

The obesity epidemic

A huge challenge to O and G

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The prevalence of obesity on both sides of the Tasman has more than doubled since 1980 and is responsible for 7.9 per cent of all deaths in Australia in 2003¹ and 11.5 per cent of all deaths in NZ in 1997². The Australian and New Zealand governments have declared obesity a major public health problem and a recent meeting of the state ministers of health in Wellington, New Zealand was dedicated to discussing strategies and policies in prevention. Some of the policies and interventions have fallen short of evidence or evaluation. However, the National Obesity Taskforce in Australia has outlined a strategic intention targeting children in *Healthy Weight 2008* and the New Zealand parliament is currently conducting a health committee inquiry into finding solutions to design an evidence-based response and possible legislative framework to solving the obesity problem. The NZ branch of the College has made a submission to the committee in which we hope universal screening for diabetes in pregnancy and clinical research into preventative interventions will be supported.

Overweight is defined as a Body Mass Index (BMI) of over 25kg/m² and obesity of over 30. Approximately 52 per cent of Australian^{1,3} and 47 per cent of NZ women² were either overweight or obese. Aboriginal, Maori and Pacific women are affected disproportionately, with 87 per cent of Pacific women reported to be overweight or obese⁴.

Obesity complicates the course of pregnancy by increasing the incidence of birth defects, perinatal deaths, gestational diabetes, hypertension, pre-eclampsia, urinary tract infections, birth trauma, post-partum haemorrhage and with a resultant increase in interventions such as monitoring, induction of labour, caesarean sections, prolonged admissions and admissions to the neonatal unit^{5,6,7}. These individual effects however tend to vary among different ethnicities, with Pacific women having a lower caesarean section rate compared to other groups in NZ despite giving birth to babies that are on average 200g heavier than Caucasian babies⁸.

Obesity also poses a challenge in gynaecology. Obese women have an increased risk of miscarriages, terminations,⁹ menstrual disorders, anovulatory infertility,¹⁰ and urinary incontinence¹¹. An increase in insulin resistance increases the prevalence of women affected by polycystic ovarian syndrome and associated infertility, of which most have a poor response to assisted fertility treatments¹². Cancers of estrogen-sensitive tissues such as breast, ovaries and endometrium are increased. Obese women, especially when affected by multiple co-morbidities such as heart and vascular disease, pose an added challenge during and after major surgical procedures.

The resultant cost to individuals, families and society if the obesity epidemic in Australia and NZ is not curtailed will be astronomical and unaffordable. As obstetricians and gynaecologists, we have an influential and major role to play in health promotion, education

and clinical research. Prevention of obesity is cheaper than many of the treatments offered so the focus should be on health promotion programmes that focus on reducing calorie intake and increase physical activity. Some O and G departments have done wonderful work in initiating programmes that promote weight loss through sensible diets and exercise programmes which have been shown to markedly improve cycle regulation and spontaneous ovulation¹⁰. Similar health promotion programmes with modest weight losses have shown improved pregnancy outcomes¹³ and costs saved can be considerable¹⁴. Health promotion initiatives and formal interventions that reduce pregnancy weight retention should continue throughout and after pregnancy¹⁵.

Obesity is influenced by genetic, social, educational, economic, behavioural and economic factors. Therefore, basic O and G research should focus on the modifiable factors and evaluate current and proposed health promotion strategies and intervention programmes. The best place to start is in clinics with the routine collection of BMIs.

The obesity epidemic will cause more turmoil and premature deaths amongst Australians and New Zealanders than any other past or known epidemic. Let us help stop it before it is too late.

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