The following guideline recommends specific interventions for children and their parents/guardians for prevention and identification of childhood overweight and obesity.

**Key Components, Recommendations and Level of Evidence**

**Education, Parental Modeling of Health Behaviors and Prevention of Risk**

**At each periodic health exam**

**General advice for all ages:**
- Promote a healthy diet and lifestyle with focus on 5-2-1-0: ≥ 5 fruits and vegetables, ≤ 2 hours recreational screen time, > 1 hour physical activity, 0 sugar-containing drinks daily.
- Educate parents about importance of parental role modeling for a healthy lifestyle (diet and exercise) and parental controls.
- Limit eating out; avoid fast food.
- Avoid food as a reward.

**Infant/Toddler (age 0-2):**
- Encourage breastfeeding for at least 12 months; discourage overfeeding of bottle-fed infants. [A] Avoid bottle feeding as a sleep aid.
- Avoid premature introduction of solids and base timing for introduction of solids on child's development, usually between 4 and 6 months of age.
- Preserve natural satiety by respecting a child's appetite.
- Discourage/avoid high-calorie, nutrient-poor beverages (e.g., toddler milk, soda, fruit punch, sports drinks, or any juice drink).
- No television or other screen time under age 2. [D]

**Preschool (ages 3-5):**
- Limit television and other screen time to at most 1-2 hours per day. No access to television and other screens in primary sleeping area.
- Replace whole milk with skim or 2%; discourage/avoid high-calorie, nutrient-poor beverages (soda, fruit punch, sports drinks, juice drinks).
- Respect the child's appetite and allow him or her to self-regulate food intake.
- Provide structure and boundaries around healthy eating with adult supervision.
- Promote physical activity including unstructured play at home, during childcare and in the community.
- Promote age-appropriate sleep durations (11-13 hours/night).

**School-aged (ages 5-12), the above plus:**
- Accumulate ≥ 60 minutes, and up to several hours of age-appropriate physical activity on all or most days of the week (emphasize lifestyle exercise, i.e., outdoor play, yard work, and household chores).
- Consider barriers (e.g., social support, unsafe neighborhoods, or lack of school-based physical education) and explore individualized solutions. Reinforce making healthy food and physical activity choices at home and outside of parental influence.
- Promote age-appropriate sleep durations (10-11 hours/night).

**Assessment of Body Mass Index, Risk Factors for Overweight and Excessive Weight Gain Linear to Growth**

**General assessment:**
- History (including focused family history) and physical exam.
- Starting at age 2¹, calculate BMI percentile at each well child visit and record result.
- Dietary patterns (e.g., frequency of eating outside the home, consumption of breakfast, adequate fruits and vegetables, excessive portion sizes, consumption of sugar-sweetened beverages, etc.)
- Physical activity level.
- Monitor sleep patterns.
- Risk factors for overweight² including pattern of weight change. [C] Watch for increasing BMI percentile or BMI in the ≥ 85th percentile. (See MQIC guideline on Treatment of Childhood Overweight and Obesity)

1AAP recommends screening at age 2; USPSTF age 6+; NCQA HEDIS age 3+
2CDC growth charts

**Levels of evidence for the most significant recommendations:**
- A = randomized controlled trials
- B = controlled trials, no randomization
- C = observational studies
- D = opinion of expert panel


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