

# The weight for baby

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Lucy Zuel had tried for seven years to get pregnant. She'd lived with obesity all her life. The two collided a few years ago when she sought treatment for infertility. "The doctor told me my weight would be a problem," says Zuel, 37, of Weston, who weighed 280 pounds when her doctor told her she had polycystic ovarian syndrome, an ovulation disorder of which weight gain or obesity is a symptom.

Ovulation disorders are the No. 1 factor in female infertility, creating hormonal imbalances, disrupting menstrual cycles and blocking efforts to conceive. About 15 percent of these cases are linked to weight disorders, most often being overweight or obese.

"We don't beat up our patients about it, but we strongly encourage them to lose weight," says Dr. Ellen Wood, a reproductive endocrinologist who treated Zuel at the South Florida Institute for Reproductive Medicine in Pembroke Pines. "We have a fair amount of patients who are 100 to 150 pounds overweight."

Wood estimates that 10 percent to 15 percent of her patients have weight-related infertility and weight is a contributing factor in others. Obesity affects a man's fertility as well, resulting in lower levels of the hormone testosterone, a diminished sex drive and less ability to produce sperm.

Infertility joins a long list of health risks associated with obesity and the problem is growing. According to the Centers for Disease Control, morbid obesity in the United States has increased threefold in the past decade, with the greatest increase among men and women who are 18 to 29 years old. Morbid obesity is defined as being at least 100 pounds overweight.

Studies have shown that women who have been obese since childhood are more likely to have amenorrhea, or an absence of menstrual cycles. And even mild obesity increases the risk for pregnancy complications, such as gestational diabetes, hypertension, Cesarean delivery and giving birth to a large baby.

"Everything gets more complicated," says Dr. David Hoffman, reproductive endocrinologist at IVF Florida Reproductive Associates and past president of the Society for Assisted Reproductive Technology. He encourages patients to start a weight-loss and exercise program before they try to get pregnant.

"Losing weight is going to improve their odds of conceiving naturally, or if they don't,

getting a better response to ovulatory drugs. It's going to make it easier to get pregnant, easier to carry and they're going to have less complications."

Doctors say overweight patients have a poorer response and a weaker absorption of fertility drugs. As a result, they may need higher doses and they're more likely to require intramuscular rather than subcutaneous injections.

"If you're going to spend \$12,000 on infertility treatments and your body is not going to absorb the medications properly, it can potentially be a waste of money," Wood says.

Lydia Medina, 35, of Miami, went through four years of infertility treatment, including surgery to correct blocked fallopian tubes. She was about 100 pounds overweight.

"The doctor told me to lose weight," Medina says. "I tried everything. I'd lose some and gain it back. "

A few years ago, Medina decided to take some time off from infertility treatment. Her sister gave her information about international adoption. Today, Medina and her husband, Danny, 36, have two daughters, ages 1 and 3, whom they adopted in China.

"We're very happy," says Medina, who is considering gastric bypass surgery.

"We try to work with them," Hoffman says. "You have to be realistic. Some of these people are never going to be thin. It takes discipline and strong motivation."

Infertility doctors factor in a patient's weight with her age.

"If a woman in her 20s is overweight and trying to conceive, we might tell her to take six months to a year and lose weight," says Wood. "When a woman is in her mid-30s or older, we have to weigh the difficulties of losing weight with her age. You have the concern that her eggs are going to be a year older."

Zuel can't remember a time when she wasn't overweight.

"I've been heavy basically all my life," says Zuel. " Even as a kid, with my Latin build, thin on top, big on bottom, I could weigh 180 pounds and you wouldn't know it. I tried every diet. "

After seeking help from Wood, Zuel had surgery for the ovarian disorder. She and her husband, Jim, 48, made three attempts at intrauterine insemination. All failed. She hit her low point when Wood told her that her weight exceeded the limit for patients trying a new fertility drug.

"The more weight you have to lose, the more overwhelmed you get," says Zuel, who was 140 pounds overweight. "You really get discouraged."

Wood says women who are overweight and considering pregnancy should get a medical evaluation.

"They need to know what kind of time frame they're on, why they're not getting pregnant," Wood says. "There may be underlying medical conditions, such as high blood pressure or diabetes, that need to be diagnosed."

Forced to confront the obesity, Zuel stopped fertility treatments.

"I didn't believe I would ever get pregnant," she says.

In April 2002, she had gastric bypass surgery, a procedure that involves sectioning off a small pouch from the stomach that is surgically attached to the small intestine. That results in a drastic reduction of food that is eaten and absorbed.

During the next year, she lost more than 100 pounds and started having regular menstrual cycles. But the surgery put her pregnancy plans on hold. Because of the rapid weight loss that follows surgery, women are told to use contraception and wait at least one year before they try to get pregnant.

In June 2003, Zuel returned to Wood after missing two menstrual cycles. She thought it was the stress of her mother's death from cancer the month before. Wood did an ultrasound. Zuel was 14 weeks pregnant.

"When I was holding my mom's hand, while she was dying, I thought, 'Will I ever have a daughter?'" says Zuel, whose daughter, Madison Elizabeth, was born in December.

"I knew it was a miracle. Why else would I get pregnant during the hardest year of my life?" says Zuel, who has lost 135 pounds, including most of the 30 pounds she gained during pregnancy.

Bariatric surgery is usually reserved for patients who are morbidly obese, and it carries risks such as infection and malnutrition. In at least one case, a Massachusetts woman and her 8-month fetus died from complications 18 months after she had gastric bypass surgery.

At U.S. Bariatric Centers in Fort Lauderdale, the average patient has a body mass index of 51; or, they're about 180 pounds overweight. A small percentage of women want the surgery to improve their chances of getting pregnant, says founder Dr. Robert Marema. Most are motivated by the overall well-being and health benefits that come with losing weight, including increased fertility, he says.

Does bariatric surgery improve pregnancy rates?

"I don't think there's enough data yet," says Hoffman, who has seen patients get pregnant after having the surgery. "It's not a cure-all. It might not necessarily fix their infertility

problem."

Since the birth of her daughter, Zuel has taken up a new habit: Exercising.

"Before I'd walk a block and I was exhausted," she says. "Now we're walking two miles a day with the stroller."

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