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# Attitudes and Care Experiences of Nurses and Midwives Towards Obese Pregnant Women: A Qualitative Study

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**ABSTRACT**

**Objective:** The aim of this study is to examine and explain the attitudes and care experiences of nurses/midwives towards obese pregnant women in detail. **Materials and Methods:** This is a qualitative study that uses a phenomenological approach. The study included 30 nurses and midwives who were involved in the care of obese pregnant women. The research data were collected with the descriptive data form and semi-structured questionnaire by the researchers through face-to-face interviews. The data were analyzed using the theoretical thematic analysis technique. **Results:** Four main themes emerged from the data as experience, reaction, prejudice, and stigmatization. According to the results of the study, most of the midwives/nurses stated that they had negative care experiences with obese pregnant women. Many nurses and midwives stated that obese pregnant women have a high risk of complications, have difficulty in their care, and increase the workload. In addition, participants described obese pregnant women with expressions such as sick individual, immobile, gets tired quickly, and cannot breastfeed. **Conclusion:** In general, according to these results, it was determined that nurses/midwives mostly had negative care experiences towards obese pregnant women, were prejudiced against obese pregnant women and stigmatized them.

**Keywords:** Obesity, Pregnancy, Attitudes, Caring.

# Hemşire ve Ebelerin Obez Gebelere Yönelik Tutumları ve Bakım Deneyimleri: Nitel Bir Çalışma

**ÖZ**

**Amaç:** Bu çalışmanın amacı, hemşire/ebelerin obez gebelere yönelik tutumlarını ve bakım deneyimlerini ayrıntılı olarak incelemek ve açıklamaktır. **Gereç ve Yöntem:** Bu çalışma fenomenolojik yaklaşımın kullanıldığı nitel bir çalışmadır. Çalışmaya obez gebelerin bakımında yer alan 30 hemşire ve ebe dahil edilmiştir. Araştırma verileri, tanımlayıcı veri formu ve yarı yapılandırılmış soru formu ile araştırmacılar tarafından yüz yüze görüşme yoluyla toplanmıştır. Veriler teorik tematik analiz tekniği kullanılarak analiz edilmiştir. **Bulgular:** Verilerden deneyim, tepki, önyargı ve damgalama olmak üzere dört ana tema belirlenmiştir. Araştırma sonuçlarına göre, hemşire/ebelerin çoğu obez gebelerle yönelik olumsuz bakım deneyimleri olduğunu belirtmiştir. Birçok hemşire ve ebe, obez gebelerin komplikasyon riskinin yüksek olduğunu, bakımlarında zorluk yaşadıklarını ve iş yükünü artırdıklarını belirtmiştir. Ayrıca katılımcılar obez gebeleri; hasta birey, hareketsiz, çabuk yorulan, emziremeyen gibi ifadelerle tanımlamışlardır**. Sonuç:** Genel olarak bu sonuçlara göre hemşire/ebelerin obez gebelere yönelik çoğunlukla olumsuz bakım deneyimlerinin olduğu, obez gebelere karşı önyargılı oldukları ve onları damgaladıkları belirlenmiştir.

**Anahtar Kelimeler:** Obezite, Gebe, Tutumlar, Bakım.

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## INTRODUCTION

Obesity, which has an increasing prevalence and incidence worldwide, is a serious health problem due to the diseases and death it causes. Similarly, the prevalence of obesity in Turkey has exceeded the "critical high rate" of 30% in the adult population. This increase is worrying, since obese women experience complications and difficulties during pregnancy and childbirth that lead to poor outcomes (Kerrigan et al., 2015).

Maternal obesity is associated with obstetric risks and neonatal outcomes such as pre-eclampsia/eclampsia, thrombosis, abortion, stillbirth, cesarean section risk and meconium staining. The rate of fetal malformations increases as the rate of obesity in pregnancy increases. In addition, obese women have a higher risk of gestational diabetes and a macrosomic baby (Paredes et al., 2021). In addition, obese pregnant women have more difficulties with breastfeeding in the postpartum period. The reasons for this include delayed onset of lactogenesis II, which is associated with inadequate milk production, a metabolic profile that predisposes to the risk of insulin resistance, and psychosocial factors. Obese women state that they feel uncomfortable during breastfeeding in public and express body image concerns as a barrier for breastfeeding (Du et al., 2019).

