

The Media as a Source of Weight Stigma for Pregnant and Postpartum Women

Kathryn E. Nippert ¹, A. Janet Tomiyama ², Stephanie M. Smieszek ¹, and Angela C. Incollingo Rodriguez ¹

Objective: The media often contain weight-stigmatizing material. However, little is known about pregnant and postpartum women's experiences with media-based weight stigma.

Methods: Two studies investigated weight stigma in the media from multiple perspectives. Study 1 analyzed open-response examples of weight-stigmatizing experiences coming from the media, broadly defined, from 123 pregnant and postpartum women (from a larger sample of 501). Study 2 identified online news-media articles about pregnancy and weight published during the study 1 data collection period (August to November 2017).

Results: Study 1 revealed that weight stigma was common and frequent in media, manifesting across three themes: (1) ideal appearance of pregnant bodies, (2) pressure to quickly "bounce back" after birth to a pre-pregnancy appearance, and (3) media praising celebrities for achieving either of the previous themes. Study 2 identified 33 articles. A content analysis revealed that women with overweight or obesity were rarely portrayed in images. Additionally, discussion of weight was often negative, focusing on adverse maternal-child health consequences. Finally, media-communicated ideals for weight and weight loss were often unrealistic and did not reference medical guidelines.

Conclusions: This work is the first to document that online news media are a pervasive and potentially distressing source of pregnancy-related weight stigma, suggesting much-needed reform in media guidelines.

Obesity (2020) 0, 1-7.

Introduction

The period of pregnancy is filled with preparation for the arrival of new life. As pregnant and new mothers engage with their community, they often must endure comments about their bodies from friends, relatives, and even strangers. This is a time when such comments become socially acceptable (1,2). However, during pregnancy and after birth, many women also consult the internet or the broader media community for advice and information. They might not be prepared, however, for the plethora of weight-related messages from the ubiquitous media at

large. Moreover, and unfortunately, these messages are often stigmatizing toward weight (3).

Weight stigma is a prevalent issue, given rising rates of obesity in the United States (4). Previous studies have revealed abundant evidence identifying the negative consequences of weight stigma, which include hindering weight loss and weight-loss maintenance (5) via undermining the motivation to diet, exercise, and lose weight. In addition to the physical consequences, weight stigma can undermine mental health across a variety of domains (6,7). In the context of pregnancy, our recent work

Study Importance

What is already known?

- ▶ The media are a prominent source of weight stigma.
- ▶ Experiencing weight stigma has negative physical and mental health consequences.

What does this study add?

- ▶ Pregnant and postpartum women commonly and frequently experience weight stigma from the media. This occurs via pressure to achieve an ideal appearance and quickly "bounce back" after birth and praise for celebrities who achieve either or both of these outcomes.
- ▶ The media rarely portray pregnant women with overweight or obesity and frequently discuss weight in pregnancy negatively.

How might these results change the direction of research?

- ▶ This research demonstrates the need for media platforms to evaluate community and publication guidelines to curb weight stigma with regard to pregnancy.
- ▶ Future research should address weight stigma in other prominent media sources such as social media.

¹ Department of Social Science & Policy Studies, Worcester Polytechnic Institute, Worcester, Massachusetts, USA. Correspondence: Angela C. Incollingo Rodriguez (acodriguez@wpi.edu) ² Department of Psychology, University of California, Los Angeles, California, USA.

shows that weight stigma is associated with gestational weight gain, postpartum weight retention, maladaptive eating, and depressive symptomatology (8,9).

Given these negative health consequences, much research has examined sources of weight stigma and how often weight-stigmatizing experiences occur. One study found that participants experienced, on average, 11 stigmatizing episodes over 2 weeks. Here, the most common sources were the media, parents, friends, and spouses (10). Women with overweight or obesity, in particular, experience weight stigma more frequently, experiencing up to three instances each day (11). Additionally, our work recently reported that nearly two-thirds of pregnant and postpartum women experienced weight stigma (3).

Examinations of media content affirm perceivers' reports that the media are a common source of weight stigma (12,13), which may negatively shape public perception. In one study, 72% of images of persons with overweight or obesity in online news articles were negative or stigmatizing. These images of individuals, compared with thinner individuals, were more likely to depict them eating or drinking and to focus on the abdomen or lower body. Individuals with average weight, conversely, were more likely to be wearing professional clothing or exercising (13). In a similar study, 65% of adults with overweight or obesity were portrayed negatively in online news videos covering obesity. Videos typically emphasized body parts where excess weight is carried and portrayed these individuals eating unhealthy foods and wearing ill-fitting clothing. Individuals with normal weight or underweight were typically depicted more positively (14).

