## PLUS-SIZE ANXIETY

Full-figured women seek equal treatment in the physician's office

By IRENE LIGUORI News Staff 4/11/2006



Daniel Zakroczemski/Buffalo News

Half of all American women of childbearing age now officially fall into the category of "plus sized" - that is, they wear a size 14 or above.

With that statistic starkly before us, local author Brette McWhorter Sember thinks it's high time healthcare providers stop scolding and scaring full-figured women into thinking they can't or shouldn't have a normal, healthy, happy pregnancy.

"You know, pregnancy is such a fleeting time," Sember said. "I really wished I had enjoyed it more, instead of worrying about "How fat do I look today?' "

The Clarence mother and her coauthor, Dr. Bruce D. Rodgers, director of maternal-fetal medicine at Buffalo's Women and Children's Hospital, have recently published the latest of

Sember's nine books - "Your Plus-Size Pregnancy: The Ultimate Guide for the Full-Figured Expectant Mom" (Barricade, \$16.95).

"I have two kids and I've been plus-size most of my life," said Sember, a former attorney turned full-time mother and author. "There's extra pressure on you when you are pregnant - you're kind of in a different category."

Rodgers said that teaming with Sember brought a timely and unique perspective of a lay person and a physician to an issue that needed to be addressed.

"The book was designed to provide plus-sized pregnant ladies with important medical information written in lay terms," he said, "as well as helpful tips on how to successfully navigate a culture preoccupied with weight and appearance - even in pregnancy.

"Pregnant women in this category experience unique medical and pregnancy problems and also encounter bias and in some cases, discriminatory treatment because of their weight."

## **Realistic approach**

Let's be clear, Sember and Rodgers emphasize in the book's introductory remarks: "We're not saying: "Yippee, let's all go chow down on corn chips because weight doesn't matter when it comes to health and pregnancy.'"

The duo's stated goal is, instead, to provide a realistic approach to health concerns plus-size women have about pregnancy, to focus on the positives, to help them feel good about themselves, and to provide an impressive list of resources in the book's appendix - such as where to find decent maternity clothes and help with breast-feeding challenges faced by plus-size women.

"For me, the most useful portion of the book is the information on how your health will be impacted by pregnancy," Sember says, adding that the media have not helped the cause of plus-size-moms-to-be by blowing certain health statistics out of proportion.

She and Rodgers attempt to set that right.

Quotes from dozens of plus-size women Sember interviewed reveal humiliating tales of mistreatment at the hands of obstetricians or their office staff.

Several expectant mothers mentioned crabby nurses who huff and stalk away to search for the larger size blood pressure cuff needed to accommodate plussize patients. But that is mild compared to other horror stories these women tell.

"For my second pregnancy," writes one woman identified as Margie P., "I switched from my doctor. I went to a woman who was highly recommended. The first appointment, she refused to even look for the heartbeat, saying I was too big. Everything she discussed, she ended with "I mean, you are X pounds!"

"I stayed with her through 20 weeks. After my second gestational diabetes test before 20 weeks (I had not had a problem with GD in my first pregnancy, but apparently my size alone convinced her that I needed testing) I went back to my own doctor."

## **Rough visits**

Another woman Sember interviewed recounted the following nightmarish office visit:

"I can recall during the first pregnancy, the group of doctors I saw was particularly harsh," recalls Michele C. "They sat me down and made me write down everything I was eating and then critiqued it. The woman said: "Peas? Why would you eat peas?' She chastised me for having bananas. They would threaten that if I didn't stop gaining weight, they'd have to repeat the glucose test, which had been nightmarish because the solution made me vomit and I had to drink it again . . . The first few times they put me through this, I cried on the way home."

Stories like these, Sember said, illustrate the importance of taking time to choose a health-care provider who is sensitive to the needs of plus-size pregnant women.

In a chapter titled "Working With Your Health Care Provider," Sember notes that going through pregnancy with a doctor or midwife and support staff who make you uncomfortable and nervous can make the entire pregnancy uncomfortable and unpleasant. She advises asking point-blank if the doctor is "size-friendly."

"Ask the provider about her attitude toward plus-size women," Sember advises. "Watch her face and body for reactions. If she looks you in the eye, smiles, seems comfortable and confident, and gives you an answer you are happy with, you're probably on the right track."

## Larger cuffs and gowns

Women should also ask if the office has larger-size gowns and blood-pressure cuffs, Sember said. And they should ask if their care will be different because they are larger and if the doctor has a high-risk pregnancy specialist (called a maternal-fetal medicine specialist).

"Explain that you are looking for a health-care provider you can feel comfortable with and are trying to get a feel for the office's approach," Sember advises. Other things to look for in the office: the scale should be in a semiprivate location, not a busy hallway; friendliness of the staff; and comfortable waiting room furniture.

Once a plus-size woman has found a health care provider she's comfortable with, Sember advises, then it's time to ask how much of a weight gain the doctor expects during her pregnancy, with a breakdown by month or week.

Dr. George T. Danakas of the East Aurora Medical Group said his practice mirrors the national statistics for plus-size pregnancies. "That's our society," he said.

"It's true that plus-sized patients require a little more care," Danakas said. "But we certainly don't want them dieting. I really wish that the insurance companies would pay for nutritional counseling." :