Obese pregnant women experience difficulties and risks in antenatal, intrapartum and postnatal care and during interactions with health care professionals. The knowledge of nurses and midwives about obesity-related medical complications raises concerns about possible risks. Obesity causes difficulties in the care of obese pregnant women in the field of health due to the high risk of complications, difficulties experienced during positioning or mobilization of the pregnant woman, difficulty in performing Leopold maneuvers, difficult monitoring of the fetus, and insufficient materials to be used in treatment and care (Paredes et al., 2021; Ellis et al., 2019). Obese pregnant women may be exposed to negative attitudes and behaviors of midwives/nurses, although this is not an acceptable behavior in the health system. Negative prejudice and stigmatization experienced by obese pregnant women is one of the most important problems in professional health care settings (Okuyucu et al., 2019).

The nature and quality of communication between nurses and midwives and obese pregnant women is an issue that needs to be investigated considering the increasing prevalence of obesity in pregnancy, the impact on maternal and infant mortality and morbidity rates, and the frequency of interaction of pregnant women with the health care system.

As a result, while the clinical risks associated with maternal obesity are well documented, there is limited research focusing on the attitudes and experiences of the nurses and midwives who provide direct care to these women.

Nurses and midwives are key figures in maternal care, and their perceptions and experiences can significantly influence the quality of care provided. However, caring for obese pregnant women presents unique challenges in antenatal, intrapartum, and postnatal settings, from difficulties with physical care, such as positioning or fetal monitoring, to navigating the stigma that obese women often face in healthcare environments. Given the complex nature of these interactions, negative attitudes or biases from healthcare professionals can further exacerbate the challenges faced by obese pregnant women, potentially impacting their overall health outcomes.

This study aims to explore the attitudes and care experiences of nurses and midwives toward obese pregnant women, with a focus on understanding how these healthcare professionals navigate the clinical and emotional challenges involved. By examining their perspectives, this study seeks to identify areas where support and training may be needed to improve the quality of care for obese pregnant women. The findings could provide valuable insights for healthcare policymakers and educators, helping to foster a more compassionate, informed, and effective approach to maternal care for this vulnerable population.

## MATERIALS AND METHODS

### Study type

This study was conducted between 01.03.2022 and 18.09.2022 as qualitative research using a phenomenological approach to examine the attitudes and care experiences of nurses/ midwives in antenatal/innatal and postnatal care of obese pregnant women in detail.

### Study group

The universe of the study consisted of nurses and midwives working in the care of pregnant women followed up in university and training research hospitals located at 3 different major cities of Turkey. The study sample consisted of 30 nurses and midwives (nurses: 13, midwives: 17) who met the research criteria and volunteered to participate in the study. Nurses and midwives were included among the health professionals in this study because they provide direct care before, during and after childbirth, have long-term contact with pregnant women, play an important role in education and counseling, and play an important role in risk management. Purposive sampling method was used as the sampling method. Inclusion criteria were determined as follows; being able to communicate in Turkish, working in antenatal outpatient clinic, delivery room, perinatology service and postpartum service, having obese pregnancy caring experience and volunteering to participate in the study.

### Procedures

The research data were collected with the Descriptive Data Form and Semi-structured Questionnaire

developed by the researchers in line with the literature. Data were collected through face-to-face interviews in a quiet and suitable room for approximately 30 - 45 minutes. Voice records were made during the interviews. The obtained recordings were transcribed (Microsoft Office Word) without changing the statements of the participants. Data collection was terminated when the data obtained from the sample reached saturation and started to repeat itself.

***Descriptive Information Form:*** It is a form designed to determine the sociodemographic and anthropometric characteristics of the participants. It consists of a total of 6 questions that question the sociodemographic information of nurses and midwives such as their profession, age, gender, and their own body perception.

