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. The WHO defines normal weight as a body mass index (BMI) <25.0 kg/m², overweight as a BMI 25.0–29.9 kg/m² and obese as a BMI >30.0 kg/m². 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 for the UK. A pregnancy associated with obesity is at increased risk of most major pregnancy complications. In a large cohort study in the North Thames Region, Sebire et al. found that gestational diabetes, pre-eclampsia, induction of labour, emergency Caesarean section, postpartum haemorrhage, and wound tract infection, wound infection, birth weight above the 90th centile and intrauterine fetal death are all significantly more likely to occur in the obese parous than her normal-weight counterpart. Furthermore, it is well known that the incidence of obesity is increasing in pregnancy, with investigations in Scotland and 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.4,5

The ‘2005 American Committee on Obstetrics and Gynecology Opinion on Obesity’5,6 stated that one-third of pregnant women in the USA are obese and recognised that these women are at increased risk. There may be more complications as demographic factors mentioned.7 It emphasised the need for obstetricians to provide pre-conception counselling for such women and 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 contraceptive care 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 are 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.9 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 have unintended pregnancies. The group from Minneapolis analysed weight-related issues and high-risk sexual behaviours in a group of college students completing a questionnaire.10 The question asked assessed sexual risk-taking behaviour, BMI, body image and unhealthy weight-modifying behaviours such as inducing vomiting, binge eating, use of laxatives, and so on. The response rate was 39%. Of the respondents, 20% were overweight and 7% obese. Some 42% of female respondents were never or rarely satisfied with their body image and one-third exhibited unhealthy weight control behaviours. There was a positive association, in female students, with high BMI and weight gain and intoxication at the time of most recent intercourse. Unhealthy weight-modifying behaviour was significantly associated with casual sex, non-use of condoms and with intoxication. Interestingly, the differences were not demonstrated in the males studied. The authors conclude that whilst their findings might simply represent clustering of risk-taking behaviours previously described in adolescent health literature, it may reflect a situation where young women with increased BMI are engaging in high-risk sexual behaviours in order to feel better about themselves by demonstrating the ability to attract a partner.

Conclusions
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. 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.

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