

## **16: SHOULD A PATIENT'S KNOWLEDGE AND AWARENESS OF BMI ON THE EFFECTS OF INFERTILITY BE A STANDARD OF CARE?**

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### **Objective**

Adult obesity rates now exceed 35% in five states. Connecticut's rate is currently 26.0%, up from 10.4 % reported in 1990 (1). Based on this alarming increase in obesity rates, we were interested in learning how deep the knowledge base is on this topic among patients seeking infertility treatment at the Center for Advanced Reproductive Services (CARS). Our objectives were to analyze our patients' perception of their BMI (Body Mass Index), comparing this to actual collected BMI, and to determine if weight and nutritional counseling should be part of our infertility care.

### **Design**

Prospective anonymous patient survey study.

### **Material and Methods**

We created a 15 question anonymous, multiple-choice survey. Data was tallied using Survey monkey software. This study was exempt from the UConn Health Institutional Review Board.

### **Results**

150 patients participated, 118 (79%) female, and 32 (21%) male. A majority (54%) of respondents did not know their current BMI, however 61% reported a current normal BMI (range 18.5-24.9). According to actual data collected in 2017, only 41.9% of our patients fell in the normal range. 54% of the respondents indicated that their doctor had never mentioned a possible correlation between weight and pregnancy. Furthermore, 82% indicated that they think this topic should be part of the standard counseling.

### **Conclusions**

A majority of our patients are not aware of their current BMI. These results suggest that even though patients are underreporting their BMI, they are receptive to discussing this issue with their medical providers. Ideally, increased discussions surrounding weight loss and healthy choices will lead to positive changes that will improve not only patients' BMI and lifestyle but fertility success as well. References: The State of Obesity: Better Policies for a Healthier America report (2017). Congressional briefing from TFAH and the Robert Wood Johnson Foundation.

### **Support**

None