Semi-structured Questionnaire: It was prepared to evaluate the attitudes, thoughts and opinions of nurses and midwives towards obese pregnancy care. The questions in this section were prepared in line with the literature (Phelan et al., 2015; Wennberg et al., 2014; Yilmaz & Ayhan, 2019). The research questions are as follows; "Can you tell me the words that come to your mind when you hear the term "obese pregnant woman", How would you evaluate your attitudes and behaviors towards obese pregnant women, can you explain your experiences in caring for obese pregnant women?". Expert opinion was obtained for the research questions.

**Statistical analysis**

The numerical data obtained from the descriptive information form were analyzed in EXCEL. The data were analyzed using the theoretical thematic analysis technique commonly used in qualitative research. The data obtained were handled in 6 stages (Braun & Clarke, 2006):

1.Familiarity with the data was established.

2.Data items in all documents were coded. For example, women's statements such as "...fat.", "...sick individual." were coded as negative expressions; statements such as "...the shift will not end tonight", "...we will try, she cannot breastfeed." were coded as negative experiences and negative thoughts.

3.Related codes were brought together, and potential themes were created. For example, codes such as negative statements, negative thoughts and negative experiences were thematized as prejudice.

4.Themes covering similar situations were combined.

5.The comprehensibility of the generated themes was evaluated. Statistics of document-based sub-codes, statistics of code-based sub-codes and code mapping were performed in MAXQDA software.

6.In the final stage, the researchers interpreted the perceptions of the participants about the subject through the generated themes. The findings were reported by evaluating whether the selected vivid and striking quotes met the relevant situation.

***Data trustworthiness:*** To ensure data trustworthiness, the authors underwent training in qualitative data analysis, enhancing their skills and understanding of the methodologies involved. In this study, researcher triangulation was implemented by involving three researchers in the data collection, analysis, and interpretation stages. This approach helped to minimize bias and ensure a more comprehensive understanding of the data. Additionally, expert opinions were sought throughout the research process to provide external validation and further strengthen the credibility of the findings.

**Ethical considerations**

Ethical approval was obtained from the Nigde Omer Halisdemir University Ethical Review Board (No:2022/02-10) on 23 February 2022. The study was conducted in accordance with the Principles of the Declaration of Helsinki and an Informed Consent Form was completed for each nurse and midwife involved in the study.

## RESULTS

A total of 30 people participated in the study, 13 of whom were nurses and 17 midwives. The mean age of the participants was 33.70 ± 6.51 (minimum: 23 - maximum: 45) and the mean body mass index was 23.10 ± 2.22 (minimum: 20.24 - maximum: 27.34). All nurses and midwives who participated in the study had at least a bachelor's degree and only 3 nurses had a master's degree. Only 1 of the participants was a male nurse. The average length of employment was reported as 12.20 ± 8.40 years (minimum: 1 - maximum: 25).

After thematic analysis, the statements were combined under 4 main themes: experience, reaction, prejudice, and stigmatization (Figure 1). The main theme of experience consists of the difficulties, complications, and care-related experiences of nurses/ midwives in the care of obese women. Reactions reflect the attitudes of nurses and midwives in caring for obese women. While the thoughts of nurses/ midwives about the appearance and temperament of obese women constitute the theme of prejudice; the behaviors they reflect as the output of these thoughts constitute the theme of stigmatization. Themes and sub-themes are presented in Table 1.

