



WEIGHT EXPECTATIONS:

Experiences and Needs of
Overweight and Obese Pregnant Women and
Their Health Care Providers

Consultation Sessions with
Senior Health Care Administrators and Practitioners
Report

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January 2013

Acknowledgements

On behalf of the research team, I would like to thank all of the participants who took time out of their busy schedules to attend the consultation sessions and share their experiences. Our gratitude is also extended to those who assisted us with arranging the sessions.

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Suggested Citation: Bernier, J. (2013). Weight expectations: Experiences and needs of overweight and obese pregnant women and their health care providers. Consultation sessions with senior health care administrators and practitioners report. Halifax, NS: Atlantic Centre of Excellence for Women's Health.

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.

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Background

In 2011-2012, the Atlantic Centre of Excellence for Women's Health in collaboration with the Prairie Women's Health Centre of Excellence conducted a ground-breaking qualitative study examining the experiences of pregnancy and maternity care among overweight and obese women, as well as health practitioners' experiences of providing maternity care and support to women with overweight or obesity. Thirty-three individuals were interviewed over the course of the two-year project. Their stories generated rich data and a new understanding of the management of overweight and obesity throughout all stages of pregnancy, including pre-pregnancy and conception, pregnancy, labour and delivery, as well as post-pregnancy. Please visit www.acewh@dal.ca for a copy of the research report.

Upon completion of the study, a series of consultation sessions were set up with senior health care administrators and practitioners, including family physicians, obstetricians and gynaecologists, midwives, nurses, and registered dietitians. The sessions provided us with a valuable opportunity to share the research findings and engage with a large audience of individuals working with overweight and obese pregnant women in a variety of clinical care settings.

This report provides an overview of the consultation sessions and highlights the key themes that emerged from the discussions.

Objective

The objective of the consultation sessions was to share the research results and enhance the research findings related to the management of overweight and obesity during pregnancy through consultations with senior health care administrators and health care practitioners.

Process

The consultation sessions were carried out in three different locations in Atlantic Canada between October and December 2012. Over 70 health care administrators and practitioners attended the sessions, including family physicians, obstetricians and gynaecologists, midwives, nurses, and registered dietitians. We were invited to do the first consultation session in a hospital as part of an accredited Continuing Medical Education program. The second occurred during a national midwifery conference and the third at a women's and children's hospital.

Each session began with a presentation of the study followed by an informal conversation between the researchers and attendees. Consultations ran between 30-60 minutes. Participants talked openly about their own experiences of providing maternity care to women with overweight and obesity, including how their experiences were similar to and/or different from the research findings, the strategies and approaches they used when working with this group of women, and some of the challenges associated with providing maternity care and support to larger-sized women.

Emergent Themes

The study presentation sparked a great deal of dialogue among those who attended the three sessions. We found that many of the issues health care administrators and practitioners touched on during the consultation sessions aligned with the research findings – providing further validation for what we found. While there were a number of different issues discussed over the course of the three sessions, there were four key themes that emerged. Those themes are outlined below.

1. NUMBER OF OVERWEIGHT AND OBESE PATIENTS ON THE RISE

Health care administrators and practitioners said that they have witnessed a significant increase in the number of pregnant women in their care who are overweight and obese. In fact, similar to our health care practitioner research participants, many told us that the majority of their patients are now overweight or obese compared to even a few years ago when more of their patients would have fallen into recommended BMI categories. Given that overweight and obesity has become more commonplace, the majority of those who partook in the consultation sessions said that the study findings were particularly relevant to their daily practices and important for improving the quality of care overweight and obese pregnant women receive during all stages of pregnancy.

2. NEED TO BE MORE COMFORTABLE TALKING ABOUT WEIGHT

Similar to the practitioners who participated in our study, those who attended the consultation sessions brought up how uncomfortable addressing overweight and obesity can be – not only for themselves, but also for their patients. This particular challenge inspired a great deal of dialogue during two of the three consultations. Questions were posed to us about how to broach the topic of overweight and obesity with patients in a sensitive manner and we referred to some of the research findings and recommendations.

