

# Big Births Findings

## Expectation

The mothers who responded to us were clear in what their expectations were. Most expected to play an active and informed part in decisions about their pregnancy and labour:

*"I'd like the options to be explained beforehand, with the risks (statistics) to go with it, so I can make my own mind up."*

*"I want to receive full and balanced facts, in clear English so I can make my informed decisions."*

Mothers were clear that facts should be evidence-based;

*"I feel that women should be offered the pros and cons of all decisions in black and white, with evidence-based information."*

*"I would like to see more women being given the true risks of labour per evidenced-based research, and this should be done early in their pregnancies so that they can inform themselves."*

And there was no fear of the statistics of risk:

*"Just saying "doing this increases your risk of stillbirth" isn't enough. How much is it raised by? And what's the risk if I do nothing? Also, saying something like "doing this doubles your risk of stillbirth" can be incredibly misleading. If it's doubling the risk from 10% to 20% then that's clearly a big difference, but if the risk is doubling from 0.01% to 0.02% then that's negligible."*

## The simplistic high-BMI box

Some mothers reported that their high BMI didn't greatly affect their treatment or choices during pregnancy.

*"When I first got to the hospital with my first child, I was asked if my pregnancy was normal and uncomplicated. I answered yes, except for being on the high BMI pathway. This was shrugged off by the midwife as being totally normal. I wasn't treated any differently because of being overweight.*

*For my second child, I didn't mention it during the labour and neither did any medical staff. It was a non-issue."*

And that some HCPs were supportive of decisions based on the individual mother rather than simply their BMI.

*"My midwife said she couldn't see why I wouldn't be able to have a water birth."*

*"The consultant approved going to a midwife-led unit if I wanted to."*

*"I planned to have a home birth against medical advice, which my community midwife was supportive of."*

However some mothers reported being immediately pushed into a high-BMI box. This was most often obvious when a mother is on the borderline:

*"When I'd been weighed and measured she immediately started saying things like "Oh, there will be a problem because of your weight" but wouldn't explain what the problem was. She wasn't as friendly then and wouldn't explain things to me"*

*"When I was weighed and measured, the midwife changed completely"*

Many feel that this is too simplistic and can exclude other medical factors that might affect their pregnancy and birth

*"It would have been nice to be treated as a whole person rather than just looking at my bmi... ...It felt quite like a tick box process rather than actually understanding my history."*

*"They were more concerned with measuring my physical attributes than managing my mental health"*

*"The reality was a difference of 7lb in weight which seemed to be lost on some of the medical staff I saw, especially in light of the straightforward pregnancy and birth I had before."*

Mothers found that many HCP's understanding of their medical situation was overly simplistic. It was highly influenced by BMI to the exclusion of other factors.

*"I had 2 glucose tests and they sounded shocked when they both came back clear"*

*"I had one nurse do my blood pressure twice on different machines because my readings 'can't be correct for my size'"*

This often led to conclusions being leapt to without consideration of other factors:

*"The on-call consultant came round and without even examining me said 'come on, let's take you for a c-section. Some women just can't give birth naturally, your body is one of those'"*

In some cases, where more than one HCP had been involved or the mother had specific knowledge, mother were shown the stark difference between allowing their BMI to dominate decisions and being aware of other contributing factors.

*"[I was told that] I couldn't have a homebirth because I was high risk. But I had already been accepted to have a homebirth as my only risk factor was my weight and I had discussed this privately with the head of the homebirth team"*

*"The first sonographer very harshly said that the reason she had trouble was because I was quite fat so it was harder to get a good picture. During other scans I was told that weight doesn't necessarily come into it and it really does depend on the competency of the sonographer and the position of the baby/womb/placenta"*

*"[The midwife] called doctor as she said I wouldn't be able to push him out so wanted forceps. When the doctor came in she didn't use forceps as she said I was doing fine and he was going to come out just fine"*

Many of our mothers had doubts about whether all the HCPs that they encountered had the expertise that they had expected.

*"When my first baby was taking a little longer to come, the NHS midwife told me she was going to have to put me on a syntocinon drip. Have to?! I knew that was not true because I was well read on the subject, and I asked for natural stimulation instead, so nipple stimulation, frankincense, and they worked."*

*"I felt that people knew best, but when professionals are literally disagreeing about the well-being of your unborn baby, it's a bit disheartening."*

*"She (midwife) was sceptical of the accuracy of scans, and was not concerned by any of my measurements, which she felt were normal. She was right as I did not have a big baby at all. This was down to her experience, which I felt was lacking in other health professionals."*

This concern was increased when situations weren't explained to them fully.