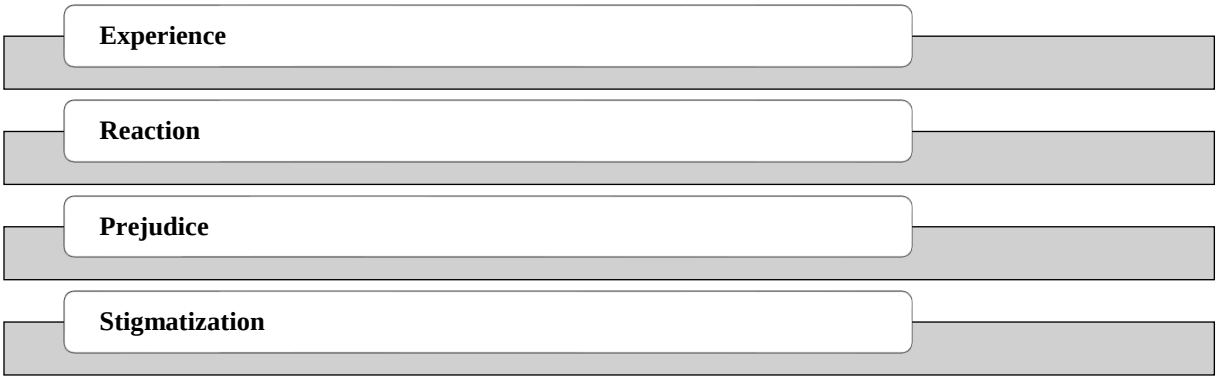


**Figure 1. Findings on themes.**

**Table 1. Findings on themes, sub-themes and code frequencies.**

| Main theme | Sub-theme | Code frequency (CF) |
|---|---|---|
| **Experience** | Risk of complications | 84 |
| | Difficulty in care and treatment | 48 |
| | Increased workload | 32 |
| | Difficulty in examination and diagnosis | 16 |
| | Intervention during delivery | 16 |
| | Cost increase | 4 |
| | Inadequate involvement of women in care | 4 |
| | Difficulty in baby care | 2 |
| **Reaction** | Difficulty in care | 41 |
| | Prefer not to care | 9 |
| | Feeling upset | 8 |
| | Being afraid | 8 |
| | Being worried | 4 |
| **Prejudice** | Sick individual | 40 |
| | Have an unhealthy diet | 23 |
| | Compatible | 6 |
| | Cute | 2 |
| | Big breasts | 2 |
| | Like a ball | 2 |
| | Feisty | 1 |
| | Ugly | 1 |
| | Seal fish | 1 |
| | Red face | 1 |
| | Inverted nipple | 1 |
| **Stigmatization** | Inactive | 24 |
| | Gets tired easily | 22 |
| | Cannot breastfeed | 18 |
| | Smells like sweat | 8 |
| | Does not follow instructions | 3 |
| | Inadequate self-care | 6 |
| | Ignorant | 3 |
| | Insensitive | 3 |
| | Negligent | 2 |
| | Big, large, huge | 2 |

***Theme 1: Experience***

The risk of developing complications under the main theme of experience was identified as the most frequently mentioned sub-theme in code frequency (84). Nurses and midwives stated that maternal-fetal risks such as prolapse, infection, deep vein thrombosis, respiratory distress, cardiovascular problems, dehiscence, atony, decreased urine output, delayed healing at the wound site, macrosomia, especially risky pregnancy are more common in obese pregnant women. In addition, nurses and midwives stated that obese women are more likely to develop birth complications such as head-pelvis mismatch during childbirth.

“Wound site infection is frequent, the belly covers the wound, the area sweats and the wound does not breathe... then the woman needs to be hospitalized …” (Midwife, A.T.)

“The baby was stuck, because the head was big...right at the exit...the baby had a problem with the arm but the birth still occurred” (Midwife, D...)

“I have 22 years of experience now. When I see an obese pregnant woman, I know that she will have a more difficult delivery, that the progress of delivery will be more difficult” (Midwife, T.…)

In addition, almost all nurses and midwives stated that obese pregnancy alone increased the likelihood of cesarean delivery.

"Obese pregnant women have an increased risk of cesarean section. Unfortunately, there are also anesthetic risks associated with cesarean delivery in these women." (Nurse, C.…). "Delivery usually does not progress in obese pregnant women and cesarean section is required" (Nurse, D...).

