

Supplementary Table 2: Results of Survey 2

Principle (as presented in Survey 2)	People with lived experience			Maternity Care Providers			Other Stakeholders			Decision	Principle for workshop
	Ordinal Rank	n in top 10	Average ranking	Ordinal Rank	n in top 10	Average ranking	Ordinal Rank	n in top 10	Average ranking		
1 Where women want advice about nutrition and physical activity, focus on health and wellbeing behaviours as self-care actions, irrespective of any perceived or actual impact on weight.	25	16	3.56	22	6	3.17	3	3	5.33	INCLUDE	T Where women want advice about nutrition and physical activity, focus on health and wellbeing behaviours as self-care actions, irrespective of any perceived or actual impact on weight.
2 Accept larger-bodied women's accounts of their well-being, physical activity, and nutrition.	6	32	3.22	9	11	3.27	6	2	5.00	INCLUDE	I Accept larger-bodied women's accounts of their well-being, physical activity, and nutrition.
3 Acknowledge that body weight is complex and impacted by many factors.	15	23	3.39	2	18	3.39	6	2	5.00	INCLUDE	B Acknowledge that body weight is complex and impacted by many factors.
4 Recognise how moral judgements and stereotypes about larger-bodied people and their lifestyles can influence clinical decisions and policy making.	9	30	3.77	7	12	4.00	15	1	2.00	INCLUDE	G Recognise how moral judgements and stereotypes about larger-bodied people and their lifestyles can influence clinical decisions and policy making.

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5 Adopt a strength-based approach, which ensures a broad range of topics, beyond weight, are discussed during each clinical encounter, guided by the woman's priorities.	26	16	4.88	5	13	4.54	19	1	7.00	INCLUDE	E Adopt a strength-based approach, which ensures a broad range of topics, beyond weight, are discussed during each clinical encounter, guided by the woman's priorities.
6 Maximise joy and celebration when providing maternity care to larger-bodied women.	18	19	2.89	25	5	4.40	23	0	-	INCLUDE	R Maximise joy and celebration when providing maternity care to larger-bodied women.
7 Be clear, transparent, and evidence-based about why particular care is recommended (e.g. early Oral Glucose Tolerance Test).	12	25	4.32	1	20	4.45	2	4	5.25	INCLUDE	A Be clear, transparent, and evidence-based about why particular care is recommended (e.g. early Oral Glucose Tolerance Test).

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8 Acknowledge the contribution of weight stigma to the distress women may experience during pregnancy complications (such as gestational diabetes) and address this with appropriate support and balanced information.	21	17	5.59	20	7	6.29	8	2	5.50	INCLUDE	Q Acknowledge the contribution of weight stigma to the distress women may experience during pregnancy complications (such as gestational diabetes) and address this with appropriate support and balanced information.
9 Include people with experience of living in larger bodies at all levels of decision making, from individual care to health service delivery and governance.	27	15	4.40	14	9	4.56	23	0	-	REFINE: Merge #9 & #30	M Embed people with experience of living in larger bodies in all levels of decision making, from individual care to health service delivery, governance to service re-design and policy making.
10 Where weight or BMI are associated with a higher chance of complications, the discussion should be balanced and meaningful to the woman, using evidence-based risk communication strategies.	3	35	4.60	4	16	5.25	18	1	6.00	INCLUDE	D Where weight or BMI are associated with a higher chance of complications, the discussion should be balanced and meaningful to the woman, using evidence-based risk communication strategies.

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11 Work with larger-bodied women to identify strength-based responses to stigmatising maternity care situations.	36	8	5.63	37	0		23	0		EXCLUDE	
12 Make larger-bodied women aware of and respect their right to decline recommended maternity care (tests, consultations, screening, etc.), including things recommended because of their body size or BMI.	2	35	4.43	10	11	5.91	5	2	4.00	INCLUDE	J Make larger-bodied women aware of and respect their right to decline recommended maternity care (tests, consultations, screening, etc.), including things recommended because of their body size or BMI.
13 Acknowledge people's intersectional lived experiences and ensure that weight-inclusive approaches are also culturally safe, trauma-informed, neuro-affirming, gender inclusive	37	5	3.80	27	5	5.80	23	0		EXCLUDE	

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14 Have a network of other weight-inclusive healthcare professionals/services to refer women to when needed.	13	25	6.36	18	8	6.75	23	0	-	INCLUDE	O Have a network of other weight-inclusive healthcare professionals/services to refer women to when needed.
15 When making a referral, include information about the woman's expectation for a weight-inclusive approach.	28	15	6.07	21	7	8.71	13	1	1.00	INCLUDE	S When making a referral, include information about the woman's expectation for a weight-inclusive approach.
16 Base recommendations on individualised holistic assessment of women's health, rather than weight or Body Mass Index in isolation.	1	50	4.52	3	16	3.94	13	1	1.00	REFINE: Merge #16 & #21	C Base recommendations and investigations on individualised holistic assessment of women's health, rather than weight or Body Mass Index in isolation.
17 Recognise, acknowledge, and eliminate the additional time, financial and emotional burden imposed on women with larger bodies when unnecessary travel, screening and monitoring is recommended because of weight stigma.	32	11	4.91	34	2	5.00	23	0	-	EXCLUDE	

