

Supplementary Table 1: Results of Survey 1

Category	Principle presented in Stage 1 Survey	Mean Score for Participant Groups		Distribution of participant scores for each principle													Stage 1 Decision
												Don't support this as a principle (5)		Miss-ing	Total		
		People with lived exp.	Maternity Care Providers	Essential (1)		Very important (2)		Somewhat important (3)		Not important at all (4)							
		n<=181	n<=51	n	%	n	%	n	%	n	%	n	%	n	n	%	
Re-evaluating stigmatising stereotypes	Stigma 1: Treat body weight as a non-modifiable risk factor	2.76	2.93	37	15.4	76	31.5	72	29.9	9	3.7	47	19.5	3	241	98.8	EXCLUDE
	Stigma 2: Focus on health and wellbeing behaviours, not intentional weight loss	1.3	1.46	179	73.7	51	21.0	9	3.7	2	0.8	2	0.8	1	243	99.6	INCLUDE
	Stigma 3: Believe larger bodied women's accounts of their wellbeing, physical activity and nutrition.	1.29	1.25	187	77.0	46	18.9	7	2.9	3	1.2	0	-	1	243	99.6	INCLUDE
	Stigma 4: Acknowledge the impact of internalised weight stigma and it's role in women 'wanting' to be weighed/surveilling their weight gain.	1.73	1.92	119	49.0	81	33.3	30	12.3	4	1.6	9	3.7	1	243	99.6	EXCLUDE
	Stigma 5: Support women to adopt and maintain health promoting behaviours for their own wellbeing, irrespective of any perceived or actual impact on weight.	1.54	1.27	152	62.6	74	30.5	12	4.9	2	0.8	3	1.2	1	243	99.6	REFINE: Merge with Stigma 2
	Stigma 6: Acknowledge that body weight is complex and impacted by many factors.	1.18	1.07	212	86.9	28	11.5	3	1.2	1	0.4	0	-	0	244	100.0	INCLUDE
	Stigma 7: Acknowledge and respect different cultural beliefs around body size.	1.68	1.59	129	52.9	78	32.0	31	12.7	3	1.2	3	1.2	0	244	100.0	REFINE: Merge with Comm 16
	Stigma 8: Move away from moral judgements about larger bodies, or treating larger bodied women like they are abnormal (pathologising)	1.17	1.78	194	79.5	35	14.3	9	3.7	0	-	6	2.5	0	244	100.0	REFINE
	Stigma 9: Acknowledge that while having a larger body is a risk factor for some adverse outcomes, care and advice should be based on an individualised assessment of each person's health.	1.22	1.27	206	84.4	28	11.5	5	2.0	1	0.4	4	1.6	0	244	100.0	REFINE: Merge with Screen 1

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Clinician to woman Communication	1. Ask women what is important to them, as a guide for the focus of each maternity care appointment.	1.4	1.66	144	63.2	64	28.1	19	8.3	0	-	1	0.4	16	228	93.4	REFINE: Merge Clinician to woman Communication 1,2,3
	2. Don't assume that women's goals relate to weight	1.66	1.63	89	39.2	128	56.4	9	4.0	1	0.4	0	-	17	227	93.0	REFINE: Merge Clinician to woman Communication 1,2,3
	3. Recognise all the things going well with the woman's health and pregnancy during each antenatal consultation.	1.4	1.52	147	64.5	65	28.5	15	6.6	1	0.4	0	-	16	228	93.4	REFINE: Merge Clinician to woman Communication 1,2,3
	4. Ensure joy and celebration are a genuine part of maternity care for larger bodied women	1.29	1.42	171	75.3	44	19.4	8	3.5	2	0.9	2	0.9	17	227	93.0	INCLUDE
	5. Offer advice/referral about nutrition and physical activity during pregnancy to all pregnant women, not only those in larger bodies.	1.86	1.31	125	54.8	53	23.2	43	18.9	3	1.3	4	1.8	16	228	93.4	INCLUDE
	6. Be clear, transparent and evidence-based about why particular care is recommended (eg early Oral Glucose Tolerance Test)	1.49	1.16	163	71.5	49	21.5	9	3.9	2	0.9	5	2.2	16	228	93.4	INCLUDE
	7. Diffuse tension by being explicit about taking a weight-inclusive approach, and what this means	1.94	1.95	103	45.2	74	32.5	29	12.7	5	2.2	17	7.5	16	228	93.4	EXCLUDE
	8. Acknowledge how distressing pregnancy complications can be (such as gestational diabetes) and give balanced information about the contribution of weight and other factors.	1.69	1.58	128	56.4	67	29.5	20	8.8	4	1.8	8	3.5	17	227	93.0	INCLUDE
	9. Listen to the voice of people with experience of living in larger bodies	1.24	1.48	169	74.1	51	22.4	7	3.1	0	-	1	0.4	16	228	93.4	REFINE: Merge with Policy 14
	10. Reframe the healthcare focus on weight to avoid a “blame narrative”	1.39	1.56	150	66.1	63	27.8	10	4.4	0	-	4	1.8	17	227	93.0	EXCLUDE
	11. Communicate risk information in balanced, evidence-based ways that are meaningful to women.	1.45	1.3	144	63.7	72	31.9	9	4.0	0	-	1	0.4	18	226	92.6	INCLUDE

