

Obesity and the first 2000 days

Louise A Baur

Discipline of Child & Adolescent Health, University of Sydney

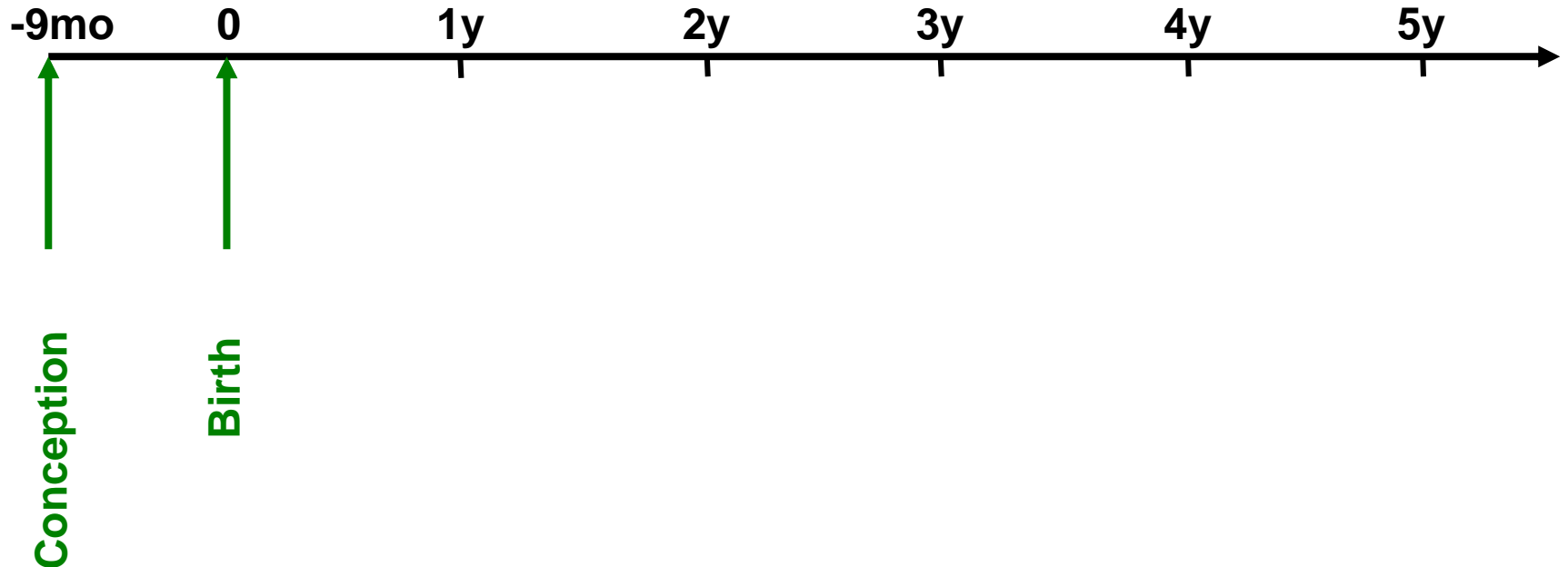
The Children's Hospital at Westmead

**NHMRC Centre of Research Excellence in the Early Prevention of
Obesity in Childhood**

Email: louise.baur@health.nsw.gov.au

The first 2000 days?

