

BACKGROUND

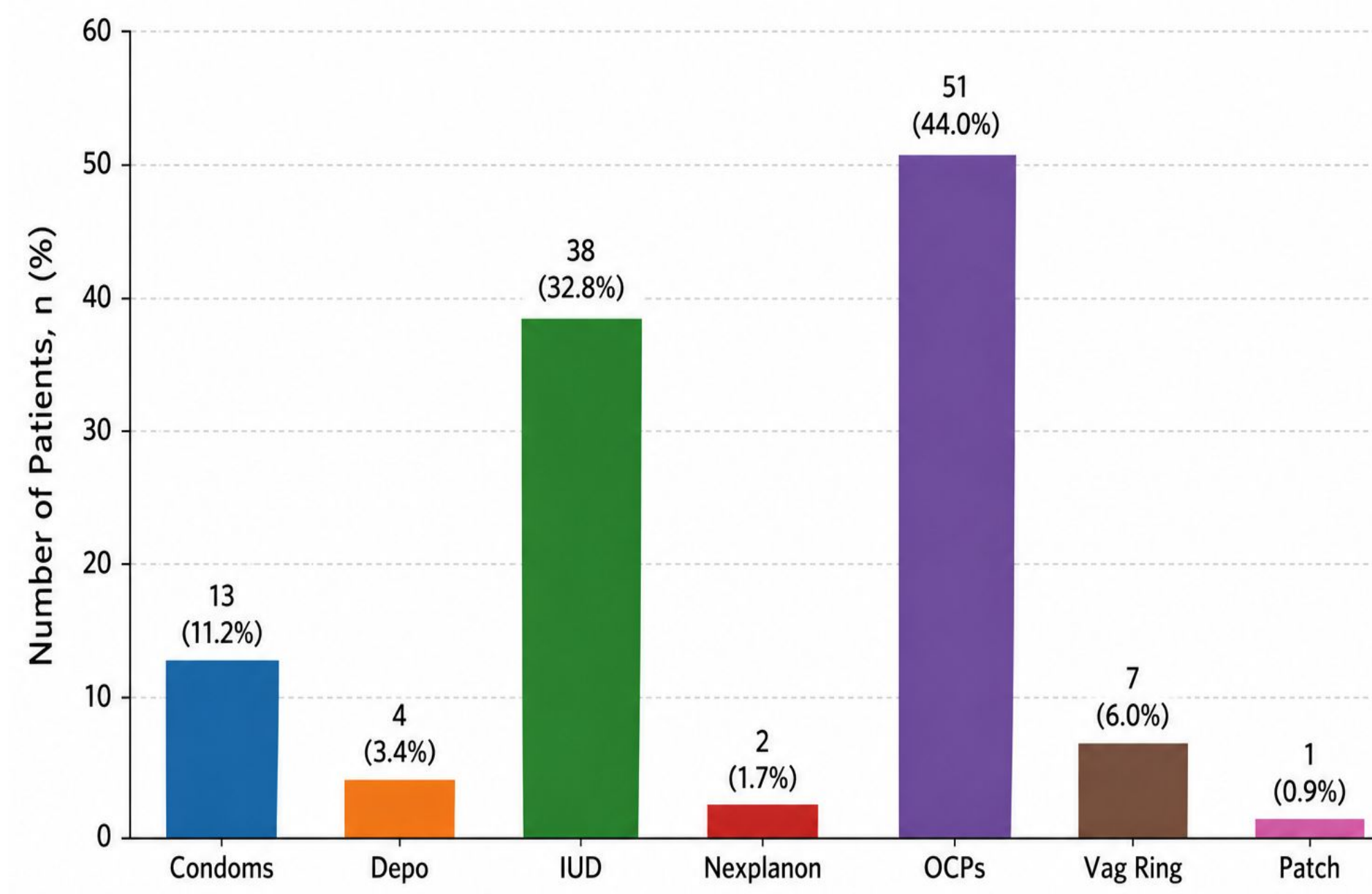
- Obesity affects 2 in 5 reproductive-aged women in the US; linked to ovulatory dysfunction, PMOS and adverse pregnancy outcomes¹
- Bariatric surgery drives durable weight loss and often restores ovulation/fertility within months post-op^{2,6}
- OB/GYN integration into bariatric pathways is inconsistent; referral ≠ actual contraceptive counseling or follow-through^{3,4,5}