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Clinician to woman Communication, con't	12. Avoid using relative risk (for example, something is twice as likely as something else). Absolute risk information (eg 1 in 100 people experience something, and 2 in 100 people experience something else) is usually easier to understand.	1.64	1.91	122	53.5	68	29.8	28	12.3	3	1.3	7	3.1	16	228	93.4	EXCLUDE
	13. Use the Five A's tool (Ask, Advise, Assess, Assist, and Arrange) to prioritise patient needs	1.87	2.16	84	37.0	86	37.9	48	21.1	4	1.8	5	2.2	17	227	93.0	EXCLUDE
	14. Talk to women about strategies for managing encounters that they may find stigmatising.	2.09	2.04	74	32.6	80	35.2	60	26.4	7	3.1	6	2.6	17	227	93.0	REFINE
	15. Uphold the right of all women, including those in larger bodies, to decline recommended maternity care, including to tests, consultations, screening etc recommended because of their body size.	1.53	1.69	148	64.9	45	19.7	27	11.8	1	0.4	7	3.1	16	228	93.4	REFINE
	16. Ensure weight inclusive approaches are also trauma informed.	1.46	1.51	145	63.9	60	26.4	20	8.8	0	-	2	0.9	17	227	93.0	REFINE
	17. Ensure preconception and postpartum weight loss advice is given with consent, and is evidence-based, respectful, woman-centred and delivered with appropriate supports	1.58	1.48	153	67.4	52	22.9	6	2.6	2	0.9	14	6.2	17	227	93.0	EXCLUDE
Clinician to clinician communication	1. Have a network of other weight inclusive health care professionals/services to refer women to when needed.	1.53	1.91	113	52.1	81	37.3	18	8.3	1	0.5	4	1.8	27	217	88.9	INCLUDE
	2. When making a referral, include information about the woman's preference for a weight-inclusive approach.	1.68	1.95	113	52.1	66	30.4	26	12.0	3	1.4	9	4.1	27	217	88.9	INCLUDE
	3. Offer women a “Do not discuss weight” document that they can take to other appointments. It should advise that the woman has already discussed weight/BMI with their chosen care provider and would prefer it not be brought up again.	1.7	2.54	115	53.0	46	21.2	33	15.2	4	1.8	19	8.8	27	217	88.9	EXCLUDE

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Screening and Monitoring	1. Base recommendations on individualised holistic assessment of women’s health, rather than weight or Body Mass Index in isolation.	1.27	1.64	155	74.5	40	19.2	7	3.4	1	0.5	5	2.4	36	208	85.2	INCLUDE
	2. Acknowledge, and where possible minimise, the additional time, financial and emotional burden imposed on families for additional screening and monitoring.	1.55	1.78	116	55.8	0	-	65	31.3	23	11.1	4	1.9	36	208	85.2	REFINE
	3. Offer all women, not just larger bodied women, allied health referrals for support with health promoting behaviours.	1.53	1.76	114	54.5	71	34.0	20	9.6	3	1.4	1	0.5	35	209	85.7	EXCLUDE
	4. Where weight is clinically important, genuinely seek consent for weighing, and include the option of ‘blind weighing’, and of self-reported weight.	1.54	1.62	127	60.8	58	27.8	18	8.6	1	0.5	5	2.4	35	209	85.7	INCLUDE
	5. Recognise the limits and risks of measuring gestational weight gain, and consider carefully if it is clinically indicated.	1.5	1.81	118	56.7	68	32.7	17	8.2	1	0.5	4	1.9	36	208	85.2	INCLUDE
	6. During maternity care, routinely screen for disordered eating.	2.05	1.75	84	40.6	64	30.9	46	22.2	6	2.9	7	3.4	37	207	84.8	INCLUDE
	7. Consider suggesting larger bodied woman schedule ultrasounds later in each gestational window as this may enable easier/better imaging.	2.58	2.65	39	18.8	55	26.4	86	41.3	7	3.4	21	10.1	36	208	85.2	EXCLUDE
	8. Investigate the underlying reasons for emerging concerns, rather than just assuming weight is to blame.	1.27	1.51	157	75.5	41	19.7	6	2.9	0	-	4	1.9	36	208	85.2	INCLUDE
	9. Support women to make informed decisions about the use of continuous fetal monitoring (CFM) during labour, where indicated.	1.45	1.63	131	63.0	61	29.3	11	5.3	0	-	5	2.4	36	208	85.2	EXCLUDE
	10. Ensure sensitivity around the use of CFM and consider ways to make the process of CFM more comfortable for women.	1.49	1.57	134	64.7	53	25.6	13	6.3	1	0.5	6	2.9	37	207	84.8	EXCLUDE

