

1



2



3



4



5



6



7

Weight bias is a form of **discrimination or prejudice** based on a person's weight or body size.

8


42% percent of adults reported facing **weight stigma**, such as being teased about or treated unfairly because of their weight, with **physicians** and **coworkers** listed as some of the most common sources.

9

Weight Bias


Weight bias can damage a person's health and well-being, contributing to various adverse outcomes.

- Body Dissatisfaction
- Disordered Eating Behaviors
- Alcohol Use
- Sleep Disturbance
- Low Self-Esteem
- Poor Physical and Mental Health



Lee, X.M., Hunger, J.M. & Tomiyama, A.J. Weight stigma and health behaviors: evidence from the Eating in America Study. *Int J Obes* 45, 1499–1509 (2021)

10



Body Mass Index (BMI)

39.7% of people of childbearing age who can become pregnant have a BMI >30.

Minnesota is ranked 20th in the USA with a 32.4% rate of people with a BMI >30.

Hales CM, Carroll MD, Fryar CD, Ogden CL. Prevalence of obesity and severe obesity among adults—United States, 2017–2018. *NCHS Data Brief* 2020;360:1–8. (Level 9-2) CDC Behavioral Risk Factor Surveillance System, 2021

11

Source: facebook.com/bogswallip

12

A **majority** of registered **nurses** and **nursing students** believe that people of size "**liked food, overate, and were shapeless, slow, and unattractive.**"

Poon, M., Tarant, M (2009) Obesity attitudes of undergraduate student nurses and registered nurses doi: 10.1111/j.1365-2522.2008.02709

13

OB-GYNs were the most commonly reported source of **weight stigma**, followed by **nurses**.

People reported feeling **judged, shamed, and guilty** because of their weight during healthcare visits.

Iscolingo Rodrigues, A.C., Simoes, S.M., Hopfert, K.E. et al. Pregnant and postpartum women's experiences of weight stigma in healthcare. BMC Pregnancy Childbirth 20, 499 (2020).

14

77.2% of the memorable messages people received before, during, and after pregnancy were **negative**.

The most common source of memorable messages was **healthcare providers**.

Evo D. Bainger, Margaret M. Quilan & Margaret Rowings (2022) Memorable Messages About Fat Bodies Before, During, and After Pregnancy, Health Communication, DOI: 10.1080/10410260.2022.2131982

15



Explicit Weight Bias

A conscious belief or attitude that discriminates against individuals based on their weight.

16

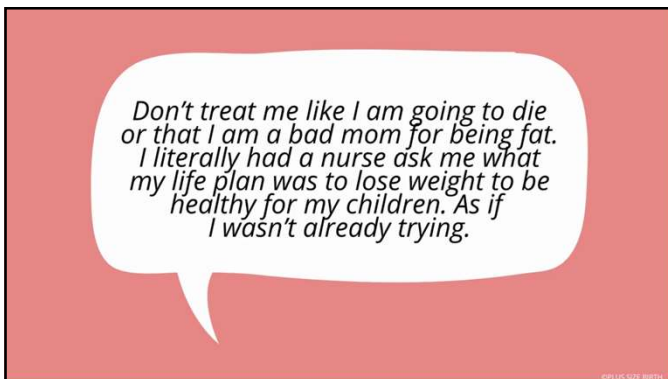


Example: Carol
Labor and Delivery Nurse

✘ Explicit Weight Bias Example
Carol's approach to care, which she believes to be motivational, often manifests through unsolicited comments about weight, predictions of delivery outcomes like c-sections based on size, and skepticism about pain management options for larger patients.

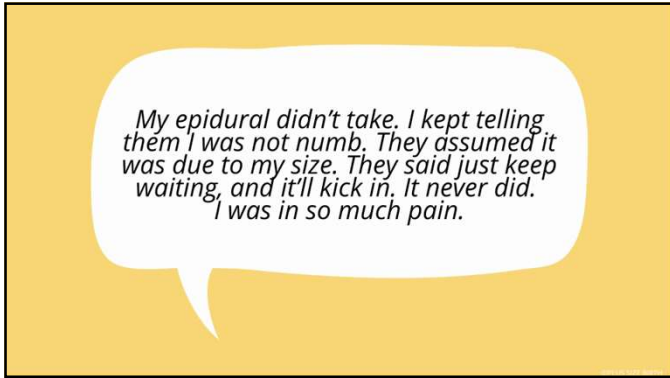
These actions, intended to encourage healthier behaviors, tend to be perceived as judgmental and shaming, adversely affecting the quality of care and emotional support provided to patients.

