

Ninth annual meeting  
of the European  
Forum of National  
Nursing and Midwifery  
Associations and WHO

**Report on a WHO meeting  
Copenhagen, Denmark  
17–18 March 2005**



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## ABSTRACT

The Nursing and Midwifery Programme is one of many programmes within Country Policies, Systems and Services (CPS) in the Division of Country Support (DCS), WHO Regional Office for Europe. The Nursing and Midwifery Programme has a big influence on the stewardship, human resources allocation and service delivery.

The Ninth Annual Meeting of the European Forum of Nursing and Midwifery Associations and WHO was attended by representatives of nursing and midwifery associations of 26 Member states in WHO's European Region and observers from international associations and nongovernmental organizations. The main focus of the meeting was Maternity, child and adolescents health with focus on obesity, a key priority area of the WHO Regional Office in Europe.

The agenda comprised two main components: the first focused on the business of the Forum and the second provided an opportunity for technical discussions on a draft statement on maternity, child and adolescents health with focus on obesity in line with the Munich Declaration. Three working groups discussed aspect of Obesity of importance to nursing and midwifery. The statement on maternity, child and adolescents health with focus on obesity was endorsed by the meeting.

### Keywords

SOCIETIES, NURSING – congresses  
NURSING – trends  
MIDWIFERY – trends  
CHRONIC DISEASE  
ADOLESCENT  
CHILD WELFARE  
MATERNAL WELFARE  
EUROPE

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## Opening of the Meeting

Aase Langvad, Vice President of the Danish Nursing Organization, opened the meeting. She reminded the members that the forum had now been bringing together nursing and midwifery associations for nine years, three of these hosted in Denmark. This year's meeting would focus on the significant problem of obesity, in a period where chronic disease is rising rapidly. She wished participants a successful meeting.

### **Address by Else Smith, Director, National Centre for Health Promotion and Prevention of Danish National Board of Health**

Else Smith apologized that minister was unable to attend. Her presentation focused on obesity during pregnancy and childhood with an overview of the international and Danish situation in relation to obesity and the Danish government's response.

Internationally the trends across Europe amongst adults and children show rising overweight. Although Denmark does not have the biggest problem, but it is still an issue particularly in adults between 30 and 60 years old.

To address this the Government has introduced public health strategies around the theme of "Healthy Throughout Life" covering the period from 2002–2010. The aim is to increase life expectancy free of disability but also to reduce social inequalities in health. It identifies a collective responsibility between the public sector, communities and individuals. Key target groups include pregnant women, children and young people. The risk factors are well known e.g. tobacco, alcohol, diet but the environment also plays an important role.

Since late 1990s WHO and the Danish Board for Health have been warning of the global rise in obesity. The national action plan against obesity published in response in 2002 sought to address prevention but also lower obesity amongst those already overweight. It contained 66 recommendations for individuals, local communities and the authorities. The National Board for Health is now involved in follow up – including the 26 projects which are being funded under the €1 million invested. These projects are due to report in April. Further work will include training of health professionals, developing ways of identifying high risk groups and an information campaign on physical activity with a further investment of €10 million.

In relation to pregnant women very recent data showed that 31% of women giving birth in 2004 were overweight – with a much greater risk of complications and caesarean section and higher birth weight. The projects seek to address this but in Denmark the guidelines on maternal care will also be revised.

This year Denmark is focussing on a campaign on physical activity and children a high priority now. In Denmark recommended daily activity has been raised from 30 minutes to one hour. The campaign is locally based and focuses particularly on those who influence the children – teachers, parents, health visitors.

Ms Smith underlined that obesity was a major threat to health for many Europeans and prevention in children had to be a high priority.

## **Address by the WHO Regional Office for Europe**

Dr Nata Menabde, Director Division of Country Support, WHO welcomed the European Forum of National Nursing and Midwifery Associations (EFNNMA) to WHO, and brought greetings from Dr Marc Danzon, Regional Director for Europe.

Dr Menabde outlined some of the current activities of WHO which were relevant to the discussions as this meeting.

