Table 1

Markers of adverse pregnancy outcome in women with a history of bariatric surgery compared with matched controls

	Bariatric group (%)	Control group (%)	Increased risk (%)	95% CI	P
Preterm birth	9.7	6.1	3.6	2.4 to 4.9	< 0.001
Small for gestational age	5.2	3.0	2.2	1.3 to 3.2	< 0.001
Large for gestational age	4.2	7.3	-3.1	-4.0 to -2.2	< 0.001

surgery group women was confined to those with a BMI < 35 kg/m^2.

Two further multivariate analyses were conducted comparing all bariatric surgery group women with the control group women with BMIs ≥ 35 and ≥ 40 kg/m^2. This allowed comparison of control group women who would be eligible for bariatric surgery with women who had actually had the procedure performed. Similar but attenuated trends to higher rates of preterm birth and SGA were seen in the bariatric surgery group women compared with controls with BMI ≥ 35. However, compared with controls with BMI ≥ 40 only low birthweight remained significantly higher in bariatric surgery women.

Neither the type of bariatric surgical technique (gastric band, bypass or gastroplasty) nor the year in which it was performed had an effect on birth outcome data.

This large well conducted study confirms the findings of previous studies showing that women who have had bariatric surgery are at higher risk of preterm delivery and a SGA baby. The more successful the surgery, in terms of BMI at the start of pregnancy, the greater the risk appeared to be. The causes are not clear. The authors speculate on altered micronutrient intake after surgery, but no changes to clinical practice, other than including their conclusions in pre-surgery counselling, were made.

The protective effect of bariatric surgery against having a large for dates baby suggests that the known improvement bariatric surgery has on insulin sensitivity may be effective during pregnancy too.

DR CHRIS BARCLAY

● **Roos N, Neovius M, Cnattingius S et al. Perinatal outcomes after bariatric surgery: nationwide population based matched control study. *BMJ* 2013;347: f6460**

Sexual health

Patients endorse opt-out testing for HIV in primary care

Patients like the idea of opt-out HIV testing at GP surgeries but some have concerns about confidentiality, a qualitative UK study has found.

The study used focus groups drawn from Brighton, which has a diagnosed HIV prevalence of 7.59 per 1,000 patients, to elicit attitudes and concerns regarding HIV opt-out testing.

Participants were recruited via email or letters to community organisations as well as classified advertising on websites. They were divided into focus groups based on sexual orientation, age, sex and ethnicity by using a quota sampling framework.

The 54 participants, aged 17-58, average 29 years, were allocated to nine distinct groups with a variety of »

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