Although it is now well known that weight stigma runs rampant in the media, little is known about how pregnant and postpartum women experience it. Our group's recent work suggests that the media are one of the most common and frequently experienced sources of weight stigma for this group (3). A study conducted in Japan also found that the media's communication of weight guidelines plays a role in pressuring pregnant women to limit weight gain, which can potentially have long-term health consequences for mother and child (15).

The ease of accessing breaking news quickly online—rather than reading the daily newspaper or watching the nightly news reel—makes online media the go-to choice for many. Although television remains the most popular news source in the United States, people increasingly prefer to access news online (16,17). In 2018, 34% of adults said they preferred to get their news online (from websites, social media, apps), up from 28% in 2016. This immediate access to online news media, coupled with the established negative consequences of experiencing weight stigma, warrants an investigation of the media's role in spreading pregnancy-related weight stigma. This paper reports on two studies implementing a mixed-method approach to fill this gap and corroborate findings across the data sources. Study 1 presents quantitative and thematic analyses of pregnant and postpartum women's experiences of weight stigma from the media. Study 2 presents a content analysis of weight-stigmatizing material in online news media during the study 1 data collection time frame. In study 1, it was hypothesized that women with overweight or obesity would experience more weight stigma from the media. Study 1 also pursued an exploratory aim of identifying recurring themes that characterize weight-stigmatizing experiences stemming from the media. Study 2 examined whether the themes identified in study 1 would be verified in the news-media content analysis.

Methods

Study 1

Participants. The participants in study 1 ($n=123$) were women who had endorsed the media as a source of weight stigma. They came from a larger study examining weight stigma more broadly during pregnancy and the postpartum period. The parent study recruitment targeted women 18 years and older who were at least 13 weeks pregnant or who had given birth within the past year. The final parent study sample included 501 women (28.5%, $n=143$ pregnant; 71.5%, $n=358$ postpartum) from 48 states throughout the United States, with 16.8% residing in California.

Procedure. The university's institutional review board approved all procedures. Potential participants were recruited via flyers posted throughout the greater Los Angeles, California, area in cafés, baby retail stores, health care offices, and childcare facilities. The flyers included pull-off tabs with a link to a Qualtrics-based survey (Qualtrics, Drive Provo, Utah). Participants were also recruited via an online flyer posted to forums for expectant and new mothers (e.g., Facebook, Yahoo!, and Instagram). Qualtrics is an online survey platform with secure data centers that comply with the Health Information Technology for Economic and Clinical Health Act, Health Insurance Portability and Accountability Act, 21 Code of Federal Regulations 11, and European Union data-privacy directives (18). Participants read an electronic informed consent form and indicated their agreement to participate by checking a box. Those who agreed went on to answer a series of questionnaires and open-response questions. Participants could remain in the study even when choosing to skip items that made them uncomfortable.

Data were collected from August to November 2017. All recorded responses were stored in Qualtrics until data collection was completed. Data were then removed and stored on a secure server. All data were collected anonymously. Participants could provide an email address for a raffle of one of five \$100 prizes.

Measures. Participants were asked if, since becoming pregnant, they had ever been treated differently because of their weight or if someone or something had made them feel bad or uncomfortable because of their weight. This representation of weight stigma was adapted from previous work (10,19). Participants then selected all sources from which they had experienced weight stigma from the following: work, immediate family, extended family, friends, church, spouse/partner, health care providers, strangers, media, society, other mothers, and other. *Media* was defined as television, news, internet, and social media. Participants also provided an example of their experiences from each source in open-response format, responding to this prompt: "So that we can fully understand what happened, for each of the people or situations you selected above, please provide an example of one of these experiences. Make sure to describe who/what made you feel bad or treated you differently and how it happened." A total of 123 participants endorsed media, and 103 participants provided examples. Data pertaining to the other potential sources of stigma were collected to allow for focused analyses on these sources, akin to those conducted here.

Last, participants reported how frequently they typically experienced weight stigma from each source endorsed on a 7-point scale from "less than once a month" to "3 or more times daily."