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Policy	1. Use individualised and holistic risk assessments to include women of diverse body sizes in midwifery continuity models of care. (Where a woman's pregnancy, birth and postnatal care is provided by a small known group of midwives)	1.41	1.67	127	65.1	53	27.2	10	5.1	0	-	5	2.6	49	195	79.9	REFINE: Merge Policy 1 & 2
	2. Develop 'all risk' continuity models of care. (Where a women of all risk groups receive primary pregnancy, birth and postnatal care from a small known group of maternity care providers.)	1.53	1.65	123	62.8	49	25.0	16	8.2	3	1.5	5	2.6	48	196	80.3	REFINE: Merge Policy 1 & 2
	3. Use weight-inclusive language in policy, communication with consumers and interprofessional communication.	1.46	1.46	132	67.0	45	22.8	16	8.1	2	1.0	2	1.0	47	197	80.7	INCLUDE
	4. Call out weight stigma. Be a champion of weight inclusive care	1.31	1.75	134	68.0	50	25.4	8	4.1	2	1.0	3	1.5	47	197	80.7	EXCLUDE
	5. Ensure you are contributing to a positive and non-stigmatising culture in the clinical workplace	1.26	1.44	144	73.1	46	23.4	6	3.0	1	0.5	0	-	47	197	80.7	INCLUDE
	6. Ensure larger bodied women have the option of water immersion for labour and birth.	1.51	2.42	112	56.9	45	22.8	27	13.7	3	1.5	10	5.1	47	197	80.7	REFINE
	7. Ensure environments (furniture, imagery) are inclusive of body size diversity.	1.41	1.33	137	69.9	45	23.0	12	6.1	1	0.5	1	0.5	48	196	80.3	INCLUDE
	8. Ensure future hospital infrastructure accommodates body size diversity (eg door widths; availability of beams to support hoists)	1.38	1.18	147	75.0	37	18.9	10	5.1	1	0.5	1	0.5	48	196	80.3	INCLUDE
	9. Ensure ready access to suitable clinical equipment for people of all body sizes. Eg BP cuff	1.16	1.1	171	86.8	24	12.2	2	1.0	0	-	0	-	47	197	80.7	INCLUDE
	10. Prepare equipment and spaces before a consultation with a larger bodied person to ensure it is immediately welcoming	1.59	1.54	118	59.9	55	27.9	18	9.1	2	1.0	4	2.0	47	197	80.7	EXCLUDE

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Policy, con't	11. 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 supports.	1.24	1.42	147	74.6	46	23.4	2	1.0	1	0.5	1	0.5	47	197	80.7	INCLUDE
	12. If models of care specifically for larger bodied women are offered, ensure it is on an 'opt in' basis only.	1.68	2.27	105	53.3	51	25.9	23	11.7	4	2.0	14	7.1	47	197	80.7	REFINE: Merge Policy 12, 13 and 15
	13. If models of care specifically for larger bodied women are offered, ensure that they are evaluated, including women's experiences.	1.43	1.44	134	68.7	48	24.6	8	4.1	0	-	5	2.6	49	195	79.9	REFINE: Merge Policy 12, 13 and 15
	14. Co-design services with people who have lived experience of being in a larger body	1.34	1.5	138	70.1	47	23.9	9	4.6	1	0.5	2	1.0	47	197	80.7	INCLUDE
	15. If models of care specifically for larger bodied women are offered, ensure they are staffed by clinicians who practice a destigmatising, weight-inclusive approach.	1.19	1.31	162	82.2	30	15.2	3	1.5	0	-	2	1.0	47	197	80.7	REFINE: Merge Policy 12, 13 and 15
	16. Ensure policies address the issues of the clinical service capability framework, staffing, capacity - to manage people in larger bodies, and clear, respectful policies that keep people safe.	1.54	1.51	114	58.2	67	34.2	11	5.6	1	0.5	3	1.5	48	196	80.3	EXCLUDE

