Improving Birth Care for Women with Obesity in a Stigma-Free Care Environment

Bildquelle: thelancet.com/series/maternal-obesity

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Better Care, Better Health: Enhancing Perinatal Care for Women with Obesity

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The Importance of Obesity in Women

- Women constitute approximately 50% of the adult population
- And they carry, for approximately 9 months, 100% of the next generation
- In utero environment affects the future risk of obesity, and many other diseases
- Birth experiences challenged by obesity can lead to long-term health consequences

Women particularly sensitive to weight gain

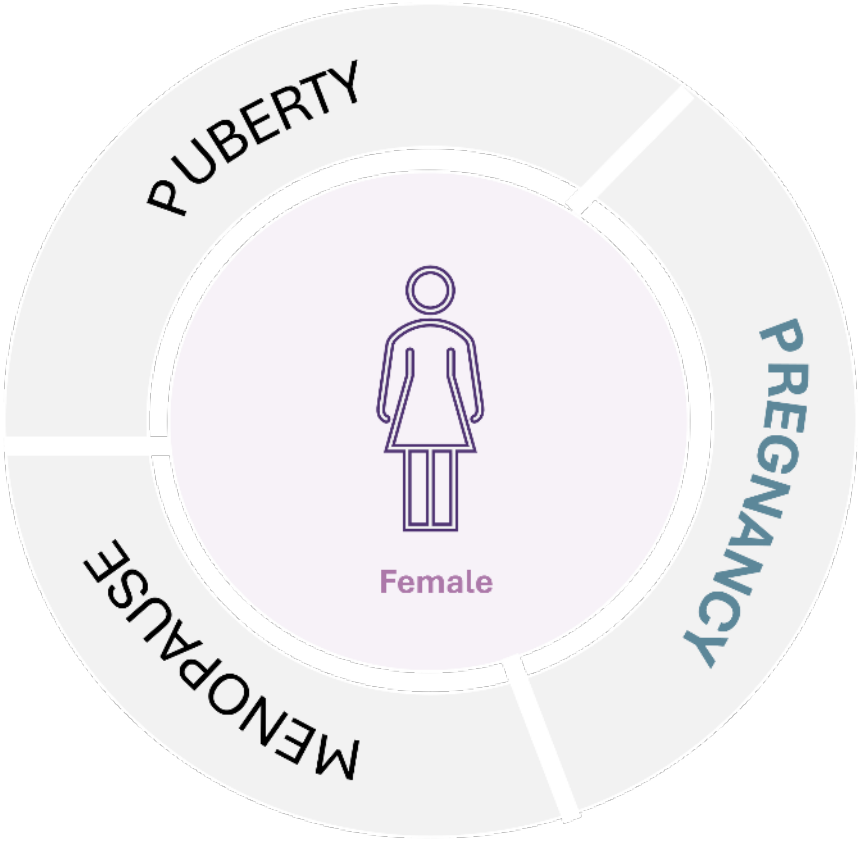
Hormonal changes
puberty, pregnancy, menopause

Higher proportion of body fat

Socioeconomic status
low income, education level

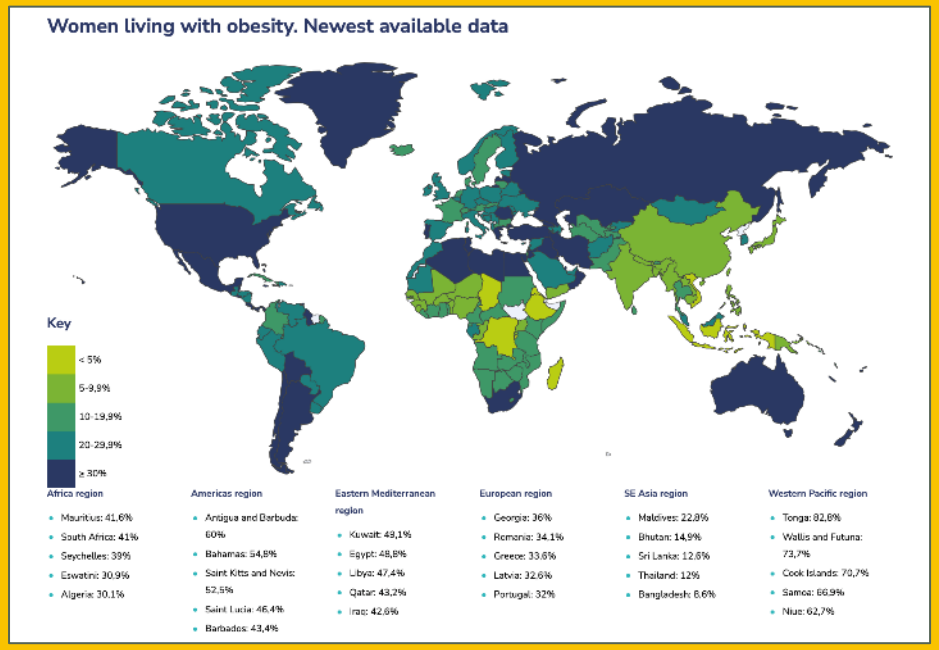
Psychological factors
stress, depression, body image