17



Don't treat me like I am going to die or that I am a bad mom for being fat. I literally had a nurse ask me what my life plan was to lose weight to be healthy for my children. As if I wasn't already trying.

18



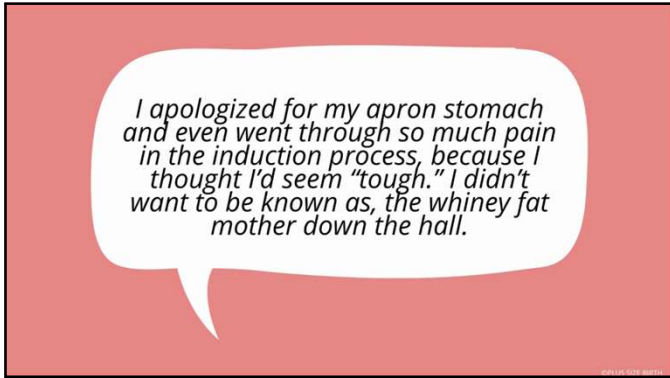
19



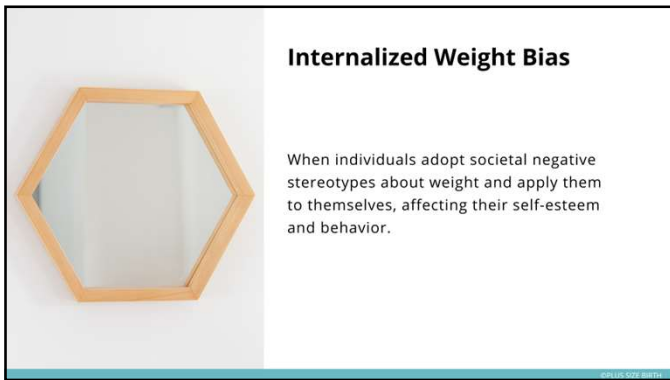
20



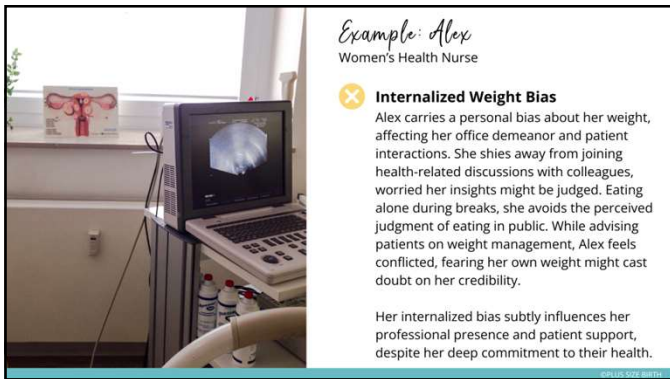
21




22



23



24




Exercise: **Ask Yourself**

Do I make assumptions or decisions about a patient's health, capabilities, or character based solely on their weight?

Do I unconsciously exhibit less patience, communicate less effectively, or provide less support to higher-weight patients?

Do I alter my professional behavior or doubt my professional adequacy based on my own weight in relation to societal standards?

