

Hey everybody, we're so excited for you to dive into this week's episode, we did want to let you know that we will be talking about traumatic birth experiences, referencing infant loss and also discussing weight stigma in health care. If this is something that you are not up for hearing today, please feel free to choose another episode.

Welcome to *Wellness: Rebranded*, we know there's so much conflicting health and fitness advice out there and you're tired of the senseless and toxic diet culture noise, you're ready to tune into your body, feel empowered around food and focus on your true health and wellbeing. Welcome to the wellness rebranded podcast, where the healing trio of your health and wellness anti diet dreams. I'm Tara personal trainer. I'm Elizabeth, a registered dietitian and certified Intuitive Eating counselor. And I'm more of a licensed clinical social worker. Together we're pushing back on diet culture, hustle culture and toxic positivity to help you practice genuine health promoting self care. So grab your water bottle, forget the rules. And let's start rebranding your wellness journey.

Welcome back to another episode of *Wellness: Rebranded*. Today, Tara and I are here chatting and we wanted to tackle the topic of fatphobia and weight stigma in health care, and what a weight neutral approach to health looks like. And Tara, you wanted to kick us off with a story or your own personal experience? Yes, I have to warn you guys, this is not like a good story.

Don't get excited. And I wasn't happy. I think I'm alive. Thank goodness. But it's definitely an interesting experience that I had that I find that many clients come to me and share similar stories. And it's a huge problem. People shouldn't be treated like this because they weigh more than a certain amount. Right.

So rewind a couple years ago, I was thinking about getting pregnant. And my doctor said no, don't get pregnant women like you die in childbirth. You have you heard of people dying in childbirth? That's you. Oh my gosh, my eyes are bugging out of my head right now. Yes, it really is a true story. And I said okay, well, I guess that didn't sound good.

So I guess I just won't get pregnant. And I kind of like took a while to wrap my brain around that because dying in childbirth did some fun to me. And then somebody encouraged me to go to an actual fertility doctor and have that conversation with them since they deal with that on a more regular basis. And I went to see my fertility guy who's awesome.

By the way, if you need a referral, and you're in Annapolis, I got to and he was like, No, this is ridiculous. You're healthy. All your blood rights exams. Your numbers are good, you're gonna be fine. It was a relief to me. But I have to say like my whole pregnancy in the back of my mind, I was coughing. terrible fear to implant in someone like a first time mom, you hear that? Labor sucks anyway, yes. And I'll be honest with you guys, it did suck. Like you don't often know people that have died in childbirth. That's like something that happened in the olden days.

And we're like, new days. So this isn't that common anymore, but apparently it still does happen. And I was the perfect candidate to make that happen. So I was extra. That's what they said. Yeah, that's what

they said. Obviously, I survived guys. So all during pregnancy, I had a really textbook perfect pregnancy, no health issues I exercised during pregnancy up to my abilities. We'll do a whole nother episode on exercise and pregnancy at some point. And then, because I was a geriatric and obese in their words, not sure. Yeah, trick. Yes.

I love being a 36 year old geriatric pregnant woman, oh my gosh, can we just stop labeling people altogether? Right, especially the old one. So they induced me on my due date, because they were adamant that I not go past my due date because of being old and fat, right? And there actually is really good research to support inductions at like, 3839 weeks for everybody, not just old and fat people, because the outcomes for the infant are better than if you go overdue.

So even if I had been young and thin, I would have probably still wanted induction at that time because it's just better for the baby. But anyway, not the point. So during my induction, I came in and they were like okay, do you want an epidural and I said hell yeah. I do not like pain. I would like an epidural immediately. You are much smarter than me.

Oh, it did not say that the first time around. And I did not know what I was thinking. It was a good decision that I made but they were very concerned about setting it properly because apparently I'm big enough that they weren't sure if they could get it in the right spot. And they did not so my epidural did not work. So that was cool. And then there's so much weight stigma in every aspect of this story. My heart is breaking, girl I didn't even get to like the bad part. Yeah. Oh my god.

It's a long story I know of J taking forever you're so when you're in labor, they kind of put you on a blood pressure cuff just forever, which is so uncomfortable and unnecessary. In my opinion, I would much rather they come in, wake me up if they need to and do the blood pressure rather than just have the stain on my arm for four days.

