

Many women do not follow contraception guidelines after weight-loss surgery, study finds

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Many women do not follow the guidelines to prevent pregnancy for an 18-month period following bariatric surgery, University of Pittsburgh researchers examining post-surgery contraceptive practices and conception rates report.

The study results are published online and will be featured in the November print issue of the American College of Obstetricians and Gynecologists *Obstetrics & Gynecology* journal.

The American Society for Metabolic & Bariatric Surgery recommends that women avoid conception for the first year-and-a-half following weight-loss [surgery](#) to optimize the likelihood of maternal weight stability during fetal growth. Despite the recommendation, four percent of study participants were actively trying to get pregnant and an additional 42 percent reported having unprotected intercourse during this at-risk post-surgical timeframe.

"This is concerning given recent research suggests that [bariatric surgery](#) increases the risk for small-for-gestational-age newborns, preterm deliveries and neonatal intensive care unit admissions in the first 18 months after surgery," said lead author Marie Menke, M.D., assistant professor of obstetrics, gynecology and reproductive sciences at Pitt's School of Medicine and Magee-Womens Hospital of UPMC. "Our findings highlight a [public health](#) issue that merits additional scrutiny

regarding contraceptive counseling before and after surgery, and provision of contraceptive services for all reproductive-aged women undergoing bariatric surgery."

The study used data collected through the NIH-funded Longitudinal Assessment of Bariatric Surgery (LABS) consortium, which has its data coordinating center at Pitt's Graduate School of Public Health, and includes 10 hospitals throughout the U.S., including a large clinical center at Magee-Womens Hospital of UPMC.

Menke and colleagues analyzed data from 710 women ages 18 to 44 with no use of hormone replacement therapy and no history of menopause or hysterectomy. In addition to a preoperative assessment, [study participants](#) answered a yearly post-operative reproductive questionnaire, which included questions about past-year attempts to conceive, contraceptive use and pregnancies. Study participants filled out an additional assessment after each pregnancy.

"Contraceptive counseling both before and after bariatric surgery are critical pieces of the multidisciplinary needs of the bariatric patient. This study clearly shows that early [conception rates](#) and contraceptive practices after bariatric surgery are not ideal," said study co-author Anita Courcoulas, M.D., M.P.H., F.A.C.S., director, minimally invasive bariatric and general surgery at Magee-Womens Hospital of UPMC. "The findings highlight the need for more frequent referral to counseling for contraception guidance throughout the bariatric surgery process."

Provided by University of Pittsburgh Schools of the Health Sciences

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