



WHY FERTILITY IS A WEIGHTY ISSUE

Obese women are three times more likely to have problems conceiving than those with a healthy BMI

Dr. Patrick Noel

While obesity and its links to diabetes, heart disease and chronic health complications are often highlighted, its impact on women's fertility is not emphasised enough. In fact, obese women are three times more likely to suffer infertility than women with a normal body mass index, especially because obesity causes hormonal imbalances and problems with ovulation.

Obesity is now a major problem globally, and the World Health Organisation (WHO) predicts there will be over 2.3 billion overweight and 700 million obese individuals by the end of 2016. The UAE, in particular, has a very high incidence of obese people, with a study by the University of Washington's Institute for Health Metrics and Evaluation revealing that more than 66 per cent of men and 60 per cent of women here are already overweight or obese.

Fortunately, there is ever-growing evidence today to show that weight loss surgeries can increase fertility in women. Obesity adversely impacts fertility and IVF outcomes through a variety of mechanisms. Bariatric surgery has been shown to improve menstrual cyclicity in anovulatory women, which probably explains why more than 80 per cent of bariatric procedures are performed on women, and approximately half of these are performed in reproductive aged women. The increased risk of miscarriage in obese women may also decline after bariatric surgery.

Moreover, findings of a new study suggest that women who have gone through weight loss



WHAT OVERWEIGHT WOMEN CAN DO

If you're planning to lose weight in order to increase your chances of getting pregnant, controlled weight loss is key. Forcing your body to lose a lot of pounds in a short period of time can put a lot of stress on your system, and even worse, can cause hormonal problems or abnormal ovulation.

Consult a fertility specialist who can pinpoint the exact cause of impaired fertility, whether it is weight related or due to other common fertility problems (polycystic ovarian syndrome, amenorrhea, hormonal imbalance of estrogen and progesterone levels).

Supplementing your intake with folic acid or other pre-natal vitamins may correct any nutritional deficiency that may be causing infertility. But again, do nothing without consulting your doctor.

Know that your weight is not always the issue if you're unable to conceive. Other reproductive issues or underlying causes could be the issue.

surgery were less likely to suffer from diabetes during pregnancy. For this study, Karl Johansson, a nutritionist at the Karolinska Institute in Stockholm, Sweden and colleagues compared the pregnancies of almost 600 women who gave birth after undergoing bariatric surgery, and over 2,300 women with the same BMI who did not have the surgery, using data from Swedish health registries.

Johansson and team found that 2 per cent of the women who had bariatric surgery developed gestational diabetes, significantly lower compared with the 7 per cent in the other group of women. The women in the weight loss group were likewise found to have lesser odds of giving birth to babies whose size are larger than normal. The study concluded that weight-loss surgery may help obese women have safer pregnancies and deliver healthier babies, compared to women who do not undergo surgery.

Gastric sleeve and gastric bypass surgery are the most common weight loss operations, accounting for about 80 per cent of all weight loss surgeries worldwide. The surgeon decides which surgery is best for the patient based on several factors, such as age, medical history, diet history, and previous surgeries.

To be eligible for weight loss operations, you must at least meet these primary criteria: your body mass index (BMI) should be 40 or higher; you weigh at least 27 kg more than your ideal weight; and, your age is above 18 years.

It is also suggested that women who become pregnant after bariatric surgery need to be followed up by a group of specialists including a nutritionist, an educated nursing staff, an obstetrician, an endocrinologist, an internal medicine specialist, and a bariatric surgeon.

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