*"Nothing was explained to me – what they were looking for on the scan, why they needed to take so many blood samples and what they were testing"*

*"They [options] weren't [presented]. I was told what would be happening."*

There was feeling from several mothers that some HCPs lacked knowledge and so fell back on using guilt and persuasion rather than facts to encourage mothers to follow their advice.

*"I discussed how I didn't want to have additional scans unnecessarily and I was told "If you don't have a scan and your baby is stillborn, you will know who to blame".*

*"I felt that I was coerced and guilted into an additional scan by one particular midwife."*

*"I felt that I didn't have a choice, I was scared into decisions."*

Many mothers reported being constantly warned about potential problems. Very often it came to nothing:

*"I was only just in the high BMI, but this was brought up in the booking appointment as if it would cause huge problems throughout my pregnancy, they then went through a long list of things that could go wrong due to my larger size"*

*"I was told I had to have a GTT test and I was likely to have a bigger baby as I was measuring ahead. I had a 7lb 10 baby!"*

Even where the warnings were accompanied with statistics to back them up, many women reported that they were not helped to understand what the risk actually was:

*"I was told... ..about complications in pregnancy but made it sound like the risks were greatly increased without giving me the numbers to compare myself."*

### **Mobility limitations**

Interestingly, one of the risks that had the most effect on our mothers was the possibility that due to their size, the mother would not be able to be moved during labour. This was used as a reason why a good number of choices were removed:

*"During the labour I was stuck on the bed being monitored and was told due to my BMI I couldn't get into any other position (such as on all fours or off the bed) as they wouldn't be able to move me in an emergency"*

*"My consultant said I would not be able to have a water birth as they wouldn't be able to get me in and out the water."*

In many cases, although the mother had a high BMI, they were not that heavy compared to other mothers, and often, mothers were perfectly mobile throughout labour.

*"I felt embarrassed because the doctor wanted extra people to move me over to the other bed, but I moved myself in the end."*

This theme was echoed extensively in our interviews and we have not been able to find any research on how mobile mothers with a high-BMI tend to be in labour. Certainly, our mothers felt that they were being underestimated, and had believed themselves to be perfectly able to move themselves around in labour. During a Q&A with Diane Garland, an experienced midwife, we discovered that many midwives discuss mobility with mothers during pregnancy and use the ability to move in and out of a bath as a good indicator of a mother's mobility during labour. However, as far as we know, there has been no research into this.

## **Respect**

Mothers were clear that prior to pregnancy they expected that they would be treated with respect by HCPs;

*"I didn't have much expectation. I hoped that I would be listened to and views respected."*

*"That I'm at the centre of it all – not just a vessel for carrying a child."*

And that their BMI wouldn't affect the way that they were treated:

*"[I'd expect information to be given] in an informed and non-judgemental way."*

*"[I wouldn't expect] trying to make women feel guilty"*

There were some glowing reports of HCPs:

*"The community midwives were brilliant. Totally realistic, non-judgemental, really got it when I was having problems with antenatal depression."*

*"They took time to listen to me."*

However, many of our mothers were upset by the language used during conversations with HCPs. A large number of women felt that they were being judged by their HCPs and that this negative attitude towards BMI was accepted within the profession:

*"The focus was on my weight, how unhealthy I MUST be, just really negative. No support, no guidance, just critical finger pointing."*

*"I was told 'Well you must have known the risks when you decided to get pregnant, being the weight you are.'"*

*"When I mentioned the midwife I had the unpleasant encounter with, she said she guessed I didn't get on with her as it was well known locally that she was very "sizist.""*

However, we recognise that this needs to be considered within a structure of deeper understanding of the societal pressures on high BMI women. Many mothers feel that they are frequently judged, rapidly and unfairly, for their weight and hence may be more sensitive to remarks made by HCPs. This does not excuse such remarks, or suggest that mothers should be more robust, but suggests

that HCPs should be aware of existing sensitivities and should hence be additionally aware of the impact of their words.

At the most extreme end of the scale, jokes were made about BMI-related situations that were inappropriate and worrying.

*"He told me that this baby would be coming out in school uniform he was so big. I was terrified but he thought it was funny. My baby was 7lb 10 when he was born."*

Many mothers didn't feel that their conversations were constructive and that rather than being supported, they were just being told that they were in the wrong.

