate family eating and physical activity patterns and amount of daily screen time and sedentary time. Assess for psychosocial issues, including home and neighborhood environments, financial hardship, food insecurities, and access to community resources (Styne et al., 2017).

5. Encourage culturally sensitive, family-centered lifestyle interventions that focus on healthy eating habits, reduced sedentary activity, and physical activity promotion when working with children who are overweight and obese (Styne et al., 2017).
6. Use motivational interviewing when partnering with children and families to identify goals for lifestyle and health behavior changes that are targeted, realistic, and attainable (Daniels et al., 2015; Styne et al., 2017).
7. Recommend referral and consultation with a clinician expert in weight management or pediatric weight management program if lifestyle modifications have been ineffective in reducing weight gain or mitigating comorbidities (Daniels et al., 2015; Styne et al., 2017).
8. Advocate for community partnerships that foster safe, healthy, and active lifestyles such as parks, walking/bike trails, and access to fresh fruits and vegetables. Support family-centered resources which incorporate early childhood programs, after-school programs, and opportunities for youth (Centers for Disease Control and Prevention, 2020).
9. Education of pediatric health care providers should incorporate prevention, identification, and management of child and adolescent overweight and obesity in academic programing (Bradley & Dietz, 2017).
10. Pediatric health care providers should use, participate in, and generate evidence-based practice, scholarship, and research that is focused on the prevention and management of child and adolescent overweight and obesity (Polfuss et al., 2020).

NAPNAP, an organization whose mission is to empower pediatric-focused advanced practice registered nurses and key partners to optimize child and family health, acknowledges the role of pediatric health care providers in preventing childhood overweight and obesity. Partnership with families to promote healthy lifestyle changes may have a life-long impact on health outcomes.

REFERENCES

- American Academy of Pediatrics. (2020). *Recommendations for preventative pediatric health care*. Retrieved from https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf
- Bradley, D. W., & Dietz, W. H. (2017). *Provider competencies for the prevention and management of obesity*. Retrieved from <https://bipartisanpolicy.org/wp-content/uploads/2019/03/Provider-Competencies-for-the-Prevention-and-Management-of-Obesity.pdf>
- Centers for Disease Control and Prevention. (2020). *Community efforts*. Retrieved from <https://www.cdc.gov/obesity/strategies/community.html>

- Centers for Disease Control and Prevention. (2021). *Childhood obesity facts*. Retrieved from <https://www.cdc.gov/obesity/data/childhood.html>
- Daniels, S. R., Hassink, S. G., & Committee on Nutrition. (2015). The role of the pediatrician in primary prevention of obesity. *Pediatrics*, *136*, e275–e292.
- Hales, C. M., Carroll, M. D., Fryar, C. D., & Ogden, C. L. (2017). *Prevalence of obesity among adults and youth: United States, 2015–2016*. Retrieved from <https://www.cdc.gov/nchs/products/databriefs/db288.htm>
- Kinlen, D., Cody, D., & O’Shea, D. (2018). Complications of obesity. *QJM: An International Journal of Medicine*, *111*, 437–443.
- Llewellyn, A., Simmonds, M., Owen, C. G., & Woolacott, N. (2016). Childhood obesity as a predictor of morbidity in adulthood: A systematic review and meta-analysis. *Obesity Reviews*, *17*, 56–67.
- Mannan, M., Mamun, A., Doi, S., & Clavarino, A. (2016). Prospective associations between depression and obesity for adolescent males and females- A systematic review and meta-analysis of longitudinal studies. *PLoS One*, *11*, e0157240.
- Pandita, A., Sharma, D., Pandita, D., Pawar, S., Tariq, M., & Kaul, A. (2016). Childhood obesity: Prevention is better than cure. *Diabetes, Metabolic Syndrome, and Obesity: Targets and Therapies*, *9*, 83–89.
- Polfuss, M. L., Duderstadt, K. G., Kilanowski, J. F., Thompson, M. E., Davis, R. L., & Quinn, M. (2020). Childhood obesity: Evidence-based guidelines for clinical practice-Part One. *Journal of Pediatric Health Care*, *34*, 283–290.
- Styne, D. M., Arslanian, S. A., Connor, E. L., Farooqi, I. S., Murad, M. H., Silverstein, J. H., & Yanovski, J. A. (2017). Pediatric obesity- Assessment, treatment, and prevention: An endocrine society clinical practice guideline. *Journal of Clinical Endocrinology and Metabolism*, *102*, 709–757.
- Ward, Z. J., Long, M. W., Resch, S. C., Giles, C. M., Craddock, A. L., & Gortmaker, S. L. (2017). Simulation of growth trajectories of childhood obesity into adulthood. *New England Journal of Medicine*, *377*, 2145–2153.



**National Association of
Pediatric Nurse PractitionersSM**

**Your professional home since 1973,
redesigned to meet your needs today.**

National Association of Pediatric Nurse Practitioners (NAPNAP) members are experts in pediatrics and advocates for children. Our brand update reflects our members’ core values and will help our association grow for years to come. You’ll see our new look across all NAPNAP resources, communications, and our new and improved website.

**Explore the new user-friendly
napnap.org today.**