

Weight Expectations: Experiences and Needs of Overweight and Obese Women and their Health Care Providers

Jennifer Bernier, PhD; Tanya Barber, MA; and Barbara Clow, PhD
Atlantic Centre of Excellence for Women's Health
www.acewh.dal.ca

Study Aims

- OW/OB women's experiences of pregnancy and maternity health care
- Practitioners' experiences of providing care to OW/OB pregnant women

Literature

- Focus on physical health implications
- Outcomes deteriorate in a linear manner as BMI increases from "normal" to obese
- A select number of Clinical Care Guidelines emerged in 2010
- Psychological, emotional and social aspects missing
- Little about practitioners' experiences

Research Methods

- Qualitative study
- Nova Scotia and Saskatchewan
- 33 participants: 18 women and 15 practitioners
- Semi-structured interviews about all stages of pregnancy and approaches used to provide maternity care



Findings

Psychological and Emotional (Psy-Emo) Implications

- Influenced overall experiences of care
- Varied (positive – neutral – negative)
- 15 of 18 women reported at least one negative experience
- Four main Psy-Emo implications of maternal OW/OB:
 - 1) Guilt and self-blame
 - 2) Fear of judgement
 - 3) Stigma and discrimination
 - 4) Body image

Experiences of Maternity Care

- Health practitioners and women not really talking about weight and pregnancy
- Often women initiating these conversations
- Topics of Discussion: Weight, Diet and Exercise, and Health Risks

1) Weight

➤ Weight Gain

- Mixed emotions around the topic
 - Weight expectations among practitioners varied
 - Unrealistic and unattainable
- "The nurse that I saw kind of went over, you know, because this is where you are on the BMI this is how much weight you are supposed to gain, which for me was 15 pounds in the pregnancy ... I was upset when I came home for sure because I just was like, 'I'm doomed.' I'm doomed to be fat in this pregnancy because inevitably I don't know how I could just gain only 15 pounds."*

Table 1: Recommended rate of weight gain and total weight gain for singleton pregnancies according to pre-pregnancy BMI

Pre-Pregnancy BMI Category	Mean Rate of Weight Gain in 2 nd & 3 rd Trimester		Recommended Range of Total Weight Gain	
	Kg/week	Lb/week	Kg	Lb
BMI <18.5 Underweight	0.5	1.0	12.5-18	28-40
BMI 18.5-24.9 Healthy Weight	0.4	1.0	11.5-16	25-35
BMI 25.0-29.9 Overweight	0.3	0.6	7-11.5	15-25
BMI ≥ 30 Obese	0.2	0.5	5-9	11-20

Adapted from the IOM

➤ Monitoring Weight

- Should women be weighed or not?
- How should they be weighed? By whom?
- Created distress for many women
- Need for trust

"I weighed myself a lot and I dreaded going to the doctor to go on the scale. The scale lady, who was a doctor's assistant, would often comment on the weight. She would say 'Oh that's a big jump this time' or I would say, 'If it's a big number I don't want to know' and she would say, 'Well you have lots of big numbers to go.' I dreaded going to the scale."

2) Nutrition and Exercise

- Conversations varied
- Information about Canada Food Guide – not really helpful
- Lacked practical strategies for how to implement

3) Physical Health Risks

- Practitioners aware of and monitoring risks, but not engaging women in conversations
- 11 of 18 women: No one said anything about risks
- Left women ill-informed and unaware of complications associated with OW/OB

Challenges for Practitioners

- Uncomfortable for both practitioners and patients
- Standardized procedures often more difficult
- Lack of appropriate equipment
- Lack of formal education and training on topic
- Pervasiveness of weight discrimination in health system

"I mean we can't enforce a policy if we don't have funding for the equipment and if we're not properly supplied. You can't follow a policy if you don't have the equipment to follow it. We need to have beds and chairs and an understanding of weight bias, and that type of thing."

Approaches to Maternity Care

Valued

- ❖ **Informative and Engaging:** used collaborative methods, established supportive environment, learned about women
- ❖ **Direct and Professional:** discussed concerns directly and informatively

Not Valued

- ❖ **Insufficient or Avoidant:** did not discuss weight, avoided questions or gave anecdotes rather than facts
- ❖ **Insensitive:** did not listen to women, made wrongful assumptions and hurtful comments

Recommendations

- Adopt a valued approach to maternity care
- Adopt a policy to discuss weight-related issues with all women – regardless of size
- Provide women with options and allow them to make choices in their care and pregnancy plans, as well as give input
- Focus on "healthy pregnancy" rather than "the numbers"
- Take the social context of women's lives into consideration (e.g., income, geography, food security, etc.)
- Utilize an interprofessional, collaborative approach
- Increase educational and training opportunities
- Review equipment and assess clinical care environment

"I mean when you're overweight, no matter how much you are overweight, you care and it matters. And at this time, you just don't feel like you could do anything about it. And the last thing you want when you have this super wonderful, joyful thing, you know, like pregnancy is supposed to be wonderful and happy and exciting. And when you have someone commenting on your weight then that takes away from that experience. It takes away from feeling excited, because then you start to wonder, you know, am I hurting the baby? Is my weight causing problems?"