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		n<=181	n<=51	n	%	n	%	n	%	n	%	n	%	n	n		%
Education	1. Explicitly address weight-stigma and weight inclusive approaches in all university and fellowship training programs for health professions involved in maternity care	1.23	1.42	151	78.6	32	16.7	7	3.6	0	-	2	1.0	52	192	78.7	INCLUDE
	2. Develop and mandate ongoing continuing professional development on weight stigma and weight inclusive approaches to maternity care.	1.54	2.23	99	51.6	64	33.3	19	9.9	2	1.0	8	4.2	52	192	78.7	REFINE: Merge Education 2,3,4,5,6,8,10 and reconsider 'mandatory'
	3. Develop and mandate ongoing communication skills training for all health care professionals.	1.39	1.79	125	65.1	47	24.5	16	8.3	0	-	4	2.1	52	192	78.7	REFINE: Merge Education 2,3,4,5,6,8,10 and reconsider 'mandatory'
	4. Build capacity of clinicians to provide empathetic compassionate care to larger bodied women.	1.34	1.56	127	66.1	56	29.2	8	4.2	0	-	1	0.5	52	192	78.7	EXCLUDE
	5. Develop workshops/resources to support clinicians to develop discipline-specific clinical skills needed to respectfully care for larger bodied women.	1.55	1.56	113	59.2	56	29.3	19	9.9	1	0.5	2	1.0	53	191	78.3	REFINE: Merge Education 2,3,4,5,6,8,10 and reconsider 'mandatory'
	6. Engage in a personal reflective process to surface unexamined weight bias.	1.78	2.15	92	48.2	53	27.7	33	17.3	3	1.6	10	5.2	53	191	78.3	REFINE: Merge Education 2,3,4,5,6,8,10 and reconsider 'mandatory'
	7. Create ways for women to safely/ anonymously report weight stigmatizing experiences from professionals to health facilities.	1.41	1.9	120	62.5	49	25.5	18	9.4	1	0.5	4	2.1	52	192	78.7	EXCLUDE
	8. Educate health care professionals and about the biological basis of weight and weight loss.	1.52	1.48	123	65.1	46	24.3	14	7.4	2	1.1	4	2.1	55	189	77.5	REFINE: Merge Education 2,3,4,5,6,8,10 and reconsider 'mandatory'
	9. In antenatal education, include destigmatising information about gestational weight gain, and the biological basis of weight and weight loss.	1.49	1.67	117	61.6	52	27.4	17	8.9	0	-	4	2.1	54	190	77.9	REFINE: Merge with Consumer Information section
	10. Take active steps to address any weight bias you may hold	1.55	1.87	110	57.3	57	29.7	16	8.3	3	1.6	6	3.1	52	192	78.7	REFINE: Merge Education 2,3,4,5,6,8,10 and reconsider 'mandatory'

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Consumer Information Resources	1. Use non-stigmatising images and language—in clinical environments, on websites and social media.	1.38	1.35	133	69.3	49	25.5	9	4.7	0	-	1	0.5	52	192	78.7	INCLUDE
	2. Develop weight inclusive information about additional recommended consultations (eg anaesthetic), screening/tests (eg OGTT, additional ultrasound scans), and transfer of care.	1.41	1.46	123	64.1	60	31.3	7	3.6	0	-	2	1.0	52	192	78.7	EXCLUDE
	3. Share community-facing resources that challenge the blame narrative, such as weight inclusive websites, social media, podcasts, books.	1.68	1.85	99	51.8	57	29.8	29	15.2	1	0.5	5	2.6	53	191	78.3	EXCLUDE
	4. Develop weight-inclusive resources and information for larger bodied women who are breastfeeding.	1.45	1.27	134	69.8	41	21.4	15	7.8	2	1.0	0	-	52	192	78.7	INCLUDE
	5. Develop weight-inclusive information about the timing of ultrasound screening within each gestational window, and the differences between ultrasound providers.	1.63	1.63	103	53.6	62	32.3	24	12.5	1	0.5	2	1.0	52	192	78.7	EXCLUDE
	6. Subvert, not reinforce, harmful media perspectives of people in larger bodies	1.69	1.86	99	51.8	56	29.3	29	15.2	1	0.5	6	3.1	53	191	78.3	EXCLUDE