Participants reported weeks of gestation or months postpartum and parity (i.e., primiparous or multiparous).

Participants self-reported height in inches and prepregnancy weight in pounds. Prepregnancy BMI was calculated as weight (pounds)/(height [inches])²×703 and was categorized according to standards for underweight, BMI<18.5; normal weight, 18.5<BMI<24.9; overweight, 25.0<BMI<29.9; and obesity, BMI>30.0.

Participants reported age, race/ethnicity, highest completed education, household size, zip code, and annual household income. Household income and size were collected to calculate income per capita and poverty status according to the United States Department of Health and Human Services federal poverty line, which was \$12,060 plus \$4,180 for each additional person in 2017.

Data analytic plan. Descriptive statistics determined the endorsement rate and average frequency of weight stigma experienced from the media. A χ^2 goodness-of-fit analysis examined differences in endorsement rates by BMI category. A correlation analysis tested the relationship between prepregnancy BMI and the frequency of weight-stigmatizing experiences from the media.

Open-ended responses underwent a thematic analysis using Braun and Clark's six-step guide for thematic analysis of this type of data (20). Step 1: The third and fourth authors familiarized themselves with the open-ended responses. Step 2: The third author developed a coding scheme to capture recurring themes identified in Step 1. The first and third authors independently coded all responses. The first and fourth authors resolved discrepancies. Step 3: The first and fourth authors reviewed coding results to identify overarching themes. Steps 4 and 5: The first author reviewed, defined, and named these themes and aggregated key examples. Step 6: The first and fourth authors produced the report.

Study 2

To contextualize the self-report responses from study 1 within the actual media climate, study 2 examined news articles that study 1 participants may have seen at the time. Online newspaper and news websites were searched for articles about pregnancy or the postpartum period published during study 1 data collection (August to November 2017). The newspaper sources searched were *The New York Times*, *Los Angeles Times*, *The Washington Post*, *The Wall Street Journal*, and *USA Today*. These sources were selected because they had the most viewership during the data collection time (21). The major news websites searched were ABCnews.com, CBSnews.com, CNN.com, FOXnews.com, and MSNBC.com. These sources were chosen on the basis of a previous visual content analysis of stigma in the media (13). Although study 1 focused on weight-stigmatizing experiences from the media at large, study 2 examined only these online news-media sources. A list of search terms regarding pregnancy, the postpartum period, and obesity was compiled. Search strings were developed using one term referencing pregnancy or the postpartum period and another referencing weight or obesity, such as pregnancy AND obesity; postpartum AND "baby weight"; maternity AND "excess weight." Thousands of results emerged, but only those published during the study 1 data collection period were examined further. Because some websites produced a high volume of results, only the first 500 were included, an approach used in similar research (13). After the initial search, articles were eliminated on the basis of relevance. Included articles had to meet the following criteria: (1) about pregnancy or the postpartum period and (2) relevant to weight, weight gain, weight loss, or obesity.

First, exclusions were made if the title was irrelevant to pregnancy or the postpartum period and obesity. Further exclusion occurred after reading the articles. This process produced 33 articles to be included in analyses (17 from FOXnews.com; 5 from CNN.com; 4 from *The New York Times*; three from USA Today.com; 3 from *The Washington Post*; and 1 from the *Wall Street Journal*). Figure 1 provides a search-strategy diagram.

A coding scheme was developed using the same six-step guide for the thematic analysis used in study 1 (20). This coding scheme was created to detect weight stigma and major themes present in the articles. A brief review of the articles along with the themes identified in study 1 guided the development of this coding scheme. Two teams of trained coders independently coded each article. For articles including an image, coders were trained to estimate body weight according to the following categories: "underweight or very thin," "average weight or thin," "overweight or heavy," and "obesity or very heavy." Coding disparities were resolved by the first and fourth authors.

Results

Study 1

Sample characteristics. The full sample had an average prepregnancy BMI of 33.66 (SD=11.19). The majority had prepregnancy overweight or obesity. The sample was primarily White (67.3%) and was, on average, 28.31 (SD=5.15) years old. The majority (63.2%) had completed postsecondary education. About half (50.5%) lived above 200% of poverty.

