

## Submission to the Senate Select Committee into the obesity epidemic in Australia

**For:** The Senate Select Committee into the obesity epidemic in Australia  
**By:** The Early Life Nutrition Coalition  
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### Background

The rapid increase in prevalence of chronic diseases, specifically metabolic disease related to obesity, is a significant national health problem, with a growing body of evidence now linking the nutritional environment in early life to an increased risk of disease in adulthood.

The risk of obesity is influenced by a range of factors across an individual's lifespan. Environmental exposures during fetal development and infancy are now considered responsible for a significant part of lifetime disease risk, as they can trigger changes in the developing offspring.

Research has identified vulnerable time periods, including prior to conception and during fetal and early postnatal development, where exposure to environmental factors, including poor nutrition, can trigger adaptations in the growing fetus. While these effects may be adaptive in the short-term, they may also be associated with adverse outcomes in childhood and later life, including a greater risk of obesity, type 2 diabetes and heart disease, as well as allergy.

Among other factors, maternal and paternal health and lifestyle behaviours are key determinants of pregnancy outcomes and the longer-term health of the offspring. Identifying vulnerable periods in fetal development provides an important opportunity for parents and caregivers, healthcare professionals, society and policy makers to intervene and optimise future health outcomes.

The Early Life Nutrition Coalition was established in 2017 as a sub-committee of the Perinatal Society of Australia and New Zealand. The Coalition is an affiliation of concerned professional, academic, advocacy, corporate and healthcare groups working collaboratively to communicate and promote the importance of early life nutrition as a long-term preventative health measure to health care professionals, new and expectant parents and adolescents.

This submission outlines opportunities through which the Coalition believes the Federal Government can assist health care professionals in better engaging and educating new and expectant parents on how to maximise nutritional status during the First 1,000 Days which is classed as prior to and during pregnancy, as well as during infancy and early childhood, when the foundation of future health is created. Government intervention and support during this critical window of opportunity can help break the cycle of obesity and related disease across generations.

## **Opportunities**

### **1. Medicare rebate for Accredited Practising Dietitians during pregnancy and for women who are planning on becoming pregnant**

For many women, an at-home pregnancy test, or the belief that they may be pregnant will lead to an appointment with a health care practitioner, usually a general practitioner (GP). For others, the desire to fall pregnant may lead to a GP appointment to review their current health and ensure they are physically prepared for conception. These appointments provide an opportunity for the GP to organise the first tests and investigations associated with pregnancy. Often, the GP will request a pregnancy urine or blood test, as well as ensure any medications the patient is taking are safe in pregnancy, including any natural or alternative medicines.

The Early Life Nutrition Coalition believes these GP (or obstetrician or midwife) appointments provide the perfect opportunity for the health care professional to refer those wishing to become pregnant or who are newly pregnant to an accredited practising dietitian for advice on nutrition before and during pregnancy, while breastfeeding and throughout the first years of the child's life.

Currently, Medicare offers a rebate for medical conditions that require complex care and are managed by a GP under a GP Management Plan or Team Care Arrangement. For example, Medicare rebates are available to women who receive private midwifery care, if their midwives are working in collaboration with medical practitioners. Under this scheme, midwives can provide antenatal care and delivery in a hospital (including a hospital birthing centre). They can also offer postnatal care in the first six weeks and refer women to specialists and request certain pathology and diagnostic services under Medicare.

The Coalition recommends a review of the current level of rebate associated with accredited practising dietitian consults and that a Medicare rebate be made available for nutrition advice to all first time mothers, for those women planning on becoming pregnant, as well as for subsequent pregnancies where the mother is considered overweight or obese (as indicated by her Body Mass Index) or at high risk of developing gestational diabetes (based on medical history, etc.). An 'early life nutrition' consultation would ideally span an hour and equip expectant mothers with an understanding of the right type of nutrition needed to benefit the long-term health of their child.

## **2. Allied Health Professionals in childcare settings**

According to the Australian Bureau of Statistics, approximately 50 per cent of children aged 0-12 years attend some type of childcare. This presents an opportunity to coordinate the involvement of Allied Health Professionals with registered and accredited childcare centres to provide nutrition-based advice and information to a large number of parents and carers.