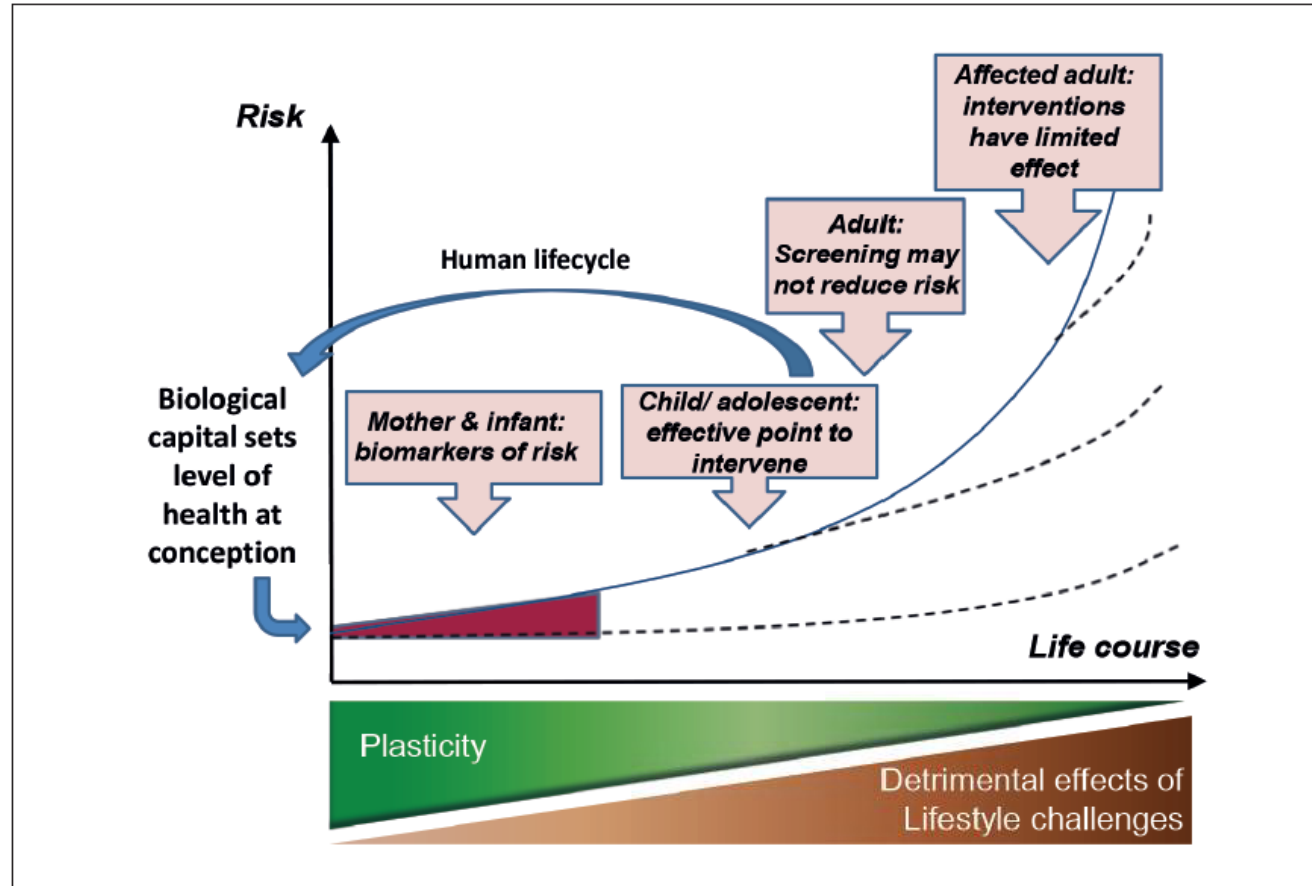
From conception to age 5 years



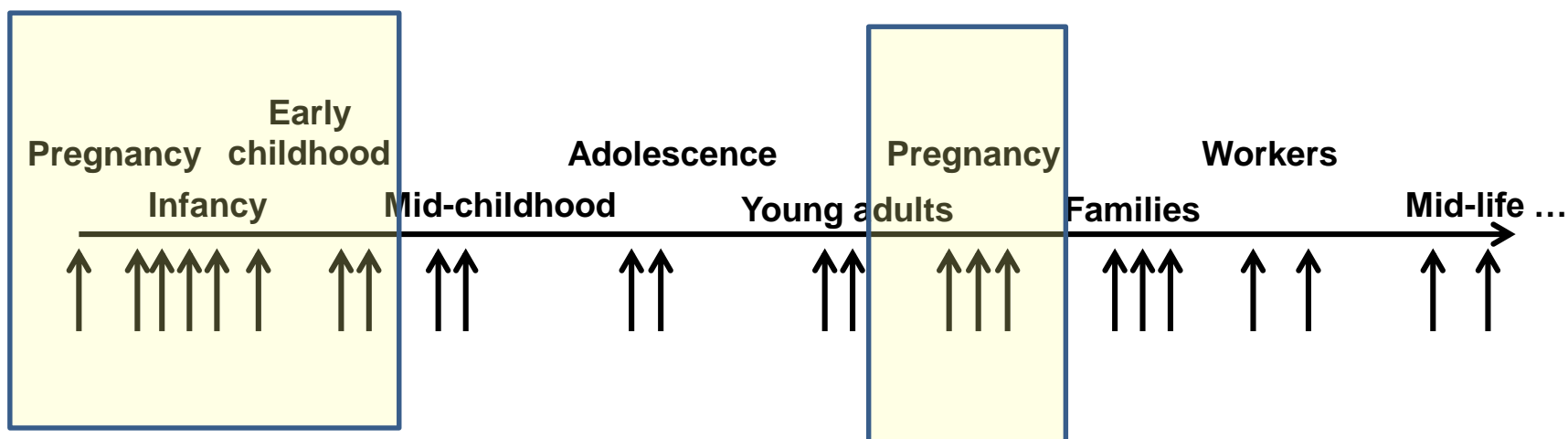
Why is this period important?