She informed participants that we are now a third of the way through attaining the Millennium Development Goals and that most of health related goals target mothers and children. In Europe WHO is deeply concerned about the increasing burden of noncommunicable disease and the major financial implications for health systems. World Health Day on 7 April would be devoted this year to mothers and children and WHO's Make Every Child and Mother Count will be issued on this day. It will contain much hard data on numbers of mothers and children who are dying unnecessarily. WHO will be asking what can be done, based on the research and good practice that exists already. But she stressed this was not just an issue for the health workforce.

The World Health Assembly adopted resolution on diet and physical activity last year and was no longer closes its eyes to the private sector and industry with which health organizations need to work with, and understand their interests – particularly the food industry. At the European level, WHO adopted a noncommunicable disease strategy last year and has introduced an obesity task force to look at all its programmes. It is participating in a European Commission platform on obesity launched that week.

Overall WHO is trying to be more consistent in its strategies and recognizes that there is still huge scope for the health workforce to be trained and enabled to shape the future of public health and the development of health systems. She wished the participants a successful meeting and looked forward to some concrete outcomes.

## **Nomination of the Chairperson**

The meeting approved the nomination of Ms Merete Thorsén (Danish Nursing Organization), Chairperson of the Steering Committee of EFNNMA and WHO, as Chairperson of the meeting.

## **Announcement of the Rapporteur**

It was agreed that Ms Susan Williams (Royal College of Nursing, United Kingdom) would act as rapporteur for the meeting.

## **Adoption of the programme and agenda**

The meeting adopted the programme and agenda. Participants were informed that representatives from 26 countries were present at the meeting.

## Report by the Chairperson

Merete Thorsén, Chair of the EFNNMA and WHO Steering committee outlined the 2004–2005 action plan.

Firstly she welcomed in particular Christine Hancock from the International Council of Nurses, Jean Yan, Scientist Nursing and Midwifery Adviser at WHO, Anna Nordfjell from the European Midwives Association, Paul de Raeve from the European Federation of Nurses Associations, Andrea Stiefel from the International Confederation of Midwives and Nora Pahlevanyan from the Network of Government Chief nurses as well as Ida Gustafsen, EFNNMA's sister organization EuroPharm Forum. She thanked them all for attending.

She was pleased that since the attendance of 24 countries at the last meeting there were now 70 participants from 26 countries. It's only a little more than half year since last meeting, but the Steering Committee have completed the action plan adopted in Skopje from 2003–2008.

The key elements of the action plan were as follows:

- **Mental Health Statement 2004** was presented by Merete Thorsén and Dr Lis Wagner the WHO European Ministerial Conference on Mental Health in Helsinki in January 2005;
- **WHO–Europe 54th European Regional Committee in Copenhagen, September 2004**, Sylvia Denton represented the Forum (see later in this report);
- **Collaboration with Other Organizations** the Steering group participated in the meetings of its two sister organizations, the pharmaceutical and medical forums. These three organizations can learn much from the success of the World Health Professions Alliance at global level. EFNNMA and WHO has also been invited to work collaboratively with the European Federation of Nurses Associations (EFN) in particular on HIV/AIDS – the theme for the next EFNNMA and WHO meeting;
- **Progress on the Munich Declaration follow-up Questionnaire** (see later in this report);
- **EFNNMA Web site** can be found at [www.euro.who.int/efnnma](http://www.euro.who.int/efnnma). and an evaluation Questionnaire will be circulated in 2006 to get feedback on its effectiveness;
- **Theme for the 2005 meeting** Maternity, Child and Adolescent health with a focus on obesity, with a statement to be discussed during this meeting;
- **Finances** are healthy due to membership fee income and support from nursing and midwifery associations in the form of twinning or costs of some aspects of the meetings. Thanks to all these associations from the Steering Committee.

## Report from the fifty-fourth session of the WHO Regional Committee for Europe

Sylvia Denton, President of the Royal College of Nursing United Kingdom, reported on the meeting of the 54th Session of the WHO Regional Committee for Europe.

Nursing was represented at the meeting in September 2004 by the International Council of Nurses (ICN) with NGO status, and by EFNNMA and WHO and the European Federation of



Nurses Associations with observer status. This was a positive step and we need to maintain this momentum.

