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. In the UK, 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. A pregnancy associated with obesity is at increased risk of most major pregnancy complications, including intrauterine fetal death, infection, birth weight above the 90th centile and increased risk of most major pregnancy complications.6 It emphasised the need for contraception in obese women, addressing contraception in obese women. The following three recent publications have been chosen to illustrate aspects of this health issue.6

The 2005 American Committee on Obstetrics and Gynecology (ACOG) stated that one-third of pregnant women in the US are obese and recognised that these women are at increased risk for complications, as mentioned.7 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 11 gynecology practices (a large cohort study in the North Thanes Region) and found in obese women who are diabetic, induction of labour, gestational diabetes, pre-eclampsia, infection, wound infection, birth weight above the 90th centile and intrauterine fetal death are all significantly more prevalent.8

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.4,5 The ‘2005 American Committee on Obstetrics and Gynecology (ACOG) stated that one-third of pregnant women in the USA are obese and recognised that these women are at increased risk for complications, as mentioned.7 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.

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11 states in 2000. They analysed contraceptive use and outcomes of obesity intervention in this group from Minneapolis analysed weight-related issues and ‘high-risk’ sexual behaviours in a group of college students.5

Few anti-obesity interventions including drugs, surgery, diet and behavioural therapies have been shown to be effective in the short term for the treatment of obesity.7 Therefore, obstetricians and gynaecologists need to develop strategies in order to care for women with obesity and related problems in order to maximise health and minimise complications.

Unfortunately, the above studies suggest that obese women may be more likely to engage in ‘high-risk’ sexual behaviours, are at greater risk of contraceptive failure and are more likely to report contraceptive non-use.10 Whilst there is a need for education and health promotion to tackle the rise in obesity, there is also clearly need for targeted education about contraception in addition to improved access to contraception for overweight and obese women. Further study of contraceptive use and outcomes of obesity intervention in this group would be of value.

References
9. American College of Obstetricians and Gynecologists. ACOG Committee Opinion number 315, September 2005. Obstetricians and gynaecologists need to develop strategies in order to care for women with obesity and related problems in order to maximise health and minimise complications.

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