The subsample of participants who endorsed media as a source of stigma had a significantly higher prepregnancy BMI than those who did not: $F(1, 499)=24.05, P<0.001$. However, the average prepregnancy BMI for those who did endorse media (mean=37.97, SD=10.10) and those who did not (mean=32.28, SD=1.22) both fell in the obesity range. Those who endorsed media were also significantly younger than those who did not, by about a year: $F(1,430) = 4.89, P=0.028$. The subsample who endorsed media did not significantly differ from the full sample on any other demographics (all P values>0.643). Table 1 shows characteristics of the full study sample and the subsample that endorsed media as a source of weight stigma. More information on demographic characteristics of the full sample are available elsewhere (3).

Endorsement and frequency. The subsample endorsing media as a source of stigma represented roughly a quarter of the full sample (24.6%). Endorsement rates differed significantly by prepregnancy BMI category: $\chi^2(3)=150.01, P<0.001$. The majority of participants who endorsed media as a source of weight stigma had a prepregnancy BMI in the obesity category ($n=88; 71.5%$), followed by the overweight category ($n=23, 18.7%$), the normal weight category ($n=11; 8.9%$), and the underweight category ($n=1; 0.8%$).

These participants reported experiencing weight stigma from the media on average between "at least once a week" and "a few times a week." There was no significant relationship between prepregnancy BMI and the frequency of weight-stigmatizing experiences from the media: $r(121)=-0.01, P=0.911$.

Thematic analysis. Of the 123 participants who identified the media as a source weight stigma, 103 provided an example of their experiences. Each example was analyzed for the mention of information related to

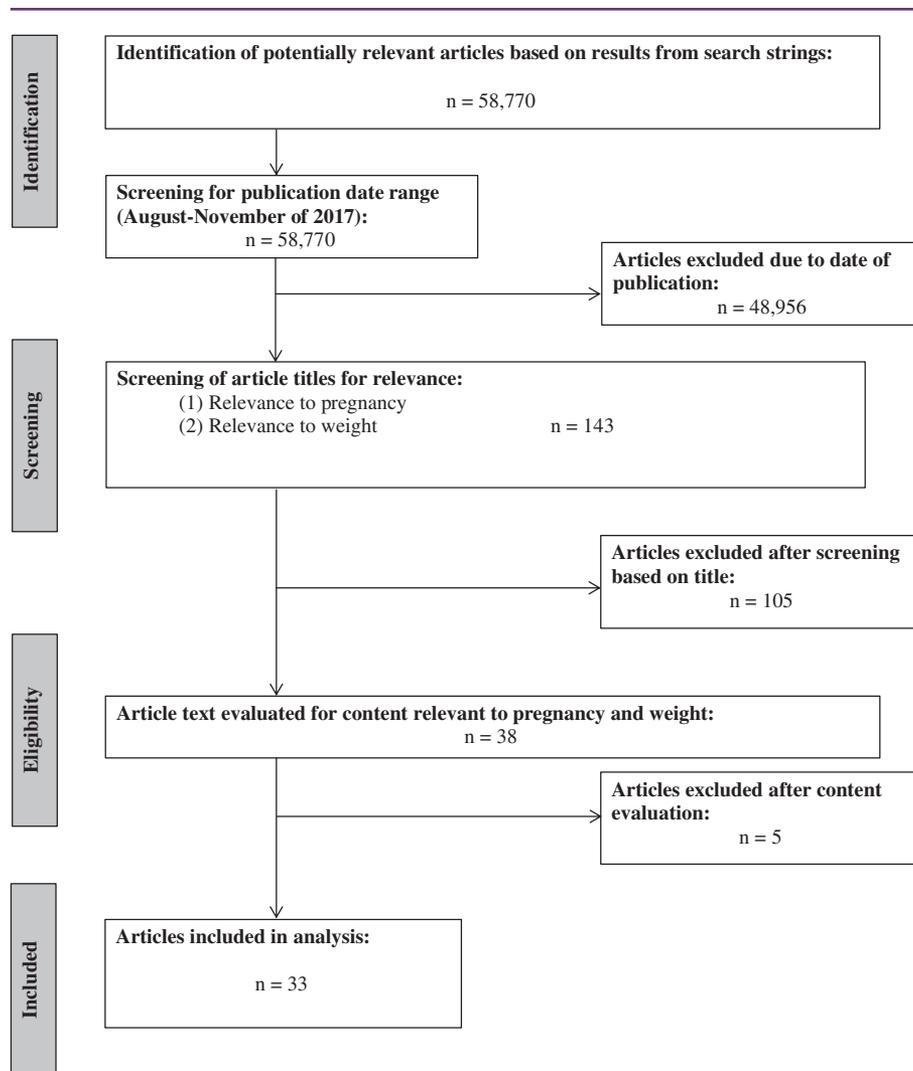


Figure 1 Study 2 search strategy.

the following codes: media type, stigmatizing content, reaction to media, stereotypes and ideals, basis of comparison, and postpartum weight.

