

**Preliminary Report:  
Women's Experiences of Overweight and Pregnancy**

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## **Introduction**

While a considerable amount of research has been dedicated to exploring the physical impact of overweight and obesity, very little research has focused on the psycho-social aspects or on the experiences of overweight and obese people within the health care system. In particular, research focused on the needs and experiences of pregnant women who identify as overweight or obese is virtually non-existent. This article uses the data collected in a qualitative research study undertaken by the Atlantic Centre of Excellence for Women's Health (ACWEH) to explore the psycho-social impact of being pregnant and overweight/obese in Halifax, Nova Scotia. The findings of this study reveal that for the women interviewed, being pregnant and overweight was a complex emotional experience, marked most often by feelings of fear, judgment and uncertainty. Encounters with health care providers during pregnancy played a significant role, both positive and negative, in how participants viewed their changing bodies and their overall health and wellness in the context of pregnancy.

## **Background**

Rates of overweight and obesity are increasing dramatically across Canada and in many countries around the world. According to the 2007 Canadian Community Health Survey, 4 million people aged 18 or older, 16% of the total population, were obese while another 8 million, or 32%, were overweight (Statistics Canada, 2008). These figures were up considerably from the 1980s and early 1990s. As a result, researchers, health care providers and policy makers are paying more attention to the role of overweight and obesity in various health conditions, such as diabetes, arthritis, and cardiovascular diseases, as well as their impact on mental and physical health more generally, including quality of life.

One area that has received considerable attention in the literature is the impact of overweight and obesity on maternal and newborn health (Arendas, Qiu & Gruslin, 2008). Much of this work utilizes the biomedical model, which defines health as the absence of disease in organs, tissues and cells, and, to a lesser extent, the mind. As a result of this focus, we know a good deal about the physical health implications of overweight and obesity in pregnancy: maternal complications of overweight and obesity include infertility, hypertension, gestational diabetes, caesarean delivery, and hemorrhage (Arendas, Qiu & Gruslin, 2008), while fetal complications include fetal distress and death, stillbirth, increased birth weight, and congenital anomalies (Arendas et al.). Further some research has linked maternal overweight and obesity with decreased rates of breastfeeding, which has health implications for both mother and child, including higher rates of

childhood obesity (Amir & Donath, 2007). Without a doubt, the biomedical model has resulted in enormous health advances, including the reduction of maternal and newborn mortality. But without an exploration of the psycho-social dimensions of overweight/obesity and pregnancy, a full understanding of women's health needs is lacking.

A growing awareness of the need to address overweight and obesity in pregnancy led ACEWH to undertake a review of relevant literature on the topic (Petite & Clow, 2010). While some research examined how overweight and obese individuals are treated in the health care system, only one investigation looked specifically at pregnant women (Nyman, Prebensen & Flensner, 2008). The findings of this single study, conducted in Sweden, suggest that pregnant women who are overweight and obese are vulnerable and at risk of bias and discrimination within the maternal health care system. This finding is not surprising given the conclusions of other studies conducted in general health care settings. Several articles reported that overweight and obese individuals were often viewed negatively by health care professionals and seen as personally responsible for their weight and ill health (Budd, Mariotti, Graff & Falkenstein, 2009; MacLean et al., 2009; Puhl & Heuer, 2009; Wray and Deery, 2008). Given evidence that some health care providers have negative attitudes toward patients who are overweight or obese, it is likely that new research will show stigma and bias are also evident in maternal health care settings.

More attention to psychosocial health is needed if we are to understand why women are overweight or obese during pregnancy and how their weight affects their mental health and social well-being. The biomedical approach can tell us about the physical importance of avoiding overweight and obesity in pregnancy, but does not offer insight into women's experiences with health care providers, family, coworkers and other community members, or the impact of these relationships on their physical and psychological well-being.

Understanding the experiences of overweight or obese women when they are pregnant is an important step towards addressing this health care issue in ways that avoid blame and stigma while supporting women in their everyday lives. Research on the social, emotional and psychological dimensions of health for these women is needed in addition to the investigation of barriers to care. Gaining insight into these issues from the perspective of women who have experienced overweight or obesity while pregnant will provide evidence for the development of future research and policy recommendations.

## **Methods**

In total, 9 women were interviewed for this study. The research team elected to withdraw one interview because the data were deemed unreliable. All remaining participants self-identified as middle income, Caucasian women who were either currently pregnant or had been pregnant within the last 2.5 years. Participants were recruited through posters placed in strategic locations where women with small children congregate: Family Resource Centers, Medical offices and Health Centers. Recruitment was further supported by the use of email listservs utilized by health professionals who work directly with this population. Snowball sampling was then utilized with participants who responded to the first recruitment call.