But I was trying to get some sleep, which is impossible because I was in active labor. And I was kind of laying on my arm that the blood pressure cuff was on and the blood pressure cuff inflated. And it came out that my blood pressure was like a little bit high. And so they were like, Oh, we're really concerned about this.

You're a big girl, your blood pressure is high, you could develop preeclampsia, have seizures and strokes and lose the baby in a five minute span isn't. And I was like, well, yikes, I don't want that. And I don't want Caesars and strokes or to lose the baby. So what do we recommend? And they said, Well, let's take another blood pressure reading. And we'll reassess in just a little bit. In the meantime, right?

They had come and given me the epidural. When you get an epidural, they give you a catheter, because now you can't get out of bed and walk around. And they had a nurse and training give my catheter and she did not do it properly. And like FINMA has, so I didn't realize it at the time, but she likes grade to the inside of my urethra.

So I was bleeding from the bladder region. And so the bag of pee that's hangs on the side of your bed, it was like filling up with pee and blood. And they saw that and they were like, Oh my God, there's

protein in our urine. It's definitely preeclampsia get the drugs now, which I appreciate the urgency of this. If it had been preeclampsia, like great I was being well taken care of, but not once did they like test to see if there was protein in my urine, which is what would have made the color change like that they didn't take into account that I'd had great blood pressure's my entire pregnancy. And they were making an assumption based on your body size. Exactly.

So they put me on all sorts of drugs for that. And these drugs make it so that you can't get out of bed for 24 hours after you give birth. So you're basically stuck in this super, super comfortable bed. My back hurts so bad after labor, not from being in labor, but because I'm the bed in this prison. But the worst part about it is they didn't tell me ahead of time.

Or I will allow if they did, I did not remember it, that these drugs were going to make my baby be born not breathing. So they are very high. No, I would have been like, let me take my chances. I don't want my son not breathing when he's born. So I give birth and they held this baby up and they said, Mom, here's your baby as they were running out to go to the NICU. So I didn't really get this drama.

It is dramatic, but I'm over it. Hopefully. I don't know. Maybe I need to be Where's Maha. Yeah. All right. All right, you're missing out. So I don't really even remember seeing him like that. And I was exhausted, of course, 30 hours of labor. I just was like, let me go to sleep here. But they sewed me up. And then I had to come back in a couple of days for a blood pressure check. And of course, it was fine. I was no longer in labor pain. And I wasn't medicated any longer.

And Maverick did start breathing on his own not long after he was out drinking. And he was okay after spending four days in the NICU. But all of this could have been avoided. If they had looked at me. Yeah, and not my body. So I had what I do consider to be like a pretty traumatic birth experience. And by the way, when I went back, I said, Listen, I'm pretty much like heels down there, which I didn't expect that postpartum period to be easy at all. But I'm still bleeding. Like what I peek and they were like, Honey, you just had a baby. Of course, you're bleeding down there.

And I said, but it's not coming from the vagina. It's coming from the Risa and they were like, I don't think so. But go pee in this cup. And we will check it. And that's how they said it. They were really condescending like that. And they came back in and they were like, girl, you weren't really it was coming from urethra and I was like, wow, I know, I do know where the blood is going from. So I was condescending and postpartum. And eventually, everything healed itself or whatever. But that mistake took like six months to be healed.

Wow. And like we've traumatically memory emotional social wise into login. Yeah. And it's a common story. Right? This isn't just my experience. I have tons of people who told me this all the time, experiences of fat phobia in the medical care system. Yeah, absolutely. Absolutely. I hear from my clients all the time, too. And I think our traditional model of healthcare is weight centric, right. BMI is all about putting emphasis on weight, emphasis on weight loss when defining or obtaining health and it's doing harm. Yeah, it does harm and I think there's a better way of approaching it. Yeah. And also

Oh, it's confusing because like what we're told is, higher weight, poor health outcomes be the higher weight causes the poor health outcomes, when in reality is a correlation, not a causation, which is a really important distinction. And also, there's lots of confounding variables that get overlooked in the research.