The majority of women ($n=77$, 74.8%) did not specify a type of media, instead referring to media more generally. A few specified magazine articles ($n=7$, 6.8%). Advertisements, television, and the internet or Google, Facebook, and Instagram were all reported in less than 5% of examples.

The most common content type was photographs or images ($n=34$, 33.0%), followed by written communications or opinions ($n=13$, 12.6%).

Some participants ($n=17$, 16.5%) reporting being made to feel ugly or awful because of what they saw or read in the media. A few ($n=3$, 2.9%) also reported that they wanted to see plus-sized pregnant women represented in the media.

Almost a quarter referenced stereotypes being propagated through the media. The most common ($n=23$, 22.3%) was that obesity is bad or

dangerous. Some ($n=20$, 19.4%) also reported that the media reinforced ideals for how a pregnant body should look.

Participants frequently expressed that they felt stigmatized through some sort of comparison, including comparisons with other pregnant or postpartum women ($n=38$, 36.9%) or with pregnant or postpartum celebrities ($n=13$, 12.6%).

Although most women ($n=83$, 80.6%) did not report seeing or reading messages about weight loss, some ($n=17$, 16.5%) did report feeling an expectation to lose their “baby weight” quickly after birth.

In addition to the above, the following overarching themes were identified (Table 2 provides more examples):

1. The stereotype that there is a perfect or ideal pregnant body. One participant reported “All pregnant women are tiny, and I don’t look how I ‘should.’” Another referenced the “typical ‘perfect’ woman being portrayed in the media.”

TABLE 1 Characteristics of the full sample and subsample endorsing media as a source of weight stigma

Variable	Overall (n=501)	Subsample endorsing media (n=123)
Status		
Pregnant	28.5%	29.3%
Postpartum	71.5%	70.7%
Age (y)	28.31 (5.15)	27.38 (4.49)
Race/ethnicity		
White	67.3%	82%
Black	2.8%	2.7%
Latina	10.2%	9%
Asian/Pacific Islander	2.8%	2.7%
Other or multiracial	2.2%	1.8%
Not reported	14.8	1.8%
Income per capita (in thousands of dollars)	21.94 (19.53)	21.17 (17.82)
Pregnant with/delivered first child	52.9%	54.5%
Prepregnancy BMI	33.66 (11.19)	37.97 (10.10)
Prepregnancy BMI categories		
“Underweight”	2.6%	0.8%
“Normal weight”	26.1%	8.9%
“Overweight”	17.2%	18.7%
“Obesity”	54.1%	71.5%

Numbers in parentheses represent SDs.

- Messages that pressure women to “bounce back” to prepregnancy weight shortly after giving birth, such as “Only showing how mothers snap back to a perfect body.” Additionally, participants indicated that these messages imply postpartum weight loss is controllable, easy, and/or admired. One woman reported, “Moms on social media show a usually unrealistic expectation for post-baby weight loss and how to bounce back and it makes me feel bad because I lost the weight but slowly gained it back and I feel like I failed.”
- The media praising the appearance of celebrity’s mothers, such as “Celebrities looking great right after giving birth.” Moreover, celebrity mother portrayals displaying an ideal body during pregnancy and the postpartum period reinforces unrealistic expectations and standards, as exemplified by “Pregnant celebrities are all of a sudden thin again. It doesn’t happen that fast.”

Study 2

Each of the 33 included articles was analyzed for content related to the codes below.

Article type. Many articles (n=14, 42.4%) reported recent research having to do with pregnancy or the postpartum period and obesity. Op-Ed pieces (n=8, 24.2%) and editorials (n=7, 21.2%) together accounted for nearly half of the articles.