The main issues to be addressed over the coming years, highlighted by the Director-General of WHO, Dr Lee Jong-Wook, were:

- major outbreaks of diseases such as SARS and the role of the International Health Regulations in addressing this;
- lack of access to treatment for HIV/AIDS as an example of inequity; and
- eradication of poliomyelitis, progress on the Framework Convention on Tobacco Control, and the contribution to the global strategy on diet, physical activity and health, as examples of unity and cooperation.

Dr Marc Danzon, who was re-elected as Regional Director of the WHO Regional Office for Europe, outlined the key areas of work for Europe:

- using effectively the extra resources for tackling HIV/AIDS in 18 countries in WHO Europe;
- global and regional strategies on noncommunicable diseases;
- input to the revision of the International Health Regulations;
- work of the ministerial conference on environment and health; and
- underpinning this were partnerships undertaking practical work – including WHO's partnership with the European Union 1(EU), the World Bank and the Council of Europe.

Other issues of importance to nursing were the discussions on the global strategy on diet, physical activity and health – with particular focus on children and adolescents – the theme of this meeting and a proposal for a European strategy on noncommunicable disease.

The EFNNMA and WHO statement on mental health was distributed and ICN made a verbal statement on the implementation of the Munich Declaration. These were important contributions in order to raise the profile of nursing and midwifery.

A major agenda item was the WHO budget which is now largely decentralized to regions. One aspect to note is that overall voluntary contributions constitute 70% of the budget and more and more reliance is being put on these contributions.

The 55th session of the Regional Committee will take place in Romania from 12–15 September 2005.

## **Preliminary Report on Munich Declaration Follow up**

Dr Lis Wagner, EFNNMA Secretariat gave a preliminary report on implementation of the Munich Declaration.

Her report was based on a questionnaire to ministries and associations from 2004. The full report will be presented to ministers initially but Dr Wagner was able to give an outline of the results. The analysis looks for trends rather than numbers.

Overall there had been many improvements in relation to legislation, particularly in regulating the scope of practice and education level – degrees. However, difficulties included the continued medical domination of health systems, the lack of resources and difficulties in defining the role of nurses and midwives.

In relation to decision-making the Government Chief Nurse is seen as most significant post and whilst the profession had increased its influence over nursing and midwifery decisions, involvement in general health care decisions still limited. The nursing and midwifery contribution is most visible at community level and interestingly the declaration has had a stronger impact in non-EU part of the region.

National research strategies are still very rare, with limited funds available but there were many reforms being undertaken in nurse education – not necessarily in response to the Munich Declaration. There continues to be very few countries with a targeted workforce planning strategy.

Overall respondents found WHO guidance very useful, but there was an issue about language and translation and more support was needed for developing research and databases, developing midwifery curricula and negotiating with ministries of health.

## **Financial report**

Kirsten Belfrage, outgoing Treasurer reported on the financial position of EFNNMA and WHO. The finances were healthy. In the year 2004 it was finally 35 associations who paid the fee to EFNNMA and WHO and that gave an income of US\$ 28 259.51. In all the balance brought forward is US\$ 16 000.

There were no remarks on the financial statement for 2004.

Ms Belfrage outlined the revised budget 2005 – given the balance carried forward and extra membership fees. The WHO Secretariat had employed a part time secretary since mid February.

Ms Belfrage thanked the Swedish Association of Health Professionals for their support in providing a Russian translator and also thanked the Danish Nurses' Organization for covering the expenses for the Chairperson's travels.

A reduced budget for 2006 was also proposed as EFNNMA and WHO calculated that it would not be carrying forward a balance at the end of this year.

## **Elections to the Steering Committee**

EFNNMA and WHO members thanked Kirsten Belfrage who was standing down as Steering Group member and Treasurer for all her hard work and dedication.

Four seats were open.

Sylvia Denton, Royal College of Nursing United Kingdom, was confirmed as Chairperson of the Steering Group and would take over at the close of this meeting.

Marian van Huis, Netherlands Midwifery Association, was confirmed as Vice Chairperson.

Elections took place for the remaining two positions on the steering group:

Merete Thorsén, Danish Nurses Organization, was elected

Madeline Spiers, Irish Nurses Organisation, was elected

Milka Vassileva, Bulgarian Association of Health Professionals in Nursing was not elected

It was proposed from the floor that nominees should make a short personal presentation during the meeting in case of future elections. The Steering Group will discuss and decide upon the proposal.

