



Fertility in Obese Women

Professor RJ Norman

Director, Research Centre for Reproductive Health, Discipline of Obstetrics and Gynaecology, School of Paediatrics and Reproductive Health, University of Adelaide, The Queen Elizabeth Hospital, Woodville, South Australia.

In the Western world there is an increasing trend to disorders of overweight and obesity among young women. This is as a result of lifestyle changes related to changing diet and decreased exercise. The health consequences of this increase in weight are manifested in an increased prevalence of diabetes mellitus, cardiovascular disease, neuromuscular disorders, hyperlipidemia, sleep apnoea and disorders of the reproductive tract. There is strong evidence that increased weight is associated with decreased natural fertility and that achieved through assisted reproductive technologies and ovulation induction. A number of studies have shown in populations that being overweight leads to increased menstrual irregularity as well pre-term birth. Although controversial, there is sufficient evidence to indicate that increased obesity substantially reduces assisted reproductive technology success. Even if pregnancy is achieved there is an increased prevalence of miscarriage, preeclampsia, congenital abnormalities, gestational diabetes, difficulties with delivery and increased neonatal problems.

Faced with the overweight woman as a patient, the gynaecologist needs to recognise that lifestyle advice and support is mandatory. A number of lifestyle intervention programs have been initiated with evidence of success with minimal weight loss provided caloric restriction and exercise is instituted. The role of metformin in weight loss is undetermined but may be of value in inducing ovulation in women with PCOS. Usually gonadotrophin requirements are increased and attention may need to be paid to anaesthetic requirements.

The challenge for practitioners in assisted reproductive technology and gynaecology is of approaching the patient in an appropriate manner to induce substantial change prior to trying to achieve a pregnancy. A sympathetic approach combined with adequate information regarding diet, exercise and where appropriate, medication, may achieve maximal pregnancy outcomes.