Life course perspective

- **“Pathway dependency”:** Health risk at one time-point is influenced by current health issues *and* previous health pathway for that individual
- **Interventions earlier in life likely to be more effective than those starting in adulthood**



While obesity interventions are needed across the life-course...the first 2000 days are especially important



The *antenatal period* and later obesity?

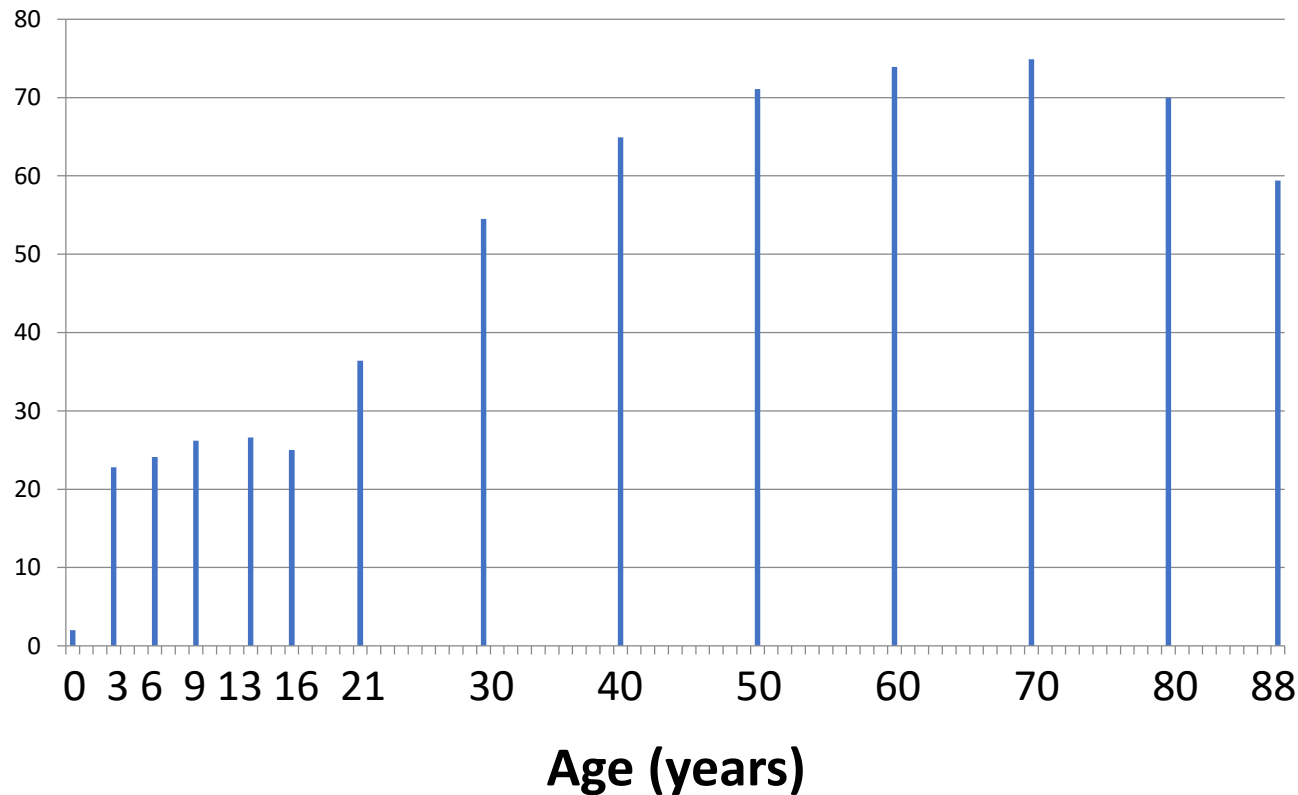
- **Over one-half of Australian women enter pregnancy with overweight or obesity**
- **Maternal *pre-pregnancy obesity* and excessive gestational weight gain:**
 - associated with increased risk of obesity (and other health risks) in the offspring in childhood, adolescence and young adulthood
- **Maternal *gestational diabetes*:**
 - associated with child and adolescent obesity