## Technical discussions

Dr Lis Wagner reported on the follow up to the questionnaire on mental health 2004.

She outlined briefly the main ways in which participants at the previous EFNNMA and WHO meeting in Skopje had utilized the mental health statement issued at the end of the meeting. The most common activities had been to take contact to the Ministry of Health and to publicizing the statement in nursing journals or on web sites, but it had also stimulated an increase in posts in mental health nursing, more contacts and cooperation with psychiatric associations and mental health societies and the development continuing education courses.

Professor Kim Michaelsen, Professor, Research Department for Human Nutrition, Royal Veterinary and Agriculture University, Denmark gave an overview obesity issues as background to the workshop discussions.

Professor Michaelsen stressed that we now have an obesity epidemic which could reach United States proportions unless we address it. The figures show clearly this increase with a greater prevalence in Southern Europe than Northern Europe.

In terms of pregnancy and obesity not that much is known. There are recommendations on weight gain in pregnancy and a recent small scale study looked at whether reduction in weight gain in obese women by about six kilos reduced maternal complications. The differences were not significant but did show some signs of improvement. The research also looked at the increase in birthweight in Denmark from 1973 to 2002. Possible causes are increased pre-pregnancy weight, decrease in smoking and increase in maternal age. There could also be a link with increased maternity leave. So there is reasonably consistent evidence that there is a negative association between birthweight and a central pattern of fat distribution in later life.

We know that babies who are not breastfed have a greater risk of becoming overweight children. Data from the United States and Denmark also shows that obese mothers have more difficulty breastfeeding. This risk groups needs particular support, also because of the social groups they generally belong to.

In terms of breastfeeding and its positive impact on obesity, Professor Michaelsen also outlined research showing that a child who is breastfed experiences taste and fat level changes and this

may affect their experience of eating different foods. The infant also plays more active role in feeding when breastfed as opposed to bottle fed.

But the picture is even more complex with infants. A young child still needs big fat depots at the age of one so this is not the point to start an obesity intervention. The normal physiological pattern in infants is for there to be a decrease in the level of fat gain from about six months to around the age of six years and then a rise again. So it is important to track what is happening from one year onwards.

There are many causes of childhood obesity from trends linked to making life easy and not encouraging activity to the way in which food is marketed and sold. But since the global strategy was introduced in 2003 there has been pressure on politicians and industry to address this more effectively. An interesting piece of research also showed a link between parental neglect and later obesity. Where teachers had identified and noted signs of neglect amongst children, these children were far more likely to be overweight ten years later. In terms of income levels however, the link with obesity varies depending on country – so for example the US, China and Brazil have quite different patterns with obesity linked to lower income levels in the United States and higher income levels in Brazil.

There are many opportunities for us to intervene to address these problems and influence the child's environment – including legislative, commercial, cultural and family practices. But Professor Michaelsen stressed that treatment of obesity is difficult so it is essential that we put a major effort into prevention.

In terms of treatment in Denmark there has been a project running providing six months of training with children, with the parents actively involved in the process. The data has shown a decrease in obesity, particularly where parents are prepared to continue the work after their treatment. The hospital system has not been good at dealing with these problems in the past and the work needs to be focussed in the community.

In the discussion following the presentation led by **Aase Jacobsen** from the Norwegian Nurses Association, participants highlighted the key role that school nurses, health visitors and child health clinics could play in identifying children at risk early on. Interventions needed to start at the ages of three, four or five to talk about lifestyles.

More could be done in hospitals in future, where such issues have a low priority in a medical setting.

In relation to obesity in pregnant women in Denmark midwives were now less reticent about broaching these issues and women are highly motivated when they are mothers to be. In the Netherlands there is a system for advising women before they get pregnant (since 60–70% of pregnancies are planned in the Netherlands) on diet, smoking etc. Research shows that if you are not well fed in early pregnancy this has an impact on the prevalence of heart disease later in life in the child.

On the North/South divide, participants were unsure whether increases in obesity in Southern Europe were due to the move away from a Mediterranean diet, or whether it was a lifestyle/wealth issue.