The code frequency of difficulty in care and treatment under the main theme of experience was determined as 48. Nurses and midwives stated that they had difficulties in issues such as mobilization, invasive interventions, Foley catheter insertion, uterine massage and breastfeeding. Midwife O. described the difficulty she experienced as follows. “They are not as short as us (obese pregnant women)! For example, she fills the bed... so again, it requires strength, it requires power, I often put a step under me to reach her…”

It was determined that the difficulties experienced by nurses and midwives in care and treatment were frequently used together with the sub-theme of examination and evaluation. Nurses and midwives expressed that they had difficulties during NST, vaginal probing, blood pressure measurement and hearing the child's heartbeat.

“I worry about how to find the NST and the intravenous line... sometimes the foley catheter comes out by itself” (Midwife, A.T.).

“It is very difficult to hear the fetal heartbeat if the gestation is less than 34 weeks … the layer of fat on top is very thick... When I listen with the fetoscope, I lift the belly up because there is sagging, it becomes more difficult when there is edema”. (Midwife, D.)

“We'll turn her over (obese pregnant woman), change the diaper. We turn her, we place her on the bed... We can't turn her, and we can't lift her. We are having difficulty”. (Midwife, D.R.)

“We already apply a force even in normal pregnant women while touching, but it is extra difficult to reach the cervix in them (obese women) ... We even take them to the table, and we have to touch them on the table.” (Midwife, H.T.).

Nurses and midwives stated that obese women also experience difficulties in caring for their babies in the postpartum period due to complications. “She can't look at her baby because the aches and pains are too much...-she says take him/her away-.... So, she doesn't want to see her baby” (Midwife, T.) In addition, it was also stated that obese women participate inadequately in their self-care due to mobility limitations. "A woman needs to be active during delivery. ... but she can't; she has limited exercise, walking - even walking is a problem - she doesn't do anything". (Midwife, N.).

“Difficult and prolonged delivery is observed as the pregnant woman may have difficulty in pushing.” (Nurse, S.)

Nurses and midwives had to perform extra interventions such as Kristellers maneuver, episiotomy, use of retractors for obese pregnant women during delivery on the delivery table instead of the bed, which decreased the comfort of the woman.

“For example, we normally deliver the baby in the patient's own bed, but I take these women to the delivery table. They can't spread their legs, it's difficult. So, I feel the need to take them to the delivery table” (Midwife, T.)

“They push insufficiently, and we have to push even if we don't want to (Kristeller manoeuvre)” (Midwife, D.)

It was concluded from the statements of nurses and midwives that obesity increases the cost of care and especially the workload. Nurses and midwives stated that more medicines and consumables are used despite the risk of complications and that extra staff are needed to care for obese pregnant women. In addition, nurses and midwives stated that they worked with inappropriate consumables and medical equipment in the treatment and care of obese pregnant women, such as using two NST cables, inadequate blood pressure cuffs, and the woman not fitting on the stretcher/table.

“You can't lift the pregnant woman, and they take more strength from us (physical support) ... they force us ... we call other friends...”. (Midwife, A.T.)

“Instead of 4 ampules of oxytocin, we're administering 6 ampules, so she doesn't bleed. We're putting in supplemental fluid. We're administering Cyctotec. (Midwife, D.)

***Theme 2: Reaction***

Variables such as the avoidance of nurses and midwives from caring of obese pregnant women, having more difficulty in caring for obese pregnant women compared to women with normal weight, feeling sorry for obese pregnant women, being afraid and worried about the risks and complications that may occur were categorized under the main theme of reactions. Since the sub-themes under the theme of reactions consisted of intertwined codes, the statements of nurses and midwives were presented without separation.

"So I'm thinking, whether this woman was obese all the time or this happened during pregnancy. Pity... she was accepting this situation... If she had given birth normally, what would I have faced then?" (Midwife, T).

"I think this woman (obese pregnant) will be a challenge for me" (Midwife, A.T.)

"I say no! I think about how she will give birth, how she will have a hard time giving birth. Of course, I wish we hadn't come across each other....." (Midwife, D.R.)