TABLE 2 Study 1 overarching themes and examples from thematic analysis

Theme	Examples
Perfect or ideal body for pregnant and postpartum women	<p>“You never get to see the chubby mom with the apron belly, just these picture-perfect tiny moms with their perfectly round bump.”</p> <p>“I see pictures of pregnant women and they are all skinny and have a perfect little bump.”</p> <p>“Instagram pregnant women look so glowing and tiny with just a tiny cute bump. Made me feel wrong for not being the typical glowing happy cute pregnant woman.”</p>
“Bouncing back” right after pregnancy	<p>“Women in the public eye seem to snap back after pregnancy and make it a standard for the rest of us.”</p> <p>“Constantly feel like I need to monitor weight to ‘bounce back’ and be more fit after pregnancy.”</p> <p>“Weight loss during pregnancy articles, how to bounce back articles, people posting about laziness after having a baby being the reason you didn’t bounce back.”</p>
Unrealistic expectations from the appearance of celebrity mothers	<p>“Unrealistic expectations given by celebrity moms.”</p> <p>“Ninety percent of celebrities are super skinny and most celebrity moms don’t look like they just had a baby even though they just gave birth 2 weeks ago.”</p> <p>“Everywhere I look I was made to feel ugly while pregnant. You see pregnant celebrities looking tiny with a cute bump and I looked lumpy.”</p>

Typos have been edited.

Pregnant image. The majority of articles (n=21, 63.6%) included an image of a pregnant woman.

Postpartum image. The articles rarely included an image of a postpartum woman (n=3, 9.1%).

Image weight. Of the 24 total images appearing in the articles, the majority (n=19, 79.2%) depicted women with average weight or thinness. Only one article depicted a woman who appeared to have obesity.

Maternal consequences. More than a quarter of the articles (n=9, 27.3%) mentioned negative physical or mental health consequences for the mother on the basis of the mother’s weight, weight gain, or loss during and after pregnancy.

Child consequences. Almost a quarter of the articles (n=7, 21.2%) mentioned negative physical or mental health consequences for the child on the basis of the mother’s weight.

Weight valence. Although the majority of articles (n=20, 60.6%) discussed weight in a neutral manner, nearly a third (n=10, 30.3%) talked about weight in a negative way.

Weight guidelines. Only one article (0.03%) discussed official guidelines for how much a woman should gain during pregnancy.

Weight loss. A few articles ($n=4$, 12.1%) mentioned postpartum weight loss or returning to a prepregnancy weight.

Ideal gain and loss. A few articles ($n=3$, 9.1%) mentioned ideals or targets for weight gain during pregnancy. One article mentioned ideals or targets for a weight-loss timeline following a pregnancy.

Ideal shape. A few articles ($n=3$, 9.1%) discussed ideals for how a pregnant or postpartum woman should look.

Celebrity. More than a quarter of the articles ($n=9$, 27.3%) mentioned or portrayed a pregnant celebrity or a celebrity who had recently had a baby.

Celebrity valence. Of the articles that mentioned or portrayed a celebrity, about a quarter were portrayed positively ($n=29$, 27.3%). Only one ($n=1$, 3%) included a negative account, reporting, “the last indignity was the time someone asked when her baby was due when she was definitely not pregnant.”

Fat-shaming. A few articles ($n=5$, 15.2%) were coded as stigmatizing toward weight or containing fat-shaming. Coders indicated whether they perceived the articles to contain any form of fat-shaming or weight stigma, such as unkind remarks to or about heavier mothers because of their weight.

In addition to analyzing responses for the above codes, the following overarching themes were also identified (Table 3 provides examples from the articles):

1. Pregnant women with overweight or obesity are rarely portrayed in online news media.
2. When weight is discussed, it is typically in a negative manner and in relation to consequences for the mother and child, specifically regarding the mother’s weight, weight gain, or weight loss as the cause of these consequences.
3. Weight gain and loss ideals in online news articles are typically portrayed in an unrealistic way and do not mention weight guidelines set forth by health professionals.

Discussion

The findings from these two novel studies highlight the media as a prominent source of weight stigma toward pregnant and postpartum women. The common themes extracted from pregnant and postpartum women’s experiences in study 1 were echoed in the content analysis in study 2.

Results of the study 1 quantitative analyses suggest that the media represent a common source of pregnancy-related weight stigma specifically. In fact, nearly one-quarter of the parent study sample endorsed having experienced weight stigma through the media. Moreover, these women reported frequently encountering this stigma, as often as multiple times a week. Although those who experienced weight stigma from the media were somewhat heavier than those who did not, both of these groups had an average prepregnancy BMI in the obesity range. These results also suggest that weight stigmatization from the media is not an issue only for women with overweight or obesity. In fact, women of all prepregnancy BMIs endorsed the media as a source of pregnancy-related weight stigma and reported experiencing this stigma just as frequently.