## **Introduction to workshops**

Dr Wagner introduced the workshop on maternity, child and adolescents health with focus on obesity. The meeting brook into three working groups A, B and C. (Russian translation was provided where needed):

A. Obesity and Maternity  
Presented by Georgeta Musat,  
Technical Officer, Nursing and Midwifery Programme,  
WHO Regional Office for Europe,  
Romania

B. Obesity and Children  
Presented by Anne Broedsgaard,  
Health Coordinator, Hvidovre University Hospital,  
Denmark

C. Obesity and Adolescents  
Present by Jon Needham,  
Young Person's Service Lead, Royal College of Nursing,  
United Kingdom

Each of the presenters had prepared questions to be discussed after their presentations (see annex 1 Feedback from the working groups)

Also the workgroups discussed the draft statement and their comments were intended to supplement the Statement which had been send by e-mail and distributed to all the participants.

## **Presentation of workshop reports**

The workshop A, B and C reports were presented and discussed.

## **Concluding session**

The draft Statement was presented. There was a long and lively discussion of the feedback from the working groups in relation to the draft Statement on maternity, child and adolescents health with focus on obesity.

After discussion, it was concluded that the proposed revised amendments to be included in the Statement.

## **Adoption of the Statement**

The meeting adopted the proposed amendments to the draft Statement and Dr Wagner informed hereafter the final Statement were adopted in consensus (Annex 2).

**Jean Yan**, Chief Scientist Nursing and Midwifery Adviser at WHO headquarters commented on the good work that the forum had been doing over the two days and highlighted some of the key work that WHO would be involved in over the coming year. Of particular interest is:

- The world health report for 2005 which focuses on making pregnancy safe.
- The world health report for 2006 and World Health Day will look at human resources for health and there will be a resolution at the World Health Assembly that year to have a decade for human resources for health.

Dr Yan encouraged nurses and midwives to respond to the current consultation on the WHO web site about human resources. She stressed that the office in Geneva was there for nurses and midwives and she encouraged participants to get in touch with her. One of its key roles will be to showcase the great work that nurses and midwives do.

**Christine Hancock**, President of the International Council of Nurses (ICN) also underlined the importance of the forum and the work it was doing but it was also a good opportunity to meet ICN members and friends. She informed the forum that she had just come from an important meeting on migration which ICN had coordinated with participation from WHO, the World Bank, World Trade Organization and the International Confederation of Midwives (ICM).

This was also an opportunity to update people on preparations for ICN Congress in Taiwan. Many will have heard about the difficult relations between China and Taiwan although ICN does not believe that the recent statement by China has changed anything. WHO does not have relations with Taiwan so unfortunately colleagues from WHO will not be there. ICN is confident that the conference will go ahead.

Finally she gave her best wishes to everyone involved in the meeting, but especially the Danish Nurses Organization for their hard work and for hosting the dinner.

## **Dates and venue of next meeting**

Valentina Sarkisova, Russian Nurses Association reported that the Steering group had agreed that 10th annual Forum meeting would take place in St Petersburg on 1–2 June 2006 at Moscow Hotel on Nevsky Prospect. She show a nice Power point presentation from the location and wished all the members and observers welcome in 2006

## **Closing**

Merete Thorsèn closed the meeting by thanking everyone for a fruitful work and thanked Royal College of Midwives and Danish Midwives associations for sponsoring lunches.

She concluded by congratulating the participants on their hard work over the previous two days and wishing them all a safe journey home.

## *Annex 1*

### FEEDBACK FROM THE WORKING GROUPS

#### **Feedback from Group A**

#### **Obesity and Maternity**

Presented by **Georgeta Musat, Midwife, Romania**

1. How can nurses and midwives do early detection and influence the behavioural habits of overweight and obese pregnant woman?
  - Early contact through education programmes regarding the benefit of breast-feeding using a multi agency approach.
  - Offer open pre-conception consultations in the community for continuity of care.
  - An integrated public health approach should be adopted using a combination of strategies.
  
2. How can nurses and midwives supply effective support for obese pregnant woman in order to help her to lose weight and avoid further weight gain?
  - Nurses and midwives must be aware of the influence that they may have on a patient's decisions.
  - Patients have the right to be educated about their choices.
  - Use the power of the profession.
  - Begins role modelling with nurses and midwives.
  - Educate pregnant woman through promotion of healthy diet and physical activities in dally life.
  - Inform pregnant woman of the purposes and expected effects of interventions.
  - Explain the rationale, demonstrate any needed activities, and write down instructions.
  - Add new behaviours and link these to old ones.
  - Use major referral sources: community groups; NGOs; books and videotapes; support groups.
  - Monitor progress through follow-up contact.
  
