

## Strategies to improve OBGYN care for obese patients

Research has demonstrated that obese women delay routine gynecological cancer screenings, and that weight bias in health care settings may be an important contributor to avoidance of OBGYN health care services. Obese patients are frequently 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 and preventive screenings.

What can you do as a provider to improve attendance to OBGYN services among obese patients and improve their quality of care?

### 1. Weigh with Care

Many large patients are embarrassed and anxious about being weighed, to the point that it can lead to avoidance of health care appointments. It is therefore critical for providers to be aware to this issue and implement sensitive and appropriate practices.

Before discussing weight with your patient, be sure to review the chart for weight history, noting any changes in weight between visits. Consider whether measuring weight is truly necessary for acute visits or in cases where weight has recently been recorded. If the patient needs to be weighed, it is important to ask the patient for consent to be weighed, and to use empathic, sensitive communication. Here are some examples of ways to initiate this procedure:

*Would you like to be weighed today?*

*Do I have your permission to weigh you today?*

*Dr X likes me to ask all of his/her patients if it would be ok for me to weight and measure them. Would that be ok with you?*

*Would you prefer if I weighed you facing away from the scale?*

*Would you like to discuss your weight concerns with your doctor?*

Second, it is important to maintain sensitivity during the actual weighing procedure. This includes the following guidelines:

*Ensure that weighing procedures take place in a private location*

*Record the patient's weight without judgment or comments*

*Offer patients the choice of not seeing the results if they prefer*

## 2. Create a weight-friendly environment

Is your exam room weight-friendly? Do you have appropriately-sized equipment to accommodate large patients? Ensuring a positive health care experience for obese patients requires that routine equipment is appropriate for use with large body sizes. The following checklist can help you determine whether your exam room is appropriately-equipped for large patients, and where improvements are needed:

- Stepstool with handle for exam table access
- Large and extra-large size gowns
- Large and extra-large adult and thigh blood pressure cuffs
- Long vaginal specula
- Wide examination tables, bolted to the floor
- Hydraulic tilt tables, if possible
- Sturdy armless chairs

## 3. Be mindful of language

Given that many patients feel embarrassment, shame, and anxiety surrounding their weight, it is important for providers to recognize and implement language about weight that patients prefer and feel comfortable with.

A recent study examined terms that obese patients found desirable or undesirable for describing obesity.<sup>1</sup> Specifically, patients rated the desirability of different terms to describe excess weight. Words that patients preferred included “weight,” “excess weight” and “BMI.” Words that patients found undesirable included “fatness,” “excess fat,” “heaviness,” “obesity,” “unhealthy BMI/body weight,” “large size,” and “weight problem.”

Thus, certain words to describe weight may be hurtful and offensive to patients because of their pejorative connotations. Using descriptors that are perceived negatively by patients may also jeopardize important discussions about health. Prior to initiating conversations about weight with your patients, you may want to ask them what terms they would prefer you use when referring to their weight.

Here are some other examples of communication strategies to promote positive interactions:

Instead of saying, “Mrs. Smith, we need to talk about your obesity,” try starting the conversation with: “Mrs. Smith, could we talk about your weight today?”

Alternatively, you might say,

“Mr. Johnson, why don’t you tell me how you’re feeling about your weight at this time. What are your goals now?”

For more information about this topic, please consult the following reference:

<sup>1</sup>Wadden TA, Didie E. What’s in a name? Patients’ preferred terms for describing obesity. *Obesity Research*. 2003; 11: 1140-1146.

#### 4. Implement Sensitive Practices

It is important to recognize that obese patients may have experienced negative interactions with providers because of weight bias. They may also feel vulnerable because of anxiety, embarrassment, and shame about their weight. As a result, patients may be more reluctant to voice concerns, ask questions, or participate in conversations with providers. Thus, providers need to approach patients with sensitivity, create an open dialogue, and empower patients to participate in health care decision-making. One strategy to facilitate these goals is to use patient-centered communication. This is an approach that providers can use to help patients feel understood and to increase their involvement in decisions that affect their health.

Here are some strategies to foster patient-centered communication:<sup>1</sup>

**Build Rapport:** welcome the patient by name and recognize any others with the patient

**Open the Discussion:** Establish the focus of the visit by eliciting the patient's agenda and negotiating a prioritized agenda together.

**Gather Information:** Use open-ended questions where possible, clarify and summarize information stated by the patient, and demonstrate active listening through both nonverbal (e.g., eye contact) and verbal (encouragement) techniques.

**Understand the Patient's Perspective:** Explore the patient's beliefs, concerns and expectations about health and illness, and acknowledge and respond to the patient's ideas and values.

**Share Information:** Use language that the patient can understand and check for his/her understanding while also encouraging questions from the patient.

**Reach Agreement on Plans:** Encourage the patient to participate in decision-making to the extent that he/she desires. Discuss the patient's willingness and ability to follow the plan and identify resources and support to help the patient achieve this goal.

**Provide Closure:** Encourage questions from the patient, summarize agreement plan, and discuss follow-up.

<sup>1</sup> <http://www.fammed.washington.edu/predoctoral/clerkship/forms/pccobs.html>

#### 5. Seek Out Helpful Resources

In addition to the strategies mentioned above, providers can also take advantage of other resources to help combat weight bias. For example, if obese patients in your practice are avoiding preventive services like mammograms or pelvic exams, here are some resources to consider:

- a) Request a contact within a diagnostic department to help with obese patients who may have higher needs.
- b) Contact your professional association to obtain support for obese patients, or to request education and training on specific procedures (e.g., pelvic exams) to improve care of obese patients.
- c) Consider requesting double appointment slots for obese patients who require preventive care services such as mammograms or pelvic exams, to ensure that there is sufficient time to perform procedures effectively.