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CASE REPORT/JOHN REVIEW

This group from Minneapolis analysed weight-related issues and 'high-risk' sexual behaviours in a group of college students. Eisenberg ME, Neumark-Sztainer D, Lust KD. J Am Coll Health 2005; 54: 95–101

Introduction

Obesity is a big problem getting bigger. The prevalence of obesity now exceeds the critical threshold of 15%, as defined by the World Health Organization (WHO), to be described as an epidemic. WHO defines normal weight as a body mass index (BMI) <25.0 kg/m², overweight as 25.0–29.9 kg/m² and obese as a BMI ≥30.0 kg/m².1,2 According to the UK House of Commons Health report on obesity in 2004, it was predicted that obesity would soon overtake smoking as the leading health problem in the UK.3

A pregnancy associated with obesity is at increased risk of most major pregnancy complications.4,5,6 The North Thames Region, Sebire et al found that gestational diabetes, pre-eclampsia, induction of labour, emergency Caesarean section, postpartum haemorrhage, genital tract infection, wound infection, birth weight above the 90th centile and intranatal fetal death are all significantly more likely to occur in the obese parturient than her normal-weight counterpart.7 Furthermore, it is well known that the incidence of obesity is increasing in pregnancy, with investigators in Scotland and in the USA recently recording increasing BMI in women in early pregnancy over a 10-year period and an up to two-fold increase in the number of obese pregnant women in the same time period.8,9

The '2005 American Committee on Obstetrics and Gynaecology: Fertility Centre' recommended that one-third of pregnant women in the USA are obese and recognised that these women are at increased risk of complications, high BMI being mentioned.10 It emphasised the need for obstetricians to provide pre-pregnancy counselling for such women to encourage weight reduction programmes prior to pregnancy.

Clearly, contraception in obese women is an important area for health professionals and, indeed, health care providers and politicians. Good contraception can give obese women the opportunity to optimise their health prior to pregnancy. It can allow time for the health professional to encourage weight loss and stabilise any other co-morbidities. It is also crucial from a health economic point of view. As a result, there have been an increasing number of studies addressing contraception in obese women. The following publications have been chosen to illustrate aspects of this health issue.

Contraceptive use by diabetic and obese women.


Chuang et al. from Pennsylvania performed a cross-sectional, retrospective study using data from 11929 pregancies in a large cohort study in the North Thames Region and found that diabetic obese women were more likely to be using the combined oral contraceptive pill (COC) than their non-obese counterparts. They included women with live births and so no data were available about BMI, contraception and pregnancy intention in women who underwent induced abortion.

References


JOURNAL REVIEW: Contraceptive issues and obesity: a review of three recent publications

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In this research article, the same multi-state database was accessed, but from 1999, and information on pregnancy intention, BMI and contraceptive use at the time of conception was analysed. Unintended pregnancy was defined as an 'unwanted' or 'mis-timed' pregnancy. The BMI data were again self-reported and the method of contraception was not determined. The authors recognised that not all unintended pregnancies represent contraceptive failures and not all contraceptive failures are unintended. The authors state that of the 6 million pregnancies in the USA each year, 3 million are unintended. Half of them, however, occur in the 90% of women who use some form of contraception. The other half occur in women who are not using contraception despite an intention not to become pregnant. The women were analysed in two groups: those using and those not using contraception, and within those groups the authors determined which women had unintended pregnancies. Following multivariable logistic regression analysis, the authors found an association between BMI and unintended pregnancy in the group using contraception in overweight and obese women when compared to normal-weight women. Obese women who were non-smokers were more likely to be having unintended pregnancies than lighter women who did not smoke. The authors hypothesise that as non-smokers were more likely to be using the combined oral contraceptive pill (COC) than smokers, the obese non-smokers were at greater risk of unintended pregnancies. As the COC was more likely to fail due to problems with absorption and increased levels of free oestrogen affecting negative feedback mechanisms, the method of contraception was, however, not determined. Unfortunately the database only included women with live births and so no data were available about BMI, contraception and pregnancy intention in women who underwent induced abortion.


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