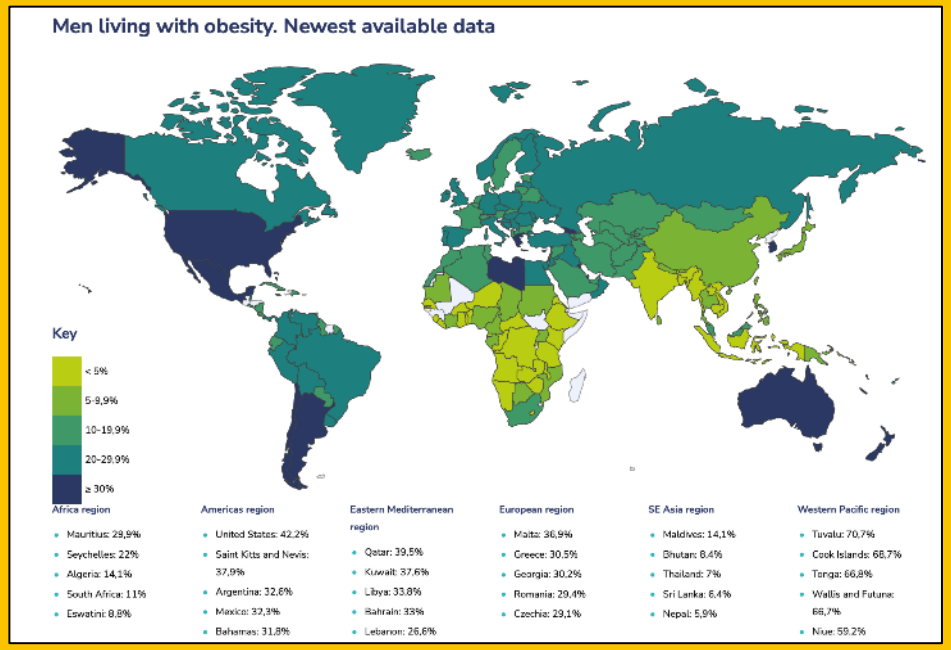
Unique challenges
care responsibilities, work-life balance, e.g., limited opportunities for physical activity, sleep deprivation



Monteiro et al., 2024

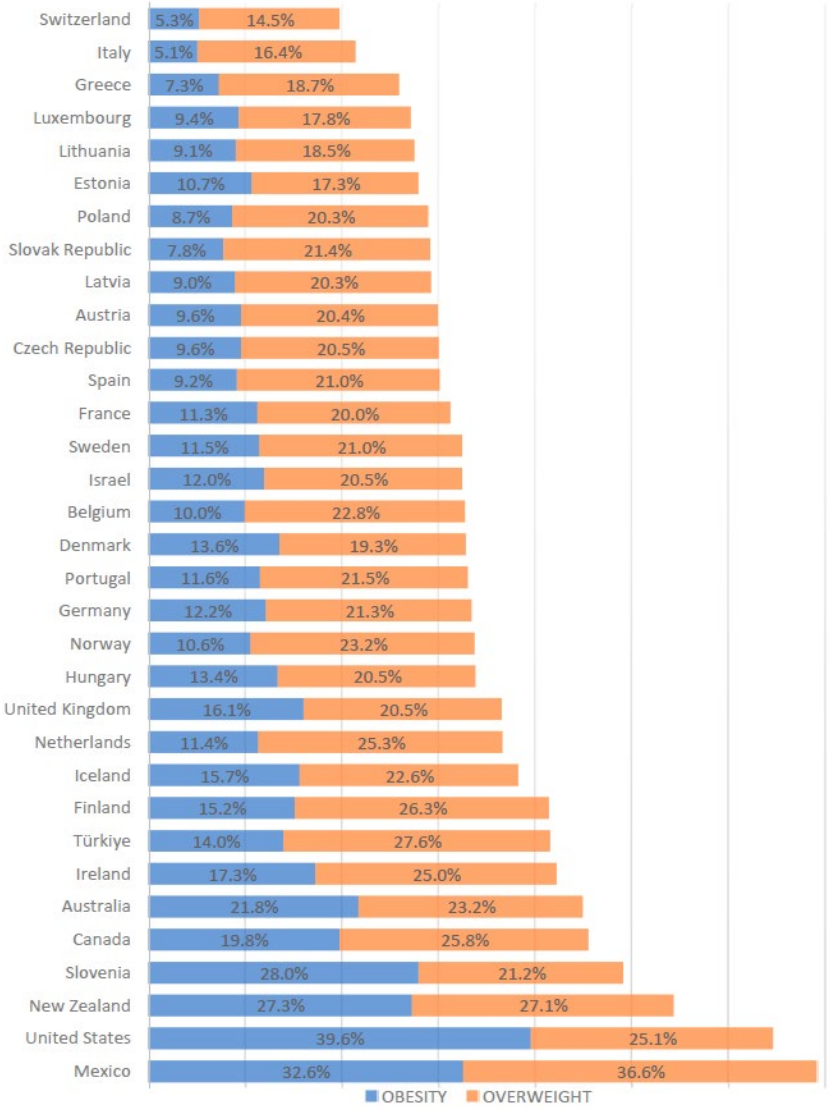
Women are at Greater Risk of Suffering from Obesity





