EASO
European Association for the Study of Obesity
www.easo.org

OBESITY MANAGEMENT IN WOMEN ACROSS THE REPRODUCTIVE LIFE COURSE

Key clinical recommendations from an EASO position statement

1. DIAGNOSIS: GO BEYOND BMI

Assess adiposity and risk more accurately using *EASO Obesity Management Framework* >

- BMI + ≥1 additional measure recommended
- Prefer waist-to-height ratio (WHtR)
  - ≥0.5: increased cardiometabolic risk
  - ≥0.6: severe risk
- Use BIVA where available for:
  - Fat vs fat-free mass
  - Hydration status
  - Sarcopenic obesity
  - Follow-up after bariatric surgery

2. COMMUNICATION & ETHICS

Person-centred, stigma-free care

- Use person-first language: woman living with obesity
- Acknowledge obesity as a chronic, relapsing disease
- Offer structured obesity management counselling
- Provide psychological support across all life stages

3. FERTILITY

Key clinical points

- Obesity impairs fertility even with regular cycles
- Modest weight loss matters:
  - 5–10% over 6 months improves ovulation and pregnancy rates
- Higher miscarriage risk with obesity
- Address psychosocial stress and stigma during fertility care

4. POLYCYSTIC OVARY SYNDROME (PCOS)

Integrated management

- Common cause of anovulatory infertility
- Lifestyle modification = first-line therapy
- Consider adjuncts where indicated:
  - Metformin
  - GLP-1 receptor agonists
  - Metabolic bariatric surgery (severe obesity)
- Screen for:
  - Depression and eating disorders
  - Metabolic and cardiovascular risk
- Ensure effective contraception after surgery

5. PRECONCEPTION CARE

Critical intervention window

- Screen for comorbidities:
  - Diabetes, hypertension, dyslipidaemia, OSA
- Aim for 5–10% weight loss if feasible
- Review medications:
  - Discontinue obesity medications when trying to conceive
  - Stop semaglutide ≥8 weeks, tirzepatide ≥4 weeks pre-conception
- Bariatric surgery:
  - Delay pregnancy 12–18 months
- Supplementation:
  - Folic acid ≥0.4 mg/day (up to 5 mg/day if high risk)

6. PREGNANCY

Tailored obstetric management

- Gestational weight gain target:
  - 5–9 kg (consider lower in class II–III obesity)
- Early screening for gestational diabetes (BMI ≥30 kg/m²)
- Assess need for:
  - Preeclampsia prevention
  - Thromboprophylaxis
- Offer prenatal anomaly screening
- Individualised fetal growth surveillance
- Intrapartum fetal monitoring during active labour

7. POSTPARTUM & BREASTFEEDING

Goal to reduce future risk

- Structured postpartum weight management
- Assess and discuss contraception early
- Support long-term obesity management to improve outcomes in subsequent pregnancies

KEY MESSAGE

A life-course, multidisciplinary approach to obesity management in women improves reproductive, metabolic, and long-term health outcomes.

Read the full position statement, available open access on *Obesity Facts*: https://karger.com/ofa/article/18/6/625/929282/EASO-Position-Statement-Women-with-Obesity-across?searchresult=1