"Obesity in pregnant women worries me. I find it dangerous for the continuation of the pregnancy and the life of the pregnant woman or the baby." (Nurse, D.K.)

"They have no difficulties for me. I feel sorry for them because they are young." (Midwife, H.T.)

"Limitation of movement in obese women is another problem that we encounter. For example, problems such as the woman having difficulty getting on the delivery table, not being able to take the appropriate position when she has contractions... It is also very difficult to monitor or connect the pregnant woman to the NST during this period". (Nurse, D.K.)

***Theme 3: Prejudice***

The prejudices of nurses and midwives towards obese pregnant women were divided into sub-themes such as cute, ugly, red face, compliant, touchy, sick individual, having an unhealthy diet, large breasts, and inverted nipple. Since the sub-themes under this theme consisted of intertwined codes, the statements of nurses and midwives were presented without separation.

"People with high blood pressure. People who like to eat... really like to eat, they eat without realizing it" (Nurse, D).

"They are like a ball or a seal" (Midwife, D.R.)

"She had very big breasts. Maybe the biggest tits I've ever seen. Her breasts were the size of a baby." (Midwife, H.L.)

***Theme 4: Stigmatization***

There were statements indicating that nurses and midwives intensely stigmatized obese pregnant women. The statements of nurses and midwives related to the sub-themes under the stigmatization theme were presented together.

"However, it is important not only to stand but also to do sports... they do not know this... they are ignorant." (Midwife, D.R.)

"Although they take care about their body hygiene, they often smell of sweat (Nurse, M)

"They get tired quickly and have limited involvement in care, even if they are willing (Nurse, C.)

It has been determined that the negative experiences and difficulties experienced by nurses and midwives support stigmatization. The statements of Nurse O. are as follows; "She's already physically bigger, larger, huge than me... and when these difficulties are added to that... It makes me even more tired…"

It was determined that nurses and midwives have a serious stigmatization about obese women not being able to breastfeed their babies. The reasons for not being able to breastfeed were reported as obese women's large breasts, inverted nipples, fatigue, inactivity and more pain due to complications.

"They are already incapable of breastfeeding. They usually have inverted nipples…" (Midwife, G.)

"They get tired quickly and are therefore reluctant to breastfeed" (Midwife, D.)

The code map in Figure 2 shows the themes that were frequently used together. In the code map, the lines between the themes and sub-themes that were frequently used together are thick, and the lines between the themes and sub-themes that were relatively infrequently used together are thin.