World obesity atlas – accessed 9.3.2024

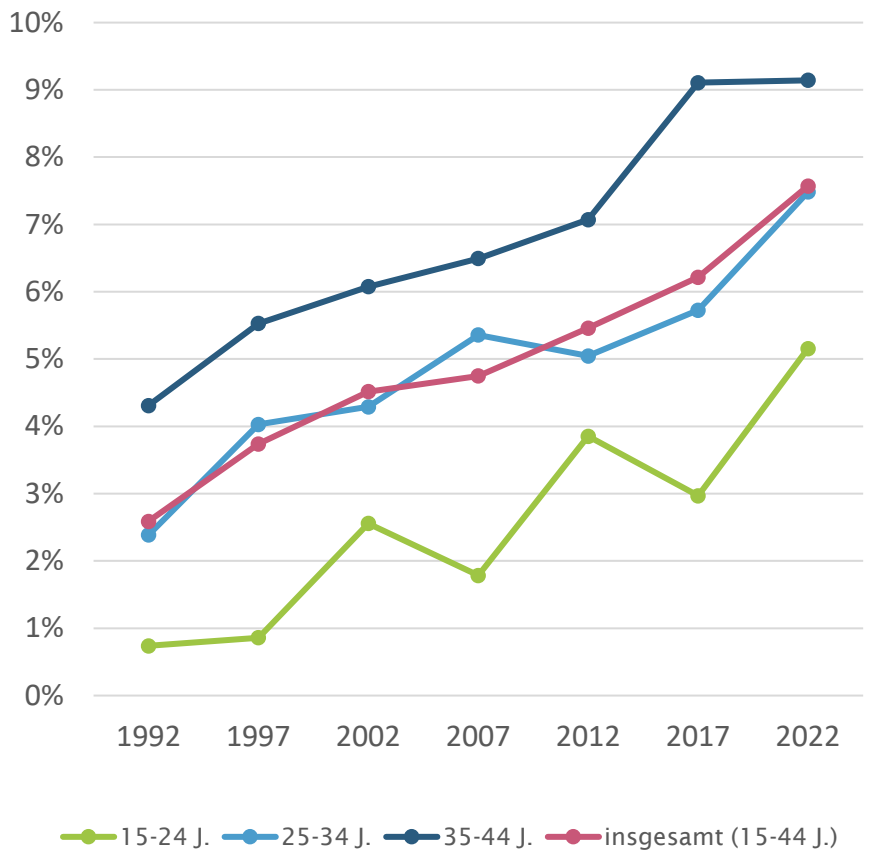
OECD Countries: Overweight and Obesity among Women of Reproductive Age



Valencia-Ortega et al., 2023

Figure 1. Prevalence of excessive weight in women. Prevalence data are shown only for member countries of the Organization for Economic Cooperation and Development. Women aged 18 to 44 were included in most countries (Supplementary Table S1). Data are from the Global Obesity Observatory [5].

