

Dornelles, VC<sup>1,2</sup>; Hentschke, MR<sup>1,2</sup>; Badalotti-Teloken, I<sup>2</sup>; Vasconcelos, NF<sup>2</sup>; Cunegatto, B<sup>1</sup>; Trindade, VD<sup>1</sup>; Petracco, A<sup>1</sup>; Padoin, A<sup>2</sup>; Pinheiro da Costa, BE<sup>2</sup>; Badalotti, M<sup>1</sup>

<sup>1</sup>Fertilitat – Reproductive Medicine Center; <sup>2</sup>Pontifical Catholic University of Rio Grande do Sul (PUCRS)

### INTRODUCTION

One-third of the world population is considered to be overweight or obese. In in vitro fertilization (IVF), the need for higher doses of gonadotropins for obese patients' ovarian stimulation is well established. However, it is still unclear whether the weight effect in fertility is translated into worse clinical outcomes after embryo transfer (ET).

This study aimed to analyze the impact of body mass index (BMI) on laboratorial and clinical results of IVF treatment.

### RESULTS

- The mean maternal age, in groups 1, 2, and 3, respectively, was: 35.5 ± 3.6 vs. 35.9±3.6 vs. 35±4.3.
- A greater number of mature oocytes was observed in groups 1 and 2: 6 [6.4-7] vs. 6 [5.6-6.6] vs. 4 [4.6-6.7], p= 0.0111

Table 1. Results comparison between groups according to BMI

	G1 n=1270	G2 n=356	G3 n=127	p
Fertilization rate (%)	76.6	74.7	76.5	0.442 <sup>1</sup>
Implantation rate (%)	28.4	27.5	23.2	0.187
Biochemical pregnancy rate (%)	44.5	44.8	39.7	0.555 <sup>1</sup>
Clinical pregnancy rate (%)	40.1	39.7	32.5	0.262 <sup>1</sup>
Live birth rate (%)	33.5	32.3	29.9	0.668 <sup>1</sup>

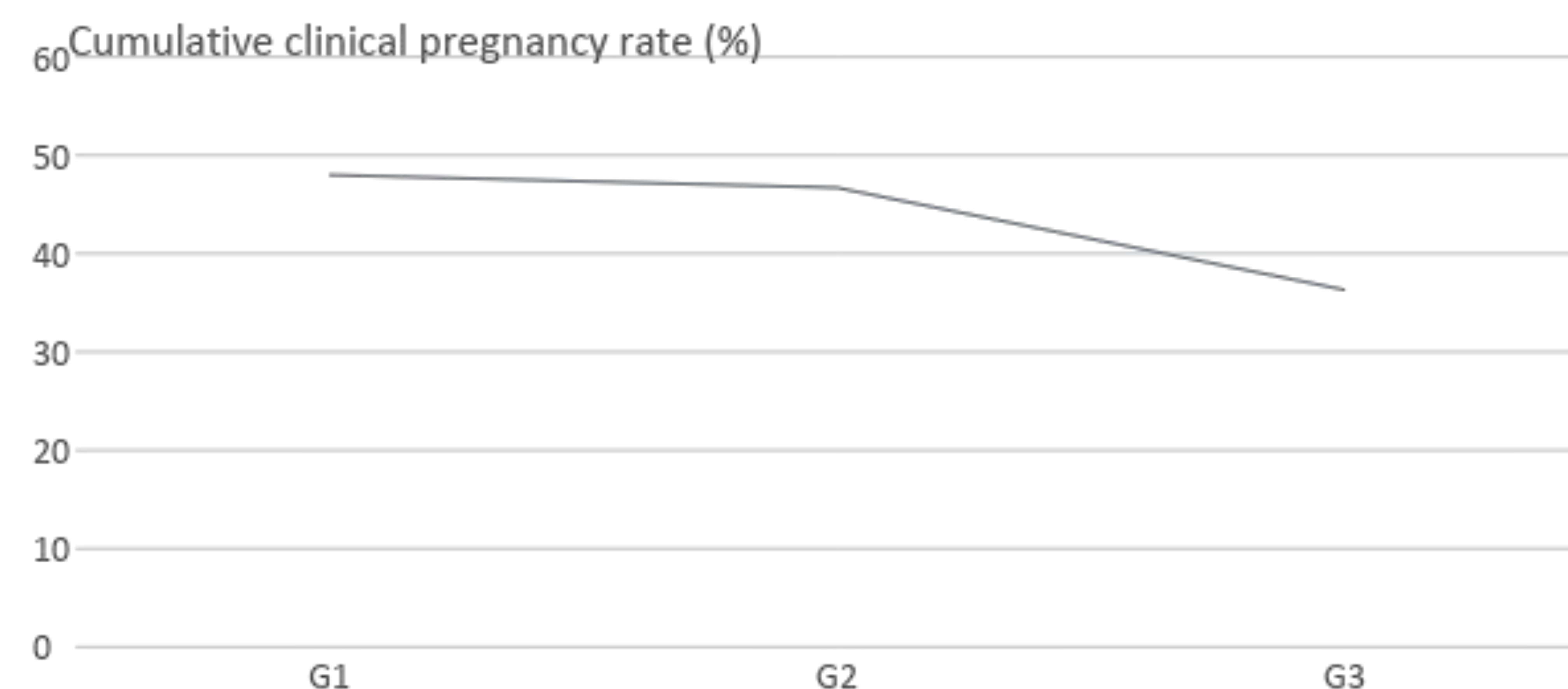
G1. Group 1 BMI < 24.9 kg/m<sup>2</sup>, G2. Group 2 BMI 25-29.9 kg/m<sup>2</sup>, G3. Group 3 BMI ≥ 30 kg/m<sup>2</sup>.

n. Sample size regarding follicle-stimulation cycles,

Values presented as n (%).

1 – Generalized Estimating Equations analysis.

Figure 1. Cumulative pregnancy<sup>a</sup> rate comparison between groups.



G1. Group 1 BMI < 24.9 kg/m<sup>2</sup>, G2. Group 2 BMI 25-29.9 kg/m<sup>2</sup>, G3. Group 3 BMI ≥ 30 kg/m<sup>2</sup>.

Values presented as n (%). <sup>a</sup> Clinical pregnancy among total cycles of each patient.

2- Qui-square test/post hoc, p=0.061

3- Linear-by-linear association. **p=0.042**

### CONCLUSIONS

- Obesity negatively impacts the pregnancy chance in patients submitted to IVF treatment, probably because of the lower number of mature oocytes.
- Despite results with no statistical significance, there is a clinically relevant difference
- The higher the BMI, the worse was the cumulative clinical pregnancy rate.
- Whenever possible, considering the patient's age, the ovarian reserve, and the time required for weight loss, a reduction in BMI should be sought before IVF to obtain better results.

### REFERENCES

Ulijaszek SJ. Obesity: Preventing and Managing the Global Epidemic. Report of a WHO Consultation. WHO Technical Report Series, World Health Organization, Geneva; 2000:252.

Kawwass JF, Kulkarni AD, Hipp HS, Crawford S, Kissin DM, Jamieson DJ. Extremities of body mass index and their association with pregnancy outcomes in women undergoing in vitro fertilization in the United States. Fertil Steril 2016;106:1742–50.

Luke B et al. Female obesity adversely affects assisted reproductive technology (ART) pregnancy and live birth rates. Hum Reprod 2011;26:245–52.

### CONTACT:

✉ ferticiencia@fertilat.com.br

📷 @fertilatrs