

Practice Matters

Anti-fat bias, weight stigma and vulnerability: Issues identified in maternity care

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Overweight and obese women in Australia would not ordinarily be perceived as a vulnerable group of healthcare consumers. However, anti-fat bias and weight stigma have been found to create a significant barrier to their care (Mulherin, Miller, Barlow, Diedrichs, & Thompson, 2013). A movement in the field

of 'fat advocacy' seeks to reclaim the word 'fat' as a descriptor, as overweight and obese are terms that are seen to pathologise a normal human variation. As a result, 'fat' will be used throughout the remainder of this article to describe this vulnerable group of women.

Treatment of fat women in a maternity setting has been found to be generally suboptimal (Mills, Schmied, & Dahlen, 2013; Mulherin et al., 2013). In Australia, weight stigma has been identified in maternity care with recommendations that medical and midwifery training programs target this issue (Mulherin et al., 2013). Negative attitudes toward fat women during pregnancy have been found to contribute to perinatal depression and reluctance to engage with healthcare professionals (Mills et al., 2013). However, there are no universal clinical guidelines currently available to standardise best practice care (Mills et al., 2013; Mulherin et al., 2013). While many policy makers argue for weight management advice to be provided to fat women, the largest randomised study of intensive lifestyle intervention in fat pregnant women resulted in no improvement to obstetric outcomes for women undergoing lifestyle changes

(Vinter, Jensen, Ovesen, Beck-Nielsen, & Jørgensen, 2011). Furthermore, stigmatising fat individuals has been found to decrease their motivation to exercise and diet (Mulherin et al., 2013). Obesity remains a risk factor for poor obstetric outcomes, but there is no agreement as to how to definitively minimise this risk (Mills et al., 2013). At the same time, many fat women successfully manage healthy pregnancy without ill effect.

Obesity is a condition noted to be one of the major public health risks of the contemporary Western world (Mills, Schmied, & Dahlen, 2013). It is linked to both biological and behavioural causes with long term, sustainable weight loss difficult to attain for most (Kushner, Zeiss, Feinglass, & Yelen, 2014). Concern about the impact of obesity on global health and social perceptions of fat people as lazy and incompetent contribute to a culture that accepts anti-fat bias as a reasonable response to a disease epidemic (Lewis et al., 2011). Fat people living in Western society experience persistent stigmatisation due to the perception of obesity as self-inflicted (Kushner et al., 2014). Negative attitudes toward fat people have been found to be pervasive in Australian culture (Lewis et al., 2011; Mills et al., 2013).

Health professionals are particularly susceptible to anti-fat bias due to the narrow perception of obesity as a behavioural condition (Kushner et al., 2014; Mulherin et al., 2013). Research has demonstrated that health professionals both contribute to, and are influenced by, societal attitudes toward fat people (Kushner et al., 2014). Numerous studies have demonstrated health professionals' implicit bias toward fat people, with midwives, doctors and

nurses all found to hold stereotyped beliefs (see Mulherin et al., 2013 as an example). The resultant effect of their implicit bias is suboptimal care, contributing to poor health outcomes for obese people (Mulherin et al., 2013).

As a midwifery and nursing student, I have witnessed numerous examples of anti-fat bias both in university and on clinical placement. In the hospital tearoom, I regularly hear negative conversations about fat women. One such instance involved a midwife telling her peers about a fat woman in labour who was feeling too nauseous to eat but chose to keep the custard from her hospital meal in case she wanted it later. 'That's the last thing she needs', stated the midwife, 'a couple of days without food would do her good!' Another instance involved a woman with poorly managed gestational diabetes perceived by my buddy midwife as 'a lost cause', because she was 'clearly unable to control herself'. In a university setting, fat patients are regularly portrayed as poorly educated with little understanding of how to care for themselves. When learning to use Smart Lift equipment, lessons are regularly interrupted with stories about extremely fat women and how 'awful' it is to support them. Stories about fat women are often shared, usually with the predictable moralistic conclusion that fat women eat far too much fast food and have self-inflicted ill health.

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Eliminating weight stigma from maternity care will be challenging due to the widespread and pervasive nature of anti-fat sentiment in the community (Lewis et al., 2011). However, recognising implicit biases and negative attitudes toward fat people may result in more tempered responses to fat women in pregnancy (Kushner et al., 2014). Formal education on implicit bias and the harm caused by weight stigma would be beneficial to enhance awareness (Kushner et al., 2014). Medical students who have received education on weight bias have demonstrated more empathy and are less likely to have negative attitudes toward fat people (Kushner et al., 2014). Research has

demonstrated that fat people rarely challenge stigma, as a result many of the negative attitudes remain unchecked (Lewis et al., 2011). Fat people bearing witness to stigma and identifying stigmatising attitudes, when safe, will assist health professionals to recognise unproductive behaviour (Mulherin et al., 2013). Punishment and derision does not work for behaviour modification, but it does create distance that causes harm.

In midwifery, we are tasked with providing woman-centred care and yet, lack of respect and limited empathy means that fat women do not always receive such care. Medical practitioners are now receiving education on weight bias, however, such education has not yet been incorporated into midwifery education. To resolve the issue, it must first be acknowledged. As a graduate midwife, I hope to be part of the change to a more empathetic and woman-centred approach to caring for fat women in pregnancy. I will also remind myself of the following quote when advocating for women in my care, "All women, regardless of body size, deserve equal access to safe and supportive maternity care, and equal opportunities to experience full enjoyment of such a significant life event" (Mulherin et al., 2013, p. 12).

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