McIntyre HD et al. MJA 2012; Yu Z et al., PLoS One 2013; Eriksson JG et al. Annals of Medicine. 2014; Godfrey KM et al, Lancet Diabetes Endocrinol 2017; Mamun AA et al, Circulation 2009; Adane AA Int J Obesity 2018; Kim SY et al Curr Opin Obstet Gynecol 2012; Kawasaki M et al PLoS One 2018

Early childhood and later obesity?

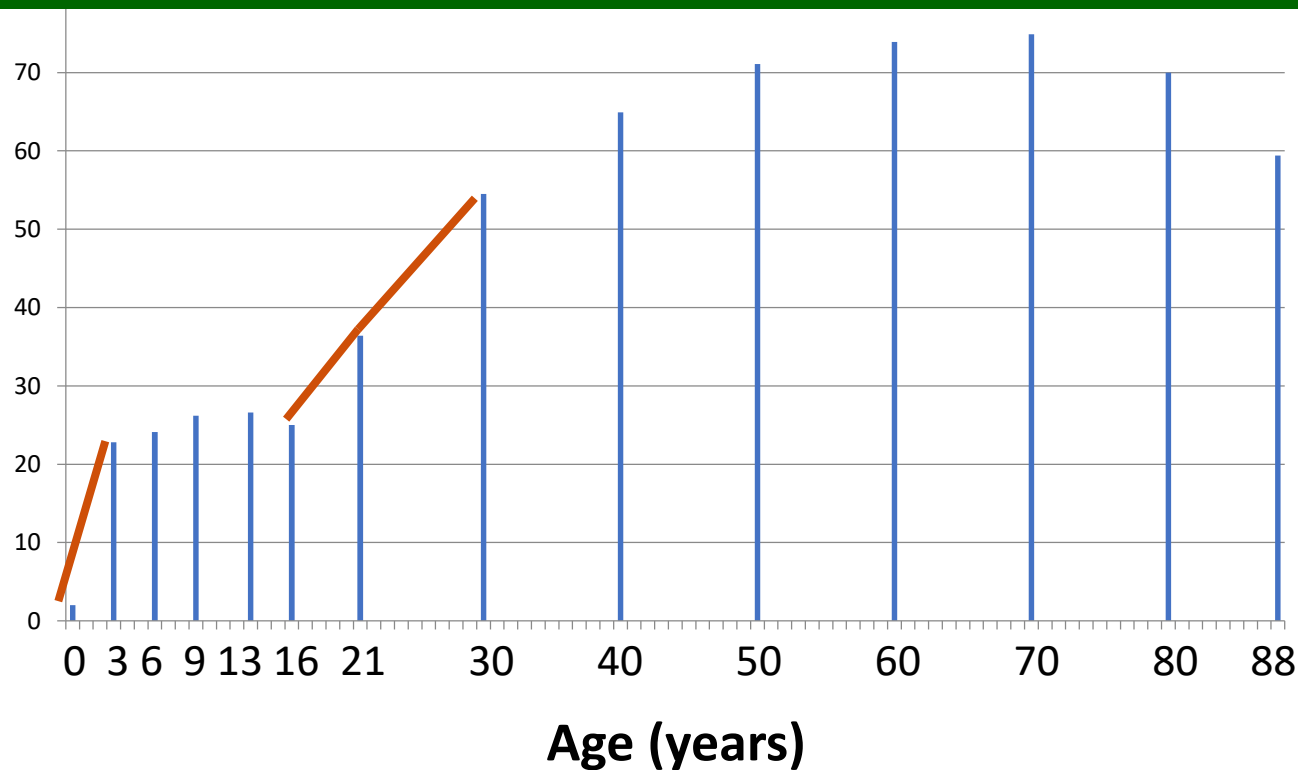
- **Australia: 1:5 children *already* affected by overweight & obesity at school-entry**
- **Infant feeding practices, early dietary patterns and early sedentary/ screen behaviours → influence obesity onset**
- **Excess weight and fast weight gain in early childhood → related to later weight status and health outcomes**
- **Most excess weight gained *before puberty* is gained *by 5 years* (i.e. *prior to school entry*)**

