

Atlantic Centre
of Excellence for
Women's Health

www.acewh.dal.ca
acewh@dal.ca

RESEARCH PROJECT:

WEIGHT EXPECTATIONS: EXPERIENCES AND NEEDS OF OVERWEIGHT AND OBESE PREGNANT WOMEN AND THEIR HEALTH CARE PROVIDERS

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



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

By Jennifer Bernier, PhD (jennifer.bernier@dal.ca)

What is the Research Project?

In 2011-2012, the Atlantic Centre of Excellence for Women's Health (ACEWH) 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.

What are the key Issues?

In recent years, Canada and many other countries have witnessed a rise in rates of overweight and obesity, motivating researchers, health care providers and policy makers to focus more attention on the relationships between overweight and obesity and health. This focus has included examining the impact of overweight and obesity on maternal and newborn health, resulting in a breadth of knowledge about potential negative physical health outcomes

for both mothers and babies. There is a gap, however, in the literature relating to the psychological, emotional, and social implications of overweight and obesity in pregnancy, as well as the self-described experiences of overweight and obese women and those of their health care providers. It was these gaps in the literature that motivated us to conduct the current study.



Thinkstock

Who participated?

Over the course of the two year project, we interviewed 33 individuals in Nova Scotia and Saskatchewan. Participants included 18 women who were pregnant (or recently pregnant) and self-identified as being overweight or obese and 15 health care providers, including family physicians, obstetricians and gynaecologists, midwives, nurses, and registered dietitians. 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.

What did we find?

* Overweight and obesity in pregnancy was complex and each woman's experience was unique with women characterizing their pregnancies along a spectrum from positive to neutral to negative. Almost all of the women we interviewed encountered at least one unpleasant incident during their pregnancy directly related to their weight. The most common causes of distress included guilt and self-blame, poor body image, as well as stigma and discrimination, including unwelcome comments and assumptions about their lifestyle. Some feared being judged or lectured about their weight and hid information from their practitioners.

Weight Expectations: Experiences and Needs of Overweight and Obese Pregnant Women

* For the most part, women and their health care providers were not talking about weight. While some women were content with not discussing issues of weight and pregnancy, others wanted to be informed about any and all factors that could affect their pregnancies, as well as their own health and that of their babies. It was often the women who brought up weight-related issues with health care providers and not the other way around.

* Total recommended weight gain based on pre-pregnancy BMI was the most common weight-related topic to be discussed if weight was brought up. Most women felt that these expectations were unrealistic and unattainable. Additionally, for many women, being routinely weighed at appointments was emotionally upsetting.

* The majority of practitioners talked to women about nutrition and exercise – but the extent of these conversations varied. Women's experiences also differed. Some said diet and exercise had been discussed briefly, others more in-depth, while another group of women said the topic had never been raised. Practical strategies on how to incorporate healthy eating and exercise into current routines were lacking.

* Few health care providers

talked to women about the physical health risks associated with overweight and obesity despite the fact that they were aware of and managed these risks.

* Post-pregnancy weight loss was a concern for participants. Sleep deprivation and the need for and cost of childcare acted as barriers to weight loss.

* Practitioners experienced a number of challenges in providing good quality maternity care to overweight and obese women, including: (a) the fact that weight was often difficult to bring up, (b) standardized ways of monitoring the health of women and their babies were often more difficult in larger women, (c) a lack of adequate bariatric equipment, education and training, and (d) systemic weight bias and discrimination.

* Highly valued approaches to communicating and engaging in weight-related practices, included: (a) an informative and engaging approach where practitioners were more gentle and collaborative in nature, established a supportive and non-judgemental environment, learned about women's weight histories and recognized their specific circumstance, and (b) a direct and professional approach where health care providers discuss concerns directly and informatively and not withhold information.

What were the recommendations based on the findings?

(1) Create a supportive and non-judgmental environment and discuss concerns directly and informatively without withholding information.

(2) State upfront that it is policy to discuss weight gain, nutrition and exercise, as well as health risks with all patients.

(3) Provide women with options and allow them to have input and make choices in their care and pregnancy plans.

(4) Focus on a "healthy pregnancy" rather than on "the numbers" such as BMI.

(5) Take the social context of women's lives into consideration by tailoring strategies to address factors that may create inequities, including challenges for achieving and maintaining healthy weights.

(6) Use an interprofessional and collaborative approach to maternity care that includes family physicians, obstetricians and gynaecologists, midwives, nurses, anaesthesiologists and dieticians.

(7) Create or seek out opportunities to increase knowledge about overweight, obesity, and pregnancy.

(8) Assess whether clinical equipment is adequate for patients with larger size bodies.

For further information and/or a copy of the final report, please visit: www.acewh.dal.ca