# Weight stigma in maternity care poses risks for mothers and babies



Weight stigma in maternity care remains a significant challenge affecting many women, especially those living in larger bodies. A study originating from the United States revealed that women encounter weight stigma at nearly every maternity care visit, a trend that is likely reflected in countries like Australia, where over half of women of reproductive age fall into this category.

Weight stigma encompasses stereotyping, negative biases, and discriminatory behaviour directed at larger-bodied individuals. It manifests not only within health care systems but also broadly within society. Focusing specifically on maternity care, this stigma can cause substantial physical and psychological harm to both mothers and their babies.

Stigma in maternity care can be explicit, such as health professionals openly expressing negative attitudes about treating larger-bodied pregnant women or questioning their honesty about dietary habits. It may also present implicitly, with care providers avoiding physical contact or eye contact during consultations. Additionally, systemic issues contribute to stigma—for instance, insufficient availability of appropriately sized hospital clothing and delivery beds, or protocols that categorise larger-bodied women as high-risk regardless of their overall health status. This risk-focused approach often overlooks the complexity of health determinants and disproportionately places responsibility on the woman’s body size.

The emotional impact on women subjected to weight stigma during maternity care is profound. Qualitative research illustrates that affected women frequently feel judged, shamed, and less worthy, sometimes leading to guilt over their pregnancy and self-doubt. One participant recounted an encounter where a doctor told her, “I was terrible for getting pregnant at my weight, that I was setting up my baby to fail [...] I was in tears, and he told me I was being too sensitive.” Another Australian study documented experiences described as “hyper-focused on weight and dehumanising,” leaving women bereft of the joy of pregnancy, with one woman stating, “there was no compassion or conversation, just blame.”

Beyond emotional distress, weight stigma can also harm mental health by increasing the risk of depression, stress, and disordered eating. Body image concerns are central, compounded by societal expectations that prescribe unrealistic ideals regarding body size, motherhood suitability, and weight control. Women internalise these societal judgments, a phenomenon known as self-stigma, which exacerbates the detrimental effects.

Research indicates that weight stigma correlates with several negative pregnancy and birth outcomes, such as gestational diabetes, caesarean delivery, and lower rates of breastfeeding. Intriguingly, some emerging evidence suggests that weight stigma itself may have a stronger association with these outcomes than body mass index. Possible explanations include reduced engagement with healthcare services due to stigma, poorer mental health, decreased confidence, and physiological stress responses triggered by stigmatization. These adverse maternal effects may have downstream consequences for the child, including increased risks related to gestational diabetes such as premature birth and potential development of type 2 diabetes later in life.

Experts emphasise that the responsibility for these outcomes should not rest solely on women. Pregnant and postpartum women should not have to endure weight stigma as an accepted aspect of healthcare.

Addressing this issue requires systemic change. Health services can play a crucial role in dismantling narratives of blame and enhancing equity in maternity care. Education and training for midwives and obstetricians about weight stigma—including its nature, prevalence, and strategies for minimisation—are essential steps.

Researchers at Monash University collaborated with women who had experienced weight stigma and practising midwives to develop resources designed for easy integration into clinical practice. These include a podcast explaining weight stigma in maternity care and imagery depicting healthy larger-bodied pregnant women, aimed at reinforcing positive pregnancy outcomes irrespective of size. Midwives involved in evaluations responded positively, endorsing the resources for broader use.

Although eliminating weight stigma in maternity care presents a considerable challenge, progress in this area promises substantial benefits for mothers and their babies.

This report is based on research and commentary from Briony Hill, Deputy Head and Senior Research Fellow, and Haimanot Hailu, PhD Candidate, both from the Health and Social Care Unit at Monash University, as published in Medical Republic.

Source: [Noah Wire Services](https://www.noahwire.com)

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