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Pregnancy Outcomes in Obesity and Polycystic Ovary Syndrome (PCOS): A Case Report

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Introduction:

Obesity is commonly associated with Polycystic ovary syndrome (PCOS) as part of its metabolic complications. It is characterised by insulin resistance, anovulatory infertility, and endometrial abnormalities, and is linked to an increased risk of adverse obstetric outcomes, including miscarriage, preterm birth, preeclampsia, perinatal mortality, and gestational diabetes mellitus.

Methods:

We present a case of a 38 year old nulliparous woman with long-standing PCOS and class II obesity (BMI of 34 kg/m²) who had successful conception via in-vitro fertilisation. She had chronic oligomenorrhoea and primary infertility due to PCOS. She had failed multiple ovulation induction attempts with subsequent weight gain. She was unable to achieve sustained weight loss despite lifestyle interventions. Anti-obesity medications as an option was limited due to her wish for pregnancy. Other co-morbidities include hypertension, autoimmune hypothyroidism and metabolic dysfunction–associated steatotic liver disease (MASLD). Her pre-pregnancy weight was 77kg.

Results:

This was a singleton pregnancy and fetal growth and developments were adequate. During the pregnancy, there was worsening liver function tests which was concerning for worsening steatotic liver disease but this spontaneously resolved. The pregnancy was further complicated by gestational diabetes mellitus, managed with dietary modification and metformin. Maternal weight increased up to 85 kg in the third trimester, an 8kg weight gain which is within the recommended weight gain in pregnancy for obesity. However, she developed preterm premature rupture of membranes, requiring preterm delivery at 32 weeks' gestation.

Conclusion:

Obesity in pregnancy, especially associated with PCOS is a high risk condition requiring close monitoring. It confers substantial endocrine, metabolic, and obstetric risk, emphasising the critical role of preconception weight optimisation and multidisciplinary care to improve pregnancy outcomes.