

What Are the Perceptions of Midwives Providing Care to Women Who Have an Increased BMI in Pregnancy Within New Zealand?

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Background:

The risks of obesity to the mother and her baby are well documented, guiding and informing policies and practices within New Zealand. The medicalisation of obesity maybe challenging for midwives in their role of promoting normal birth and positive outcomes for women. It is unknown what the experiences and perceptions of midwives are who provide care to women of increased BMI in the current New Zealand context.

Purpose/Objective:

This qualitative study will explore the perspectives of midwives as a means of developing an improved understanding of the pertinent issues for midwives when women are pregnant or giving birth and have a high BMI. It is hoped that by having improved understanding strategies could be developed that support improved care provision for women who are pregnant and have an increased BMI.

Methodology and Theoretical Framework:

A feminist standpoint methodology will be used to explore midwives' experiences of providing midwifery care as they relate to pregnancy and obesity. Feminist standpoint is a methodology that is able to provide the woman's unique perspective on the production and organisation of knowledge. Data collection will be a combination of focus group interviews and in-depth one to one interviews will be used to explore ideas further. Three locations within New Zealand will be used incorporating both core and LMC midwives.

Key Findings:

Three focus groups and seven semi structured one-on-one interviewes were conducted in three separate regions of Aotearoa. Seventeen midwives and three student midwives participated. Four themes were identified following a thorough thematic analysis process.

Theme 1: What is and what is not midwifery

Theme 2: Doing more harm than good

Theme 3: A raw deal (for women)

Theme 4: Being vulnerable

Discussion:

Working in partnership with women is the main stay of the midwifery philosophy and profession. The medicalisation of obesity and the focus on BMI as a sole measure of risk in pregnancy leads to hype and often non-holistic, interventionist care being prescribed which has the ability to disempower women and devalue a women's ability to birth. Wider socio-political interventions are required.

Conflict of Interest:

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