Infertility Treatment Less Effective in Obese

Major Finding: Obese and overweight women undergoing infertility treatment were less

likely to become pregnant and more likely to have a stillbirth or premature birth.

Data Source: A retrospective analysis involving 610 women.

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BY PATRICE WENDLING

ATLANTA — Increasing weight among overweight and obese women undergoing infertility treatment dramatically decreases their chance of pregnancy and live birth, and increases the odds of stillbirth or premature birth, according to a retrospective analysis.

Young women under the age of

30 years—an age group that traditionally has the best success rates from infertility treatment-were at greatest risk of being obese and thus having poor outcomes.

"It's quite distressing that among the obese women [seeking infertility treatment], the youngest women represented the largest group—19.6%," lead author Dr. Barbara Luke said at the annual

meeting of the American Society for Reproductive Medicine.

Among 610 women, 41% of normalweight women became pregnant as a result of assisted reproductive technology (ART) treatment, compared with 40.8% of underweight women, 39.6% of overweight women, and 36.5% of obese women.

Compared with normal-weight women, the odds of a live birth were reduced 14% for overweight women and 22% for obese women, Dr. Luke reported. The difference was significant for overweight and obese women, even after adjustment for maternal age, race and ethnicity, number of embryos transferred, and infertility diagnosis.

Stillbirth was twice as likely for underweight women as normal-weight women, and more than three times as likely for obese women. The odds of stillbirth, however, were significant only for obese women (odds ratio, 2.50) compared with underweight (OR, 1.93); normal-weight (OR, 1.00); and overweight (OR, 1.48) women.

This confirms earlier data that with increasing obesity there is an increased chance of stillbirth, regardless of fertility status, Dr. Luke said.

Increasing weight upped the odds of delivering early, even after the analysis was also adjusted for plurality.

Compared with normal-weight women, the risk of a very early preterm birth, before 29 weeks, was cut by almost one-half in underweight women (OR, 0.52) and by 6% in overweight women (OR, 0.94), but significantly increased by almost 60% in women who were obese (OR, 1.59).

The odds of a preterm birth before 32 weeks were also significantly increased among obese women, while both overweight and obese women had significantly higher odds of delivering before 37 weeks, said Dr. Luke of the obstetrics, gynecology, and reproductive biology department at Michigan State University in East Lansing.

The odds of a term birth at 37 weeks or more were significantly reduced by 13% for overweight women (OR, 0.87) and by 25% for obese women (OR, 0.75), compared with normal-weight (OR, 1.0) and underweight women (OR, 1.1).

"It was a very consistent and dosedependent response," Dr. Luke said.

The mechanism driving the poor outcomes may be metabolic, adding that "obesity is a state of inflammation, not a state of health. A 30-pound weight loss would move you to another category and improve outcomes," she said.

Patients were categorized by body mass index, with 110 women being underweight (BMI less than 18.5 kg/m^2); 131, normal weight $(18.5-24.9 \text{ kg/m}^2)$; 161, overweight (25-29.9 kg/m²); and 208, obese $(30 \text{ kg}/\text{m}^2 \text{ or more})$.

Obesity was recorded in 19.6% of women aged less than 30 years, 17% aged 30-34 years, 17.5% aged 35-39 years, 17.9% aged 40-44 years, and 14.1 aged 45 years and older.

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significant elevation of blood pressure occurs, oral contraceptives should be discontinued. For most women, elevated blood pressure will return to normal after stopping oral contraceptives and there is no difference in the occurrence of hypertension among ever- and rever-users. 10. HEDAOHE: The onset or excertation of migraine or development of headcack with a new pattern which is recurrent persistent or severe requires discontinuation of oral contraceptives and evaluation of the cause. 11. BLEEDING IRREGULARITIES: Breakthrough bledding and spotting are sometimes encountered in patients on oral contraceptives, especially during the first three montils of user. Nonhormonal causes should be considered and adequate diagnosis: measures taken to rule un malignancy or pregnany in the event of breakthrough bledding as in the case of any abnormal vaginal bledding. If pathology lass been excluded, time or a charge to another formulation must be problem. The event of amenother, pregnancy should be crudied. Some organic part encounter of lagrostic measures bledding and the event of amenother, pregnancy should be crudied. Some women may encounter possibilities or oligomenorities, especially when the event of amenoties and subject and call out. Some women may encounter possibilities or oligomenorities the problem. In the event of amenother formulation mays and be the problem. UTIENT SECURILIT INHARIGHMENTED UDSERVES INDICATIONS: 1. YAZ is indicated for the prevention of pregnancy in women who elect to use an oral contri for the treatment of symptoms of premenstrual dysphoric disorder (PMDD) in women who choose to u method of contraception. The effectiveness of YAZ for PMDD when used for more than three menstrus YAZ has not been evaluated for the treatment of premenstrual symptome (PMS). 3. YAZ is indicated for vulgaris in women at least 14 years of age, who have no known contraindications to oral contraceptive ther YAZ should be used for the treatment of acce only if the patient desires an oral contraceptive for birth cont should not be used in women who have the following -tRenal insufficiency -tHepatic dysfunction - Adrenal or thromobembedic disorders - A past history of deep-view intromobembelis disorders - Adrenal involvement - Headches with focal neurological symptoms - Maior zurger with profoned immobilizations of monomenous disords * n / set heavy on heavy end present immenophastics of monomenous disords * n / set monophastics of second * n / set monophastics of second * n / set monophastics of second * n / es with focal neurological symptoms • Najor surgery with prolonged immobilization • Known or suspect ma of the endometrium or other known or suspected estrogen-dependent neoplasia • Undiagnosed abn ; jaudice of pregnancy or jaudice with prior pill use • Known or suspected pregnancy • Liver turm er disease • Heavy smoking (≥15 cigarettes per day) and over age 35 • Hypersensitivity to any comp

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