



PLUS SIZE PREGNANCY AND BIRTH:

EMPOWERING
WOMEN OF SIZE

PLUS

Does Inducing
Labor Increase
the Likelihood
of Cesarean?

 **PAGE 8**

Is Waterbirth
Safe for
Newborns?

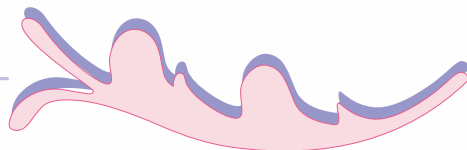
 **PAGE 20**

Quarterly publication of

DONA
International



PLUS SIZE PREGNANCY AND BIRTH:



Empowering Women of Size

 By Jen McLellan, CBE

My doula turned out to be the very first person who made me feel as if my body was capable of having a healthy pregnancy and the natural childbirth I desired.

Doulas have the ability to not only transform birth and postpartum experiences, but to change the lives of the women they serve. I remember being fearful of how I might be judged when my husband and I set up an interview with a doula. My Body Mass Index (BMI) classified me as morbidly obese, and most of the information I had found online was extremely negative regarding how my pregnancy would progress. It was incredibly difficult to find positive and uplifting resources. >>>





My doula turned out to be the very first person who made me feel as if my body was capable of having a healthy pregnancy and the natural childbirth I desired. She opened my eyes to the midwifery model of care and other options that could be available. In the end she was right; I had a wonderful pregnancy and birth, and I'm grateful for her knowledge and support along my journey because it changed everything.

My pregnancy and birth experience transformed me into a mother and took my professional life in an entirely new direction. My doula changed my life. I am now a childbirth educator and advocate for women of size. I'm incredibly honored to have the opportunity to share my knowledge about supporting plus size women during pregnancy, birth and the postpartum period.

As you know, doulas provide women and their loved ones with informational, physical

and emotional support. It's that component of emotional support that will most often be tapped into when working with plus size women.

Bias against pregnant women of size

In 1978, the American Journal of Obstetrics and Gynecology published an article¹ that stated: "In agreement with most other studies, no significant increase in cesarean sections or operative forceps delivery was noted in [the obese group.]" Basically, the cesarean rate for women with a BMI of 35-39.9 was the same as normal sized women. Fast forward to 2013 and the cesarean birth rate for women with a BMI of 35 - 39.9 is 47%², much higher than the overall statistic of around 30%. What changed so dramatically within that time period? We know that as a

society we have become more obese, and in fact, 60% of women in their childbearing years are classified as overweight or obese. Yet does that account for such an astronomical increase in the cesarean birth statics?

In the three years that I've been doing this work, there is one story that keeps being told: care provider bias against women of size. I've heard from countless plus size women who were told at their first prenatal visit that they needed to have a cesarean based only upon their BMI. I'm talking women who weigh well under 300 pounds. There is also a new "Fat Vagina Theory" that is becoming popular. This is an assumption that obese women's vaginas are too fat to push out a baby. While at first this sounds laughable, it's happening, and it's incredibly damaging to a woman's belief in her body.

Negative tactics only make people less

likely to change their health habits or see care providers regularly. Plus size women aren't going to stop becoming pregnant, so it's time to end this cycle of shame and start empowering women. To do this, it's critical to have an informed doula alongside a laboring woman of size.

Additional risks

There's no refuting the fact that there are additional risks for an overweight or obese woman who becomes pregnant. Below you'll see the increase in risks compared to a BMI of less than 30²:

- Four times greater risk for gestational diabetes
- Three times greater risk for hypertension
- Three times greater risk for preeclampsia
- Two times greater risk for fetal macrosomia

Along with hiring a doula, three key things a woman can do to reduce these risks are to eat healthy, remain physically active throughout pregnancy and hire a size friendly care provider.

How to hire a size friendly provider

A size-friendly healthcare provider not only provides excellent care, but also builds confidence within a woman's ability to have a healthy outcome for her and her baby. I'm including a list of questions I recommend plus size women ask when selecting a care provider. This list is a great resource for your clients and will also provide you with additional insight and recommendations when supporting women of size.

1. What is your previous experience working with plus size women?

This question can be answered in numerous ways, so women should be looking for sensitive and nonjudgmental answers. They should also note if the care provider responds in a way that makes them feel uncomfortable. Pregnant women should always feel like they are able to get a second opinion or find another care provider.

2. Will I be considered high risk based only upon my BMI?

Unless pregnant women already

have a preexisting condition, or incur risks like gestational diabetes, a classification of high risk based only upon BMI is uncommon within the United States. The American Congress of Obstetricians and Gynecologists (ACOG) committee opinion paper on obesity and pregnancy doesn't include any data about classifying obese women as high risk. In addition, there was a recent study done in the United Kingdom stating the importance of keeping healthy obese women in a low-risk category to lower the incidence of interventions that lead to cesareans. It's also important to know that the midwifery model of care is highly recommended for women of size, and clients should think about researching this path.