Prevalence of overweight & obesity by age, Australia 2011-12



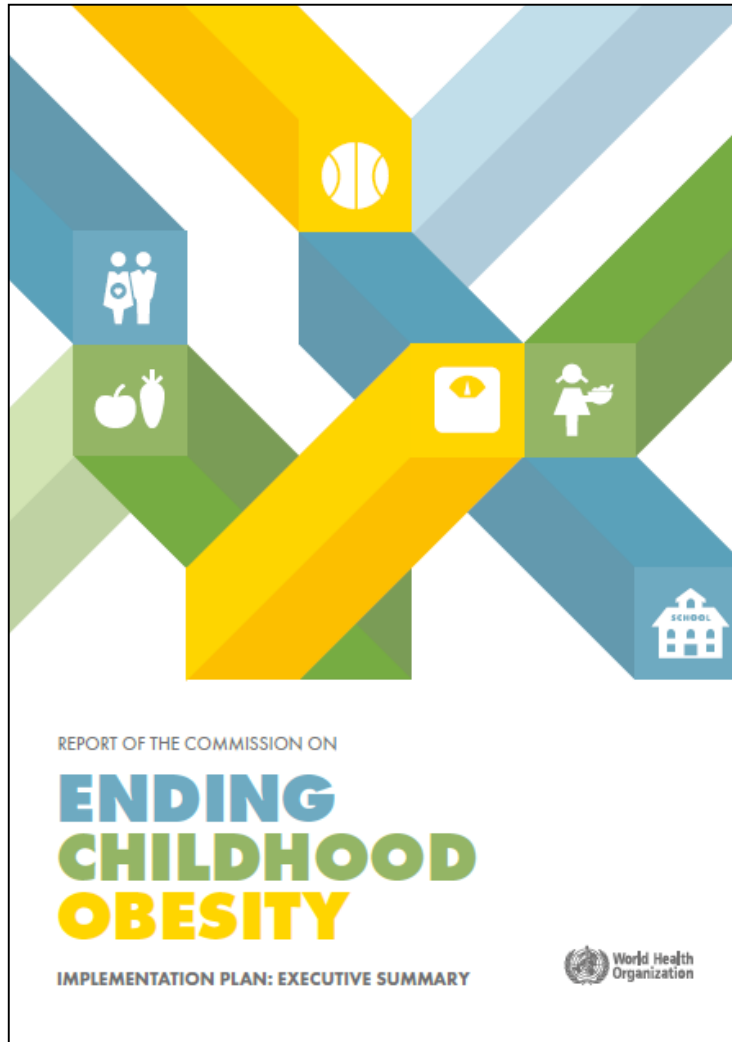
Prevalence of overweight & obesity by age, Australia 2011-12

The biggest rises in prevalence: First 3 years, and later adolescence/ young adulthood



WHO Ending Childhood Obesity Commission

World Health Organization Ending Childhood Obesity (ECHO) Commission



WHO 2017. ECHO Commission Implementation Plan

WHO ECHO Commission: *Leadership for comprehensive, integrated, multisectoral action to end childhood obesity*

- “No single intervention can halt the advance of the epidemic of obesity***
- To challenge obesity successfully requires countering the obesogenic environment and addressing vital elements in the life course through coordinated, multisectoral action that is held to account***
- Interventions to tackle obesity can be integrated into and build upon existing national plans, policies and programs”***