Evening information sessions organised by childcare centres are commonplace. Attaching a Medicare rebate to activities relating to dietary and nutritional advice delivered by an accredited Allied Health Professional will increase the viability and demand for these services.

## **3. GP and new and expectant parent nutrition education**

In addition to expanding the Medicare rebate to include early life nutrition advice during the stages of pregnancy and childhood, the Early Life Nutrition Coalition recommends equipping GPs and expectant parents with advice relating to nutrition prior to conception, during pregnancy and in the first few years of their offspring's life.

During this First 1,000 Days window, a GP has routine points in time where they are in a position to interact with expectant and new parents, namely: the first appointment to confirm pregnancy; and the child's two, four, six, 12 and 18 month immunisation appointments

Developed by the Early Life Nutrition Coalition in consultation with the Federal Department of Health, a consumer information booklet will be provided to GPs to discuss and provide to patients at each of these appointments. Initially targeted at GPs, but potentially extending to other health care practitioners who may influence parents in the First 1,000 Days, the booklet will be developed in accordance with relevant National Health and Medical Research Council and other nutrition guidelines and will be reviewed and updated periodically.

The information booklet will focus on the First 1,000 Days time period and provide nutritional information relevant to parents prior to conception, during pregnancy and from birth up until the age of two years. During these critical stages, even the smallest positive change to diet and lifestyle can have a significant impact on long-term health. Advice included in the booklet will include:

- Impact of maternal and paternal nutrition and nutritional status prior to conception
- Importance of appropriate weight gain during pregnancy
- Appropriate changes to the maternal diet
- Importance and benefits of exclusive breastfeeding to the infant and mother
- When to introduce solids, including known allergens
- The importance of positive role-modelling to establish positive eating behaviours
- Contact details for relevant health care associations and organisations

#### **4. Improved access to Gestational Diabetes Mellitus Education and support services**

Currently, women with Gestational Diabetes Mellitus (GDM) do not qualify for any Medicare rebate for services such as access to diabetes education, dietitian or other allied health services. This is largely due to the criteria that stipulate a chronic disease lasts for more than six months.

Once a woman is diagnosed with GDM, they are placed on the public health waiting list or pay for unfunded private diabetes education. For many, this is simply a cost they cannot afford. Credentialed Diabetes Educators who specialise in GDM education and management report it can take up to a year for women who join public health system priority lists for self-management education services until they commence insulin therapy. As such, in many instances insulin initiation and potential health complications could have been prevented if they had received early educational intervention.

There is a growing body of evidence that highlights the importance of managing GDM as early as possible to reduce the high risk of poorer immediate outcomes for the baby, and the risk that they will develop type 2 diabetes in later life. This is equally relevant for the mother, who after developing GDM is also at greater risk of developing type 2 diabetes.

Ensuring the services vital to the treatment and education of mothers who develop GDM attract a Medicare rebate will allow earlier intervention and greatly reduce the long-term burden associated with type 2 diabetes.

#### **Conclusion**

The Early Life Nutrition Coalition presents these recommendations with the aim of addressing and combating Australia's growing rates of obesity, type 2 diabetes, heart disease and allergy.

The Coalition welcomes the opportunity to discuss the role of Early Life Nutrition during the First 1,000 Days as a preventative health measure and looks forward to the Committee's feedback.

#### **About the Early Life Nutrition Coalition**

The Early Life Nutrition Coalition is a formal sub-committee of the Perinatal Society of Australia & New Zealand (<https://www.psanz.com.au/subcommittees/early-life-nutrition-coalition/early-life-nutrition-committee/>) and its membership comprises: Australian Diabetes Educators Association; Australian Diabetes Society; Caring and Living as Neighbours; The Children's Nutrition Research Centre, University of Queensland; Nutricia Early Life Nutrition; Developmental Origins of Health and Disease Society; Dietitians Association of Australia; The Liggins Institute; Menzies Institute for Medical Research; Murdoch Children's Research Institute; Pharmaceutical Society of Australia; United Way Australia; and the University of Auckland.

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