

BEST PRACTICE PRINCIPLES FOR Weight-Inclusive Maternity Care

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RADIANT
Body Positive Birth

Weight stigma is pervasive in maternity care, leading to shame and discrimination, which may ironically contribute to gestational weight gain and postpartum weight retention. In Australia, 50% of childbearing women have larger bodies, yet the maternity care they receive is shaped by policies, guidelines, environments and individual clinician practices that often contribute to weight stigma.

The RADIANT study achieved national consensus on Best Practice Principles for addressing weight stigma in maternity care. In the first phase of the study, we:

- engaged 65 larger-bodied women with diverse maternity care experiences across Australia in an online photovoice study.^{1,2}
- interviewed 24 weight-inclusive maternity care providers, including medical, midwifery and allied health professionals involved in childbirth education, fertility treatment, preconception care, antenatal care, intrapartum care, postnatal care and breastfeeding support.³

From these two qualitative studies, along with existing anti-stigma programs and weight stigma literature, we distilled 71 candidate Best Practice Principles for Weight-inclusive Maternity Care. A series of national surveys was used to shortlist, refine and rank the candidate principles,⁴ culminating in the RADIANT National Consensus Workshop in March 2025, which was attended by 54 delegates including endorsed representatives of peak medical, midwifery, allied health and consumer stakeholder organisations. Stakeholder organisations have now endorsed the resultant RADIANT Best Practice Principles for Weight-inclusive Maternity Care, demonstrating their commitment to weight-inclusive maternity care.

Glossary

Weight stigma:

negative biases, stereotypes, attitudes and discrimination towards larger-bodied individuals based only on their body weight or size.

Weight-inclusive:

approaches to healthcare that focus on eliminating weight stigma and optimising each individual's health and wellbeing, independent of body weight.

Larger-bodied:

a more respectful and inclusive alternative to stigmatising terms such as 'obese' or 'obesity'. Our use of language in this document is guided by feedback from people with lived experience and reflects our commitment to eliminating weight stigma.



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Acknowledge

The first step in eliminating weight stigma in maternity care is to acknowledge:

- The experiences of larger-bodied women.
- That weight stigma is harmful.
- That body weight is complex and impacted by many factors.
- That unconscious bias and stereotypes about larger-bodied people can influence clinical decisions and policy making.

Educate

Embed weight stigma education and weight-inclusive approaches in training programs (university, fellowship, CPD) for all health professions involved in maternity care, ensuring it addresses:

- The complex biopsychosocial basis of weight and weight change and the skills to discuss this with women.
- Empathic, respectful communication, including non-stigmatising language.
- Communicating information using absolute rather than relative risk.
- Discipline-specific clinical skills.
- Personal reflection, including to explore implicit and internalised weight bias.
- Specific actions that individuals and health services can take to address weight stigma in maternity care.



Resource

Ensure resources, including staffing, policies, infrastructure, furniture, equipment, and consumer-facing health information maximise larger-bodied women's access to the full suite of woman-centred care, with determinations of safety based on individualised assessment. Important examples of this include ensuring resources maximise safe access to:

- Water immersion for labour and birth.
- Care close to home.
- A range of models of care, including midwifery continuity of care.
- Positive images of diverse body sizes in consumer-facing health information, covering the preconception, pregnancy, labour, birth and postnatal periods, including breastfeeding.

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Partner

To ensure care is safe, equitable and non-discriminatory, partner with larger-bodied women at all levels of decision making, from health service delivery and governance to service re-design. This includes ensuring that:

- Larger-bodied women are involved in co-designing clinical guidelines, policies and directives.
- Policy decisions about location of care and models of care are informed by the lived experience of larger-bodied women and consider individual factors from a holistic perspective.



Care

Weight-inclusive maternity care is woman-centred, respectful, evidence-based, trauma-informed and strengths-based. Therefore:

- Provide relationship-based care, that recognises each person's biopsychosocial context, prioritises shared decision-making and respects each individual's account of their wellbeing, physical activity and nutrition.
- Focus on health, rather than body size, weight or BMI, by ensuring a broad range of maternity care-related topics are discussed at each clinical encounter, guided by the woman's priorities.
- Discuss risk assessments, recommended care and investigations with each person, drawing on an individualised assessment of their health and local service capability, rather than on weight or BMI in isolation.
- Provide clear, transparent, evidenced-based information about recommendations for care, ensuring discussions about risk are balanced and meaningful and that any complications are met with appropriate clinical and psychosocial support.
- Seek genuine consent prior to discussing weight or weighing. When weighing is clinically indicated and consented to, offer blind weighing and consider self-reported weight.
- Ensure larger-bodied women understand their healthcare rights, including the right to decline care recommended because of their weight or BMI and respect their choices.

The RADIANT team



The consumer-led RADIANT study saw six lived-experience investigators working alongside our multidisciplinary academic team, in all phases of the project.

Academic team

Dr Bec Jenkinson Researcher

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Assoc Prof Lauren Kearney Midwife

Dr Briony Hill Researcher

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We acknowledge that people of diverse gender identities, including transgender and non-binary people, also experience pregnancy and access maternity services. All of the participants in the RADIANT study identified as women. This is a limitation of the study, and the intersection of weight stigma and gender diversity warrants further study. Our use of the word “woman” is intended in the sexed sense of the word and is not meant to exclude those who identify their gender differently. Similarly, terms like “maternity care” are used to maintain clarity, conciseness and accessibility to the broadest audience. We affirm the right of all individuals to be addressed using names and pronouns that reflect their gender identity, and using healthcare terminology that affirms their experiences.

References

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2. MacKinnon B, Kearney L, Griffiths A, et al. (under review). “This piece of paper says no”: Larger-bodied women’s experiences of trying to access water immersion for labour and birth.
3. Jenkinson B, Kearney L, Griffiths A, et al. (under review) “A total paradigm shift”: Interviews with Australian maternity care providers who practice weight-inclusive care.
4. Jenkinson B, Kearney L, Griffiths A, et al. (under review) Best Practice Principles for Weight-Inclusive Maternity Care: Outcomes of a national consensus process in Australia.

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