

August 23, 2023

Public Health Agency of Canada

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Re: feedback on new resource “[Your guide to postpartum health and caring for your new baby](#)”

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 for pregnancy, postpartum and early parenting is a valuable role that the Public Health Agency of Canada plays for Canadians. As public health dietitians working with community agencies, pregnant and postpartum clients directly, we would like to draw your attention to the following areas of concern and recommendations for the newly released resource:

- 1. Nutrition Section (page 18):** “What should I do to lose my baby weight? ...Breastfeeding also helps, as your body uses energy to make milk...Talk to your health care provider about a healthy goal for weight loss.”

Recommendation: Replace current text with the following:

“It is common to want to return to your previous weight and shape after having a baby. Losing weight is more complex than just nutrition and physical activity. Focus on taking care of your health by listening to your body, finding ways to be active that you enjoy, enjoying time with family and friends, and resting when you can. If you have concerns about your nutrition, talk to your healthcare provider.”

- 2. Physical Activity Section (page 20):** “Regular exercise is important after your baby's birth and can: ...help you lose weight”

Recommendation: Remove the bullet “help you lose weight”

- 3. Breastfeeding Section (page 52):** “Breastfeeding helps reduce your baby's risk of... being overweight when they are older.”

Recommendation: Remove “or being overweight when they are older”

- 4. Caring for yourself: Body changes after birth (page 6-11):**

Recommendation: Consider including content about expecting and accepting your body changes in future revisions.

Supporting Evidence:

1. Breastfeeding should not be associated as a method for weight loss.

Breastfeeding is beneficial for many gestational-parental and infant health outcomes. However, there is insufficient evidence demonstrating a clear association between breastfeeding and postpartum weight loss (1,2).

We recognize that questions about postpartum weight loss are common as many individuals feel pressure to return to their previous shape and size. Weight stigma has a detrimental effect on mental health and well-being (3). Preconception, pregnant and postpartum individuals are particularly vulnerable to weight stigma, which can have a direct impact on their health and that of their offspring (4). Instead of taking a weight-centric approach, the focus should be on health promoting behaviours and helping readers identify the supports in their lives.

2. The public health field has moved away from identifying 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. However, newer evidence refutes the widely held belief that weight loss will come with increased physical activity and will result in sustained weight loss. Focusing on weight control as a benefit of exercise may increase weight stigma and decrease motivation to exercise if weight loss is not achieved or maintained (6). There are many benefits to physical activity regardless of any impact on weight.

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

Due to the risk of increasing weight stigma and the phenomenon of shaming parents (7), attention to this association should be avoided in resources designed for the public. A child's body weight is determined by many complex factors that 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.

4. Include content about expecting and accepting body changes.

Pregnancy and postpartum changes to body size and shape are expected and should be normalized. Public health should be challenging the unachievable societal examples and expectations for gestational parents (8,9) 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 (10). This can lead to increased stress and depression which can have negative impacts on both the individual and fetus (11) and continue to pose a risk throughout the postpartum period, parenting and the child's life (12).

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 postpartum health and caring for your new baby](#)” resource with the suggestions put forth in this letter. We would welcome the opportunity to collaborate with you in the future. 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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