



TIME 4 ME TACKLING OBESITY

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WHAT ARE THE ISSUES

- Rising levels of Obesity
- Little understanding of what constitutes a healthy diet
- Little experience of preparing and cooking healthy food
- Little information on weaning foods
- Little knowledge of toddler food
- Is it safe to exercise and loose weight in pregnancy
- What might motivate women to loose weight
- How do we address the issue of obesity



WHAT DID WE DO?

- Developed a multiagency approach to addressing the problem of obesity
- Bid for funding
- Identified lead individuals
- Planned what was needed
- Identified a referral pathway
- Trained key individuals
- Recruited into posts
- Held focus groups with women and professionals
- Reviewed current literature



WHAT WERE THE OBJECTIVES?

- Through quantitative and qualitative information / data the overall success / failure of the project to address obesity.
- If the project has been successful in either the prevention of weight gain or management of weight and to what extent.
- Increase in skills for maintenance of health behaviour change / knowledge of risk factors of obesity.
- Sustainable developments, holistic approach to health and any changes to quality of life as a result of empowerment developed by communities.
- Capture other additional / unintended consequences.
- Identify case studies for sharing of good practice / success to Department of Health (national funder).
- A summary judgement of the value and feasibility for implementing similar work into other areas of the borough.



WHAT WAS OFFERED?

- Healthy eating information
- Practical cook and eat sessions of low fat recipes
- Pamper sessions for mums – massage, foot care, nail care, reflexology, manicure, make up
- Healthy Lunch
- Mid morning healthy snacks
- Resuscitation
- Home Safety
- Crèche
- Pregnancy exercise, pregnancy yoga, baby yoga
- Postnatal weight busters and opportunity to be weighed
- Baby nosh cookery sessions
- Toddler Nosh
- Dietician
- Sun Safety



HOW DID IT WORK?

- 2 Children's Centres were selected in areas of deprivation (Bedworth and Abbey Green Nuneaton)
- All midwives and health visitors would refer anyone who met the criteria – BM1 over 30
- Children's centre staff hosted the sessions and provided the creche
- Healthy living network facilitated the sessions
- Dietician, Midwife and HV would be in attendance at each session
- Sessions were 3 hours once a week in each site
- Healthy breakfast followed by exercise sessions or yoga then either pampering session or cooking
- Or Healthy lunch followed by yoga then cooking or pampering session



WERE THERE ANY DIFFICULTIES?

- Midwives were not confident about referring women and addressing obesity
- Too few women were recruited to demonstrate success
- Once women went they wanted to keep going so the crèche was oversubscribed
- It was difficult to move postnatal women into the follow on groups
- Young women didn't want to attend
- One centre was much more successful than the other



WHAT WAS POSITIVE?

"Time for me" - Progress up to 31st May, 2010	Total	Nuneaton	Bedworth
Sessions	129	61	68
Members (Participants)	150	64	86
Ante Natal	44	22	22
Post Natal	106	42	64
Ante to Post Natal	17	5	12
Post to ante Natal	4	1	3
Starting BMI recorded	41	11	30
Starting BMI 30+	20	5	15
Number of above reducing BMI	12	2	10
Number of women actively trying to lose weight	74	23	51
Number of women losing weight	30	17	23
Losing more than 5% of total body weight	15	6	9
Losing more than 10% of total body weight	6	3	3
Average attendance	18	12	6
Number attending Baby Nosh	11	4	7
Number attending Toddler Nosh	14	6	8
Number participating in Exercise	91	32	59



WHAT WERE THE LESSONS?

- Training needed for midwives in how to raise the subject of obesity?
- Initial sessions were not well co-ordinated
- Better publicity was needed
- Too few women were recruited for project to be cost effective
- Women that attended were very satisfied
- Sessions provided social support and allowed women to debrief their birth experiences



CAPTURE OTHER ADDITIONAL / UNINTENDED CONSEQUENCES.

- Weaknesses in Partnership working – such as absence of Service Level Agreements
- NHS Partners – internal factors impacted on the project e.g. getting some staff members to take ownership of the project and staff shortages
- Communication issues. These were evident at three levels i.e. (a) Intra-agency communication, (b) Internal organisational communication and (c) Lead Agency to Delivery Staff.
- Lack of openness with Service Users regarding the purpose of “Time for Me”. Some asserted the lack of openness in the marketing materials and the referral system regarding maternal obesity impacted on the success of the project.
- The benefits of reducing the Health Professionals time at the sessions. The reduction to a one hour slot during the six month extension period of the project resulted in more focused sessions. This benefitted both Participants and Delivery Staff
- Identify case studies for sharing of good practice / success to Department of Health (national funder).



SUCCESS

- The use of a holistic approach to deliver the project
- The use of non-medical settings for engagement and delivery
- The skills and insight of the Co-ordinator who joined in the second half of the project
- A timetable of events and a varied programme
- The person-centred approach of the Delivery Staff
- An allocated slot for Health Professionals at the sessions (during the six month extension)
- Multi-discipline working
- Having a formative and summative evaluation.
- Case studies – six case studies were provided which offered solid evidence of the benefits to participants in terms of both soft and hard outcomes. A significant finding of the participant interviews was the extent to which the project had helped two women to reduce / prevent post-natal depression.