Switzerland: Obesity among women of reproductive age from 1992 to 2022

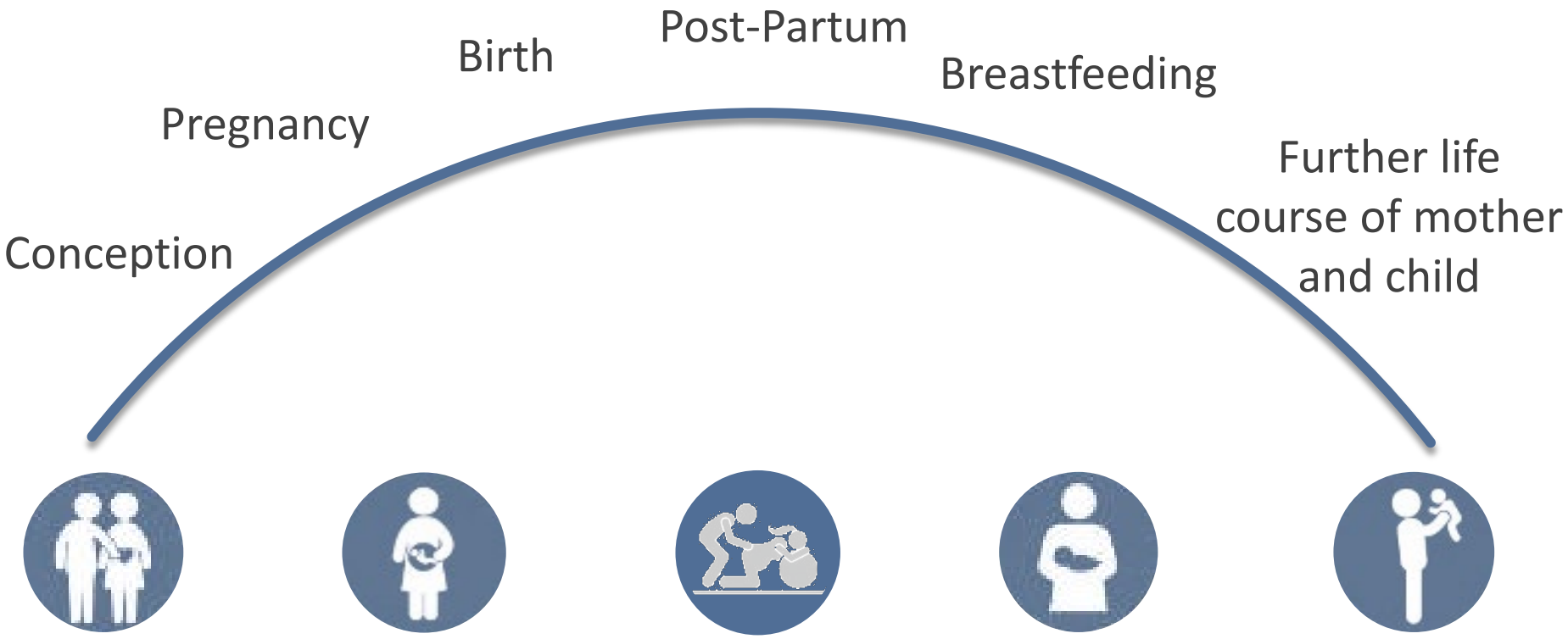


Own calculations and presentation; data from the Swiss Health Survey (BFS, 2023)