25

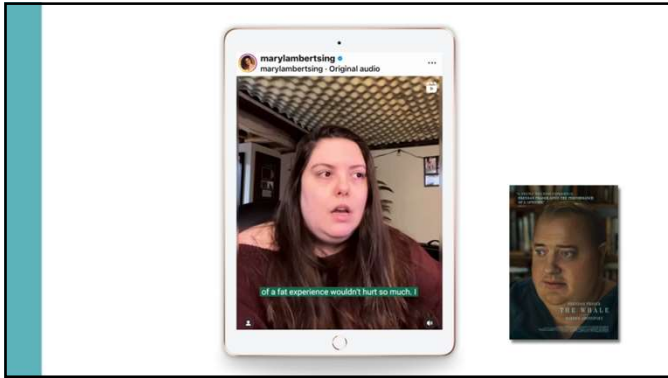


**Breaking Barriers
Towards Size-Inclusive
Practices**

26

"You don't know someone's life experience by looking at them."
Mary Lambert

27



28

Cumulative Trauma

Physical or psychological harm that accumulates over time due to repeated or prolonged exposure to stressors or adverse conditions.


29

As you do this work, remember...

People in marginalized bodies, including but not limited to Black people, people of color, LGBTQ+ individuals, and people with disabilities, often face inequities and unequal treatment in healthcare settings.

30

Exercise: **Reflect & Diversify Your Feed**



- 1. Choose Your Platform:** Open your most-used social media app.
- 2. Observe:** As you scroll, note the diversity in:
 - Body sizes, Ethnicities, Abilities, Backgrounds
- 3. Reflect:**
 - Are diverse experiences and perspectives represented?
 - How inclusive is your feed?
- 4. Act:** Consider following accounts that broaden your view and enrich your understanding of different experiences.
 - #HAES #SizeInclusive #PlusSizeBirth #PlusSizePregnancy

31



Empathetic Care: Understanding Individual Experiences

By recognizing and validating patients' feelings and experiences, healthcare providers can significantly improve patient satisfaction, making individuals feel heard and cared for.

32

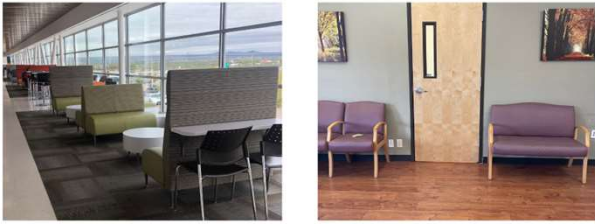


Adaptating of Medical Facilities and Equipment

Create an environment where all patients, regardless of size or background, feel safe, respected, and heard. This means having equipment suitable for people of all sizes and ensuring that staff is trained in sensitivity and inclusivity.

33

Size-Inclusive Lobby Seating



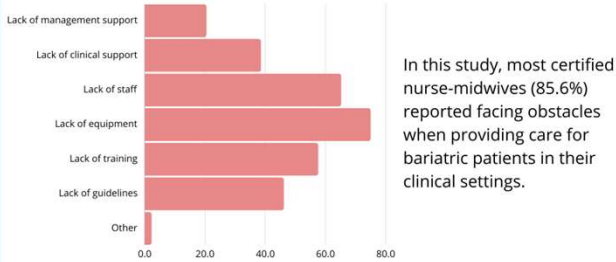
34

Size-Inclusive Exam Room Seating



35

Barriers to Care



In this study, most certified nurse-midwives (85.6%) reported facing obstacles when providing care for bariatric patients in their clinical settings.

Dockrell S, Hurley G. Moving and handling care of bariatric patients: a survey of clinical nurse managers. J Res Nurs. 2021 Jun;26(3):194-204. doi: 10.1177/1744987120970623. Epub 2020 Dec 14. PMID: 35251242; PMCID: PMC8895002.

36



Best Practices for Patient Handling

Assistive Devices: Use mechanical lifts, transfer sheets, and slide boards to reduce strain and ensure safety.

Team Approach: Involve multiple staff in patient transfers to evenly distribute weight and minimize injury risk.

Pre-Planning: Assess and plan movements considering the patient's capabilities and limitations.

Patient Communication: Clearly communicate each movement step with the patient for cooperation and comfort.

Staff Training: Train staff in proper equipment use and patient handling techniques.

37



Equipment Considerations


- Chairs Without Arms
 - Bariatric Chair (29.5"Wx18"Dx18.5"H)
- Large/Adult Thigh Blood Pressure Cuff
- Scale (weight limit & options)
- Heavy-Duty Wheelchairs
- Urine Catch Basin
- Gown/Drape
- Mesh Underwear/Compression/Maternity Bands
- Novii Wireless Patch System Fetal Monitor
- Draw Sheet/HoverMatt
- Reinforced Birth Pools
- Labor Tools (mindful of weight limits)

38

I was told, "We don't have any birthing equipment rated for your weight." So, I had to send my husband home to get my birthing ball while I was in labor.