While we did not set out to collect information about the professionals who cared for the participants – and were therefore involved in their experiences – the women we interviewed identified doctors, anesthetists, doulas, osteopaths, nutritionists and nurses in their narratives.

Data was collected through individual, face-to-face interviews. Interviews lasted between 20 minutes and one hour and were conducted by the project coordinator. Each participant was guided through the same open ended, semi-structured interview questionnaire designed to elicit individual narratives and personal insights.

The 8 interview transcripts were read through twice, along with any field notes, by both the project coordinator and the research manager before individual themes were identified. The research team then worked collaboratively to identify themes or emerging patterns within the women's stories and code them according to their prevalence and personal impact on the women (as identified by the women themselves). Nvivo 7™ was used to organize the data – transcripts and project notes – as well as for coding and thematic analysis.

## **Findings**

Four dominant themes emerged from the stories of the research participants: (1) The impact of women's weight history; (2) the emotional and social dimensions of being an overweight woman are further complicated by pregnancy; (3) the role of the clinic/clinician in women's experiences and; (4) acceptance and planning for the future.

### *1. The impact of women's weight history*

For all of the women interviewed as part of this study, overweight was a pre-existing condition when they became pregnant. The experiences of, what was for some, a life-long struggle with their weight combined with encounters with the medical system prior to pregnancy, provided a rich backdrop for integrating and ascribing meaning to their maternal health care experiences.

Through story, women shared personal experiences that provided context and insight into their current relationships with the medical system and health care providers: “My mom was told when I was two that I was going to be a very short person and that she [would] have to watch every bite of food that went into [my] mouth.” Another participant was told by her family doctor at twelve years old that she was “really packing on the pounds”. For the women who described such encounters, these experiences clearly marked the beginning of a negative perception of their body and weight.

For the women who did not describe negative early encounters with care providers, struggles with weight and body consciousness were still highlighted as a significant challenge prior to pregnancy. Within the weight histories shared by the women, the three most commonly cited elements were: fear of judgment, loss of confidence and feelings of social isolation:

One participant articulated her fear of judgment as: “I think it’s always there. I’m trying to think, you know, how would someone describe me? Like sort of from the left, would it be like she’s the big one there? Like you know, it’s always in your mind, it’s always in your mind.”

Another woman described her struggle with self-confidence and self-monitoring: “But it’s such a head game because you know, you look at yourself and you know, okay, that doesn’t really look that bad, it actually looks pretty good. But then your head starts saying ‘well no, look at that part and look at that part and look where this sticks out’ and that kind of thing. I find it’s really a head game.”

And yet another participant outlined the social isolation she experienced as a result of her weight: “And then of course like there’s the stuff that goes along with it. So you don’t really get involved with boys, and then because everybody is boy crazy at that age, it kind of, I don’t know, I think it cost me a few friendships because people didn’t want to be seen with the fat girl.”

Given the rich detail of women’s stories and recollections, weight history clearly plays a significant role in how women relate to and experience their overall health and wellbeing.

## *2. The social and emotional dimensions of being an overweight woman are further complicated by pregnancy*

For all of the participants, the social and emotional dimensions of being overweight were further complicated by their pregnancies. Negative body image, fear and harsh personal criticism marked most participants’ experiences of pregnancy, while a few others felt that pregnancy offered a time to celebrate and accept their changing bodies. The women’s intimate relationships

were also affected by their pregnancies, with some experiencing judgment and/or criticism from those closest to them, while others were made to feel beautiful and healthy.

Guilt was the most commonly identified emotional reaction to being overweight and pregnant among the research participants: “I think it was my own guilt more than anything that really affected me throughout the pregnancies.” Several women questioned whether their weight would/could harm their baby: “I’m wondering, will it affect the oxygen supply to my baby during the birth? What will happen because of my weight? Will I have the stamina because of the extra weight that I carry to make it through?” And some even expressed feelings of self-hatred: “I actually fell at work and I remember thinking it’s because I’m so fat [...] I remember thinking I am like a whale, I just fell down like a beached whale.”

While the majority of participants’ stories related to weight and pregnancy were negative, there were a few participants who felt that pregnancy provided them with an opportunity to take a new and positive view of their bodies: “I was actually the happiest I’ve ever been as far as my personal life goes when I was pregnant because you let it all hang out and it’s the baby, you know what I mean?” A number of participants described a celebratory feeling related to their growing bodies as pregnancy represented the first time that many of them viewed themselves as healthy.

