AIMS For a better birth...

The Ritual of Body Shaming

AIMS Journal, 2022, Vol 34, No 2

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By Beth Whitehead

> Your baby is so diddy, mine is a chunk.
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> Look at you, you are so small.
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> Your baby is really tall, just like his dad.

These were comments made by others that I encountered as a new mum. All of them made me feel uncomfortable but I had been guilty of making similar ones about physical appearance myself. What made these comments socially acceptable is the colloquial exchanges we make, reflecting our culture, habits and biases based on sex.

Is bigger really better?

The deep-seated belief that bigger babies are better probably originated from times when food was scarce and bigger babies were believed to have more likelihood of survival. With better hygiene and food being widely available and varied, the size of the baby is no longer a key determinant of survival. Yet the cultural belief continues as a tradition and habit. At what age, as a child grows up, does being 'big' turn from being a favourable characteristic to an unfavourable one? It is ridiculous, isn't it?!

Men and women come in different shapes and sizes and yet it is women's shapes that are referred to as apple, pear, hourglass or triangle. Men's bodies are not classified or scrutinised to the same extent or as commonly as women's bodies. Whilst not totally off the hook, far more than women, men are let be.

Despite being of different shapes and sizes, our body parts are all fitted to function integrally, working together, for our body.

The BMI smoke screen

As women, our bodies start being judged from a young age and become more targeted as we go through puberty. The size of our breasts, our body shape, weight, height, even our hair colour, style and skin colour are all under scrutiny. We are being compared to others and often to some invisible person or standard that does more to hinder our confidence than anything else. This kind of superficial judgement based on one's sex and biological characteristics sets impossible expectations that make girls feel anxious about how they fit in with others, obsessed about appearance and shamed about differences. None of these exterior characteristics has anything to do with one's ability to breathe, think, feel, speak, study, write, run, swim… the list goes on.

What does this have to do with pregnancy, birth and maternity services? During pregnancy and birth, our bodies are judged incessantly by healthcare staff and other people. Maternity practices are a reflection and integration of the culture of shaming women's bodies. I've lost count of how often women have told me that their obstetricians or midwives said they should birth in the hospital a certain way with such and such interventions because their BMI (Body Mass Index) was too high or too low. Their bumps were measuring too big or too small based on fundal height (unreliable because measurements depend on position of the baby and healthcare practitioners' techniques or their consistency). These non-evidence-based measurements are routinely used to shame pregnant women's bodies, undermine women's birthing decisions, and to justify interventions and medicalisation.

BMI is a number calculated by your weight in kilograms divided by the square of your height in metres[1] We come in different shapes and sizes with 'fat vs muscle' composition and family variations. Some of us are taller, some shorter, some wider, some thinner, some have denser heavier bones, some are more muscly, some have more fatty bits, some have bigger breasts, some have smaller ones, some have flatter tummies, some have more fat around them, some have thicker arms, some have thinner ones, some have longer legs, some have shorter ones... and so on. These physical attributes affect the BMI calculation but none of them has anything to do with one's ability to birth. Yet BMI is often used to limit women's options on birth place, how they are 'allowed' to birth,[2] access to a birthing pool, and freedom of movement in labour - all of which have a significant impact on outcomes mentally, physically and emotionally[3] Women are often pushed into having caesarean sections, major abdominal surgery, by medical staff citing BMI. Women, people, are not just stacks of muscles, fat and bones. When medical staff use BMI to determine how we are treated it is not just dehumanising but violent. Coercing, fear-mongering or forcing women into unnecessary treatments (interventions) and surgeries are acts of violence. When this happens to women in obstetric settings, it is obstetric violence.[4] To understand how this form of violence against women gets to embed via BMI in the medical system, we need to examine our cultural environment and science storytelling.

BMI demystified

How can fiction become fact? Narratives around BMI and risk seem believable because, as women, we are taught to look for deficiencies in our bodies and that our physicality is somehow responsible for failures. This is effective in distracting us from what we know has a profound effect on whether or not physiological birth happens such as how women are treated or supported during the births as well as the environment.