Study 1 thematic analyses also evince that women find the media to be a distressing source of stigma. Women reported that this stigma often made them feel pressure to limit weight gain during pregnancy and to bounce back by losing baby weight quickly. For instance, many reported seeing idealized pregnant bodies and a quick and easy return to the prepregnancy appearance, despite that this is actually difficult for many. Several women specifically mentioned articles praising celebrity mothers who achieved the above. Participants also reported that such portrayals created unrealistic expectations and standards, which are likely harmful for women who do not perceive themselves as meeting these standards.

Study 2, a content analysis of online news-media articles regarding pregnant or postpartum women and weight, largely confirmed participants’ reports from study 1. For instance, images in the news articles rarely portrayed pregnant or postpartum women with overweight and obesity. Instead, the vast majority showed women whose weight was average or lower, which dovetails with the study 1 findings. Study 2 also reinforced the study 1 theme that weight gain and loss ideals communicated through the media are often impractical. In addition to supporting study 1 themes, study 2 articles typically portrayed weight and weight gain in a negative manner, often in relation to health consequences for the mother and child. However, these discussions did not reference official medical guidelines.

TABLE 3 Study 2 overarching themes and examples from news content analysis

Theme	Examples
Pregnant women with overweight and obesity are rarely portrayed in the news media	https://www.foxnews.com/lifestyle/actress-instagram-post-shows-how-pregnancy-changes-the-body https://www.cnn.com/2017/06/14/health/overweight-pregnancy-birth-defects/index.html
Weight is discussed negatively and in relation to consequences	“Studies have shown that obese women give birth to larger babies who are at risk for obesity and other metabolic problems later in life.” “If women followed these exercise guidelines during pregnancy, they will be in good shape, figuratively and literally...”
Weight ideals are portrayed unrealistically and without mention of official guidelines	“Kousoukas, who explains, ‘Social media has caused a shift that leads everyone to fixate on bump size rather than the health of the baby and mom to be.’” “Mom shares photos 3 weeks after giving birth to show ‘realistic’ post-pregnancy body.”

Typos have been edited.

Although study 1 gives valuable insight into some pregnant and postpartum women's subjective experiences, the majority of this sample was White and of moderate socioeconomic status. Future research must consider how the media enacts weight stigma toward women from other sociodemographic groups. Additionally, participants from study 1 reported on the media broadly (e.g., television, news, internet, social media). The articles in study 2, however, came only from online news media. Recent research shows that one in five adults prefers to get his or her online news from social media platforms (22), which are a powerful instigator of weight stigma (23). Because social media accounts are often private, and material can quickly be removed, it may prove challenging to quantify the mass of weight-stigmatizing material shared through social media. This is nonetheless necessary to raise weight-stigma awareness in online communities. Additionally, such evidence might impel social media platforms to modify their community guidelines to curb weight stigma, in general and in the pregnancy context.

A major strength of this work is that it integrated firsthand subjective experiences with an analysis of actual online news media published at the time women shared these experiences. Therefore, these results give a unique and comprehensive insight into how online news media instantiate a ubiquitous and prevalent form of pregnancy-related weight stigma. This work has implications not only for the well-being of pregnant and new mothers but also for shaping public perception. For instance, in one study, participants who viewed weight-stigmatizing media were more supportive of policies denying fertility treatments to women with obesity (24). The media may also foster weight bias in the many individuals with whom pregnant and postpartum women interact daily. Therefore, this work highlights a need for the media to conscientiously evaluate how to portray and discuss weight in pregnancy while avoiding weight stigmatization and its downstream consequences. ○

Funding agencies: Study 1 is based on work supported in part by the National Science Foundation Graduate Research Fellowship Program under grant DGE-1650604. Any opinions, findings, and conclusions or recommendations expressed in this material are those of the authors and do not necessarily reflect the views of the National Science Foundation.

Disclosure: The authors declared no conflict of interest.