39

Labor Tools



Birth Balls

Standard birthing balls (also known as exercise or stability balls) typically have a weight limit ranging from 250 to 300 lbs. However, there are balls available that can support over 1,000 lbs.



Peanut Balls

Like birth balls, peanut balls have a weight capacity of 300 - 1,000 lbs. Size 60cm is often suggested for higher-weight individuals, but always opt for the size that best suits the individual's comfort.



Birthing Stool

Traditional birthing stools may have weight limits of around 250 lb, but reinforced models can support 700 lb. CUB has a weight limit of 264 lb.

40



Bed & Table Weight Limits

- **Exam Table**
 - 400-500 lbs (standard)
 - 800-1,000 lbs (bariatric)
- **Birthing Beds**
 - Bed 500 lb
 - Foot Section 300 - 400 lbs
- **Operating Table**
 - 450 lb (standard)
 - 1,000 lb

41

Restroom Facilities



Toilet: A standard toilet supports up to 1000 pounds, but its seat typically holds only 300 pounds, leading to breaks or cracks.

Toilet seats are affordable and relatively easy to replace. Look for - "never loosens" toilet seats.

Wall-Mounted Toilet: Wall-mounted units have a 500-pound limit but can become loose over time.

42




- Bariatric Shower Chairs/Benches
- Reinforced Grab Bars
- Bariatric Step Stool
- Tub Size
- Larger Towels



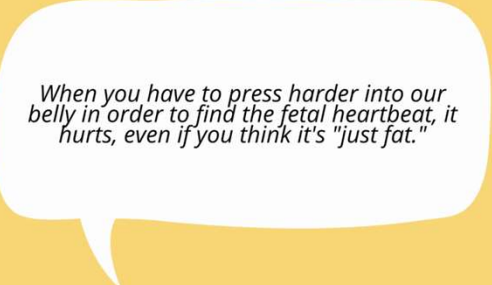
550 lb weight capacity

43

Monitoring

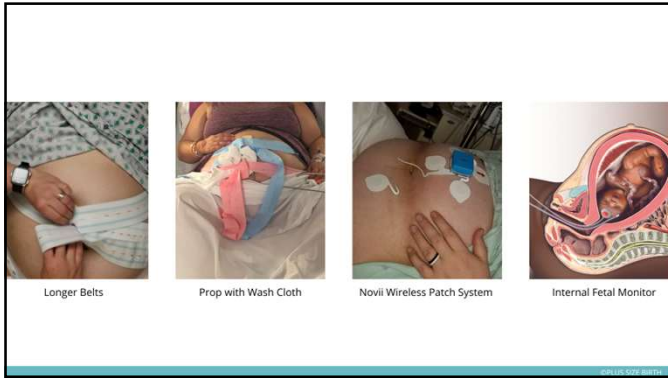


44



When you have to press harder into our belly in order to find the fetal heartbeat, it hurts, even if you think it's "just fat."

45



46



47

Fetal Monitoring Tips from Nurses

Tools and Materials

- Novii Wireless Patch System Fetal Monitor
- Internal monitoring as soon as able
- Employ a bedside ultrasound to determine baby positioning and optimal tracing location.
- Use a small Doppler designed for preterm babies for easier pinpointing.
- Use a velcro belly band from the OR, with additional bands on top for pressure.
- Use multiple bands tightly.
- Use abdominal binders, possibly cutting them into thinner strips or doubling them up.
- Try the Traxi for extra skin lift.
- Use mesh panties as an abdominal binder; cut out the bottom and pull it up over the legs.
- A rolled washcloth can be placed on top of the monitor under the mesh for added pressure.
- LR bags for extra pressure
- If straps bunch up, use towels or baby blankets across the lower back and around the waist to keep them straight.
- For added comfort, place towels, baby blankets, or a pillowcase between the patient's skin and the monitor straps.