You can be an excellent runner but if people around you keep telling you that you will fail and stop you every hour to check your pulse, lie you down or kick you in the ankle, it will dent your confidence, slow you down, if not injure you, too. Can you see how the obstacles you are expected to overcome when birthing have little to do with your physicality?[5] BMI is a way to objectify women, reducing us to a number to be dealt with systematically. Scientific narrative makes subjective observations sound neutral by removing reference to the subject so it seems objective, like facts. That is why it is difficult to distinguish between facts and cultural bias as the latter is implicit in the narrative. BMI also sounds scientific and complex even though it is not evidence-based.

BMI narratives become more convincing when the person saying it is wearing a uniform or white coat in a health institution. Everything seems more believable when it comes out of the mouth of medical staff in uniform because we have been conditioned from a young age to trust them. We stop questioning the validity of what they say and the existence of bias and cultural insertions.

High BMI is not the same as obesity.[6] BMI says nothing about a person's lifestyle, state of health, what you eat, how much exercise you do, your family history, your shape; but it is integrated in health assessments, begging some important questions.[7]

You can see on online calculators[8] that BMI is just a number, a ratio, jargon that makes healthcare staff sound more knowledgeable, specialist and convincing. We need to take it upon ourselves to call them out, to break the smoke screen. Next time, when medical staff mention BMI, ask them what their understanding of it is and whether different shapes and sizes can affect the calculation. It will be good education and awareness raising for all.

What to do to change culture?

The healthcare system and its workers are in positions of power with more resources and systemic support than the individual clients. They need to take responsibility for health policy, scrutinising the BMI measurement and its integration. Individualised care has to be a priority to ensure women's autonomy and human rights are respected in their interactions with maternity services.

There are some things we can do ourselves to change culture:

- Stop making comments about other people's bodies, particularly pregnant women's bodies.
- If you find you or your child on the receiving end of unhealthy and unfair comments about

physique, say, "We're all different and unique."

- Call out family members who criticise how you and your children look or make comparisons between them.
- When medical staff make comments or recommendations based on BMI, your body shape or size or other physical features, ask them to provide unbiased research evidence to support them. You can then check them and evaluate whether they are relevant to you to make your own decisions.

Remember, just because something seems plausible does not mean it is true or appropriate for the individual. You know your body, family history and personal values the best. BMI is a popular measurement being integrated into medical treatments and recommendations. We must challenge the validity of this lazy science and push for more humane individualised care for not just maternity services but the general national healthcare system.

Author Bio: Beth is a writer on maternity and women's rights matters. She lives in Southeast England with her husband and children.

Recommended Reading

The Politics of Women's Biology by Ruth Hubbard, 1990

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[1] Wikipedia. Body mass index: https://en.wikipedia.org/wiki/Body_mass_index

[2] AIMS Guide to Your Rights in Pregnancy & Birth: https://shop.aims.org.uk/products/aims-guide-to-your-rights-in-pregnancy-birth, and additional information for those who have the book: www.aims.org.uk/general/rights

[3] Midwife Thinking (2017) Childbirth Trauma: research findings. https://midwifethinking.com/2017/01/11/childbirth-trauma-care-provider-actions-and-interactions

[4] www.aims.org.uk/journal/item/obstetric-violence-law

[5] Midwife Thinking (2019) Big Babies: the risk of care provider fear. https://midwifethinking.com/2019/09/02/big-babies-the-risk-of-care-provider-fear

[6] Nordqvist C. (2022) Why BMI is inaccurate and misleading. Medical News Today www.medicalnewstoday.com/articles/265215

[7] Midwife Thinking (2019) Research (Bias) and Maternity Care.

https://midwifethinking.com/2017/01/23/research-bias-and-maternity-care

"... there is a general consensus that obesity is associated with poor outcomes for women and babies and the solution is to reduce BMI. However, this raises further questions: is obesity the direct cause of poor outcomes? Is obesity a symptom of some other heath related disorder that is the causal factor of obesity? Is the treatment of obese women the cause of poor outcomes (increased stress/shaming, surveillance, intervention)?"

[8] NHS (2018) BMI healthy weight calculator. www.nhs.uk/live-well/healthy-weight/bmi-calculator