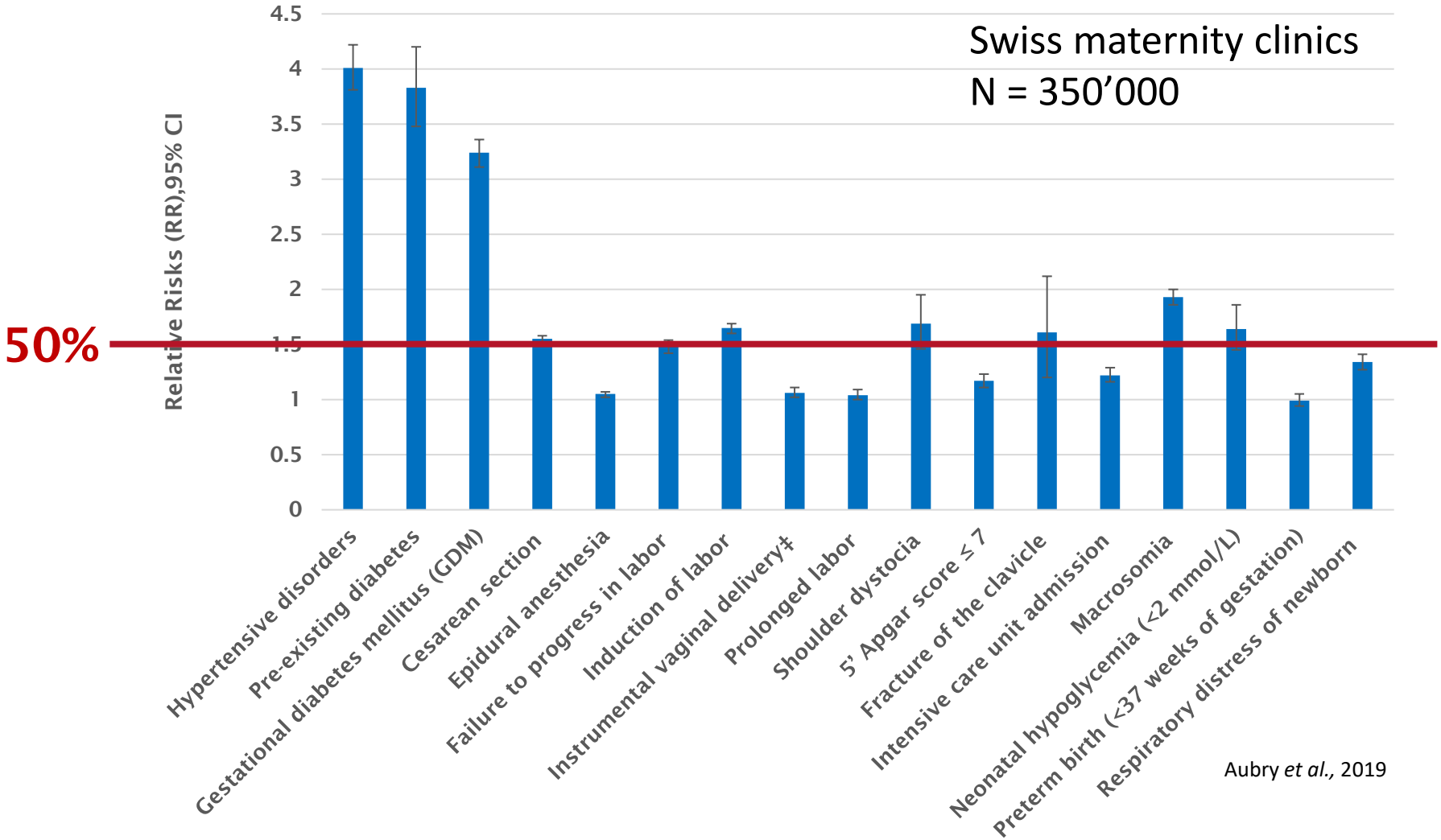
Prevalence of Obesity at Birth in Switzerland

- Approximately 7.2% of births in Switzerland
  Aubry et al., 2019
- Corresponds to approximately 6,000 - 6,500 births per year (2020 to 2022)BFS, 2023

