Appendices

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Appendix 1. Interview guide

Hi [name], thank you for taking the time to talk to me today. My name is Jess and I am a GP registrar researching weight stigma in maternity care. I would like to find out about your backgrounds, beliefs and behaviours when providing care to larger bodied women in the perinatal period. You have been identified as a general practitioner with low levels of anti-fat attitudes, which is why we are really interested in talking with you.

This interview will take about 30 minutes. We will treat this interview as strictly confidential and all identifiers (e.g. names) will be removed. We will not share any details with anyone outside the immediate researchers working on this project.

Is it okay with you for us to record this session for transcript?

Do you give your consent to go ahead with this interview?

In recognition of your time and contribution, we would like to offer you a voucher for $150. I will email this to you after our interview, unless you ask me to do otherwise.

If at any point you would like to take a break or stop the interview, please just let me know and I will do so.

Do you have any questions before we begin?

[RECORD]

QUESTIONS:

Background:

We already have some background information about you from the Mat-CAREs survey. I was just hoping to ask a few further questions about your practice.

1. Please tell me about the maternity care you provide? (e.g. GP shared care)
2. Why do you want to be involved with this interview study about GP attitudes towards larger bodied women?
3. During your medical training, what was your experience of education regarding caring for larger bodied patients?

Beliefs:

1. When thinking about larger bodied patients, what does a 'healthy pregnancy' mean to you?
2. I'm interested in your journey informing your attitudes towards larger bodied maternity patients. Could you talk to me about that?

Behaviours:

1. Does your maternity (prenatal, pregnant, postnatal) care change depending on body size of your patient? (Why/why not/how?)

Looking forward

1. The next phase of our 'Body Positive Birth' research is to develop resources to support GPMCP to provide best quality care for larger bodied patients. Do you have any suggestions that may assist us in this process?

Do you have any final comments or questions?

Appendix 2: Personal experience		
Themes		Example Quotations
Personal journey	Personal struggles with weight and body image	"My dad was very overweight, but quite healthy, and he still is, you know, in his seventies. And I think...maybe, you know...I could see him for the person he was, not just the size and... I just don't like judging people in their appearances." (GP20) Like a lot of people with a type A personality, I flirted in my teenage years with a bit of control and food restriction. That did not feel good at the time. (GP05)
	Becoming a parent	I think it was actually having a daughter was instrumental… because I didn't want her to feel as bad about her body as my friends all did… I didn't want that to happen for another generation. (GP19) It's probably just to do with my own journey of body acceptance over time and through motherhood as well. (GP09)
	Ongoing and unfinished	But for myself, personally, I still have a few hang-ups, and I struggle to manage that. So sometimes I feel a bit like a hypocrite because I'm like, 'oh, I'd love to lose 10 kilos', and then I think, 'why, no, don't be so stupid.' But yeah… I don't know how you manage that. I'm getting better, slowly. (GP14)
Socioeconomic environment	Diet culture and fat-shaming	I grew up in the eighties, and I think a lot of people remember, especially women, from their childhood and adolescence the first time people commented on body size and weight. (GP05) There's a big societal pressure to look a certain way, or that fat people are incompetent at various things, or they don't have the self-control to achieve what they want. And then, obviously, they're not going to be good at their job because they can't control their own weight. (GP04)
	Change over time	And if you go through, like, when I was working, I worked in hospitals from '96 to 2001, and you know, we didn't have bariatric beds. We didn't have anything, and when someone was inhabiting a larger body, everyone just ran away. (GP19) Victoria Beckham was the skinny, skinny, skinny woman. And she's about my age, give or take. And she's… really, that was what our generation had, whereas my daughter's generation has Taylor Swift, who's beautiful, but she's not skinny. And Beyoncé. They're strong women…they're actual, proper people that can function. (GP19)