We have an opportunity today to provide some of this leadership

- ***“No single intervention can halt the advance of the epidemic of obesity***
- ***To challenge obesity successfully requires countering the obesogenic environment and addressing vital elements in the life course through coordinated, multisectoral action that is held to account***
- ***Interventions to tackle obesity can be integrated into and build upon existing national plans, policies and programs”***

WHO ECHO Commission: *Six key areas of action*



WHO 2017. ECHO Commission
Implementation Plan

WHO ECHO Commission: *Six key areas of action*



WHO 2017. ECHO Commission
Implementation Plan

The preconception and antenatal period

Preconception and antenatal care

- **Preconception**

- Aim to prevent maternal obesity *prior* to being pregnant and also in the inter-pregnancy period → evidence base for interventions still largely in development

- **Antenatal period**

- Targeted care of high risk women:
 - pre-pregnancy obesity
 - excessive gestational weight gain
 - gestational diabetes

- **Cultural adaptation and co-production**

- Culturally relevant, and co-produced

0-2 year age range

Early childhood

- Encouraging evidence from 4 Australasian trials that started antenatally or in early infancy and targeted healthy infant feeding and lifestyle behaviours
- Different types of intervention – nurse home visiting, group programs
- What can we learn from combining *individual participant data* from these trials at age 18-24 months?
- Total n=2000

Askie L et al. BMC Public Health 2010; Wen LM et al. BMJ 2012; Daniels LA et al. Int J Obesity 2012; Campbell KJ et al. Pediatrics 2013; Taylor RW et al. AJCN 2018

Askie et al. BMC Public Health 2010, 10:728
<http://www.biomedcentral.com/1471-2458/10/728>



STUDY PROTOCOL

Open Access

The Early Prevention of Obesity in Children (EPOCH) Collaboration - an Individual Patient Data Prospective Meta-Analysis

Lisa M Askie^{1*}, Louise A Baur², Karen Campbell³, Lynne A Daniels⁴, Kylie Hesketh³, Anthea Magarey⁵, Seema Mihrshahi⁴, Chris Rissel⁶, John Simes¹, Barry Taylor⁷, Rachael Taylor⁸, Merryn Voysey¹, Li Ming Wen⁶, EPOCH Collaboration¹

Results to date from combining the data

- Interventions starting in the first few months can lead to:
 - **Some reduction in BMI at 18-24 months**
 - **Longer duration breast feeding**
 - **Reduction in TV viewing time**
 - **Reduction in some undesirable feeding practices**

My recommendations for obesity prevention in the 0-2y age range

- A range of strategies to promote breastfeeding, appropriate introduction of solids, and transition to healthy child & family lifestyle

- High risk mothers & children:
 - sustained home visiting
- Most mothers & families:
 - strengthen existing early childhood nurse support
 - mothers' groups
 - phone coaching/ other e-health support
- Cultural adaptation and co-production
 - Culturally relevant, and co-produced