Perinatal Health Challenges of Women with Obesity and Beyond

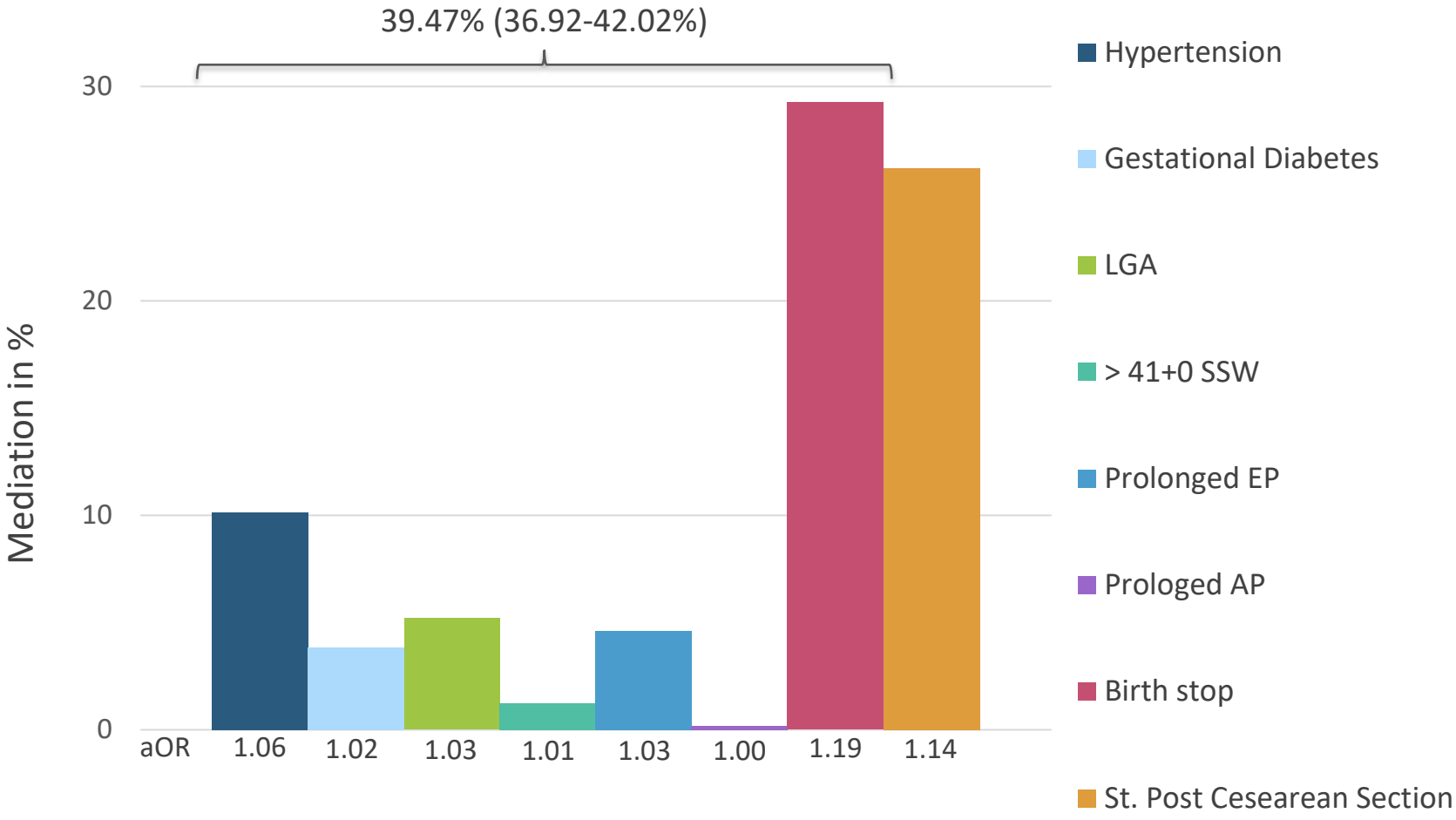


Relative Risks of Adverse Outcomes Associated with Obesity



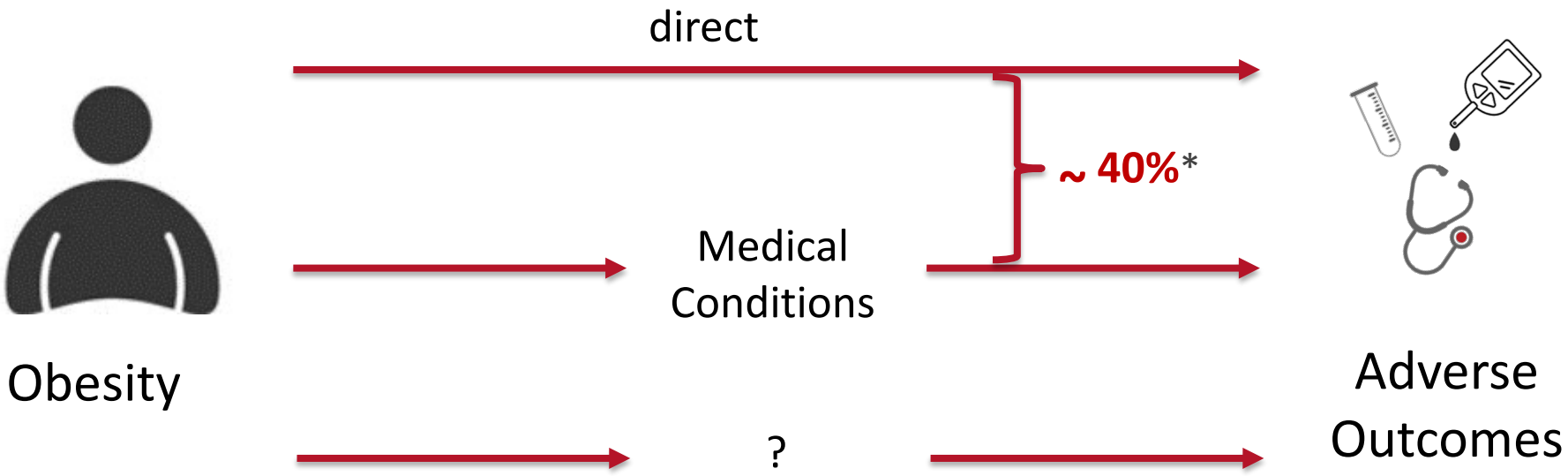
Aubry *et al.*, 2019

Mediationsanalysis: Obesity → Cesarean Section
Why is this linked?



