

HOW TO HELP MOMS

through pregnancy & postpartum body image

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INTRODUCTION

Mother face both external and internal stressors that can influence how they perceive their body during pregnancy and postpartum.

These stressors can be triggered by multiple factors, including her perinatal healthcare and providers, lack of an adequate support system, and the tremendous changes she is experiencing (physically, mentally, and emotionally).

Being aware of the potential triggers that new mothers may face can help allied health professionals better understand how to support women with eating difficulties and body image struggles surfacing during pregnancy and postpartum.

Let's take a closer look and examine the health care environment that many mothers face.

It's important to understand the potential triggers that new mothers face. Unfortunately, the majority of women in the United States experience this form of prenatal care.

1. Weight-centric approach to perinatal care

2. Outdated use of the IOM weight gain guidelines:

- Current IOM guidelines recommend an 11 to 20 lbs weight gain for women with a prepregnancy BMI greater than 30, 15 to 25 lbs for women with a BMI of 25 to 29.9, a 25 to 35 lbs weight gain for women with a BMI of 18.5 to 24.9, and 28 to 40 lbs for women with a BMI less than 18.5.
- IOM guidelines are based on prepregnancy BMI, which is a poor indicator of individual health and wellness

3. Maternal Weight Gain/Weight Concern vs. overall behaviors as determinants of health

- **Pregnancy** - Push toward minimal weight gain
- **Postpartum** - Push toward weight loss

4. Weight Stigma in Perinatal Health Care

- Weight stigma is the fourth most common form of discrimination and is widespread in professional settings, including the healthcare field.¹
- Damaging implications to women during pregnancy/postpartum, including:
 - A. Delayed appointments or access to prenatal care and treatment
 - B. Inadequate treatment options due to body size or weight
 - C. Misdiagnosis or unnecessary treatment interventions
 - D. Lack of access to preventative healthcare procedures
 - E. Feeling ashamed or humiliated due to body size
 - F. Lack of a trusting relationship between a woman and her perinatal provider

5. Eating Disorder Screening in Pregnancy/Postpartum

- No current standardized screening for eating disorders in prenatal or postpartum care
- Research has found that 28% of women studied displayed disordered eating symptoms and psychological and behavioral traits associated with eating disorders during pregnancy, yet 93.3% of the women with disordered eating weren't identified by their medical practitioners.²

¹ Puhl RM1, Andreyeva T, Brownell KD. *Int J Obes (Lond)*. 2008 Jun;32(6):992-1000. doi: 10.1038/ijo.2008.22. Epub 2008 Mar 4. Perceptions of weight discrimination: prevalence and comparison

² Broussard B. Psychological and behavioral traits associated with eating disorders and pregnancy: a pilot study. *J Midwifery Womens Health*. 2012;57(1):61-66.

CHANGES WOMEN EXPERIENCE DURING PREGNANCY/POSTPARTUM

In addition to a weight-centric prenatal health care system, women are faced a time of tremendous transition in their own lives.

These changes, in combination with overall lack of support and hyper-focus on weight can create a “perfect storm” that triggers disordered eating, poor body image, and for some, eating disorders.

1. Physical
2. Emotional/Mental
3. Relationships
4. Career
5. Financial

How can we better support women during pregnancy and postpartum?

Many women may present to a dietitian or allied health professional for various reasons, such as wanting to “improve nutrition” or even manage/lose weight. For practitioners who operate from a HAES paradigm, this can be an excellent opportunity to support new mothers, screen for disordered eating and body image concerns, and help women advocate for more holistic care that supports their physical/mental well-being for optimized outcomes for mother and baby.

SUPPORTING WOMEN DURING PREGNANCY/POSTPARTUM

1. Screening for Eating Disorders, Disordered Eating and Body Image Concerns

- Identify risk factors and symptoms
 - Family History
 - Weight fluctuations
 - Malnutrition
 - Co-occurring mental illnesses
 - Preoccupation with food and body image
 - Menstrual irregularities
- Assess for weight and body concerns
 - Eating Disorder Examination Questionnaire
 - SCOFF Questionnaire
 - Eating Attitudes Test
- Assist with building multidisciplinary team as appropriate
- Collaborate with current perinatal health care provider to advocate for mother and support treatment

2. Provide non-judgmental support and counseling

- Provide individualized treatment modalities as appropriate
- This may include meal planning support, specialized counseling methods, and education/support for intuitive eating techniques

3. Advocation

- Supporting mothers in advocating for themselves with their perinatal healthcare provider
- Building relationships with perinatal healthcare providers in support of mutual patients.
- Working with a perinatal provider who is focused on weight-centric approaches

CHALLENGING WEIGHT STIGMA IN PERINATAL HEALTH CARE

As mentioned earlier, weight stigma in perinatal health is consequential and can have several negative impacts on a woman and her baby during the crucial time periods of pregnancy and postpartum.³

Many women in larger bodies face unnecessary interventions, shaming, and scrutiny from their healthcare providers compared to other women in smaller bodies. Women with a higher BMI were more likely to report negative experiences of care during pregnancy and after birth, compared to lower weight women.

1. Addressing the Perinatal Health Care Provider

- Education
- Collaboration
- Screening tools

2. Addressing Mothers in Larger Bodies

- Safe, non-discriminatory care via HAES lens
- Advocate
- Celebrate body diversity

³ Mulherin K, Miller YD, Barlow FK, Diedrichs PC, Thompson R. Weight stigma in maternity care: women's experiences and care providers' attitudes. *BMC Pregnancy Childbirth*. 2013;13:19. Published 2013 Jan 22. doi:10.1186/1471-2393-13-19

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