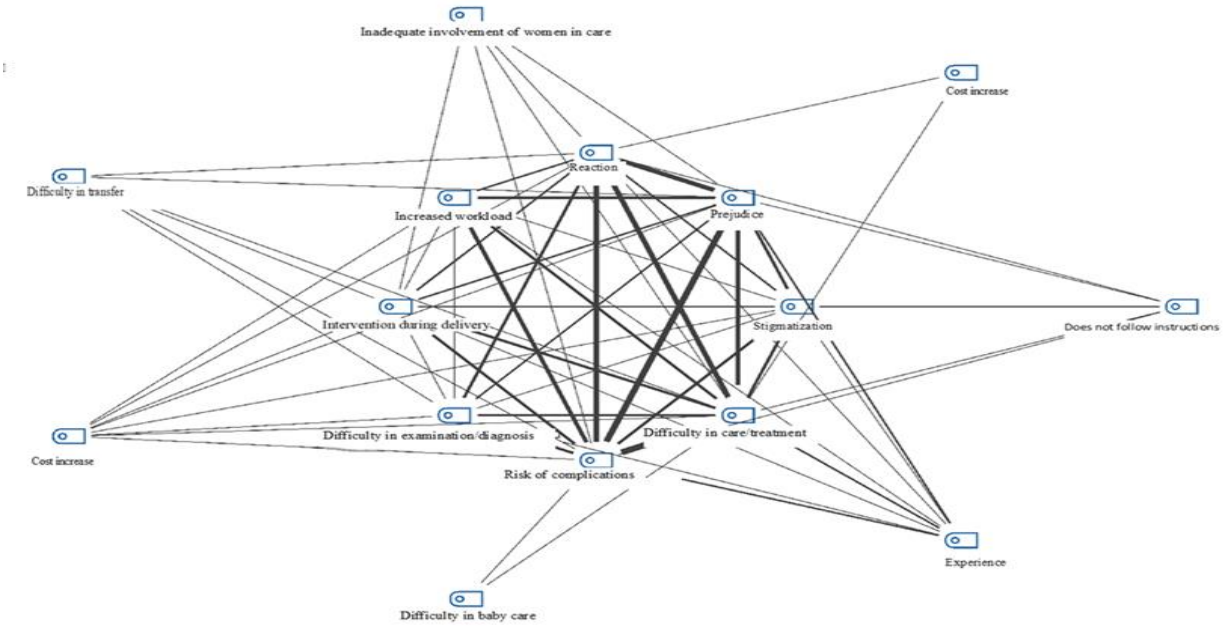


**Figure 2. Themes that were commonly used together: code map**

## DISCUSSION

The study investigated the attitudes and care experiences of nurses/ midwives during interaction with obese pregnant women. Four main themes have emerged from the data analyses: "experience", "reaction", "prejudice" and "stigmatization". There are more studies in the literature that have investigated obesity in the non-pregnant population. Obese individuals are subjected to prejudice and discrimination in all segments of society, including family, work, education, and health in every period of their life. The concept of obese women is a complex concept influenced by biological, sociocultural, and social dynamics (Wennberg et al., 2014; Yilmaz & Yabancı, 2019; Braun & Clarke, 2006; Knight-Agarwal et al., 2016). Management of obese women's pregnancy, delivery and postpartum care can be challenging for both the health care resources of hospitals and the health care team. Obesity during pregnancy increases the risk of mortality and morbidity for both mother and fetus. Moreover, additional equipment and health personnel may be needed to provide appropriate perinatal care to obese women. In this study, nurses and midwives frequently stated that the risk of maternal and fetal complications was high in obese pregnant women (code frequency: 84) (Figure 2). In addition, they stated that obese pregnant women increase their workload, care and treatment are more difficult and the equipment is not suitable for them compared to normal pregnant women. Nurses and midwives also mentioned some examination and diagnosis difficulties for obese pregnant women. These challenges include vaginal touch, monitoring, Foley catheter insertion, uterine massage, NST, blood pressure measurement, and hearing fetal heart sounds. According to the code map of the study, it was determined that nurses and midwives frequently used the themes such as the risk of developing complications, difficulty in care and treatment, and increase in workload together. It was also found that the themes of reaction (difficulty in care, fear, anxiety, etc.), stigmatization (inactive, gets tired easily, etc.) and prejudice (sick individual, having an unhealthy diet, etc.) were frequently used together with the theme of negative experiences. The results of the study are in parallel with the studies in the literature (Bjørsmo et al., 2022; Charnley et al., 2017). In addition, nurses and midwives stated in this study that they often had difficulty in the caregiver role (code frequency: 41) (Figure 2). When the code map of the study was examined, it was determined that the expression "I have difficulty in providing care" was frequently used together with negative experiences such as "difficulty in examination and evaluation", "high risk of complications", and "intervention during delivery". This result supports the results of recent studies conducted in Turkey and the UK (Okuyucu et al., 2019; Aksoy et al., 2022).

It is known that obese pregnant women have a higher incidence of many intrapartum risks such as instrumental vaginal delivery, cesarean delivery and fetal birth trauma11,12. The literature highlights the medical and professional challenges of labor management in the presence of obesity (Kerrigan et al., 2015; Okuyucu et al., 2019; Yilmaz & Yabancı, 2019; Aksoy et al., 2022). In the study, almost all of the nurses and midwives frequently emphasized that obese pregnancy increases the likelihood of cesarean

delivery alone and that the risk of interventional delivery is high in obese pregnant women (code frequency: 16) (Figure 2). The results of the study support the literature.

