

# WEIGHT INCLUSIVE NUTRITION IN PREGNANCY: A LITERATURE REVIEW AND PRACTICE APPLICATION

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## INTRODUCTION

- Weight stigma outside of pregnancy is associated with decreased healthcare seeking behavior, increased disordered eating behaviors, and increased stress hormones.
- Weight stigma is also related to weight cycling, which is associated with depressive symptoms, cardiovascular disease, and increased morbidity and mortality separate from weight.
- Gestational weight gain (GWG) is monitored during pregnancy, and pregnant people with a higher weight are considered to be at higher risk.
- Given the focus on weight during pregnancy, pregnant people may also be at increased risk for weight stigma.

### AIMS:

The goal of this study was to review the literature regarding the following topics:

1. Existing pregnancy practice guidelines
2. Patient-provider communication and perceptions of pregnancy care
3. Experiences of weight stigma in pregnancy
4. Potential approaches for attenuating the impact of pregnancy weight stigma

## METHODS

- A PubMed MeSH search was conducted with terms related to the aims of this study
- Duplicates and articles unrelated to the study aims were removed; reviews were excluded.
- Other relevant works were included as encountered during the review process.
- A total of 48 research papers and practice guidelines, along with five articles from organizations like the Association for Size Diversity and Health (ASDAH) or the National Eating Disorder Association (NEDA) were included.

## RESULTS

### 1. PRACTICE GUIDELINE TAKEAWAYS

- Most practice guidelines encourage a discussion of GWG targets based on BMI and sharing the “risks” associated with a higher-weight pregnancy.
- Recent guidelines from the US Preventative Services Task Force recommend providing at least 2 nutrition counseling sessions to all pregnant people, regardless of pre-pregnancy weight.<sup>1</sup>
- Almost no guidelines specify how to approach conversations about weight during pregnancy.

### 2. PATIENT-PROVIDER COMMUNICATION

Providers	Patients
<ul style="list-style-type: none"><li>• Do not always share GWG guidelines, and recommendations don't always align with the Institute of Medicine ranges<sup>2</sup></li><li>• Some providers are uncomfortable discussing GWG, physical activity, and nutrition<sup>2</sup></li></ul>	<ul style="list-style-type: none"><li>• Many higher weight pregnant people report feeling too much emphasis is put on weight/risk<sup>3</sup></li><li>• Some pregnant people wanted more explicit guidance on GWG and physical activity<sup>4</sup></li><li>• Most women were receptive to receiving nutrition information<sup>2</sup></li></ul>

**Both providers and patients report limited time during appointments as a barrier to discussing nutrition**

## RESULTS CONTINUED

### 3. WEIGHT STIGMA IN PREGNANCY

Higher-weight pregnant people:

- Have more negative care experiences<sup>3</sup>
- Feel an excessive emphasis is put on their risk during pregnancy<sup>3</sup>
- Fear and experience judgement from providers<sup>4</sup>

Experiences of weight stigma in pregnancy are associated with:

- Feelings of anxiety and shame surrounding the health of their pregnancy<sup>4</sup>
- Poorer dietary choices
- Less engagement with healthcare providers<sup>5</sup>
- Higher risk for Gestational Diabetes
- Negative psychological outcomes during and after pregnancy

### 4. POTENTIAL APPROACHES FOR WEIGHT-INCLUSIVE PREGNANCY CARE

*Intuitive Eating and Mindful Eating*

Association between <b>intuitive eating</b> in pregnancy and:	Association between <b>mindful eating</b> in pregnancy and:
<ul style="list-style-type: none"><li>• GWG within guidelines, though results are mixed</li><li>• Body satisfaction</li><li>• Less disordered eating</li><li>• Fewer depressive symptoms</li><li>• Positive perceptions of gestational weight gain</li><li>• Improved GDM outcomes from pregnancy through one-year postpartum<sup>6</sup></li></ul>	<ul style="list-style-type: none"><li>• Healthier diet and higher intake of fruits and vegetables<sup>7</sup></li><li>• Lower intake of snack foods<sup>7</sup></li><li>• Better glucose tolerance<sup>8</sup></li></ul> <p><u>Mindful eating/activity intervention:</u><sup>8</sup></p> <ul style="list-style-type: none"><li>• Decreased stress</li><li>• Improved ability to regulate emotions</li><li>• Decreased emotional eating</li><li>• Increased light physical activity</li></ul>

*Existing Framework: The 5As of Healthy Pregnancy Weight Gain™*

- Of all the guidelines reviewed, only one provided a framework for discussing GWG: The 5A's of Health Pregnancy Weight Gain™
- This framework might improve provider communication surrounding GWG<sup>9</sup>

## DISCUSSION

- Weight stigma is present in pregnancy and may impact health.
- Equally offering nutrition services to all pregnant people, regardless of pre-pregnancy weight, aligns with recent recommendations.
- Practices like intuitive eating, mindful eating, the 5As™, or focusing first on needs and concerns of the pregnant person – rather than weight alone – might be strategies to support weight-inclusive care.
- **Almost no explicitly weight-inclusive pregnancy care practices have been tested and studied**, as existing literature is mostly observational.
- Limited time in prenatal care settings makes WIC a viable setting to test weight-inclusive practices and fill current gaps in the literature.

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