So like one, I just had a conversation today with someone who has experienced a lot of weight stigma in the medical care system and is completely frustrated. Dreads going to the doctor, because it's just preparing to be shamed, is what she feels like me. So she avoids going, she is not sought out getting particular medications for particular things that she needs them for putting it off.

And that the classic example of a confounding variable for when we look at the associations again, correlation is not causation between weight and health, which is if someone in a larger body has had such terrible experiences in our weight centric, fat phobic medical care system, that they're now avoiding going or delaying getting care. Well, of course, that's going to impact the health outcome. Yeah. And instead, we just look at it, or society just looks at it and says, Oh, it's because of their body size.

Yeah, well, which came first, the chicken or the egg, she was, of course, if you're ashamed at the doctor, you're not going to go as regularly, you're not going to get your regular screenings. And by the time you find a problem, it's going to be worse. It's crazy well, and also, things get missed. So even when someone who really doesn't want to be at the doctor, and is, doesn't want to experience that weight stigma goes, just exactly like you just described, assumptions are made about that person based on their body size, and things get missed. And so so often, a thin person and a fat person will go to the doctor for the same medical condition, they get different recommendations and different treatments and different outcomes, right?

Yeah, those in larger bodies are automatically given what to lose weight, right, lose whatever the problem is, practically lose weight. Well, the person in the smaller body, they're not going to give that intervention. So what intervention are they giving? Usually, it's either a lifestyle change, or a medication or physical therapy or further testing, right? So it's like understanding that people are receiving very often two different types of care. And of course, that has an impact on health outcomes. Yeah. And it happens in reverse too, right.

Sometimes people in our bodies may not get certain screenings because they don't fit the quote unquote, profile of who gets that of what people are expecting. And so the point of it all is that weight stigma, and fat phobia in our medical system, of course, impacts health outcomes. Sure, I have a great example of this. I went for my like, yearly pap smear, a couple of months ago, and I have a family history of uterine cancer. And they were basically like, if you get uterine cancer, you're too fat. There's nothing we can do for you. We'll give you an IUD, and that'll slow down the progress. And I feel like oh, my god, now I cannot get that because they're just gonna let me die.

Which is horrifying. That is horrifying. And even just the fear and the shame and the guilt of saying that to someone that how is that helping anyone? Nope, it was not helpful to me. Luckily, if anybody has a recommendation for good,

good OBGYN and an apple egg, I'm all yours. Yeah. And that shame and guilt causes stress, it detracts from health and well being right, there are so many ways that this just goes wrong. And where as healthcare providers will, like we're trying not to do harm.

But yet, the whole setup of our system is unfortunately causing a lot of harm and up to do harm to me, you know, what blows my mind the most I think is no doctor ever gets into this to go like, I'm going to cause him harm to be course not. And yet, they don't seem to see the problem with the system that they're in. Yeah. And if they do see the problem, they're not doing anything about it. Well, a lot of them and I think it's partly because the bias is even in the research.

Yeah, it's built into the very research that weight bias in view, even just look at some of the ways that studies are done. So the research, we see this research in sports to where not everybody is being represented. So for a long time, we thought knee injuries were just things that just happened and then when we started adding females into the research, we saw that the anatomy is different. And because the cue angle between the hip and the knee is different and women now know that that is like a risk factor for knee injuries.

So representation really matters in research. Yeah, and different ethnicities, right huge thing that we're just starting to scratch the surface with all this. Absolutely. You have a long way to go. Yeah, and talking about the research even when they do research studies looking at weight loss and then conclude that improved health. Yes, well, is it the weight loss that improves the health or think about what people are doing to get that weight loss, right?

They're usually eating different types of foods, they're moving more, maybe they're doing some different lifestyle things. So it's the behaviors that are changing it. Yeah, but they've actually done some cool studies. There's one in particular, I'm thinking of where they took a group of larger bodied people, gave them liposuction, and then looked at a bunch of their lab markers and metabolic parameters. And if it was the fat loss, right, that was causing the problem, those things should improve when you do the liposuction, but they actually didn't, without the behavior change.