Obese pregnant women experience additional challenges and risks during the pregnancy follow-up and interactions with health care professionals. In the field of health, obese pregnant women experience problems and may be exposed to negative attitudes and behaviors of health professionals due to reasons such as difficult care of obese pregnant women in the field of health, high risk of complications, more difficult positioning and movement, and insufficient equipment to be used in the treatment and care of obese women (Bjørsmo et al., 2022; Charnley et al., 2017; Christenson et al., 2020; Dieterich & Demirci, 2020). The negative attitude of health personnel documents that prejudice against obesity also exists in the field (Charnley et al., 2017; Dieterich & Demirci, 2020; Tomiyama et al., 2018). In the literature, the most commonly reported care difficulties for obese pregnant women include mobility limitation of the pregnant woman. In this study, participants stated that obese women were most sedentary during the labor. In addition, it was determined that obese pregnant women were most frequently defined as " patients" (code frequency: 40) (Figure 2) by nurses and midwives due to possible health risks. In the study, it was observed from the statements of nurses and midwives that they had negative prejudices and stigmatization towards obese pregnant women arising from their previous experiences. Statements such as "They are already incompetent in breastfeeding"; "They usually have inverted nipples..." clearly indicate the experience and prejudice of nurses and midwives. It was determined that nurses and midwives have a serious stigmatization about obese women not being able to breastfeed their babies. The results of the study support the literature (Garner et al., 2014; Yan et al., 2014; Grube et al., 2016).

## CONCLUSION

The increasing prevalence of obesity worldwide also affects the pregnancy period. Obesity during pregnancy brings many maternal and fetal risks. This study is important in terms of revealing the attitude, behavior, difficulties, reaction, prejudice and stigmatization of nurses and midwives, who are at a key point in terms of maternal and newborn health, while interacting with obese pregnant women.

Nurses and midwives participating in the study frequently stated that care and examination of obese pregnant women is difficult. They also stated that these pregnant women have a high risk of developing complications during delivery and are generally prone to intervened delivery, especially cesarean section. As a result, they also stated that employee workload and care costs have increased. They also frequently emphasized the lack of resources and equipment while providing care for obese pregnant women. Based on their previous experiences, the participants interpreted obese pregnant women as individuals who were often sick, sedentary, had difficulty in breastfeeding, had difficulty participating in the care of their newborn baby, had unhealthy diet, and got tired easily or smelled sweaty. As a result of the study, it can be said that nurses and midwives generally exhibit negative attitudes during interaction with obese pregnant women, and that there is prejudice and stigmatization about obesity in the participants. Our findings provide a sufficient basis for further research by revealing the factors contributing to stigmatizing attitudes and behaviors of nurses and midwives working with obese pregnant women.

The findings of this study have significant implications for the healthcare field, particularly in the management and care of obese pregnant women. By highlighting the negative attitudes, prejudices, and stigmatization displayed by nurses and midwives, the results underscore the need for targeted interventions and training programs aimed at improving healthcare providers' perceptions and behaviors towards obese patients. Addressing these biases is crucial not only for enhancing the quality of care provided to obese pregnant women but also for ensuring more equitable and compassionate healthcare practices. Additionally, the study points to the need for better resources and equipment tailored to the care of obese patients, which could help reduce the workload on healthcare professionals and improve overall patient outcomes. These insights provide a strong foundation for further research to explore effective strategies for reducing stigma and improving the healthcare experience for obese pregnant women, ultimately contributing to better maternal and fetal health outcomes.

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**Conflict of Interest**

The author declare no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

**Author Contributions**

**Plan, design:** MMK, ÇB; **Material, methods and data collection:** MMK, ÇB, RA; **Data analysis and comments:** MMK, ÇB; **Writing and corrections:** MMK, ÇB, RA.

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**Ethical Approval**
**Institution:** Nigde Omer Halisdemir University Ethical Review Board
**Date:** 23.02.2022
**Approval No:** 2022/02-10

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