In-depth midwifery reportage and articles

Features

LET
THEM
EAT
CAKE?
The subject of weight is never easy to raise. But with obesity at an all-time high, midwives can’t afford to overlook it. Helen Bird finds out how, in approaching weight management sensitively, positive outcomes can be achieved.
One midwife who has brought personal experience to her practice is Emily Brace. As a student nurse, Emily felt so unhappy with her own excess weight that she lost just under six and a half stone, becoming Slimming World’s Diamond Member 2013.

“When I broach the subject with women, they probably look at me and think: ‘What would you know?’ because I’m a size 10,’ she says. ‘But I can explain by putting my personal perspective on things and try to help them lead healthier lifestyles.

‘It’s got to be the woman that wants to do it primarily, but if I can help them to identify some of their areas of concern, which were also once mine, then they’re more likely to try and adopt change.’

Of course, once the conversation has been started, for most women, the prospect of putting themselves and their unborn babies at risk is reason enough to make the necessary changes to their diet and lifestyle.

‘Pregnancy is a big motivator,’ agrees Karen Jewell, who, as consultant midwife at Cardiff University Health Board, works in one of the UK’s most obese areas. ‘When you start talking about excess weight gain in pregnancy – that we know it’s linked to obesity in young children and teenagers and that they might get diabetes – that is the motivation.’

As senior clinical lead on the Healthy Eating and Lifestyle in Pregnancy (HELP) study, Karen has implemented care pathways to support obese pregnant women in managing their weight through physical activity and healthy eating.

The study – a randomised controlled trial across 20 antenatal clinics in England and Wales – focused on whether such a programme is effective in reducing women’s BMI at 12 months from giving birth.

The results show that it helped women with their ability to control weight gain and ‘more babies were born in the healthy weight range to those women who lost weight during pregnancy’ (Jewell et al, 2014).

Karen tells Midwives about the approach taken for the care pathways. ‘We’ve trained our midwives in brief interventions,’ she says. ‘There are so many topics that you need to bring up in a short amount of time, so it’s important how you address it.

‘It’s very much about small steps. We normally find that the women come in at 22 weeks and they’ve gained weight. Then we have the conversation and hopefully put the brakes on a little bit, so that they don’t gain too much.’

It seems that the small steps approach, and communicating to women that nobody is expecting miracles is the key, as Ailsa McGiveron has found. Through the ‘Bumps and Beyond’ weight management service, she has brought personal experience to her practice. As a student nurse, Emily felt so unhappy with her own excess weight that she lost just under six and a half stone, becoming Slimming World’s Diamond Member 2013.

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RAISING THE ISSUE

Bringing up the topic of weight is never an easy task. Here are some key points to remember when broaching the subject with women:

► Put yourself in her shoes. While weight is often a sensitive topic, the woman is likely to want you to bring it up and offer the support and guidance she needs.

► Be aware of steps that may have already been taken. You might see a woman with excess weight in front of you, but she could have already lost weight and be feeling great about that.

► Consider the language you use. If you need to weigh the woman, rather than telling her to get on the scales, say something like: ‘I need to update our records, would you mind if I weighed you today?’ Likewise, use ‘high BMI’ rather than ‘obese’.

► Self-disclosure can go a long way. You may feel that you’re struggling with your own weight, but this needn’t be a barrier. Showing empathy and sharing your own experiences can help to break the ice and put the woman at ease.

► Use the ‘drip-feed’ approach. Time is of the essence at booking but even one question, such as: ‘How are you getting on with eating and keeping active?’ keeps it on the agenda.

► Be sensitive. Some women feel uncomfortable talking about their weight in front of their partner, for example. Try to clarify any sensitivities before you start the conversation.

The fact that obesity is rising at such an alarming rate means that it sits at the top of the public health agenda. Recently obesity’s prevalence also means that people are starting to regard it as ‘the norm’, as Ailsa reports. ‘One woman I saw had a BMI of 51 and didn’t know what the problem was, because she thought she had a healthy diet. Another said: “Why are you picking on me? All my friends are the same size.”’

However, obesity’s prevalence also means that people are starting to regard it as ‘the norm’, as Ailsa reports. ‘One woman I saw had a BMI of 51 and didn’t know what the problem was, because she thought she had a healthy diet. Another said: “Why are you picking on me? All my friends are the same size.”’

‘If they start the pregnancy obese, they’re going to end it obese, but we can help so that they don’t put that extra four stone on, they may only put on a couple of kilograms and we can try to prevent the high blood pressure,’ she adds.

Of course, as with any serious health condition, the consequences of obesity extend beyond the physical. The government report, Two for the price of one: the impact of body image during pregnancy and after birth (Orbach and Rubin, 2014), explores the perhaps less considered, psychological and emotional effects of being overweight while pregnant and post-birth, and of an unhealthy relationship with food.

The report states: “The way [the woman] eats, her attitudes towards health, food and hunger, as well as the emotional reasons why she may eat or may not eat, are all passed on wordlessly to her baby: the positive and the negative.”

Psychologist Lisa Newson, who is pregnant at the time of speaking to Midwives, agrees that weight can be a highly emotional subject. ‘Women who have a weight issue prior to becoming pregnant are likely to be sensitive about it already, and they’ll become more aware of that during pregnancy,’ she says.

Unfortunately, the media often perpetuates women’s negative body image by glamourising female celebrities who lose their baby weight quickly, and criticising those who don’t. ‘The press creates this negative perception and it’s hard for women to feel that they’re doing it right,’ Lisa adds.

She also believes that better psychological support could be offered by midwives. ‘How they fit it in and how it’s delivered is a slightly different question,’ she says, ‘but there’s definitely a role for it because they’re the only professionals women see all the way through pregnancy.’

It certainly seems that, at this point, the best that midwives and other health professionals can hope to do is keep obesity at the top of the agenda. Some believe that a return to the old system of weighing women at every antenatal appointment would be a good way to achieve this. ‘That used to be the norm,’ says Ailsa. ‘You didn’t think you were being picked on.’

There also seems to be a consensus that clear UK guidelines on the ideal weight gain during pregnancy should be put in place. But equally, says Gail, each woman should be assessed on an individual basis: ‘There’s a challenge in sticking within a rigid weight range, because this refers to the average woman.’

While the modern obesity trend may never be completely reversed, midwives can contribute by providing support and guidance to those women that need it, helping them to take control for themselves and for future generations. The declining numbers on the scales will come as a result.

For references, visit the RCM website.