

Weight Expectations:

Experiences and Needs of
Overweight and Obese Women
and their Health Care Providers

Jennifer Bernier, PhD

Tanya Barber, MA

Consultation Session Presentation

2012



Le Centre d'excellence de l'Atlantique
pour la santé des femmes

Atlantic Centre of Excellence
for Women's Health



**DALHOUSIE
UNIVERSITY**

Inspiring Minds

Research Team

- **Collaboration between ACEWH and Prairie Women's Health Centre of Excellence**
- Barbara Clow, PhD
- Margaret Haworth-Brockman
- Jennifer Bernier, PhD
- Tanya Barber
- Yvonne Hanson

This project was made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

Presentation Overview

- Background
- Research Methods
- Key Findings
- Recommendations
- Questions & Discussion



Aim of Study

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



Literature

- Primarily physical health implications
- Outcomes deteriorate as BMI increases
- Psychological, emotional and social aspects missing
- Little about practitioners experiences

	Examples of Physical Health Risks
Moms	<ul style="list-style-type: none">• Reduced fertility• Miscarriage• Gestational diabetes• Preeclampsia• Cesarean birth• Anaesthesia complications• Postoperative infection• Hemorrhage• Hypertension• Blood clots
Babies	<ul style="list-style-type: none">• Fetal and infant death• Large birth weight• Neural tube defects• Congenital anomalies• Incidences from cesarean

Clinical Care Guidelines (2010)

1. Society of Obstetricians and Gynecologists of Canada
 - *Obesity in pregnancy*
2. Centre for Maternal and Child Enquiries & Royal College of Obstetricians and Gynaecologists
 - *Management of women with obesity in pregnancy*
3. Association of Ontario Midwives
 - *The management of women with a high or low body mass index*
4. National Institute for Health and Clinical Excellence
 - *Dietary interventions and physical activity interventions for weight management before, during and after pregnancy*

Research Methods

- Qualitative study
- Nova Scotia and Saskatchewan
- Ethics approval
- **33** participants: **18** women and **15** practitioners
- Questions about all stages of pregnancy and approaches used to provide maternity care



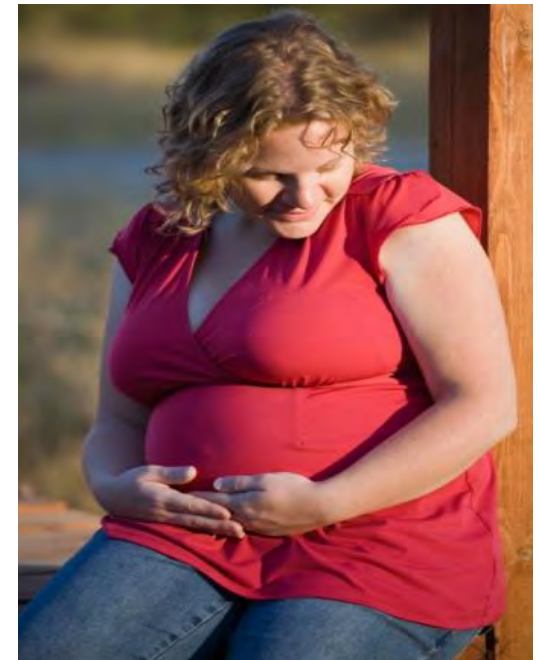
PRAIRIE WOMEN'S HEALTH
CENTRE OF EXCELLENCE

RESEARCH ■ POLICY ■ COMMUNITY

Women's Experiences of OW/OB During Pregnancy

Psychological and Emotional Implications

- Experiences varied
- **15** of **18** women had at least one negative experience
- Psychological and emotional implications of maternal OW/OB:
 - 1) Guilt and self-blame
 - 2) Fear of judgement
 - 3) Stigma and discrimination
 - 4) Body image



“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?”

Experiences of Maternity Care

Weight Gain

- Mixed sentiments
- Weight expectations varied
- Unrealistic and unattainable

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

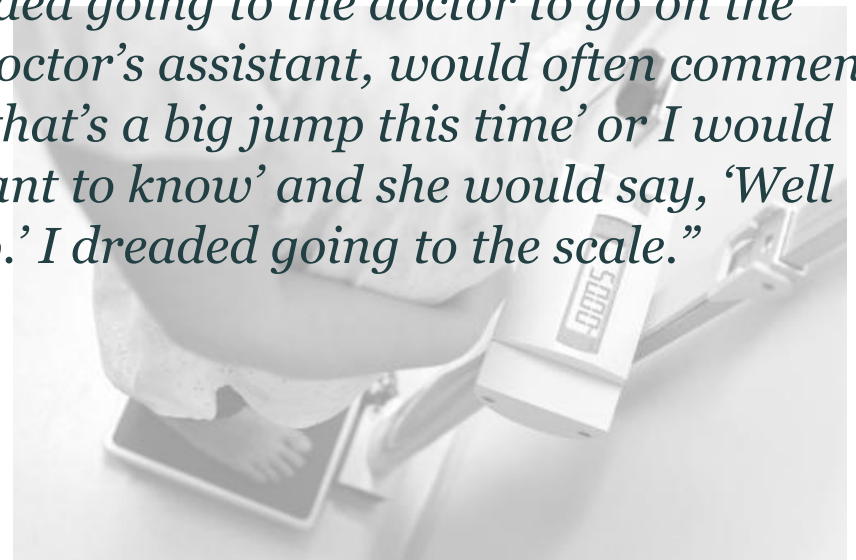
Adopted from the IOM

“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.”

Monitoring Weight

- Should women be weighed or not?
- How should they be weighed? By whom?
- Created distress for some 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.”



Nutrition and Exercise

“All women in our care, regardless of their weight receive counselling and guidance around healthy eating, exercise and self-care during pregnancy and post-partum. We also pay attention to food accessibility, both in terms of access to food and access to good quality food”

- Conversations varied
- Canada Food Guide – not really helpful
- **Assumptions about women’s lifestyles**
- No practical strategies for how to implement

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

Quality of Maternity Care

Challenges for Practitioners

- Uncomfortable
- Standardized procedures
- Equipment
- Education and training
- Weight bias and discrimination

Approaches to Maternity Care

Favourable

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

Unfavourable

- ❖ 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 for Policy and Practice

- 1) Adopt a valued approach to maternity care
- 2) Adopt a policy to discuss weight-related issues with all women – regardless of size
- 3) Provide women with options and allow them to make choices in their care and pregnancy plans, as well as give input
- 4) **Focus on “healthy pregnancy” rather than “the numbers”**
- 5) Review equipment and assess clinical care environment

Report Available at
www.acewh.dal.ca



Weight Expectations:
Experiences and Needs of
Overweight and Obese
Pregnant Women and
their Healthcare Providers

By Jennifer Bernier, Yvonne
Hanson and Tanya Barber

2012

Discussion

- 1) How are your experiences of providing maternity health care similar or different to the research findings?
- 2) What strategies and approaches are you using when working with this group of women, if any?
- 3) What kind of challenges, if any, have you experienced working with OW/OB pregnant women?
- 4) Where could you see yourself incorporating the recommendations into your daily work, if at all?

THANK YOU

jennifer.bernier@dal.ca
(902) 494-7856



Le Centre d'excellence de l'Atlantique
pour la santé des femmes

Atlantic Centre of Excellence
for Women's Health