

Inconsistent contraceptive care for women with bariatric surgery

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Executive Summary

Although pregnancy outcomes after bariatric surgery have been shown to be comparable to the general population, these patients may be at increased risk of nutritional and surgical complications post operatively. As such, the American Society for Metabolic and Bariatric Surgeons (ASMBS) recommends the use of “secure birth control methods during the period of rapid weight loss.” However, special care must be taken when choosing a contraceptive method for these patients. The American College of Obstetricians and Gynecologists (ACOG) currently recommends non-oral administration of hormonal contraception in patients who undergo any procedure with a malabsorptive component due to the increased risk of contraceptive failure (Level B Recommendation). The U.S. Medical Eligibility Criteria for Contraceptive Use (USMEC) agreed and placed combined-oral contraceptives after a malabsorptive procedure in category 4 (theoretical or proven risks usually outweigh the advantages). No restrictions were given for any other form of contraception after restrictive procedures.

While research has been done on the receipt of contraceptive counseling and contraceptive use among these patients, no one has investigated the counseling practices of the surgeons.

We surveyed bariatric surgeons to assess peri-operative contraception recommendations and provision for reproductive age women. This study had two aims: 1) To determine how long surgeons recommend their patients delay pregnancy post procedure and 2) to assess their reproductive counseling practices (including fertility screening and provision of contraception).

We conducted a 32-question national mail survey of 1,935 bariatric surgeons using a list provided by the American Society for Bariatric and Metabolic Surgeons. Survey topics included contraceptive counseling, prescription and method preference, educational background, practice setting, patient and physician demographics. We used SAS version 9.2 to obtain descriptive statistics.

533 of 1,935 (28%) surgeons responded to the survey. The overwhelming majority of surgeons (87%) recommend that women delay childbearing between 12 to 24 months after having bariatric surgery. 70% of respondents always and 23% never inquire about contraceptive use pre-operatively. Only 25% of surgeons require contraceptive use pre-operatively. Post-operatively, 52% of surgeons always require patients to use contraception whereas 41% do not require patients to use contraception post-operatively.

Birth control was not required postoperatively by the majority of surgeons. Furthermore, more than 80% expressed a lack of comfort in prescribing any method of contraception. Despite recommending a delay in contraception, bariatric surgeons are inconsistently addressing the perioperative contraceptive needs of reproductive age women. These findings highlight the need for greater collaboration between bariatric surgeons and women's healthcare providers to address the reproductive health needs of women having bariatric surgery.