The women experienced a diverse impact to their intimate relationships once they became pregnant. For those who encountered criticism of their weight, the impact was especially hurtful: “And [my mother] would sort of make comments about, you know, ‘you must be having to buy new clothes now, and things like ‘don’t gain too much weight because it’s really hard to get it off’ and kind of things like that.” Other women recalled feelings of being loved and supported even when they themselves were feeling critical of their changing bodies: “I think the most helpful thing in my personal life was people telling me constantly how beautiful I looked because I didn’t feel beautiful: I felt giant, I felt gross. So that was really, really helpful.” Interestingly, the type of relationship had a significant bearing on whether the women were supported or judged: all participants felt supported by their partners, while most felt criticized by older women in their lives (mothers, mothers-in-law).

For all of the participants, pregnancy magnified their perceptions and experience of being overweight. For most women, this meant that deeply rooted feelings of self-consciousness and personal judgment were exasperated while others felt that pregnancy provided a respite from their persistently held negative body images. Intimate relationships were also impacted, in both positive and negative ways, reinforcing that pregnancy further complicates an overweight woman’s experience of health and wellbeing.

### *3. The Role of the Clinic/Clinician in Women's Experiences*

The women reported a wide variety of clinical experiences, ranging from support and acceptance to outright abuse. The hallmarks of a positive experience were a compassionate provider who listened to the women's concerns without judgment: "And my doctor was definitely supportive with trying to, you know, we talked about my food intake, we talked about different strategies. She was very open and in a caring way, supportive of, but also very realistic." Several women greatly appreciated what they interpreted as honesty and forthrightness on the part of the practitioner, both in identifying their weight as a concern and offering encouragement and support around making changes to improve it. As one participant recalled, "And only one doctor ever said to me 'You know you are overweight, you should consider losing some weight.' And I remember at the time thinking thank you, because my doctor had never said that to me." Other women were made comfortable by their care provider not mentioning their weight at all: "And it was very relieving and it made me feel very comfortable with her, that it was never brought up."

For those participants who reported negative clinical experiences, the impact was often felt throughout their entire pregnancies, significantly affecting their self-esteem and confidence: "Like it was a panic [every] week going in there to have the lady weigh you. I was just like please, no, I don't want to do this anymore." For some, the physical set up of the clinic was stigmatizing as they were not afforded privacy while being weighed: "You walk in and there's a scale and a counter and a sink, a little window for the urine collection and then 2 washrooms. So usually there was always at least 2 or 3 of us in, you know 2 or 3 patients in there. So weights were always read out. There wasn't a lot of confidentiality around it."

For those who encountered callous or insensitive care providers, the experience was particularly hurtful: "Well, she [the nurse] would make comments about it [my weight]. And she'd say that I couldn't afford to gain any more and that I had enough and that the baby had lots of room to grow. She just kept saying like 'no more pounds than this many pounds' or 'no more than this.' She was always adamant about not gaining anymore." While some participants were referred to a dietician, few were offered concrete measures for how to achieve a healthy weight gain in pregnancy by their primary care providers.

A woman's relationship with her care provider emerged as a prominent theme in many regards. Many women felt more comfortable with care providers who they had known prior to pregnancy, while others expressed a preference for a female provider. Almost all participants wanted consistency of care providers throughout pregnancy and the importance of relationship building was paramount in the women's ability to feel comfortable and confident: "For me, that relationship is really important. And it doesn't have to be like feeling like friends with the



provider, I don't mean like that. I just mean knowing that there's room to ask questions, there's room to ... that somebody is looking at me and not looking at the chart." Several women viewed the number and inconsistency of care providers they saw throughout their pregnancy as compromising their ability to form these crucial relationships, leaving them feeling unsupported and unable to ask questions.

Women's consumption of information outside of the medical system emerged as an interesting aspect of this broader theme. Many of the participants opted to find answers to their questions about being overweight and pregnant from books, magazines and the internet, rather than risk being judged or having to open a potentially uncomfortable dialogue with their health care providers: "I mean, late at night at my house with Google, I probably looked up a lot more than I would have talked about. But I wouldn't have wanted to talk about it in person, I don't think. I wouldn't have been comfortable to do that." Interestingly, for those participants who did feel comfortable discussing their weight with their provider, all but a few found the provider to be supportive and caring; however, in all cases, participants found the information in books and on the internet frightening and disempowering. As one participant described: "I love to know things but at the same time, I think I maybe should have stopped five books ago [...] I'm at the point now where I want to stop reading because I'm starting to freak myself out. I know that most births happen normally and fine, but all those books, they do go over the things ...the bad things that can happen."

