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Developing a communication toolbox for primary care practitioners to raise the issue of weight with parents of preschool children: A qualitative study

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Background: One-in-five British children are overweight or obese when entering primary school but most parents fail to recognise child overweight. Health care professionals (HCPs) are expected to manage childhood overweight, but initiating conversations with parents is difficult. The aim of this study was to inform the development of a visual and language 'toolbox' to support HCPs in initiating sensitive conversations about weight with parents of overweight preschool children.

Methods: Three focus group discussions were conducted with HCPs (combined n=29) recruited from GP practices in London and Bristol, and fifteen semi-structured interviews were undertaken with parents of preschool children (under 5 years). Focus groups and interviews explored: (i) barriers preventing conversations between HCPs and parents about children's overweight; (ii) the potential for existing visual body image scales to help parents put their child's weight 'in context'; (iii) preferred language for use in conversations about child weight. Interviews and focus groups were audio recorded, transcribed verbatim and analysed using thematic analysis in a deductive 'top down' approach based on predetermined themes explored in the focus groups and interviews.

Findings: HCPs perceived parents as unconcerned about child overweight; parents were apprehensive about HCPs criticising their parenting skills. Some HCPs did not consider child overweight their responsibility. GPs were reluctant to discuss weight with parents because of shortage of time, fear of damaging patient-practitioner relationships and insufficient training; nurses were more willing. Both HCPs and parents were positive about the potential for body image scales to facilitate conversations, generally preferring scales based on 3D body scans over artists' drawings. Parents considered language used by HCPs needed to be clear and impactful, but non-stigmatising, e.g. overweight, very overweight (and not: fat, heavy or obese).

Interpretation: Findings suggest a visual and language toolbox would be well-received by parents and HCPs. Anatomically accurate computer generated preschool body image scales are needed for use in consultations. Practice nurses may be better placed than GPs to initiate conversations with parents. HCPs should consider parents' conceptions of health and blame when conducting consultations, to encourage parental recognition of preschool overweight, with the ultimate aim of facilitating appropriate behaviour change.

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Conflicts of interest: We declare that we have no conflicts of interest