3. What are the most efficient ways to update the nurses and midwives' knowledge on healthy diet and physical activity?
  - Continuing professional development is important for the transfer of information e.g. counselling skills and the use of experts.
  - There is limited evidence of the effectiveness of interventions (e.g. counselling).
  - More studies are needed to assess the increase knowledge.
  - By which action can nurses and midwives influence the local communities in order to counteract overweight and obesity?

4. Nurses and midwives to lobby and campaign for policies that support reducing overweight and obesity.
  - To involve media.
  - To set up Specialist Obesity Services at community level.
  - The WHO Statement on Maternity, Child and Adolescent with focus on Obesity has to be implemented.

### **Feedback from Working group B**

#### **Obesity and Children**

Presented by **Anne Broedsgaard, Nurse, Denmark**

1. If obesity and prevention of obesity is not an issue we talk about in our interpersonal relations, in society or in our profession how can we change this?
  - Recognition of the cultural change meaning a healthy baby today is not obese.
  - Need to target education, particularly around breastfeeding and diets, to first time mothers.
  - Need to raise awareness of issue but balance this with problems of bulimia and anorexia.
  - Better education for nurses and midwives.
  - Encourage nurses to reclaim their role in nutrition and giving meals as an opportunity to talk about diet and healthy lifestyles.
  - Nurses and midwives need to be role models but we also need to use the power of the media in terms of models and influence they have.
  - Need to target sedentary lifestyles (TV, PC) and snacking.
  - This has to be a multi-disciplinary approach involving nurses, midwives and others.
2. Ethical aspects in relation to obesity and prevention – if people claim it is their own choice and chose to live their lives as obese how can the epidemic then be changed?
  - Government can play key role in encouraging substituting for example white bread with dark bread.
  - School is a key environment, to increase mobility and physical activity and for example for teachers and school nurses to monitor food in schools, although education of teachers not always successful.
  - Fast food outlets should not be placed near schools.
  - Parents should encourage their children to walk to school.
  - We should encourage more green spaces within the local community.
3. How can child obesity be prevented? Where do we start and how do we do it?
  - The first 11–12 months is key in terms of monitoring.
  - Focus on first time mothers, particularly building confidence and self-esteem.



- Put pressure on supermarkets to place healthy foods at the counter and at children's height.
4. What possibilities do we have as professionals to treat children for obesity with long lasting results?
- Greater education and training, but also the development of specialist roles to tackle this problem.
  - The school is a key focus – for nurses to educate children.
  - We need better coverage in the media and better campaigns.
  - The main focus should be in community based health care.

The group supported the draft EFNNMA statement but emphasized that Governments need to listen to and act on WHO strategies and statement.

### **Feedback from working group C**

#### **Obesity and Adolescents**

Present by **Jon Needham, Nurse, United Kingdom**

1. How can nurses help young people develop a sense of responsibility for their own diet and exercise programme?
  - Whatever nursing action undertaken it needs to start by encouraging young people to develop a sense of responsibility for their own actions – a basic tenant within this was to show respect for young people and not approach from a patronizing perspective, but to empower.
  - To make young people aware of their responsibilities, nurses needed first to be aware themselves; of the medical, social, physical and familial implications of overweight and obesity.
  - The focus of any nursing action needs to be on the community/peer group the young person functions in – not just to focus on the person with a weight problem.
2. What role can nurses play in delivering support for young people who are overweight or obese?
  - The nurses' role should be that of an educator, facilitator, initiator and mentor – involved in supporting young people to address their weight problem.
  - An important issue is how to operationalize weight management programmes. It was thought that the programme should be delivered by a 'public health practitioner' be that School Nurse, Family Nurse, etc.
  - That this care should be delivered in Primary/Community care, but with close links with specialist hospital care i.e. Endocrinologist / Paediatrician / Dietetic Support.
  - It was recognized that adequate funding of such initiatives was vital, and that governments needed to release funding, and perhaps recognizing the benefits to long term health that appropriate obesity prevention and treatment program would bring is the key to this.

