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. Any body mass index (BMI) $>$25.0 kg/m$^2$, overweight as 25.0-29.9 kg/m$^2$ and obese as a BMI $>$30.0 kg/m$^2$. The US House of Commons Health report on obesity in 2004, it was predicted that obesity would soon overtake smoking as the leading health problem confronting the population.

A pregnancy associated with obesity is at increased risk of most major pregnancy complications in the normal-weight counterpart. Furthermore, it is well known that the incidence of obesity is increasing in pregnancy. An association between body weight, unintended pregnancy, and obesity in the context of being overweight. The '2005 American Committee on Obstetrics and Gynecology Opinion on Obesity in Pregnancy' stated that one-third of pregnant women in the USA are obese and recognised that these women are at increased risk for complications, such as gestational diabetes, pre-eclampsia, induction of labour, emergency Caesarean section, postpartum haemorrhage, and fetal malpresentation. Intrauterine fetal death are all significantly more likely to occur in the obese parturient than her normal-weight counterpart. It is also crucial from a professional to encourage weight loss and stabilise smokers. The authors hypothesise that as non-smokers were more likely to have unintended pregnancy, obese women were more likely to report unintended pregnancy than lighter women who did not smoke. The authors hypothesise that as non-smokers were more likely to be smoking the contraceptive failure rate was 2.6% lower for those using the combined oral contraceptive pill (COC) than smokers, the non-smokers were at greater risk of unintended pregnancy. In the COC women were 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.

References

5. Eisenberg E. None identified.
6. None identified.

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