Objective: Determine whether documented OB/GYN follow-up after bariatric surgery is associated with contraceptive uptake, PMOS symptom resolution, pregnancy outcomes, and metabolic changes

METHODS

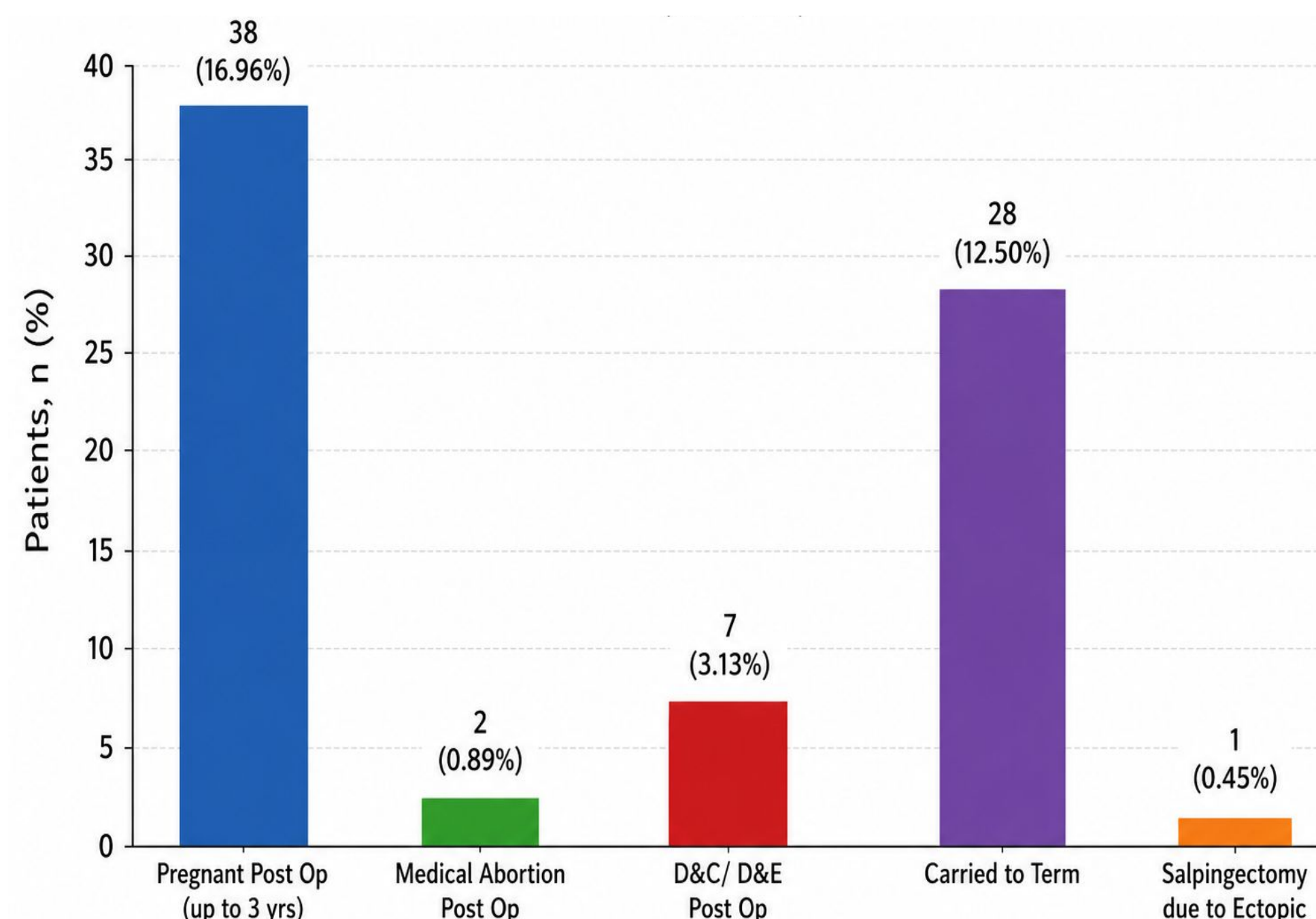
- Retrospective cohort, single integrated health system, 2021-2023
- Population:** n= 454 women aged 18-45 undergoing primary bariatric surgery (LAGB, SG, RYGB)
- Primary exposure:** documented OB/GYN visit within 12 months post-op.
 - Primary outcome:** effective contraceptive use within 12 months (LARC, DMPA, short-acting hormonal methods)
- Secondary outcomes:** BMI/weight change, HbA1c, antihypertensive/antihyperglycemic use, PMOS symptom improvement, pregnancy incidence
- Stats:** chi-square/Fisher's/t-test/Wilcoxon as appropriate, $\alpha = 0.05$, R v4.3.x