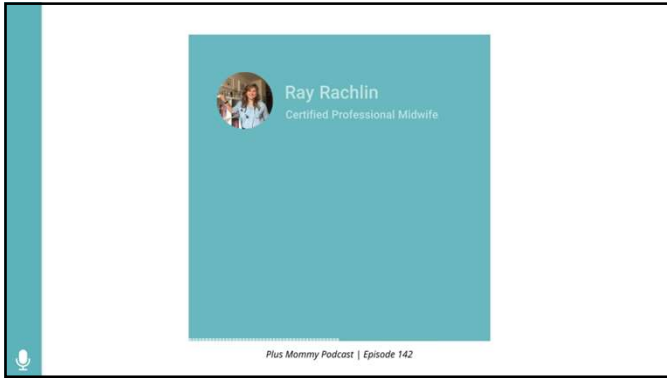
Positioning and Placement

- Adjust monitor placement according to the patient's body type rather than sticking to standard placements.
- Lay the patient fully on their side
- Turn on side and trace in the crease of leg/pelvis.
- Trace either very high on the abdomen or under the pannus, if present.
- Place monitor straps under the butt rather than around the belly for better angling.
- Try placing monitors under the diaphragm and pointing down.

Communication

- Chart frequently if unable to trace due to patient habitus and BMI.
- Ensure that both the MD and patient are made aware of any issues with tracing.
- Confirm the necessity of continuous monitoring for the patient.
- Teach the patient, doula, and support people how to hold monitors in place.