3. What additional training do nurses require to support young people who are overweight or obese?
  - First and foremost Nurses should set an example for young people to follow.
  - Nurses need to develop a new vision to weight management, and move away from a medically led to a nursing led service model of delivery.
  - There is a need to adapt nursing education.
  - At pre-registration, to empower all nurses to effectively deliver the health education message.
  - At post-graduate level to develop specialist skills to help these young people.
  - As continuing education to update all staff.
  - To take the lead in teaching other professions/people how to manage this condition.
  
4. How can nurses influence where obesity management programmes should be undertaken?
  - Nurses to take the lead in developing innovative, multi-disciplinary approach to overweight and obesity management programmes.
  - To look at the client base and see what are the local issues relevant to the community.
  - Ask young people where THEY would like the service to be run.
  - Seek to validate programmes in place, and develop a evidence base of effective practice.
  - Lobby governments to pick up the prevention agenda and take the issue seriously.
  - Increase the school nurse to pupil ratio.
  - Incorporate healthy lifestyle as part of ‘normal life’ – give the responsibility back to the individual, not solely responsibility of the State or Health Service.

The participants then went through and agreed the amendments to the draft statement, to be circulated to EFNNMA members after the meeting.

## *Annex 2*

### STATEMENT ON MATERNAL, CHILD AND ADOLESCENT HEALTH WITH FOCUS ON OBESITY

The Forum of National Nursing and Midwifery Associations and WHO:

1. **ACKNOWLEDGING** the growing public health threat concerning overweight and obesity in the WHO European Region;
2. **RECOGNIZING** that being overweight and obese have reached epidemic proportions and affect both developed and developing countries, moreover the prevalence of overweight and obesity appears to be increasing rapidly during childhood and adolescence;
3. **AWARE** that being overweight and obese leads to chronic diseases and represents a great public health burden in adult life, either in terms of direct cost to society and governments, or of disability adjusted life years;
4. **RECOGNIZING** the impact that prevention of obesity in pregnancy, in utero factors and infant feeding practices can have on overweight;
5. **CONSCIOUS** of the impact on emotional health and well-being of children and young people, particularly the personal suffering associated with the stigma and discrimination of overweight and obesity;
6. **ESTABLISHING** the role of nurses and midwives in early detection of overweight and obesity in pre-pregnant and pregnant women, children and young people and the importance of their professional interventions and actions in promoting healthy behaviour and lifestyle;
7. **CONVINCED** that the enhanced skills and knowledge of nurses and midwives concerning diet, nutrition and physical activity can contribute to the prevention, control and research in the fight against overweight and obesity;
8. **RECOGNIZING** that the general curricula and education programmes for nurses and midwives has to be evidence-based knowledge for prevention of overweight and obesity, care of obese patients, detection and ways of influencing lifestyle;
9. **CONCLUDING** that nurses and midwives play a significant role in working together in the prevention of overweight and obesity with governments, nongovernmental organizations, international agencies, researchers, consumers industry, trade and the media.

**URGES** governments to:

- Initiate and implement legislation which ensures that consumers are provided with reliable information, scientifically justified, on the products they are purchasing.

- Involve industry, trade and consumers in a better nutrition labelling which allows an easy interpretation and utilization of nutrition information in selecting healthy diets.
- Enhance the school education curriculum for healthy eating and physical exercise behaviour.
- Strengthen the capacity of national, primary/community health care systems to protect and promote obesity management programmes.
- Promote exclusive breastfeeding through educational programmes and by increasing the number of baby-friendly hospitals and increase maternal leave to facilitate ongoing breast feeding and provide workplace environments conducive to breast feeding.
- Improve the education of nurses and midwives through a better knowledge of the principles of a healthy lifestyle.
- Implement education programmes for childbirth and breastfeeding.
- Provide funding for a whole systems approach to tackle the ongoing crisis of overweight and obesity.
- Raise the public consciousness of the serious consequences of being overweight and obese.
- Fund large-scale studies to evaluate the effectiveness of interventions to reduce overweight and obesity.

