



NEW ZEALAND
COLLEGE OF
MIDWIVES (INC)



What are the perspectives of midwives regarding the provision of maternity care to women who are pregnant and obese?

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Background



- The risks of obesity to the mother and her baby are well documented.
- Informs policies and practices
- Partnership
- It is largely unknown what the perceptions of midwives are who provide care to women of increased BMI in the current New Zealand context.

Methodology

- Qualitative study
- Feminist standpoint theory
- 3 regions of NZ
- 7 in depth interviews
- 3 focus groups
- 21 midwife participants
- Thematic analysis
- Ethics –HDEC and OP
- Consultation Kaitohutohu office, Nga Maia (Maori midwives of Aotearoa).



Findings

Themes identified:

1. Our bread and butter
2. The irony of intervention
3. Concern for women's experience



Our bread and butter

“So I do talk about BMI and healthy weight and I talk about the weight gain that is recommended in pregnancy, give them ideas about what to do, how to do exercise, refer them. I give them ideas about using less sugary drinks and good food and exercise and how they can incorporate it into their day”. *Kate, LMC Midwife*

“A lot of my appointments are an hour plus. Because there is a lot of education there. I just educate as much as I can... What foods to buy, carbos... about eating and processed foods. Talking to them about white breads and white flour. Education is huge. It's important”. *Talia, LMC Midwife.*

Our bread and butter?

- “I think midwives give good dietary advice, but beyond that, I think it’s beyond the scope of midwifery”.
Georgina, LMC Midwife.
- “It’s not our core business, dietary information. I mean the basic diet is, but how to lose weight isn’t a core business for midwives”. *Roni, LMC Midwife.*

Irony of intervention

BMI flawed

- “I think you know there is quite a lot of evidence that the BMI isn’t a very good tool anyway... You know, the hospitals have their guidelines and it’s just assumed that the BMI is going to be useful and often I think it is not very useful”. *May, LMC Midwife.*
- “There are issues... in regards to outcomes, but is it all down to BMI? More likely to do with health inequalities, the fact that they get ignored. They book late... The access to services”. *Chrissie, Core midwife.*
- “You have a woman who has been similar weight for all of her pregnancies and birthed beautifully, suddenly she has become complicated because they’ve decided this is a complication”. *Roni, LMC Midwife.*

BMI as sole measure of risk flawed

- “3rd baby. She lived probably two streets away from the birthing centre. She had a BMI of nearly 40. The obstetrician told her she had to birth at the tertiary hospital... She rang me and said this is ridiculous. The BMI is not the only thing”. *Paula, LMC midwife.*

Medicalisation

- “The information women get at their antenatal clinic appointments is very much risk based and worst case scenario kind of stuff. There is almost like a sort of pressure put on them you know to err on the side of I guess, you know, intervention and thinks like caesarean section, rather than actually just having a go”. *Tracey, LMC midwife.*

Medicalisation

- “I referred a mum...she had a most traumatic labour because of the massive interventions. She was traumatized and damaged and sore... So I wonder sometimes when should I refer or should I just keep my mouth shut and just don't do anything anymore?”

Irony of intervention

- “Often you refer women and they are not seen, or they are seen late... That means that you can suddenly hold obstetric burdens on your shoulders... That’s just isolating me and my midwifery practice”. *Georgina, LMC Midwife.*
- “I do refer them to the clinic according to, you know. They need to get specialist input as well. But they don’t really always come back to me and say, oh that was a meaningful visit”. *Lily, LMC Midwife.*
- “I struggle with it being a documented problem and yet there is no help. Like we can’t get these women to see a dietician. We can’t. Only for diabetes women”. *Chloe, LMC Midwife.*

Irony of intervention

- “When women are bigger, the scans aren’t as accurate either, and you have to explain that. So in one breath you’re saying ‘you should have a scan because we can’t tell how big your baby is, but also the scan probably can’t tell you either... I think that’s quite a lot of uncertainty for women to carry. They do get it really, really wrong”. *Meg, LMC Midwife.*
- “The referral guidelines say that I need to send her to clinic... the only thing they do is send her to an anaesthetist who scares the bejeevers out of them that they are going to die if they have an anaesthetic, but come back in a months time so we can tell you you are still fat. I mean actually you are not doing anything to work towards that goals that a normal birth is the best thing”. *Chloe, LMC Midwife.*

Concern for women's experience

- “Some have a good experience and some it will totally disengage them with having anything to do with them again, which is very stressful on the LMC... Then we are stuck”. *Roni, LMC Midwife.*
- “The journey that woman is taking in that pregnancy... Every time she goes for a scan, to an appointment and what is being said to her”. *Chrissie, Core Midwife.*

Concern for woman's experience

- “That constant focusing on the high BMI and the large baby...I hear so many times when they say to me ‘I’m scared, I’m scared.. the doctors said yesterday...the baby is large... the scan said’. They are fearful and think they can’t push their baby out”. *Chrissie, Core Midwife.*
- “I don’t want to breastfeed the baby as I don’ want to suffocate the baby I’m so big...I said to her that her body is designed so beautifully and soft for the baby to snuggle into and it’s just absolutely perfect. She had tears in her eyes. She said she had not seen it like that”. *Katte, LMC Midwife.*

Summary

- Midwives feel confident providing health promotion advice within the midwifery scope of practice and communicating sensitively with women regarding weight.
- Midwives reject that extensive input with complex nutritional/weight issues are beyond the midwifery role and call for more support for women with regards to this.
- Despite referring as required to specialist services in pregnancy, midwives believed that these services were largely not meeting the needs of women and whanau.
- Midwives identified that the current use of BMI as a single measure of risk in pregnancy is flawed.
- Midwives do have concern for the experiences of women who are pregnant and have an increased BMI in Aotearoa.

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