3. Can you explain your pregnancy and birth philosophy?

This answer will provide women with additional insight to allow them to decide if the care provider is truly a good match.

4. How do you typically manage prenatal care and birth with a low-risk mom?

We know that every doctor or midwife differs slightly in how they offer prenatal care, and this is even more relevant for women of size. Below are a few things to help your clients consider when they're discussing prenatal care with their care providers.

Along with the routine testing and physical exam during their first prenatal visits, they will most likely be informed of their increased risks and told a recommended range for weight gain during pregnancy. According to the Institute of Medicine (IOM)³ that range is 15 - 25 pounds with a BMI of 25 - 29.9 and 11 - 20 pounds with a BMI of 30 or more.

ACOG⁴ has recommendations for obese women as far as nutrition and exercise during pregnancy: "Nutrition consultation should be offered to all overweight or obese women, and they should be encouraged to follow an exercise program. Nutrition and exercise counseling should continue postpartum and before attempting

another pregnancy." Many women of size find this advice helpful because it can be difficult to be told that dieting during pregnancy is dangerous, and yet they are not to gain more than 15 - 25 pounds. It's most important for women of size to eat healthy foods during their pregnancy. Encourage your clients to stay away from processed foods whenever possible by avoiding products that come in a bag or box. Exercise for pregnant women of size is not very different from any pregnant woman: swimming, water aerobics, walking, riding a stationary bike and prenatal yoga. Of course, your clients should always speak with their care provider before starting a new workout routine. It can be challenging for healthcare providers to palpate the bellies of obese mothers. Ultrasounds, especially during the first trimester, don't always provide precise readings and it can be difficult to find fetal heart tones due to adipose tissue.

In addition, it's extremely common for women to be tested twice for gestational diabetes. The first test often occurs very early during prenatal care and the second test takes place when most women are tested, between 24 - 28 weeks.

An increase in prenatal visits might also occur near the end of pregnancy. This is an expectation with high risk pregnancies, but not a guideline set forth by ACOG for prenatal care for women of size. If women feel like they are being put through unnecessary testing based only upon their BMI, they should be encouraged to start an open dialogue with their care providers.

5. How often do you perform inductions?

We know that with any birth an induction can increase the risk of having a cesarean. Major abdominal surgery isn't an optimal outcome for plus size women, because there's a significant increase in the risk of infection and thrombosis.



6. What is the cesarean rate of your practice?

This can be very insightful. The cesarean rate in most states is around 30% and if the practice is well above that number your clients will want to ask why. If the number is lower, it's a good indication the care providers are using evidence-based medical practices.

7. Who will deliver my baby?

If the care provider works in a group or with backup, there's a possibility that a selected care provider won't be there for the birth. It's important for women to make sure all of the providers within the group are size friendly.

8. How do you feel about me laboring in different positions?

Doulas know all too well that the freedom to move as the body directs during labor is ideal. Along with listening to her body, being on all-fours or a forward-leaning kneeling position can be helpful for unmedicated women during pushing. For women with an epidural, the side-lying position is helpful. These positions are also typically the most comfortable for women of size. It's important to note that birth balls have weight limits. Most balls have a weight limit of 250 - 300 pounds. As

a rule of thumb, the larger the ball, the higher the weight limit and some balls go all the way up to a 1,000 pound limit. If you have any concerns, a quick internet search for weight limits for the brand of birth ball your client is considering is highly recommended. Something to also be aware of is that most standard labor and delivery beds have a weight limit of 500 pounds and 400 pounds for the foot section.

9. How do you feel about continuous fetal monitoring?

There's a much higher incidence of internal fetal monitoring for women of size. As with ultrasounds, it can be difficult for labor contractions and heart tones to be detected on obese women. Intermittent monitoring with a Doppler ultrasound is preferable, but that's not always possible, especially when labor is augmented with Pitocin or pain medication is being used. If the nursing staff is having difficulty with the monitors, the doula might want to prepare her clients for the possible suggestion of internal fetal monitoring.

10. How do you feel about eating and drinking during labor?

This is an important question women should ask when planning an

unmedicated birth. Statistically, women of size have longer labors, so anything you can do to help them keep up their strength is important.

11. What are your feelings on pain relief in labor?

Epidural placement for women of size can be challenging due to adipose tissue that causes difficulty with positioning⁵ and finding landmarks. As with all births, a doula's support through this experience can be very helpful.

For women of size, ACOG recommends that an anesthesiology consultation during early labor should be considered to determine any possible challenges of epidural placement.

12. What are your thoughts on birth plans?

I firmly believe the power of birth plans or birth wishes isn't the document itself, but the education that takes place when developing one. Helping women of size vocalize what they want done to their bodies can help instill confidence and belief in their bodies. Doulas can play a critical role in the development of this document when it comes to educating clients about their rights. This can be especially helpful for women of size, because there are often more emotional challenges to consider.

