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Obesity and diabetes in the Counties Manukau District Health Board region in Auckland, New Zealand

Karaponi Okesene Gafa
Counties-Manukau District Health Board, New Zealand

Abstract

How can we obtain information from women about their knowledge of impact of obesity on their health and health of their babies in a culturally sensitive manner?

The global epidemic of obesity is rising rapidly in some ethnic groups. Unless the world comes to grips with the problem quickly enough, it will take a very long time to reverse the long term consequences of the problem. The New Zealand Health Survey in 2006-2007 showed that in women of childbearing age (15-44 years), 21 to 32% were overweight and 16 to 27% were obese. Obesity was most prevalent in women of Pacific and Maaori ethnicity. Counties Manukau District Health Board (CMDHB) region in South Auckland New Zealand is home to a high number of Pacific and Maaori women. During the years from 2007-2009, 86% of Pacific, 69% of Maaori, and 50% of European/Other, women were considered overweight or obese during pregnancy. The trend increased with increasing age and also increased with increasing deprivation. This region also had a high perinatal mortality rate above the national baseline. A stillbirth study that was carried out in Auckland showed that after adjusting for ethnicity and socioeconomic status, obesity was the only significant risk factor for stillbirth. Obesity increases the risk of gestational diabetes, gestational hypertension, preeclampsia, caesarean delivery, maternal trauma, fetal macrosomia, and shoulder dystocia. These women are also more likely to have their labor induced. CMDHB data showed that there has been an increase in rate of gestational diabetes. The largest percentage was of Pacific ethnicity which is probably due to the high rates of obesity in this group. There had been no research (to my knowledge) in this group of women assessing their knowledge of the impact of obesity and excessive weight gain on their health and the health of their babies. A couple of summer medical student did an extensive literature search looking at what was available in the literature with a particular focus on Pacific women but literature was scarce. Their main job was to also devise a culturally appropriate questionnaire that can be used for Pacific women (that can also be adjusted for other ethnic groups) to inform us of how women view weight and exercise, and their knowledge of nutrition during pregnancy. In the two focus groups, the first was predominantly Pacific women of Samoan ethnicity to pilot the questionnaire. The second focus group was of women with mixed first nation ethnicities working predominantly in the health sector. Their feedback was very helpful in drafting the final questionnaire. This questionnaire will be used for a feasibility study to assess women's knowledge that will inform us of how we can develop a culturally appropriate intervention that will be suitable for women residing in this region. It is also important to find out from the women that if we develop a randomized controlled trial of nutrition and exercise intervention versus best practice routine antenatal care trial, whether they will be willing to participate.

Biography

Karaponi Okesene Gafa is a consultant Obstetrician at Counties Manukau District Health Board (CMDHB), South Auckland, New Zealand. She is of three Pacific Island ethnicities Niuean, Samoan and Cook Island. She graduated as a doctor from Otago University, South Island of New Zealand. She studied a Diploma in Obstetrics and Gynecology at Auckland University followed by Obstetrics and Gynecology Specialist training at National Women's Hospital, Auckland, New Zealand. She has also worked in National Women's, North Shore, and Wellington Women's Hospitals. In 2006, she was appointed as Director of Health for Niue Island to support the establishment of the new Hospital. The one and only Niue hospital was demolished by cyclone Heta in January 2005. The new hospital was funded by the government of New Zealand and part of the requirement was for someone from New Zealand to commission the new hospital, as well as re-establish and strengthen hospital services. This was done in partnership with CMDHB through a memorandum of understanding. After two years, she returned to Middlemore Hospital in January 2008. She is currently the clinical Obstetrics Lead for Diabetes in Pregnancy at CMDHB and also has Public Health interests related to nutrition, obesity and diabetes.