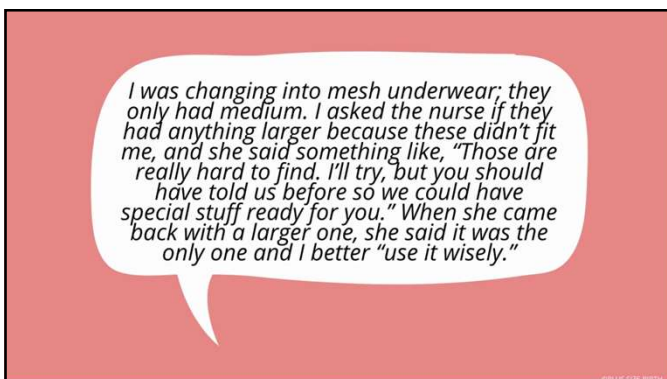
48



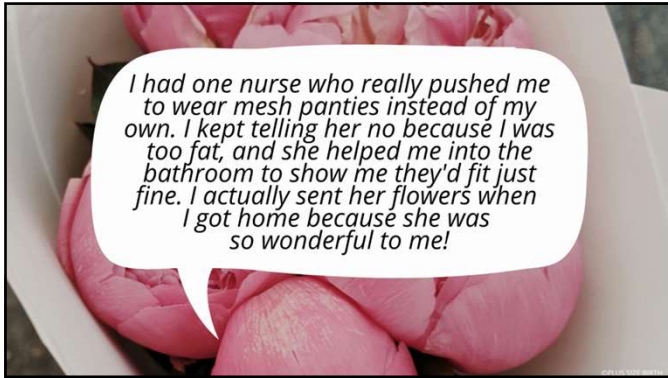
49



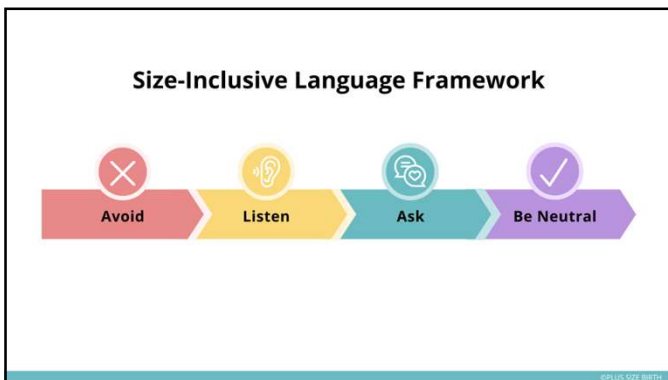
50



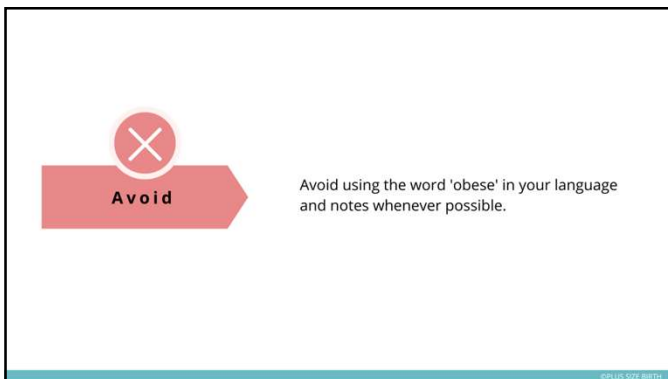
51



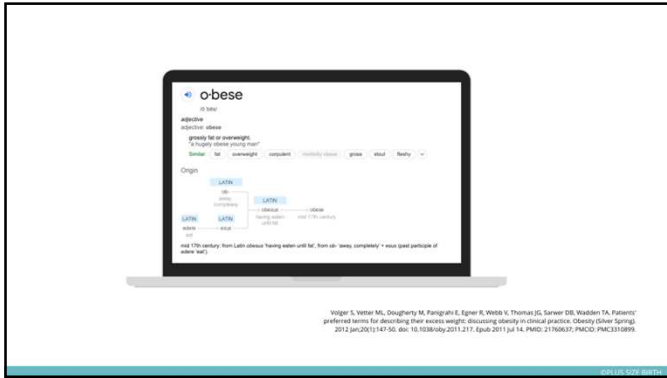
52



53



54



55

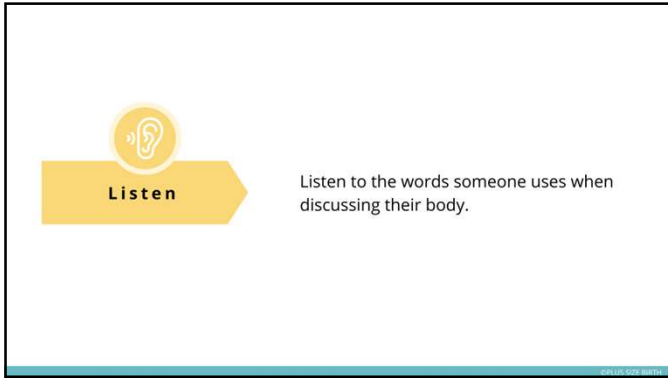
Words About Weight

Potentially Stigmatizing Words	Person First Language	Personal Preference
<ul style="list-style-type: none"> • Obese • Overweight • Bariatric • Fat • Fluffy 	<ul style="list-style-type: none"> • Person with Obesity • Person in a Larger Body • Person of Size • Individual with a Higher Body Weight • Higher Weight Individual 	<ul style="list-style-type: none"> • Fat • Plus Size • Curvy • Bigger-bodied • Full-figured

56

While I was in the hospital getting Cervidil, one nurse was super rough putting it in and then checking me. When she laid me back to put the baby monitor on and was having trouble finding the heartbeat, she said, "You know why that is? Because you're a little fluffy." To this day, it still brings up such awful feelings around the birth of my first baby.

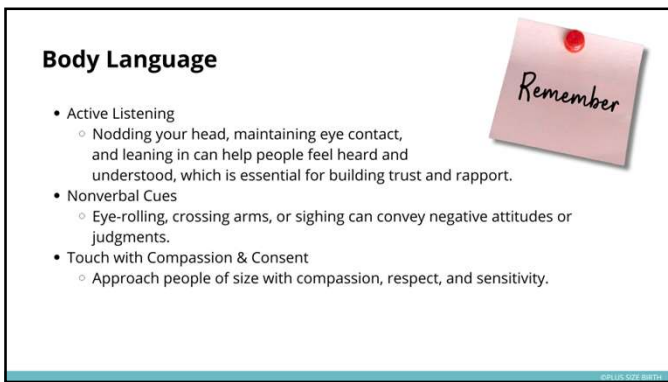
57



Listen

Listen to the words someone uses when discussing their body.