Appendix 3: Professional experience		
Themes		Example Quotations
Harms	Mental health	That's the kind of harm that I think is just so avoidable if we actually just don't fat shame people. (GP14) I've got patients that other doctors have hurt, have caused a lot of harm… always talking about their weight. (GP20)
	Shame	"Before she [the patient] had come in, they joked about her, calling her a 'hippo'. I felt awful hearing that." (GP03)
	Inadequacies of weight-centric medicine	We had one lady who is in a larger body. She had hyperemesis, and she presented to the emergency department and saw one of our emergency doctors. A comment was made about her 10 kilos weight loss. Well, isn't that good? … she was really upset by that. And she said she almost never came back again as a result. (GP14)
Uncertainty around the right way to practice	Health risks for larger bodied patients	We need to be quite pragmatic about the resources and the skills and traditional research which highlights significantly higher complications for people living in larger bodies with pregnancies and trying to minimise that. It's a really hard space. (GP04)
	Lack of resources in rural/regional areas	Our obstetricians have 12 months of training, so they don't have a lot of exposure to all of the complications… we know that it's a much more difficult tubing a pregnant lady. We know it's a more difficult tubing a lady a larger body size. So add those two things together and it's much more difficult. (GP18) So yeah, look, I understand why [transfer to a regional centre] has to happen. It's just hard putting it into practice when you see the effect it has on people, and like having to tell someone that they have to go somewhere else because, you know, you're too big. (GP14)
	Differences in practice	We don't have the good data. And I don't currently feel comfortable telling people to lose weight. And equally, when I say don't worry about your weight, I'm not sure I'm doing the right thing. (GP04)
Ethical duty: beneficence	Providing holistic care	I think there's a standard of care which you ideally should be applying, regardless of a woman's body size. GP09
	Meeting women where they are at	And I think it's much more about supporting someone in their journey, and not for me to tell them what their journey is. (GP19)
	GPs as protectors	The reality is that the health system in general has weight stigma and bias, so part of the work as a GP is to support patients through that. (GP07) So to do better than what came before, is kind of what I am trying to do. (GP05)

Appendix 4: Recommendations		
Themes		Example Quotations
Personal factors	Reflection	I've reflected on how much work I've put into this, thinking… "no wonder other GPs don't have this view because of what we're taught." And because it has taken such a significant amount of self-reflection and reflection on society as a whole. (GP04)
	Seeking educational opportunities outside of traditional teachings	I learned about the Health at Every Size kind of movement through one of the Facebook groups. And that's when I kind of started to become aware of the evidence of, you know, how diet culture and how bad it is and how pervasive it is, and actually obesity itself is not a disease. And it's just a number, really, and that it's actually the medical conditions we should be treating, and not the weight on the scale as such. (GP14)
Organisational factors	Revise/ rewrite evidence-based guidelines	So I know my go-to is the Mater Shared-Care guidelines. So those kind of sources are where people are already looking for their resources. So if those kind of things were less weight-focussed, it would help. (GP17)
	Research into the epidemiology of obesity and pregnancy outcomes	I think a lot of doctors are only going to listen to the evidence. It's going to be really hard to overcome that kind of societal, ingrained behaviour. You know, fat is bad and fat people are lazy and should just try harderS. o I think evidence is going to be the way to try and get through to people. (GP14) Show me the evidence that stopping this woman from putting on weight helps the baby, when maybe we're actually starving the baby and making her pregnancy hell. (GP08)
	Appropriate representation of risk	Having a breakdown of what increased risk actually means and what that looks like relative to other risks. (GP06)
	Communication skills training	Ensuring communication is clear. I had a patient complain that their GP had put them on a higher dose of folic acid, but hadn't explained why, so they felt they had been mismanaged. (GP12)
	Language consensus	Having a like a language resource would be useful. Lots of women don't like hearing the words 'obese' or 'fat'. Some are fine with it, but even just having, like, how to approach the conversation of what terms do they like? (GP01) The language used is important. Advice should not make patients feel ashamed or judged. (GP12)
	Safe physical clinical environments	At the end of the day, we tailor our care every day to women with lots of different needs and body shape and size is just another thing we need to tailor our care to. (GP02) I'm more aware of making them feel comfortable in the space which is challenging. Because well, our chair… Our chairs are wonderful for elderly people, because have wonderful arm rests. But they completely prevent people who … even have wider hips… so I requested larger chairs to accommodate larger body people. And a few of my patients have noticed that one chair, and they thanked me for it. (GP16)
	Increased funding to rural and regional areas	It would be lovely…. as I sort of said, I came from a regional area… to be able to upskill the more regional and rural areas to be able to manage lower risk pregnancies who are being sent to these bigger hospitals purely because of the high weight. (GP01) We don't have bariatric beds, we don't have, you know, all of the monitoring and fancy bells and whistles that your more regional hospitals do. You don't have all of those supports, you don't have, you know, 30 doctors in the hospital at once. (GP18)