Wyss et al., 2024

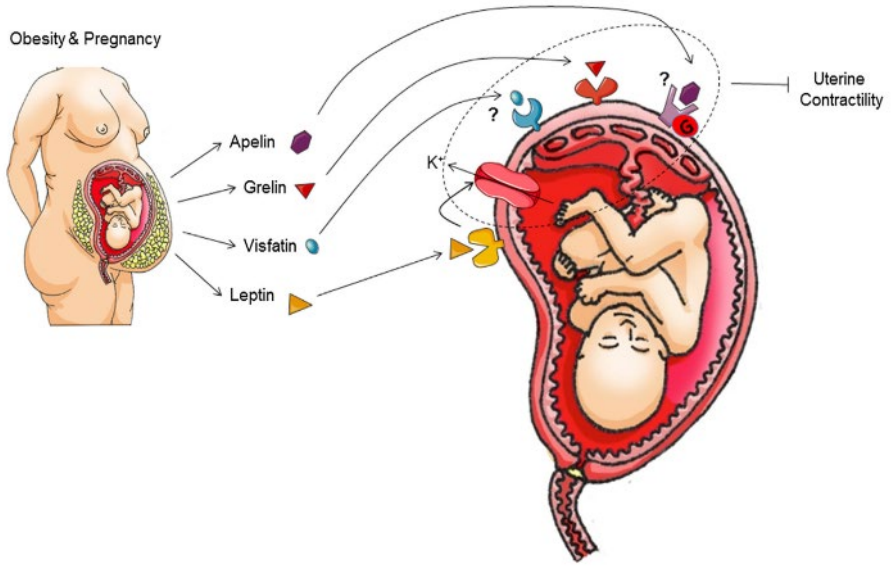
Biomedical Perspective on the Association between Obesity and Adverse Outcomes



* Wyss et al., 2024

Challenges with Risk Focused Perinatal Care

- Correlation ≠ Causality
  - Mechanisms between body weight and outcomes not fully understood
  - Higher test rates
  - Limited access to healthcare