The preschool age period

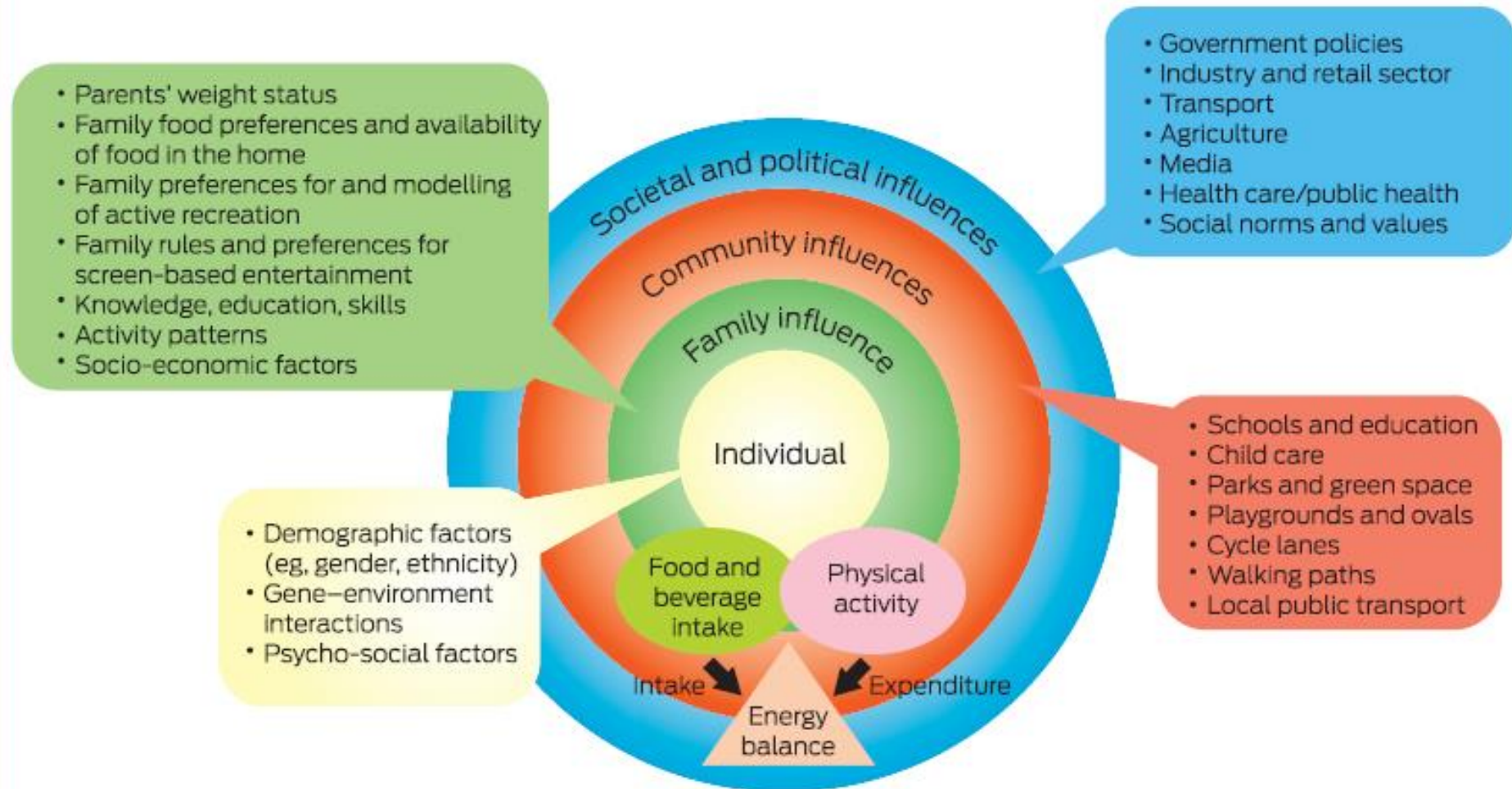
The preschool age period

- **Early care and education settings**
 - **Are avenues for general obesity prevention**
 - **Moderate evidence for interventions to improve obesity-conducive behaviours**
 - **Comprehensive, multi-component, multi-level interventions, with parental engagement are most effective**
- **Cultural adaptation and co-production**
 - **Culturally relevant, and co-produced**