13. How would you feel if I disagreed with a recommendation you make during my labor or birth?

I believe this question has the ability to start a strong dialogue between patients and care providers. Many women of size have a history of being shamed by their care providers due to their weight. By starting this conversation early on, women of size will be empowered to be strong advocates for themselves and their babies. During labor, doulas are an invaluable tool for moms by providing them with gentle reminders of the wishes they expressed during prenatal appointments and within their birth plans.

14. How do you feel about doulas?

I could get on my soapbox here regarding how vital it is for women to only work with care providers who are supportive of doulas. However, I'd be preaching to the choir so I'll move on.



15. Would you consider yourself a size friendly provider?

Answers to this question can help women make final decisions about whether they have chosen the right care provider to support their birth. They should also be encouraged to take note of the office: Are there comfortable chairs without arms, are the exam tables sturdy, were larger gowns provided? Another critical thing to note is if the care providers have large blood pressure cuffs or if they know how to properly take blood pressure from the lower arm. An inaccurate reading is more likely for women of size if they use the wrong size cuff, which can result in a false classification of high risk. Being aware of what women of size face, doulas can help their clients become better personal advocates during pregnancy and birth.

I encourage doulas to allow clients to take the lead when it comes to addressing unique obstacles women of size face during pregnancy and birth. It would be highly embarrassing if you broached this conversation with a client who doesn't personally identify as plus size. However, you now know what red flags to look for when clients share about prenatal visits and can have information to empower them during their birth.

Supporting women of size during the postpartum period

The postpartum period comes with its own set of roadblocks, from small issues like finding a nursing bra that fits to serious



complications with cesarean birth recovery.

Let's delve into breastfeeding first.

Women of size are often told their breasts are too large to produce milk or that they will suffocate their baby. Postpartum doulas have the ability to reassure a mom that those myths are absurd and provide helpful tips and resources. The football hold is a plus size mother's go-to, along with having an experienced lactation consultant on speed dial. One helpful tip for breastfeeding with large breasts is to use a rolled up clean cloth diaper or burp cloth under the breasts to provide elevation during nursing.

When it comes to cesarean recovery for a woman of size, it can be difficult to keep the incision dry and clean. Two ways to combat this are the use of a maxi pad to cover the incision and a hairdryer on the cool setting. It's also important to be aware of an increased risk of blood clots⁶ in plus size women. Your clients should know that signs include swelling in one or both legs, experiencing pain or tenderness in one or both legs, warm or red skin and visible surface veins.

Lastly, it has been shown that women of size have an elevated risk for postpartum infection and depression⁷. Postpartum doulas are trained to look for these risks and are an invaluable tool for plus size women.

As I stated at the beginning of this article, you have the ability to change lives! You can help to transform the way a woman views her body, and that impact can last for generations. From the bottom of my heart, I truly thank you for the incredible work you do. ~



Jen McLellan is a writer and childbirth educator who advocates for plus size women. She promotes positive information to empower healthy decision-making during pregnancy. Within her blog, *Plus Size Mommy Memoirs*, she helps women to navigate the world of plus size pregnancy, shares tips for embracing your body and laughs along with the adventures of motherhood. Jen is also a skilled patient advocate, professional speaker, wife and mother to a charismatic three-year old. For more information checkout her website – www.plussizebirth.com.

REFERENCES

1. Edwards LE et al. "Pregnancy in the massively obese: Course, outcome, and obesity prognosis of the infant." *American Journal of Obstetrics and Gynecology* 1978.
2. Weiss JL, Malone FD, Emig D, Ball RH, Nyberg DA, Comstock CH, et al. Obesity, obstetric complications and cesarean delivery rate—a population-based screening study. *FASTER Research Consortium. American Journal of Obstetrics and Gynecology* 2004.
3. Weight gain during pregnancy. Committee Opinion No. 548. *American College of Obstetricians and Gynecologists. Obstet Gynecol* 2013.
4. ACOG Committee Opinion. "Obesity in pregnancy." *Obstetrics and Gynecology* 2013.
5. Mhyre JM. Anesthetic management for the morbidly obese pregnant woman. *Int Anesthesiol Clin* 2007.
6. Weiss JL, Malone FD, Emig D, Ball RH, Nyberg DA, Comstock CH, et al. Obesity, obstetric complications and cesarean delivery rate—a population-based screening study. *FASTER Research Consortium. American Journal of Obstetrics and Gynecology* 2004.
7. DY LaCoursiere, E Barrett-Connor, MW O'Hara, A Hutton, MW Varner. The association between pre-pregnancy obesity and screening positive for postpartum depression 2010

THE ESSENTIAL INGREDIENT: DOULA

A DOCUMENTARY ON THE HISTORY AND CURRENT ROLE OF BIRTH AND POSTPARTUM DOULAS. FIND IT ON YOUTUBE.

