

## Weight bias in OBGYN practices

### Summary

Obese patients commonly report that their weight is a barrier to receiving good quality health care. This can result in decreased quality and satisfaction with care, especially when it comes to gynecological health care services. Many obese patients are embarrassed and reluctant to obtain routine gynecological exams because of their weight, or because of negative experiences with providers.

A number of studies have demonstrated that obese women delay routine gynecological cancer screenings<sup>1-3</sup>, and are less likely to be screened for cervical and breast cancer with pap smears and mammography, even after adjusting other known barriers to care.<sup>1</sup> Given that obese women have an increased risk for gynecological cancers than non-obese women, these findings are especially concerning.

Why does this problem occur? Weight bias in health care settings may be an important contributor to this problem. Obese patients frequently are embarrassed by their weight, report being shamed by their health care providers because of their weight, and report discomfort at the process of being weighed and receiving common office based procedures. As a result, obese patients delay care, cancel visits, and have lower rates of receiving appropriate prevention oriented examinations. This problem can be attributed to many factors, such as personal shame related to weight gain or failure of weight loss, physician reluctance to perform pelvic exams in reluctant patients, inappropriate communication skills of staff performing weighing procedures, and prior experiences of stigma in health care settings.

As an example, a recent study found that 46% of obese women reported that small gowns, narrow exam tables, and inappropriately sized equipment were barriers to receiving gynecological care.<sup>2</sup> In addition, 35% reported embarrassment about being weighed as a reason for delaying gynecological cancer screenings, and 36% reported negative attitudes by providers. The percentage of women who reported these as barriers to gynecological care increased with BMI.

According to this study, many health care settings simply do not have equipment to accommodate obese patients. The following table highlights the percentage of health care providers who reported that these supplies are readily accessible to accommodate large patients.

MEDICAL EQUIPMENT	% AVAILABLE
Scales for patients above 350 pounds	9%
Gowns for very large patients	21%
Armless waiting room chairs	46%
Adequately sized exam tables	60%
Longer speculum for pelvic exams	80%
X large blood pressure cuffs	83%

Furthermore, when patients were asked to indicate why they avoided gynecological cancer screening visits, inadequate equipment and weighing procedures were frequent barriers. The following table highlights these findings.

REPORTED BARRIER TO SCREENINGS	BMI LEVEL			
	25-35	35-45	45-55	> 55
Embarrassment at being weighed	20%	39%	45%	44%
Small gowns, equipment	21%	45%	60%	75%

This research confirms common reports by obese patients who express vulnerability to negative experiences in health care settings, which can compromise their quality of care. It is important for OBGYN providers to be aware of this issue, and to increase sensitivity in health care practices to avoid these negative consequences and promote positive health care experiences for obese patients.

<sup>1</sup> Wee CC, McCarthy EP, Davis RB, Phillips RS. Screening for cervical and breast cancer: Is obesity an unrecognized barrier to preventive care? *Ann Intern Med.* 2000; 132: 6997-704.

<sup>2</sup> Amy NK, Aalborg A, Lyons P, & Keranen L. Barriers to routine gynecological cancer screening for White and African-American obese women. *Int J Obesity & Related Metabolic Disorders.* 2006; 30: 147-155.

<sup>3</sup> Wee CC, Phillips RS, McCarthy EP. BMI and cervical cancer screening among White, African American, and Hispanic women in the United States. *Obesity Research.* 2005; 13: 1275-1280.