At one of the sessions, there was an in-depth discussion of the methods practitioners in the room were currently using to address overweight and obesity with their patients. One practitioner modelled her obesity counselling and management after Dr. Arya Sharma’s “5As of Obesity Management,” which suggests practitioners ask patients for permission to discuss weight, assess health risks and advise patients of those risks, agree on realistic weight goals together, as well as assist patients in addressing barriers and provide informational support (for more information see www.obesitynetwork.ca/5As). Others thought that this model might be a helpful tool for them.

There was agreement across the groups that having discussions related to the management of weight during pregnancy amongst health professionals, such as those that were occurring at the consultation sessions, were important first steps. They believed that further dialogue and research on how to address and manage overweight and obesity in pregnancy in a sensitive manner needed to be made a priority in order to increase the quality of care received by overweight and obese pregnant women.

3. PATIENTS WHO DO NOT WANT TO TALK ABOUT WEIGHT

Just as we heard from health care providers and overweight or obese women themselves during the interviews, a number of administrators and practitioners who attended the consultation sessions commented on how challenging it can be to discuss and manage weight with patients who do not want to address the issue. There were mixed reactions on how to respond to overweight and obese pregnant women in this situation. Some practitioners said they simply dropped the issue and did not attempt further discussions. Others said they continually tried to address weight during pregnancy in a supportive and non-intrusive way. There were others still who said they were at a loss to know what to do in these particular circumstances.

During one of the sessions a conversation ensued about the barriers overweight and obese women put up with regard to weight-related discussions if their health care providers are larger sized themselves. At the other end of the spectrum, practitioners also said that patients can be closed off to conversations around weight with health care providers who they perceive to be a healthy weight, thin or underweight. There was no consensus on how to deal with this issue, but the conversation did highlight yet again how complex discussing and managing overweight and obesity can be for health care providers.

4. OFTEN LACK THE NECESSARY RESOURCES

We heard consistently from practitioners and administrators across the sessions that a lack of resources posed significant challenges to providing optimal maternity care for overweight and obese women. Health care providers explained that not having adequate bariatric equipment specifically designed for larger sized patients often made it difficult to carry out standard procedures. A lack of bariatric equipment also had the potential to compromise the quality of patient care. For example, attendees said that overweight and obese pregnant women could experience increased physical discomfort if health care providers encountered difficulties when palpating the stomach. Others brought up the emotional distress that patients may experience when waiting room chairs, weight scales, beds, or wheelchairs were not large enough to accommodate them. The concern for a lack of adequate bariatric equipment in clinical care settings was also raised by practitioners who were interviewed for the study.

One challenge raised during the consultations that was not discussed by the health care professionals who participated in the study was the limited amount of time health care providers had with patients. Obstetricians and gynaecologists, as well as some family physicians, told us that appointments were restricted to 5-10 minutes. They said it was nearly impossible to discuss the multifaceted issues connected to overweight and obesity in addition to carrying out standard maternity care practices within this short timeframe. This was not a challenge for all health care professionals though. Many of the midwives who attended our sessions said that the structure of their appointments, which were usually 30 minutes in length, allowed them ample time to discuss weight-related issues with patients

over the course of the pregnancies. Those who attended the consultations suggested that appointment times be considered with respect to the recommendations we made based on the research findings.

Discussion

There was an overwhelmingly positive response to the research study and findings. The majority of senior health care administrators and practitioners who attended the consultation sessions stated that overweight, obesity and pregnancy was an important topic that needed to be acknowledged by health care professionals and clinical care settings on an ongoing basis. We also heard from a number of session attendees that the research findings were relevant to their own maternity care practices and personal goals of ensuring that all women received good quality maternity care regardless of their size.

Through the conversations we had at the consultations sessions we were able to further validate the research findings. For example, all four of the themes described in the above section were also key issues that had emerged from the study data. There were also a number of other findings from the study that session attendees said aligned with their own experiences of managing overweight and obesity during pregnancy. For instance, some groups talked about the problems associated with weighing women and recording their weight in public spaces where others were privy to the information.