*"My husband specifically remembers that at the hospital having consultant appointments, I was lectured to by male consultants about my high weight"*

*"I was referred to dietician who was fatter than I was at 6 months pregnant"*

*"I felt like I was being treated like a child, or like I was stupid. I KNOW that sugar is bad, I don't need to fill out a ridiculous worksheet to teach me that."*

A clear theme in our interviews was mothers feeling that they were being lectured to and not being respected as being able to understand their situation or possible risks and outcomes.

*"I wasn't treated with respect or like the educated individual that I am"*

*"I felt like I was treated like an idiot who was intentionally harming my baby for being fat"*

*"I was constantly repeating myself and on one occasion this was met with a tut and a sigh."*

Mothers were clear that communication had been inadequate. This was most obvious to several of the mothers who realised only after the birth that decisions had been presented to them as necessary rather than one option.

*"I didn't realise you could refuse induction"*

*"In both labours vaginal examination was presented as a non-option."*

*"It was worded in a way that made it seem like it was necessary for me to have these tests as it was highly likely there could be complications"*

*"I wish my midwife had mentioned the option for delayed cord clamping during my first pregnancy, even if she had advised against it. I feel like that option was taken away from me because I didn't even know it existed."*

In the most extreme cases, several mothers felt that HCPs had acted without their consent.

*"I was given all the interventions including an epidural that I had refused"*

*"I had lots of internals. One member of staff was rough and I remember asking him to stop but they said it was necessary to find out how my baby was doing."*

*"First time round I agreed to one [vaginal examination] and the midwife swept me without my consent."*

### **Stressful pregnancy and labour**

The result of the experiences above had a clear effect on the pregnancies of the mother we talked to, ranging from stress:

*"I felt stressed and worried throughout my first pregnancy."*

*"Each appointment with her left me feeling lower."*

*"I found it scary and confusing during my first pregnancy."*

to more extreme feelings:

*"Panic, worry."*

*"I left some midwife appointments afraid that I might die in labour!"*

*"I planned to complain about my encounter with this midwife and the impact this had on me and my wellbeing"*

Often this resulted in very low confidence

*"I dreaded labour."*

*"[I felt] more like a walking BMI risk than an expectant mother"*

*"They made me doubt my ability to birth a baby because I was fat"*

### **Second pregnancies**

The majority of our mothers were motivated by their first pregnancy to approach subsequent pregnancies proactively. The most common change was increased confidence;

*"I felt more ready to have to fight for my birth preferences."*

*"I felt much more confident in making my own decisions, I knew what it felt like and what I wanted to happen."*

*"I had the confidence (or some might say bad attitude) to say I'm not having all of those scans, they aren't necessary and are a waste of my time."*

*"I was much more confident in my second so more in control"*

*"For my second I was a bit louder in wanting my thoughts and feelings heard."*

Many mothers decided that they had to be responsible for discovering relevant knowledge:

*"I joined a VBAC support group on fb and familiarised myself with why VBACs were successful and reading up on RCOG guidelines."*

And forming productive relationships with HCPs from the start:

*"I had to take a different approach to my medical care. This meant working with my community midwife and my GP to ensure that I wasn't going to be subjected to as many consultant appointments because of how poorly I had been last time with my mental health."*

*"As soon as I became involved with the community midwife, we spoke with her and my GP at length about how to protect myself"*

Some decided to actively choose the HCPs involved:

*"I steered clear of the unprofessional health professionals at my previous hospital and stuck with my private midwife throughout my pregnancy and labour."*

*"My private midwife was there to help with all of this"*

*"I did have a birth doula... ...which was fantastic in itself but I shouldn't have felt I needed an informed advocate for my birth preferences, when only my weight was a risk factor."*

*"My interactions with the private midwife were vastly different - her experience of having delivered hundreds of babies in the home for women of all weights made me feel encouraged that my weight was not a concern."*

And some tried to avoid HCPs as much as possible, refusing extra appointments or scans:



*"I knew I expected very little of health professionals for my second pregnancy and I steered well clear of them."*

*"I refused so many scans, appointments etc because I felt it contributed greatly to my antenatal depression with XXXXX."*

*"I declined to attend the weight management course."*

*"I refused everything except what I wanted in my second."*

It seems clear to us that until Health Care Trusts start to consider the effect of choice on high BMI mothers with more care, many mothers will distance themselves from HCPs during future pregnancies, potentially increased their risk.