

Using photovoice to understand larger bodied women's experiences of maternity care.

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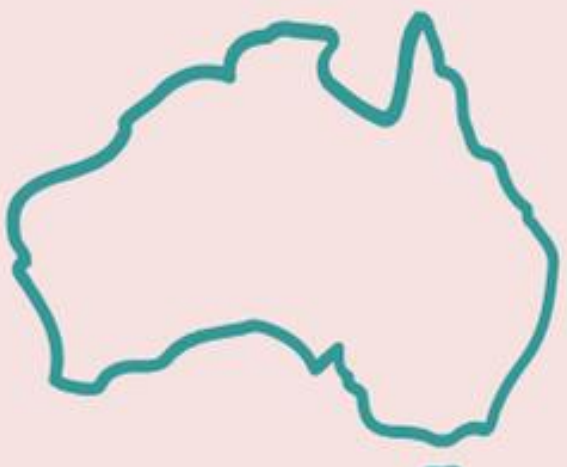


Body Positive Birth

WEIGHT STIGMA ...^[1,2]



50% of reproductive aged women live in larger bodies.



3.3MILLION

Australian women vulnerable to weight stigma & discrimination in maternity care

OUR AIM

To pilot an online approach to Photovoice to explore larger bodied women's experiences of weight stigma in maternity care, to inform the future development of non-stigmatising approaches.

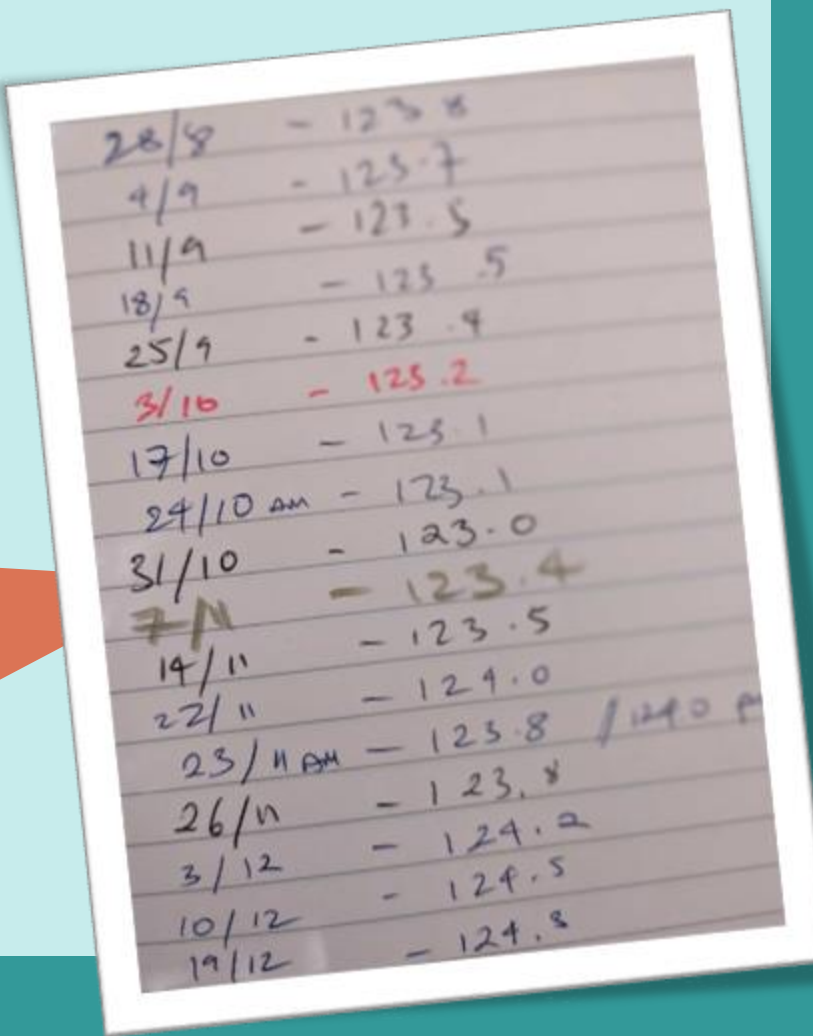
RESULTS

- 64 images shared, each prompting an asynchronous online discussion thread.
- Six hours of workshop discussions.
- Three major themes:

Taking up space

- Larger bodied women felt unwelcomed in maternity care, as though their pregnancies should not be joyful.
- The intense focus on weight overshadowed other aspects of care.
- Weight stigma undermined the more positive body image that women sought.

"Weight monitoring during pregnancy triggered unhealthy, obsessive habits I'd carried throughout my years as a larger bodied person. I logged and restricted my daily calorie consumption ... I weighed myself weekly or even daily at times as mental preparation for the 'official' antenatal appointment weigh-ins. These only served to increase my stress and perinatal anxiety." (Participant 2)