The sessions also allowed us to gain additional insight into the challenges health care providers experience in providing good quality maternity care for this group of women. For example, appointment times had not been discussed by practitioners who participated in the study. However, the women we interviewed had thought that a lack of time during appointments may be one of the reasons why health care providers were not talking with them about weight during their pregnancies. Thus, the session outcomes further validated their experiences.

The consultation sessions were also a good reflection of the controversial nature of overweight and obesity in general and specifically in relation to the provision of maternity care for overweight and obese women. At one of the consultation sessions we received some resistance from a number of practitioners about the study's findings. We observed changes in body language, some left the session (although we cannot be certain this was due to the content of the presentation), and the tone of the discussion and questions was much different from the others. There were a number of individuals who appeared offended that we were highlighting the negative aspects of maternity care for overweight and obese women and as a result questioned our choice of research methods and the rigor of our study. Judging by the questions and comments we received it was clear that a number of these individuals favoured quantitative studies and were not familiar with or open to qualitative research and the insights this type of research can provide. Despite some of the backlash we received

at this session, the evaluation summary noted a number of key points that attendees took away from the presentation and discussion, including an increased awareness of negative attitudes and bias around overweight and obese patients, the importance of addressing overweight and obesity in pregnancy, using a direct and professional approach when addressing weight-related issues, and not weighing women in open spaces.

Our study only scratched the surface of the complex nature of overweight and obese women's experiences of pregnancy and maternity care and practitioners' experiences of providing maternity care and support to this group of women. There is still much to be learned about weight in pregnancy and how health care administrators and practitioners can work together to provide overweight and obese patients with the best quality of care possible. There is no doubt in our mind that health care professionals are committed to providing optimal care to their patients regardless of their size. This project, including the consultation sessions, highlighted how important it is for practitioners to engage in conversations about weight and pregnancy – not only with their patients, but also amongst their peers. Although this topic – and how best to address issues of weight – is not without controversy, participants from both the research study itself and the consultation sessions confirmed just how important this topic is in today's society where overweight and obesity is becoming more widespread.

Recommendations

A number of recommendations based on the study findings were outlined in the final report to improve the quality of maternity care overweight and obese women receive (see research report). Based on the conversations we had with senior health care administrators and practitioners during the consultation sessions, we offer the following recommendations for next steps in maternity care policies, practices, and research:

- 1) To address a lack of bariatric equipment in clinical care settings, we recommend that provincial policies be established and resources provided to hospitals and clinics for the purchase of bariatric equipment.
- 2) To facilitate conversations around weight in pregnancy between health care providers and their patients, we recommend that practitioners adopt the policy of stating up front that they discuss healthy pregnancies, including weight-related issues, with all patients.
- 3) To assist health care providers in raising weight-related topics and providing vital information related to overweight and obesity in pregnancy, we recommend that print materials be created and distributed in clinical care environments for both practitioners and patients to use. These materials may include tips for bringing up and continuing conversations about weight in a sensitive manner, a list of health outcomes (emotional, psychological, physical and social) associated with overweight and obesity in pregnancy, and strategies for eating healthy and exercising during pregnancy.

- 4) Given the emotional discomfort that many health care providers and patients experience with respect to talking about weight, we recommend that onsite clinical care supports be put in place for health care providers. For example, providing platforms for health professionals to discuss their experiences amongst other practitioners, education and training specifically related to weight and pregnancy, and peer learning opportunities such as role playing and information sharing.
- 5) To ensure that policies or practices related to weight and pregnancy can be adopted by all practitioners, we recommend that the amount of time practitioners have with patients during appointment be taken into account prior to instituting new guidelines, etc.
- 6) Given the lack of information available on practitioners' and patients' experiences of overweight, obesity and maternity care, we recommend that future research examining the psychological, emotional, physical and social aspects of overweight and obesity in pregnancy be carried out.