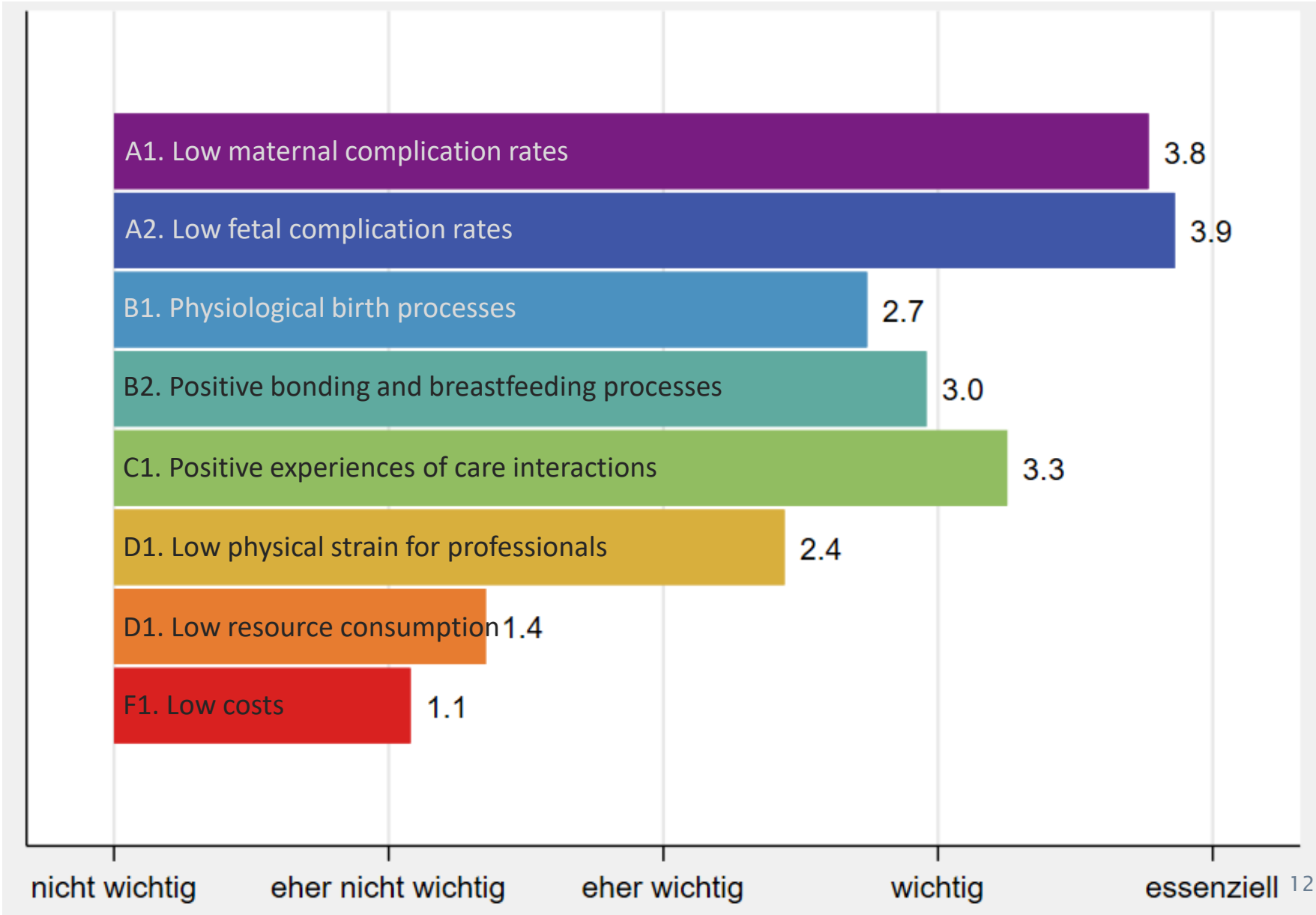


- Biomedical recommendations are not sufficient for a long-term improvement in the perinatal care of women with obesity

Bildquellen: focus.de/familie/erziehung/; Azaïs et al., 2017

Goals of Optimal Birth Care for Women with Obesity

Wyss et al., 2023b



Likelihood of Positive Birth Expectations

Swiss survey study, pregnant women, N = 1’348

Table 3. Factors Associated With Positive Childbirth Expectations in Total and Subscales

	Total		Support and Informed Choice		Pain and Distress		Medical Interventions	
Characteristics	aOR (95% CI)	*P* Value	aOR (95% CI)	*P* Value	aOR (95% CI)	*P* Value	aOR (95% CI)	*P* Value
BMI >30 kg/m^2[a]	0.63 (0.42-0.95)	.027	0.58 (0.26-1.27)	.173	0.88 (0.43-1.80)	.721	0.46 (0.24-0.87)	.017
Pregnancy complications[b]	0.68 (0.48-0.95)	.025	0.85 (0.42-1.73)	.654	1.01 (0.59-1.74)	.968	0.49 (0.30-0.81)	.005
Midwife as care provider during pregnancy[c]	3.65 (2.11-6.32)	<.001	6.69 (0.91-49.17)	.062	2.73 (1.59-4.68)	<.001	5.44 (3.54-8.35)	<.001
Midwife-led care during birth[c]	4.77 (3.37-6.74)	<.001	1.81 (0.91-3.60)	.092	2.85 (1.81-4.49)	<.001	9.16 (6.11-13.75)	<.001
Higher education[d]	1.08 (0.81-1.44)	.614	1.79 (0.90-3.58)	.098	0.66 (0.42-1.04)	.074	1.15 (0.78-1.68)	.484

Abbreviations: aOR, adjusted odds ratio; BMI, body mass index.
[a]Binominal logistic regression model was controlled for age, gestational age, parity, pregnancy complications, education.
[b]Binominal logistic regression model was controlled for age, gestational age, parity, BMI, and education (pregnancy complications: gestational diabetes, hypertension, hyperthyroidism, anemia, mental illness, and premature contractions).
[c]Binominal logistic regression model was controlled for age, gestational age, parity, BMI, pregnancy complications, and education.
[d]Binominal logistic regression model was controlled for age, gestational age, parity, BMI, and pregnancy complications.

Messer et al., 2024

Stigma: Social Devaluation of women due to their body weight or size

lazy, unmotivated, gluttonous, no willpower, lacking self-discipline, sloppy, unintelligent, unsuccessful

- Stereotypes
- Rejection
- Teasing
- Bullying
- Victimization
- Harassment
- Prejudice
- unfair treatment
- discrimination
- inequities

Weight Stigmatization in Perinatal Care from a Women's Perspective: Literature Review

Modulators

- Self-stigma
- Social environment
- Past experiences

Perceived Weight Stigma

- Biased communication
- Discriminating actions
- Environmental stigma

Reaction

- Resignation, withdrawal, excuse, self-blame, disappointment

Outcomes

- **Reduction in access to and utilization** of services
- Deterioration of **mental health and body image/stress**
- **Decreased motivation**, self-efficacy, and health behaviors
- **Poorer** pregnancy and birth **outcomes**
- **Worse long-term health** for mothers and children

Sigrist and Aubry 2024

Conclusion – Recommendations for Swiss Health Care

The prevalence of births affected by obesity is increasing.

- Raising awareness for consequences

Challenges related to obesity in perinatal care are complex.

- Investment in adequate research

The quality of care significantly impacts health outcomes for women with obesity.

- Focus on wellbeing in health care

Professionals are influenced by weight stigma that leads to considerable disadvantages in maternity care.

- Guidelines, education, research, policies

Thank you!

Evelyne Sigrist
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Tamara Messer
Fabienne Blank
Julia Moor
Regula Schwenk
Carmen Wyss
Simone Hasler

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