RESULTS



Abbreviations: Depo, depot medroxyprogesterone acetate; IUD, intrauterine device; Nexplanon, etonogestrel implant; OCPs, oral contraceptive pills; Vag Ring, vaginal ring; Patch, transdermal contraceptive patch.

Figure 1: Distribution of contraceptive methods in the perioperative period. Out of the 454 patients, n=116 opted for contraception after bariatric surgery.



Abbreviations: D&C, dilation and curettage; D&E, dilation and evacuation; Op, operative.

Figure 2: Pregnancy outcomes after bariatric surgery to the extent of equal to or less than 3 years of follow-up from bariatric surgery. (n=224)

Outcome	n, (%) of PMOS patients
Regularization of menstrual cycles	10 (18.5%)
Improved HbA1c	6 (11.1%)
Pregnancy after surgery	11 (20.4%)
Reduced acne	1 (1.9%)
Reduced hirsutism	1 (1.9%)
No documented improvement in symptoms	9 (16.7%)

Table 1: Postoperative Outcomes Among Patients with Preoperative PMOS (n=54). 70.3% of patients with PMOS had ≥1 documented improvement.

Cohort: 454 included patients; sleeve gastrectomy most common procedure across all years; procedure volume declined 2021→2023

Weight/metabolic: Mean BMI 45.3 → 31.5 kg/m² at 1 year (−13.8 kg/m²); mean HbA1c 5.77% → 5.27%; hypertension cases 76 → 35

Contraception: OB/GYN follow-up group had significantly higher contraceptive uptake (40.8% vs 29.3%, p=0.02); long acting reversible contraception (LARC) opted for by 34.5% of contraceptive users

Pregnancy: 38/224 (17%) with OB/GYN follow-up conceived by 3 years; 73.7% of those carried to term

CONCLUSIONS

- OB/GYN follow-up is independently associated with higher contraceptive uptake, supporting embedding gynecologic care into bariatric surgical pathways
- Metabolic/weight benefits were procedure-driven and consistent regardless of OB/GYN follow-up (as hypothesized)
- GLP-1 rise likely drove declining surgical volumes (2021→2023)

Limitations: 30.6% lost to follow-up at 1 year. No pharmacokinetic data on OCP absorption post-surgery

FUTURE DIRECTIONS

- Prospective, multi-site studies to confirm causality of OB/GYN integration on contraceptive uptake
- Standardize multidisciplinary referral pathways (bariatric surgery + OB/GYN) as a formal care model
- Compare reproductive/fertility outcomes of GLP-1 agonists vs. bariatric surgery

REFERENCES

