



Did you know?

...that there is increasing evidence that an increased body mass index (BMI) may have a detrimental effect on ART outcomes?

Meta-analysis* of almost 1.5 million treatment cycles showed that patients with a higher BMI[†] have poorer ART outcomes compared with patients with a BMI in the normal range^{‡1}

Versus BMI 18.5–24.9 kg/m ²	BMI 25–29.9 kg/m ²	BMI ≥30 kg/m ²
Risk of not having a clinical pregnancy, RR (95% CI)	1.04 (1.00–1.08)	9% increased risk 1.09 (1.03–1.16) [§]
Risk of miscarriage, RR (95% CI)	1.01 (0.96–1.08)	21% increased risk 1.21 (1.02–1.44) [§]
Risk of not having a live birth, RR (95% CI)	7% increased risk 1.07 (1.01–1.12) [§]	1.08 (1.00–1.16)

*53 cohort studies (12 prospective and 41 retrospective) with 1,445,406 treatment cycles; [†]BMI 25–29.9 kg/m² or ≥30 kg/m²; [‡]BMI 18.5–24.9 kg/m²; [§]significance at p<0.05, however the quality of evidence (GRADE) was low for all three outcomes.

This study provides further evidence that an increased BMI may be a risk factor for poor gestational outcomes, and, therefore, management of patients with a higher BMI should be individualised to include lifestyle advice and support preceding fertility treatment¹

These results should be interpreted with caution due to methodological and clinical heterogeneity between the included studies, particularly concerning the characteristics of the samples and the presence of other infertility factors.

ART, assisted reproductive technology; BMI, body mass index; CI, confidence interval; RR, relative risk.

1. Ribeiro LM *et al. Eur J Obstet Gynecol Reprod Biol* 2022;271:117–127.

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