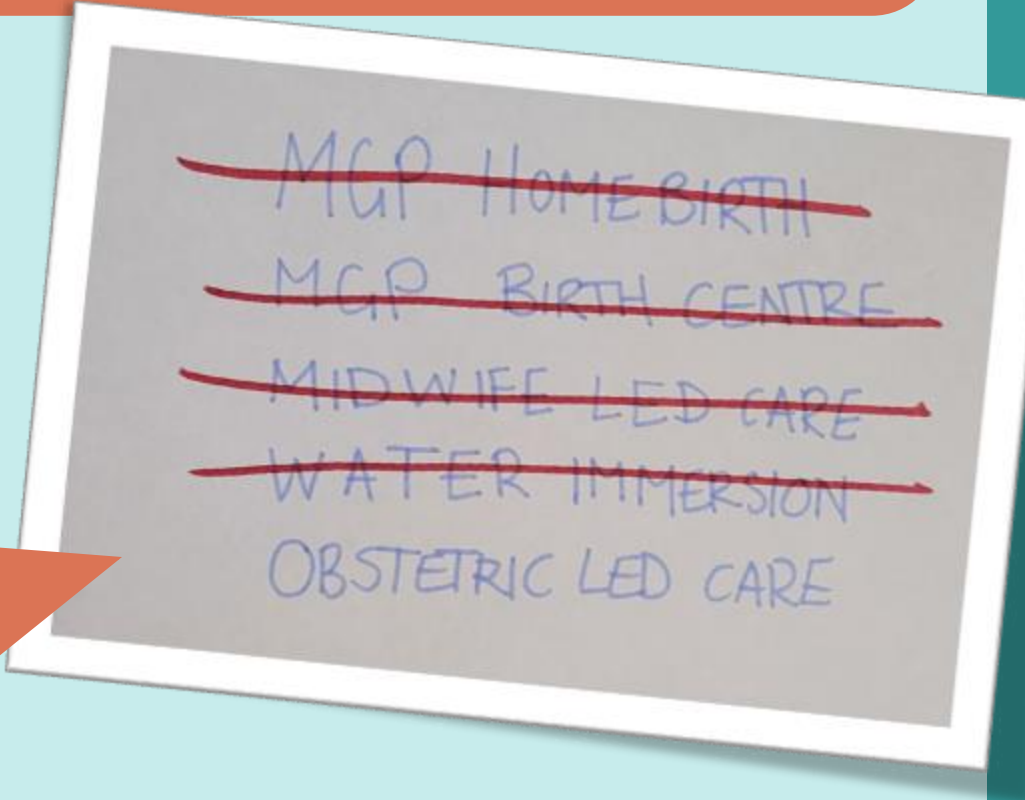
Encountering barriers

- Policies perceived as "arbitrary and inaccurate" restricted women's access to preferred models of care, birth choices and to the role of 'good mother'.
- Women's involvement in informed decision making was curtailed and their bodies pathologised.



"I was a square peg trying to fit into a round hole. I tried to meld myself to fit into their tiny boxes, so they would trust and believe in me. No matter what I did it was never enough for them to see me as the informed, educated woman I am." (Participant 4)

"The exclusion from models of care and labour and birth options I faced in my second pregnancy due to my BMI. I mentioned wanting to go with a MGP homebirth to my booking in midwife who very dismissively told me it wouldn't be an option. My starting weight put me a kilo over the BMI threshold." (Participant 3)



Reclaiming my agency

Women:

- searched for and sometimes found de-stigmatising information, care and support.
- wanted physical spaces and equipment that accommodated them.
- noted the absence of positive imagery of larger bodied pregnant women.



"Size-inclusive care looks like resources with photos of real diverse bodies. It looks like emphasis on the true health of a pregnant person and their baby. It looks like support around what our bodies can look and feel like during pregnancy, after birth and over the next couple years. It looks like clinical rooms without scales. With comfortable wide chairs ... It feels like being seen beyond the surface." (Participant 3)

METHODS

1. PHOTOVOICE^[3]

An action-oriented, participatory method where participants visually and narratively record and reflect on their community's strengths and concerns and promote critical dialogue to enact social change.



2. PARTICIPANTS

Five larger bodied women with recent lived experience of maternity care.



3. ONBOARDING

To collaboratively develop research questions & group norms for safe and ethical image creation/collection, experience sharing/discussion



4. ONLINE SHARING

Over 6 weeks, participants shared images and reflective text that captured their experiences of maternity care in a closed online discussion group, on Padlet.



5. WORKSHOP

During the study, participants took part in two follow up workshops to analyse shared experiences, make decisions about further data collection and develop action plans.



6. THEMATIC ANALYSIS

The content and context of participants experiences were analysed collaboratively and thematically.



Acknowledgments

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References

[1] Hill & Incollingo Rodriguez. (2020). Weight stigma across the preconception, pregnancy, and postpartum periods: A narrative review and conceptual model. *Semin Reprod Med*, 38(06). [2] Hill, Bergmeier et al. (2017). Is parity a risk factor for excessive weight gain during pregnancy and postpartum weight retention? A systematic review and meta-analysis. *Obes Rev*. 2017;18(7). [3] Wang (1999). Photovoice: A participatory action research strategy applied to women's health. *J Womens Health*, 8(2)

DISCUSSION

- Photovoice is a feasible and empowering methodology to explore larger bodied women's experiences of weight stigma in maternity care.
- Current approaches to maternity care for larger bodied women centralise weight and risk in ways that may create unintended harms.
- Women experience weight-centric care, and particularly the focus on gestational weight gain, as profoundly stigmatising and in some cases triggering.
- Directing larger bodied women into 'high risk' models of care erodes their autonomy.
- More careful consideration is needed to ensure that suitable clinical equipment is readily available and that positive images of diverse body sizes are included in maternity consumer information.
- Maternity care providers may benefit from education and support to address weight stigma..
- Further research on this topic is underway. Please visit www.radiantstudy.com.au