References

1. Trakas DJ. The belly beautiful: unveiling the pregnant body. *Med Anthropol Theory* 2009;21:53-73.

2. Watson B, Fuller-Tyszkiewicz M, Broadbent J, Skouteris H. The meaning of body image experiences during the perinatal period: a systematic review of the qualitative literature. *Body Image* 2015;14:102-113.
3. Incollingo Rodriguez AC, Dunkel Schetter C, Tomiyama AJ. Weight stigma among pregnant and postpartum women: a new context of stigmatization. *Stigma Health* 2020;5:209-216.
4. Hales CM, Carroll MD, Fryar CD, Ogden CL. Prevalence of obesity among adults and youth: United States, 2015-2016. *NCHS Data Brief*, no. 288. National Center for Health Statistics; 2017.
5. Puhl RM, Suh Y. Health consequences of weight stigma: implications for obesity prevention and treatment. *Curr Obes Rep* 2015;4:182-190.
6. Vartanian LR, Smyth JM. Primum non nocere: obesity stigma and public health. *J Bioeth Inq* 2013;10:49-57.
7. Robinson E, Haynes A, Sutin A, Daly M. Self-perception of overweight and obesity: a review of mental and physical health outcomes. *Obes Sci Pract* 2020;6:552-561. doi:10.1002/osp4.424
8. Incollingo Rodriguez AC, Tomiyama AJ, Guardino CM, Dunkel Schetter C. Association of weight discrimination during pregnancy and postpartum with maternal postpartum health. *Health Psychol* 2019;38:226-237.
9. Incollingo Rodriguez AC, Dunkel Schetter C, Brewis A, Tomiyama AJ. The psychological burden of baby weight: Pregnancy, weight stigma, and maternal health. *Soc Sci Med* 2019;235:112401. doi:10.1016/j.socscimed.2019.112401
10. Vartanian LR, Pinkus RT, Smyth JM. The phenomenology of weight stigma in everyday life. *J Contextual Behav Sci* 2014;3:196-202.
11. Seacat JD, Dougal SC, Roy D. A daily diary assessment of female weight stigmatization. *J Health Psychol* 2016;21:228-240.
12. Puhl RM, Heuer CA. The stigma of obesity: a review and update. *Obesity (Silver Spring)* 2009;17:941-964.
13. Heuer CA, McClure KJ, Puhl RM. Obesity stigma in online news: a visual content analysis. *J Health Commun* 2011;16:976-987.
14. Puhl RM, Peterson JL, Depierre JA, Luedicke J. Headless, hungry, and unhealthy: a video content analysis of obese persons portrayed in online news. *J Health Commun* 2013;18:686-702.
15. Normile D. Staying slim during pregnancy carries a price. *Science* 2018;361:440. doi:10.1126/science.aau9712
16. Geiger AW. Online news in the U.S.: key facts. *Pew Research Center*. Published September 11, 2019. Accessed May 18, 2020. <https://www.pewresearch.org/fact-tank/2019/09/11/key-findings-about-the-online-news-landscape-in-america/>
17. Pew Research Center. Methodology: state of the news media. Published July 23, 2019. Accessed May 18, 2020. <https://www.journalism.org/2019/07/23/state-of-the-news-media-methodology/>
18. Qualtrics. Security statement. Published January 31, 2020. Accessed May 18, 2020. <https://www.qualtrics.com/security-statement/>
19. Vartanian LR, Pinkus RT, Smyth JM. Experiences of weight stigma in everyday life: implications for health motivation. *Stigma Health* 2018;3:85-92.
20. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol* 2006;3:77-101.
21. Gottfried J, Shearer E. Americans' online news use is closing in on TV news use. *Pew Research Center*. Published online September 7, 2017. Accessed May 18, 2020. <https://www.pewresearch.org/fact-tank/2017/09/07/americans-online-news-use-vs-tv-news-use/>
22. Shearer E. Social media outpaces print newspapers in the U.S. as news source. *Pew Research Center*. Published December 10, 2018. Accessed May 18, 2020. <https://www.pewresearch.org/fact-tank/2018/12/10/social-media-outpaces-print-newspapers-in-the-u-s-as-a-news-source/>
23. Ata RN, Thompson JK. Weight bias in the media: a review of recent research. *Obes Facts* 2010;3:41-46.
24. Brochu PM, Pearl RL, Puhl RM, Brownell KD. Do media portrayals of obesity influence support for weight-related medical policy? *Health Psychol* 2014;33:197-200.