Nearly all of the participants were afraid of being judged about their weight and this affected their relationships with maternity care providers. In many cases, the fear was relieved as the women encountered compassionate and sensitive care providers who took the time to build a relationship with them. This relationship was particularly critical when women were frightened by stories they had heard or read elsewhere and needed reassurance that their experience was not going to be a 'worst case scenario'. For the women who did not experience positive relationships with their care providers, the impact was felt far beyond the medical appointment and/or specific encounter, contributing to feelings of isolation and alienation throughout their entire pregnancy.

#### *4. Acceptance and planning for the future*

Looking ahead, many of the participants shared their commitment to a healthy lifestyle and a healthy weight post pregnancy. Acceptance of their weight figured prominently, as did a desire to set a healthy example for their children: "And just because weight loss has been part of our trying to get pregnant and still on our mind with trying to lose the baby bump and get back to basics. And thinking about what I want for them [...] and thinking of the road they have even as women, you know growing up." Encouragement from care providers to strive for healthy

weights combined with personal goals to leave many participants feeling confident that a healthy weight post pregnancy was attainable.

## **Discussion**

For the women interviewed as part of this study, being pregnant and overweight was experienced with a mix of personal judgment, fear, stigma and, in some cases, acceptance. The negative feelings were further complicated by a health care system that was perceived to be unsupportive based on previous experience and broader social stigma, while acceptance, both personal and within intimate relationships, provided a new way for women to relate to their bodies.

As evidenced by the narratives, positive relationships between pregnant, overweight women and the health professionals who care for them are crucial to women's sense of empowerment and self-confidence. Alternately, negative relationships, marked by a perception of judgment or insensitivity on the part of the provider, can deeply scar women and undermine their ability to ask questions, advocate for themselves and experience their pregnancy in a positive light. Undoubtedly, the impact of health care encounters while pregnant, both positive and negative, carry forward into women's perceptions of their abilities to birth and mother their children in a healthy, positive way.

The common themes found within the women's stories provide valuable insights into the psycho-social impact of being pregnant and overweight in a society that values thinness and in a health care system that views overweight as a choice. Clearly articulated by the women was the idea that being overweight is not about a moment in time but rather a journey – often a life-long one – that has most often been marked by feelings of social isolation and personal judgment. Through that, we learn that it is crucial that care providers be able to recognize the potential social and emotional impact of being overweight as this will likely affect how women seek and receive health care while they are pregnant.

As further demonstrated by the narratives, the challenging nature of an overweight woman's perception of her body is deepened when she becomes pregnant. Her intimate relationships are impacted as is her sense of judgment and isolation, often leading her to seek medical advice outside of the health care system rather than face the possibility of further criticism. This practice is complicated by the finding that much of the information found on websites and in the media can be quite frightening based as it is on 'worst case scenarios' that make a good story, rather than educating or reassuring women. These sources of information often left participants feeling more fearful and vulnerable.

The role of the clinic/clinician emerged as a strong theme within the narratives. From the women's perspectives, confidentiality and an established relationship, or the ability to build a relationship with a consistent provider, were paramount to their comfort level and ability to trust the care provider. For the women who encountered consistent, compassionate and supportive providers, the experience(s) stood out as a turning point in their perceptions of both their bodies and their relationships with the health care system in general. For those women who did not encounter those crucial elements, the health care experiences were further alienating and stigmatizing.

Overall, the narratives of the eight research participants confirmed the established literature that states that overweight women often face stigma in the health care setting (Budd, Mariotti, Graff & Falkenstein, 2009; MacLean et al., 2009; Puhl & Heuer, 2009; Wray and Deery, 2008), and further, that pregnant women are particularly vulnerable to discrimination (Nyman, Prebensen & Flesner, 2008). What the literature fails to tell us but that the narratives clearly demonstrate is that the impact of positive relationships and care experiences can be a profound source of support for a woman as she negotiates her physical health and emotional wellbeing within the context of pregnancy.

### **Conclusion**

Women's experiences of pregnancy and overweight are complex and often marked by a life long struggle with body image and self-confidence. These issues are further complicated by inconsistent and/or discriminating experiences within the health care system. From the narratives of eight women within the Halifax Regional Municipality who are either currently pregnant or have been pregnant within the last 2.5 years, we clearly see that the intersection between pregnant overweight women and the health care system has the potential for empowering this population or for further stigmatizing them. Care providers play an important role in how pregnant, overweight women experience their pregnant bodies and they should therefore be acutely aware of providing these women with sensitive, consistent and compassionate care.

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