**ENDORSE** nurses and midwives to:

- Promote a healthy lifestyle.
- Offer pre-conceptual counselling for women and counselling throughout pregnancy towards a healthy diet and physical activity.
- Encourage exclusive breastfeeding for at least 6 months.
- Work with parents, families and wider communities to support their responsibility for the dietary and exercise habits of children.
- Encourage young people to take responsibility for their own dietary and exercise habits.
- Support those affected by overweight or obesity, to lose weight and avoid further excessive weight gain.
- Update the information material on healthy diets and physical activity for pregnant women, infants, children and young people.
- Identify specific high-risk groups and target resources to meet their needs.
- Provide independent non-commercial information and counselling to pregnant women, infants and children on choices of food.

### *Annex 3*

## LIST OF DOCUMENTS

#### **Working papers**

<b>5049098/1</b>	Provisional list of working papers and background material
<b>5049098/2</b>	Provisional programme
<b>5049098/3</b>	Scope and Purpose
<b>5049098/4</b>	Provisional list of participants
<b>5049098/5</b>	EFNNMA and WHO Eligible Membership List 2005
<b>5049098/6</b>	Operational Principles September 2004
<b>5049098/7</b>	Activity plan 2004–2005 (Strategic plan 2003–2008)
<b>5049098/8</b>	Second draft Statement on Maternity, Child and Adolescents Health with focus on Obesity with References
<b>5049098/9</b>	Financial report Jan–Dec 2004
<b>5049098/10</b>	Financial Statement Jan–Dec 2004
<b>5049098/11</b>	Revised budget Jan–Dec 2005
<b>5049098/12</b>	Budget Proposal Jan–Dec 2006
<b>5049098/13</b>	Election Circular 9th Annual Meeting of the EFNNMA and WHO
<b>5049098/14</b>	Attendance to workshops
<b>5049098/15</b>	Statement on Mental Health, Nursing and Midwifery

*Annex 4*

**FINANCIAL STATEMENT, JANUARY–DECEMBER 2004**

<b>INCOME US\$</b>	<b>Approved Budget 2004</b>	<b>Final statement 2004</b>
Balance carried over from 2003	9 875.37	10 660 <sup>1</sup>
Membership fees	26 716.00 <sup>2</sup>	28 259.51 <sup>3</sup>
<b>US\$</b>	<b>36 591.37</b>	<b>38 134.88</b>
<b>EXPENSES:</b>		
<b>Steering Committee and Secretariat:</b>		
Administrative support	18 000.00	6 112.85 <sup>4</sup>
Chair person (travel etc.)	5 500.00	0 <sup>5</sup>
Printing/mailing	300.00	521.13
Programme support costs	3 473.00	4 500
<b>Annual Meeting 2004</b>		
Printing/mailing and editing of Forum report	4 000.00	2 647.50
Secretariat travel and per diem	3 818.37	2 870.98
Speaker(s) travel and per diem	1 500.00	5 468.32
<b>Task force</b>		
Printing/publishing/other		
<b>Total</b>	<b>36 591.37</b>	<b>22 120.78</b>
<b>Balance to be brought forward to 2005</b>		<b>16 014.10</b>

<sup>1</sup> Final amount transferred from 2003 was 10 660

<sup>2</sup> 2004 03 18: 32 Midwifery and Nursing Associations estimated

<sup>3</sup> 2004 12 31: 35 Midwifery and Nursing Associations (28520)

<sup>4</sup> Salaries, end of Jan – end of July, Web support

<sup>5</sup> Expenditures covered by the Danish Nurses Organization

*Annex 5*

**PROPOSED BUDGET JANUARY–DECEMBER 2006**

<b>INCOME US\$</b>	<b>Proposed budget 2006</b>
Balance carried over from 2005	0
Membership fees	26 800.00 <sup>6</sup>
<b>US\$</b>	<b>26 800.00</b>
<b>EXPENSES:</b>	
<b>Steering Committee and Secretariat:</b>	
Administrative support	15 000.00
Chair person (travel etc.)	4 000.00
Printing/mailing	500.00
Programme support costs	2 500.00
Steering Committee meeting	
<b>Annual Meeting 2006</b>	
Printing/mailing and editing of Forum report	300.00
Secretariat travel and per diem	3 000.00
Speaker(s) travel and per diem	1 000.00
Annual meeting facilities	500.00
<b>Total</b>	<b>26 800.00</b>

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<sup>6</sup> 35 Midwifery and Nursing Associations

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