

spent in moderate-to-vigorous PA, and a decreased in average daily steps (- 500 steps/day). At 6-months, dietary outcomes were maintained, while daily steps and sedentary time slightly decreased from 3-months. There were small changes on weight and BMI at 3- and 6-months.

Conclusions: This intervention showed improvements on diet, potentially at the cost of PA behaviour. Participants indicated that changing both behaviours was too hard, suggesting that in time-poor and stressed populations changing one behaviour at the time could be more feasible and effective. Recruitment and retention barriers exist in this hard-to-reach group, which should be considered in future studies.

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275

Sedentary behaviours and adiposity in 10–13 year olds: How long, how much and what?



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Background and significance: The role of a healthy diet and physical activity in obesity prevention is well-established, but the importance of different constructs of sedentary behaviours is uncertain. This study sought to investigate relationships between volume, patterns and types of sedentary behaviour and adiposity in children.

Methods: An observational case-control study of obese and healthy-weight 10–13 year olds (130 male, 104 female) recruited via media advertisements was conducted. Adiposity was quantified using percent body fat measured using dual-energy X-ray absorptiometry and waist-to-height ratio (WHtR). Use-of-time was assessed using accelerometry and the Multimedia Activity Recall for Children and Adolescents (MARCA). Time (volume), type

(television, videogame, computer, eating, passive transport) and bout length (patterns) of sedentary behaviours were measured. Moderate-to-vigorous physical activity, total daily energy expenditure, sleep, age, average annual household income and Tanner stage were included as covariates in partial least squares analyses, stratified by gender.

Major findings: Television time ranked as the most important type of sedentary behaviour, demonstrating positive associations with adiposity in both genders. Prolonged bouts of sedentary behaviour and time playing computer/video games were positively correlated with adiposity, but only in boys. In girls, non-screen sedentary behaviour was inversely associated with adiposity. Total sedentary time was only inconsistently linked with fatness after appropriate adjustments.

Concluding statement: These data confirm that limiting television time is an important target for childhood obesity interventions. Furthermore, other characteristics of sedentary behaviour beyond total volume also show sex-specific associations with adiposity. Therefore, further research is needed to inform current volume-based sedentary behaviour guidelines.

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276

Raising healthy kids – The New Zealand Health Target for childhood obesity



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In New Zealand as in many other countries obesity rates have increased in all ages, genders and ethnic groups over the last 30 years. Obesity is particularly concerning in children as it is associated with a wide range of future health conditions, and can also affect a child's immediate health, educational attainment and quality of life. This presentation describes development and implementation of the Childhood Obesity plan and the associated health target.

On the 30th June 2016 the New Zealand government launched a new health target called 'Raising Healthy Kids'. This health target is one of two targeted interventions in the Childhood Obesity Plan that focuses directly on obese preschoolers and their families. The plan consists of a package of

initiatives that aim to prevent and manage obesity in children and young people by focusing on:

- targeted interventions for those who are obese
- increased support for those at risk of becoming obese
- broad approaches to make healthier choices easier for all New Zealanders.

The emphasis is on healthy nutrition, positive and sustained behaviour change, tackling the obesogenic environment and being active at each life stage, starting during pregnancy and early childhood. The package brings together initiatives across government agencies, the private sector, communities, schools, families and whānau.

The new health target will see 95% of obese children identified at the B4School Check programme offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions by December 2017. The target was selected as the existing B4 School Check focuses on a life course approach and early intervention, to ensure positive, sustained effects on health. As part of the B4School check almost 95% of 4 year old children will receive a comprehensive check and parents are offered advice and/or referred to services.

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277

Healthy gestational weight gain: Improving maternity professionals' delivery of evidence-based care



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Guidelines exist to ensure consistency in the delivery of care to minimise health-related complications. Even when good evidence is available, professionals do not necessarily implement it resulting in an evidence-practice gap. Guidelines for the management of maternal obesity exist, however a 2011 study at our tertiary maternity hospital demonstrated varied staff knowledge of,

and attitudes and adherence to these guidelines. We subsequently followed an implementation science approach to facilitate the translation of these guidelines into practice to ensure best practice delivery of care to pregnant women regarding gestational weight gain (GWG). The aim of this study was to re-assess staff knowledge, attitudes and behaviours around the management of GWG in our hospital following these service changes.

This cross-sectional, prospective online survey was distributed to staff in antenatal clinic. The survey assessed staff awareness of pregnancy-related weight complications, knowledge and application of specific guidelines, and a guideline adherence score was calculated.

Sixty-nine staff (44.8% response rate) completed the survey. Just over half (51.9%) stated they were familiar with clinical guidelines regarding weight management in pregnancy. Guideline adherence ranged from 3.7 ± 1.9 to $11.3 \pm 1.0/15$ across different professional groups; significant improvements with adherence by dietitians were noted over time. Despite minimal change over time in the overall adherence score, compliance with individual elements of the guideline recommendations comprising the adherence score differed. Improvements in staff practices and attitudes are apparent since the first survey.

The delivery of evidence-based care is an iterative process of monitoring and improvement. This study has highlighted further improvements in guideline awareness and guideline elements are still required to improve the delivery of best practice antenatal GWG care.

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