58

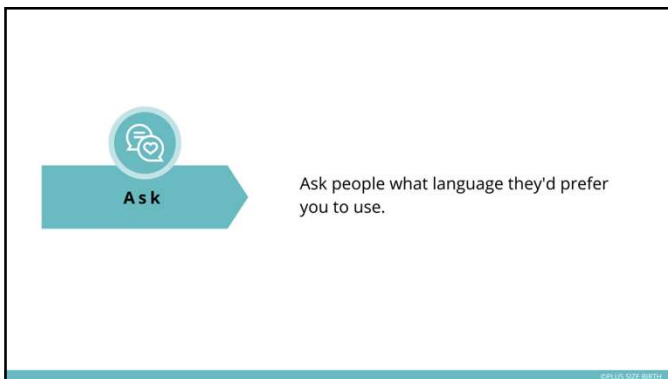


Body Language

- Active Listening
 - Nodding your head, maintaining eye contact, and leaning in can help people feel heard and understood, which is essential for building trust and rapport.
- Nonverbal Cues
 - Eye-rolling, crossing arms, or sighing can convey negative attitudes or judgments.
- Touch with Compassion & Consent
 - Approach people of size with compassion, respect, and sensitivity.

Remember

59

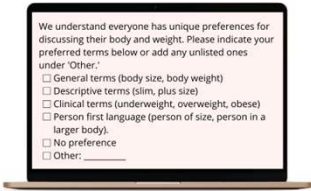


Ask

Ask people what language they'd prefer you to use.

60

Initial Questionnaire



We understand everyone has unique preferences for discussing their body and weight. Please indicate your preferred terms below or add any unlisted ones under 'Other':

- General terms (body size, body weight)
- Descriptive terms (slim, plus size)
- Clinical terms (underweight, overweight, obese)
- Person first language (person of size, person in a larger body)
- No preference
- Other: _____

61

Direct Inquiry


"I want to ensure our discussions are as respectful and comfortable as possible. Are there specific terms you prefer I use when we talk about body size or weight?"

62

Follow-Up Question

"I noticed you used the term [XYZ]. Is this how you would like me to refer to your weight/body size in our conversations?"


63

 **Open-Ended Question**

"What terms do you feel most comfortable using when describing your body or weight? Is there specific language you'd like me to use or avoid in our discussions?"

© 2015-2022 BETH


64

 **Regular Check-In**

"I want to check in and make sure that the language we're using to discuss your body and weight is still comfortable for you. Is there anything you'd like to change?"

© 2015-2022 BETH

65

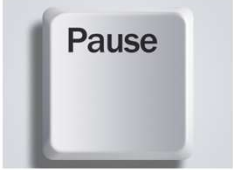
 **Be Neutral**

Be weight-neutral whenever possible.

© 2015-2022 BETH

66


Weight Neutral



Being weight-neutral whenever possible is ideal because it focuses on a person's overall well-being. This approach helps everyone feel more respected and understood, emphasizing health and individuality instead of just numbers on a scale.

67

Size-Inclusive Language Framework



Avoid
Avoid using the word 'obese' in your language and notes whenever possible.

Listen
Listen to the words someone uses when discussing their body.

Ask
Ask people what language they'd prefer you to use.

Be Neutral
Be weight-neutral whenever possible.

68

During clinical visits, an essential first step is to **ask permission before discussing nutrition, exercise, and the patient's relationship with food, movement, and their body. Obtaining consent demonstrates that patient autonomy is valued** and necessary for person-centered care.

Chouh SM, Marlow EG, Sells JC, Bradford HK. Mitigating Weight Bias in the Clinical Setting: A New Approach to Care. J Midwifery Womens Health. 2023 Dec 12; 68(10):1111-1117. doi: 10.1016/j.jmwh.2023.10.016. Epub ahead of print. PMID: 38587862.