The improvements weren't made, which I can't help but think right now about the ozempic. craze. And like, if that's not accompanied with lifestyle changes, like I wonder what that will show, but that's I digress. I still want to have that conversation. But yeah, perhaps it's things more like metabolic dysfunction than actual weight that yes, are causing the problem that contributes. So I guess the point is that there's tons of weight stigma in our medical care system, unfortunately, which is why we're so passionate about getting out the alternate message and rethinking wellness, and I consider myself to be a weight neutral health care provider.

And essentially, what that means is really putting the focus on behaviors and zooming out for physical, mental, emotional well being instead of wait. Yes, I can't tell you how many times people tell me how much they appreciated people who feel left out. I hear that a lot, too. Like it's so nice to find somebody who's not trying to make me smaller for Yeah, exactly. Because that implies that I'm not good the way I

am. Yeah, it becomes a morality issue again, well, sure. And also, many of those people have been given diet after diet and told to lose weight time after time after time, which doesn't work.

And if we don't have a reliable, proven way for you to lose weight, there is no evidence based diet that's linked with long term weight loss and keeping it off then, really we're providing an ineffective treatment or suggesting an ineffective treatment and that's very disempowering, yes to people's health. Evelyn Trebling is one of the founders of intuitive eating, likes to say, if a doctor gave you a medication with a 95% failure rate, would you take it? No. And yet, that's essentially what we're doing every time we prescribe weight loss.

Yeah, well, okay. But oh, what's going to produce that in the state? Yeah. Would it be possible, Elizabeth, to link your resource somewhere on how to deal with medical providers that are weight neutral? Oh, yeah, absolutely. I feel like that would be a great thing to share with everybody. Yes, I can absolutely link that in the show notes. That's such a great idea. I forgot about that. It's actually not mine, it came from another provider.

So I will reach out, I'm sure she's fine with it. But I'll reach out and make sure it actually came from a weight neutral doctor that is a colleague of mine, which is more what I even love more about it is like if you are actually thank you for bringing that up anyway, because it brings home the point of, it's okay to advocate for yourself at the doctor. And there are tools to help you do it that that you mentioned is certainly one of them. Also, a lot of people don't know that we have a consent based medical system, you do not have to get weighed when you go to the doctor, you are able to decline it and say no, I don't want to be weighed.

And there's really only very few instances where they actually need it. Like if they're gonna be dosing a medication that's dependent but are like all your regular check ins, they don't actually need it and you're allowed and able to decline. I actually think that's a great reminder that like we as healthcare providers work for you, people that I train, forget this sometimes because they asked me Would it be okay, if and I'm like, You're the boss here. I work for you. And I think that we forget doctors work for us, too. Yeah, no.

So we have the right to say I don't want this thing or I do want this right. And one thing like when I'm working with people, and we're moving to a moral weight neutral approach to health, and they're working on healing their relationship with food and their relationship with body, what their body is, like, you can say if a doctor starts talking about weight loss, and you don't want that conversation, or you prefer more weight neutral care, you can say, I'm working on healing my relationship with food in my body. And or I prefer just to talk about behaviors. If you want to talk to me about what I'm doing. Or first of all, how about asking people how they're doing instead of just launching in with a weight lecture? Yep. I don't think a doctor has ever asked me how I'm doing.

I don't think that that's a common question. Well, because they're so pressed for time they probably have also is another problem with the health part of it. But yeah, like start there, right? That could be beneficial. But you can really say, I don't want to talk about weight. Talk to me about what I can do. And also another really helpful thing is if I had this problem that I'm experiencing right now, and I was in a

smaller body, what would you be telling me right now? That's what I would like to talk to you about? Yeah, you've said that to me before, and I found that really helpful. I'm so glad that you can help navigate the conversation. And I know it's super hard and a lot of people have a lot of fear around the doctor and white coat syndrome and shame and I'm really sorry, if you experienced that there are weight neutral.

Not only dietitians like myself for personal trainers, but therapists but you can find weight neutral doctors, they are harder to come by, but they do exist and they're growing in numbers and made me feel empowered to look out for that. Yeah, absolutely. Sharing your personal story with us. Of course. Sorry, I was kind of a downer. See you guys next week.