**But let's think about the world in which
young children live**

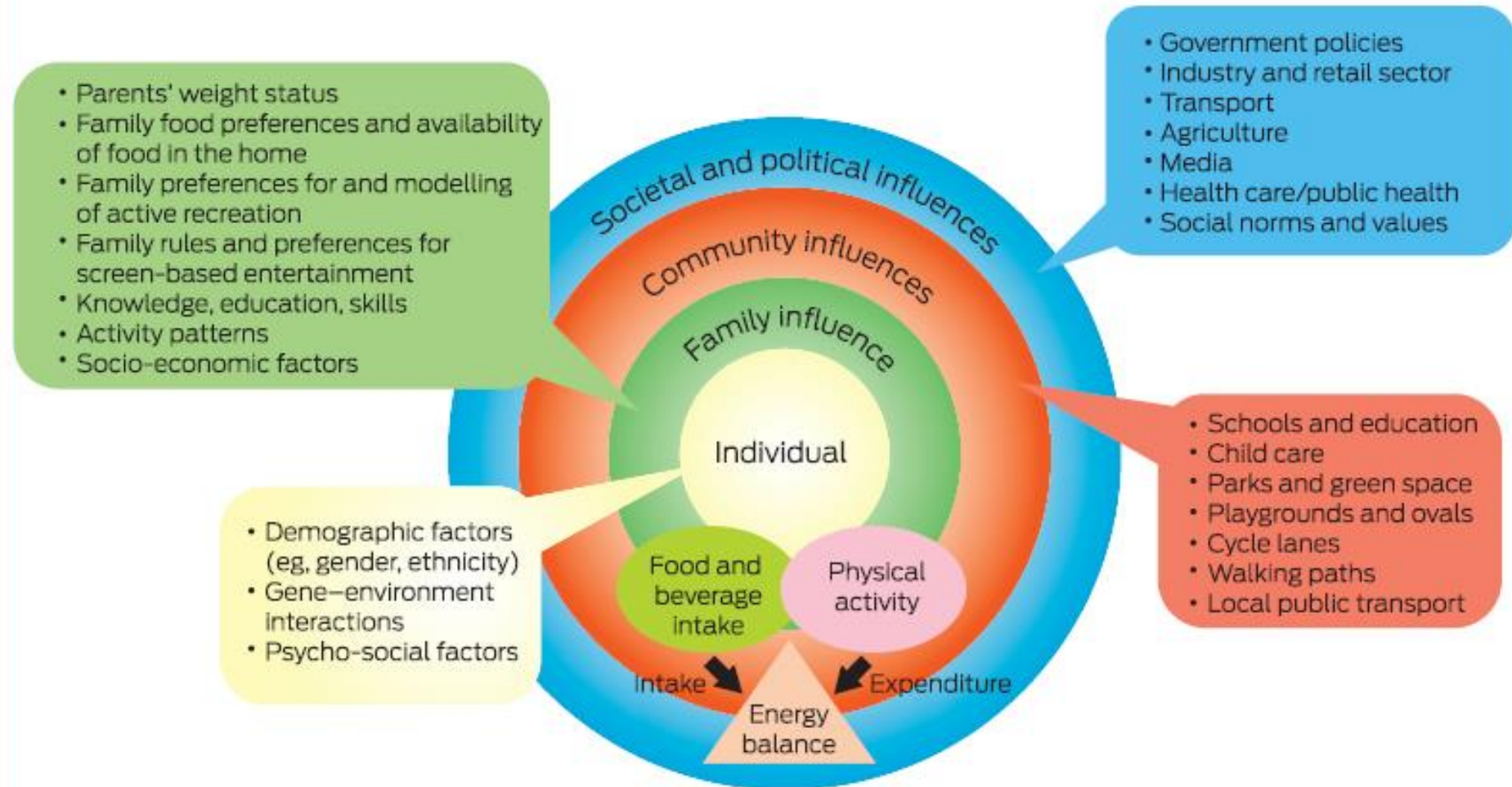
Sectors of influence for childhood obesity prevention

2 Sectors of influence for childhood obesity prevention



Most of these sectors of influence lie beyond the capacity of the family or health sector to control

2 Sectors of influence for childhood obesity prevention





The world in which young children live

How do we tackle these influences?



Obesity prevention in the first 2000 days

- **Specific interventions should be rolled out in:**
 - antenatal period
 - 0-2 year period
 - preschool age group
- **Must have cultural adaptation**
- **Must have co-production**
- **How do we tackle the upstream drivers (outer sectors of influence) that are also at play?**
 - Regulation of food marketing
 - Strategies to decrease sugar sweetened beverage consumption
 - Other influences....

Acknowledgements

- The Children's Hospital at Westmead: Weight Management Services, Instit. of Endocrinology, Obesity Research Group
- Shirley Alexander, Adrian Bauman, Karen Campbell, Ian Caterson, Chris Cowell, Michelle Cretikos, Sarah Garnett, Tim Gill, Seema Mhrshahi, Chris Rissel, Kate Steinbeck, Len Storlien, Melissa Wake, Li Ming Wen, ...
- University of Sydney: Prevention Research Collaboration, Boden Institute, Charles Perkins Centre
- NHMRC EPOCH CRE members
- WHO ECHO Commission Working Gp
- World Obesity Federation staff
- NSW Ministry of Health staff
- Funders: NHMRC, ARC, Heart Foundation of Australia, Diabetes Australia Research Trust, Rotary Foundation, SU Medical Foundation, Financial Markets Foundation for Children, NSW Health ...

Thank you!

www.earlychildhoodobesity.com