69

Role Playing Activity



bit.ly/activityroleplay

70



Building Bridges for Systemic Change

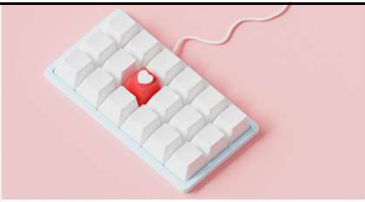
71



Neel Shah, MD, MPP
Obstetrician

Plus Mommy Podcast | Episode 133

72



Feedback Mechanism
Set up a way to get feedback, and use that information to keep making improvements.

Did you feel comfortable discussing your body size and any concerns related to it with your care team?

Did you receive respectful and non-stigmatizing care?

73



Evaluate Clinical Guidelines and Policies in Relation to BMI
Critically assess and update protocols based on Body Mass Index (BMI), to ensure they reflect the latest scientific research and best practices in patient care.

74

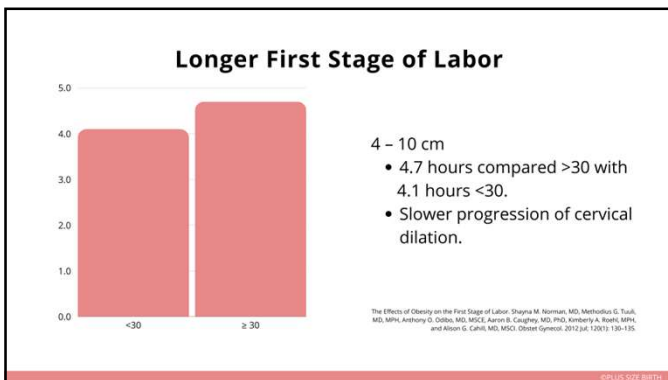
Evidence-based practices take on average **17 years** to be incorporated into routine general practice in healthcare.

Morris ZS, Wooding S, Grant J. The answer is 17 years, what is the question: understanding time lags in translational research. J R Soc Med. 2011 Dec;104(12):510-20. doi: 10.1258/jrsm.2011.110180. PMID: 22173294. PMCID: PMC3341318.


75

My care provider actually said - your body isn't the only thing getting fatter. Your vagina is getting fat, too. And there won't be room to push out your big baby, because fat women have big babies.


76



77



ACOG recommends considering extending the first stage of labor before proceeding with cesarean delivery for labor arrest in individuals with higher body weights.




78

Identifying Key Change Makers
 Healthcare leaders, medical staff, patient advocates, and community leaders are crucial in advocating and implementing size-inclusive healthcare practices, ensuring respect and accommodation for all body sizes.




79

Continual Education
 Consistently update your awareness of size-inclusive principles in maternity care by engaging with current research and strategies.



80

Health At Every Size®
 The Association for Size Diversity and Health (ASDAH)



- Respect**
 - Celebration of body diversity.
- Critical Awareness**
 - Challenges assumptions
 - Values a person's lived experiences and knowledge of their body.
- Compassionate Self-Care**
 - Being physically active in a joyful manner.
 - Eating intuitively

81

Resources

Online Courses/Webinars: Seek out courses on weight bias.

Journal Articles & Resources: Read journals on the latest findings in weight bias in maternity care.

Body Positive Books: Explore books promoting body positivity and addressing weight bias.

Social Media and Podcasts: Engage with organizations like the NAAFA, ASDAH, and other fat activists on social media and via podcasts.

82

I'm from Minnesota and my nurses and doctors were **very nice and helpful**.

I had a nurse that was so **wonderful** she **helped** to heal my trauma from my previous experience. **I am so thankful.**

I had a great experience. I **never felt judged** or talked down to. Everyone who stepped foot into my room **treated me with respect.**

They were **very sweet and kind**. No one was rude about my size or severe preeclampsia swelling.

At no point in my journey did I feel like anyone treated me differently, and I **am so grateful.**

83

Size-Friendly Birth Professional Quiz

plussizebirth.com/size-friendly-birth-professional

84

**Copyright
Notice**

Copyright © 2024 by Plus Size Birth LLC
Albuquerque, New Mexico

No part of this presentation may be reproduced
or copied without the prior written
permission from Plus Size Birth LLC.