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18 Where weight is clinically essential, seek consent for weighing, and include the option of ‘blind weighing,’ and of self-reported weight. (Blind weighing is weighing the person without revealing their weight to them.)	19	19	7.00	6	13	6.54	23	0	-	INCLUDE	F Where weight is clinically essential, seek consent for weighing, and include the option of ‘blind weighing,’ and of self-reported weight. (Blind weighing is weighing the person without revealing their weight to them.)
19 Recognise the limits and risks of routinely measuring gestational weight gain and consider carefully if it is clinically indicated.	29	15	6.80	26	5	5.20	23	0	-	EXCLUDE	
20 In maternity care, routinely screen for disordered eating regardless of body size, and refer to appropriate allied health support services as indicated.	30	14	7.64	23	6	5.67	23	0	-	EXCLUDE	
21 Investigate the underlying reasons for emerging concerns, rather than just assuming weight is to blame.	8	31	5.29	28	5	6.80	23	0	-	REFINE: Merge #16 & #21	See C

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22 Use individualised and holistic risk assessments to include women of diverse body sizes in their preferred model of care, including 'all risk' midwifery continuity models of care (where a woman's pregnancy, birth and postnatal care is provided by a small known group of midwives).	4	34	4.62	8	12	5.50	17	1	3.00	INCLUDE	H Use individualised and holistic risk assessments to include women of diverse body sizes in their preferred model of care, including 'all risk' midwifery continuity models of care (where a woman's pregnancy, birth and postnatal care is provided by a small known group of midwives).
23 Use weight-inclusive language in policies, consumer interactions and interprofessional communication.	35	8	5.25	24	6	6.67	23	0	-	EXCLUDE	
24 Ensure you are contributing to a positive and non-stigmatising culture in the clinical workplace.	34	9	7.11	30	4	5.50	9	2	6.50	EXCLUDE	
25 Ensure larger-bodied women can safely access water immersion for labour and birth.	5	33	5.67	19	7	5.57	23	0	-	INCLUDE	P Ensure larger-bodied women can safely access water immersion for labour and birth.

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26 Ensure environments (furniture, imagery) are inclusive of body size diversity.	11	27	6.30	17	9	7.44	23	0	-	REFINE: Merge #26, #27, #28	See L
27 Ensure future hospital infrastructure accommodates and welcomes body size diversity (e.g. door widths; availability of beams to support hoists).	20	18	7.06	15	9	6.00	23	0	-	REFINE: Merge #26, #27, #28	See L
28 Ensure ready access to suitable clinical equipment (e.g. blood pressure cuff) so that people of all body sizes feel welcome.	7	32	6.03	13	10	5.90	9	2	6.50	REFINE: Merge #26, #27, #28	L Ensure environments including furniture, infrastructure, equipment and resources are inclusive of body size diversity, supporting safe, enabled, person centred care.

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29 Ensure advice about fertility treatment includes thorough clinical investigation, individualised assessment, and where weight loss advice is given, it is given with consent and is evidence-based, respectful, woman-centred and delivered with appropriate support.	33	10	7.10	31	4	7.50	22	1	9.00	EXCLUDE	
30 Listen to the voices of larger-bodied people, at all levels of decision making from individual care to co-designing services.	16	23	5.83	32	3	8.67	20	1	8.00	REFINE: Merge #9 & #30	See M

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31 If models of care specifically for larger-bodied women are offered, ensure they are staffed by clinicians who practice a destigmatising, weight-inclusive approach, are offered to women on an 'opt-in' basis, and are rigorously evaluated.	23	17	7.12	35	2	6.50	11	2	8.00	EXCLUDE	
32 Weight stigma education for maternity care professionals should include the biological basis of weight and weight loss, building capacity for empathic, respectful communication, discipline-specific skills, and personal reflection and action.	22	17	6.88	12	10	4.80	20	1	8.00	REFINE: Merge #32, #33, #34	N Embed weight stigma education and weight-inclusive approaches in training programs (university, fellowship and CPD) for health professions involved in maternity care, ensuring it addresses: the biological basis of weight and weight loss, building capacity for empathic, respectful communication, discipline-specific skills, and personal reflection and action.

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33 Weight stigma education and weight-inclusive approaches should be explicitly embedded in all university and fellowship training programs for health professions involved in maternity care.	10	29	6.45	16	9	6.11	1	4	3.00	REFINE: Merge #32, #33, #34	See N
34 Encourage ongoing continuing professional development on weight stigma and weight-inclusive approaches to maternity care for all health professionals involved in maternity care.	14	24	6.88	29	5	7.20	23	0	-	REFINE: Merge #32, #33, #34	See N
35 In antenatal education, include destigmatising information about gestational weight gain, and the biological basis of weight and weight loss.	31	13	8.62	33	3	9.67	4	3	7.67	EXCLUDE	

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36 Use non-stigmatising language and positive images of diverse body sizes in clinical environments and in consumer-facing health information.	24	17	7.47	11	11	8.64	15	1	2.00	REFINE: Merge #36 & #37	K Use non-stigmatising language and positive images of diverse body sizes in all consumer-facing health information, covering the preconception, pregnancy, labour and birth, and postnatal periods, including breastfeeding.
37 Develop weight-inclusive breastfeeding resources and information.	17	23	8.78	36	1	7.00	12	2	10.00	REFINE: Merge #36 & #37	See K