

January 2024

Public Health Agency of Canada

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Sent via email: info@phac-aspc.gc.ca

Dear Public Health Agency of Canada,

Re: feedback on “[Your guide to a healthy pregnancy](#)” resource

Ontario Dietitians in Public Health (ODPH) is the independent and official voice of Registered Dietitians working in Ontario’s Public Health System. Our mission is to advance public health nutrition through member and partner collaboration to improve population health and health equity locally and provincially. We do this through evidence-informed, comprehensive population health promotion with a focus on health equity.

Access to high-quality information on pregnancy is a valuable role that the Public Health Agency of Canada plays for Canadians. As public health dietitians who work closely with staff, community partners and clients directly, we would like to draw your attention to the following areas of concern and recommendations in the “[Your guide to a healthy pregnancy.](#)”

1. Prenatal Section (page 9): BMI Table with Recommended Weight Gain

Recommendation: Remove the BMI table with recommended weight gain and the replace current text with the following: *“Your body will experience many changes during pregnancy, including weight gain. Speak to your health care provider to determine what an appropriate amount of weight gain is for you.”*

What is the weight made up of?	
Baby	By the end of the third trimester, your baby will weigh approximately 2.5-3.5 kg or 6-8 lb.
Breasts	Your breasts will get larger and feel heavier, as they get ready for breastfeeding.
Blood	Your blood volume almost doubles during pregnancy to get oxygen and nutrients to you and your growing placenta and baby.

Extra Fluids	Mild swelling, build up of fluid, is normal and expected. Rapid weight gain due to swelling is a cause for concern and you should check with your healthcare provider right away.
Fat	It is normal for your body to store energy as fat during pregnancy. This helps prepare for labour and delivery as well as breastfeeding after your baby is born.
Placenta & Amniotic Fluid	The placenta is a temporary organ that develops during pregnancy to deliver oxygen and nutrients to your growing baby. The amniotic fluid is a protective liquid that surrounds the baby. It serves as a cushion and helps exchange water and nutrients.
Uterus	Your uterus adapts and expands many times its normal size, to make room for your growing baby.

2. **Physical Activity Section (page 33):** “Exercise is safe and encouraged for healthy pregnant individuals who are receiving prenatal care. Exercise can:...Help prevent you from gaining excess weight.”
Recommendation: Remove the bullet “Help prevent you from gaining excess weight.”
3. **Breastfeeding Section (page 55):** “It reduces the risk that your baby will have diarrhea...or be overweight/obese when they are older.”
Recommendation: Remove “or be overweight/obese when they are older.”

Supporting Evidence:

1. The body experiences many changes during pregnancy and weight gain is different for everyone.

Pregnant individuals may gain more or less weight than the guidelines used by Health Canada for a variety of reasons. These include nausea and vomiting, weight loss or weight gain prior to pregnancy, weight/dieting/disordered eating/food insecurity history, genetic variation, current health conditions, current life/relationship circumstances, etc.

While some may appreciate learning approximately how much weight gain to expect, that is not always the case. Others may find it distressing or lead to unrealistic expectations. Changes to body size and shape during pregnancy are expected and should be normalized. Public health should be challenging the unachievable societal examples and expectations for gestational parents (1,2) rather than continuing to perpetuate harmful body image messaging and weight stigma.

Stereotypes and misconceptions about obesity that perpetuate weight stigma can create an unpleasant experience for pregnant individuals living in larger bodies as they are often victims of weight stigma and feel judged for their weight and shape (3). This can lead to increased stress and depression which can have negative impacts on both the individual and fetus (4) and continue to pose a risk throughout the postpartum period, parenting, and the child’s life (5).

2. The public health field no longer identifies weight management as a benefit to exercise.

Historically public health used weight loss and weight maintenance messaging as an incentive for exercise, resulting in media and social messaging associating exercise and weight (6). Focusing on weight control as a benefit of exercise may increase weight stigma (7). There are many benefits to physical activity regardless of any impact on weight.

3. Breastfeeding is only one of a multitude of factors that are associated with future weight status in children based on observational research.

Due to the risk of increasing weight stigma and shaming parents (5), attention to this association should be avoided in resources designed for the public. A child's body weight is determined by many complex factors and should not be distilled down to infant feeding practices. Recognizing the limitations of observational research as well as the risks of weight stigma, such strong and potentially harmful conclusions should not be drawn.

It is our position that weight stigma contributes to discrimination, oppression, and social injustices – which are a significant public health problem that leads to health inequities. Weight bias, stigma and discrimination are independently linked to poorer mental and physical health. Public health messaging that focuses on weight and obesity contributes to weight stigma.

We urge you to please consider adopting a weight neutral approach in public health messaging and modifying the "[Your guide to a healthy pregnancy](#)" resource with the suggestions put forth in this letter.

We look forward to hearing back from you and invite you to connect with us should you wish to meet or seek further clarification.

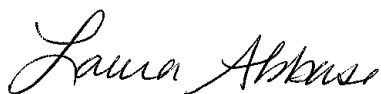
Sincerely,



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References

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