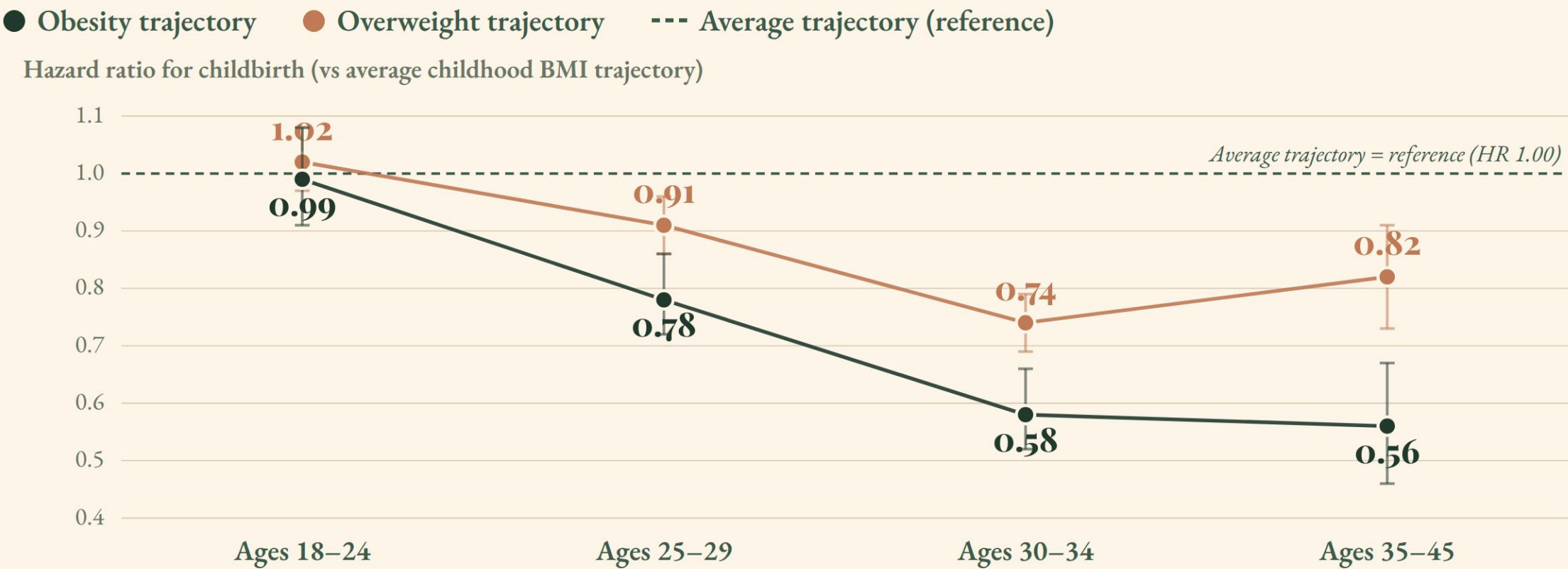


A heavier childhood tracks with fewer births — and the gap widens as the fertility window closes

Prospective Danish cohort. Measured height and weight at **ages 6–15** sorted girls into five childhood BMI trajectories; women were then followed for childbirth from 1977 to 2022. Hazard ratios compare each trajectory with the **average** trajectory, within 10-year birth cohorts, adjusted for parental education.



Cause-specific hazard ratios for a first recorded childbirth, by age group. Points below the dashed line mean a lower hazard of giving birth than the average-BMI trajectory; whiskers are 95% CIs. Y-axis begins at 0.40, not 0. The below-average and above-average trajectories are omitted here for clarity (below-average showed no association at any age; above-average tracked overweight but weaker).

WHAT HELD

The signal deepened with age. For the **obesity** trajectory the hazard of childbirth fell to **0.58** at ages 30–34 and **0.56** at 35–45. Among ever-married women it attenuated but stayed significant (adjusted HR 0.56 at 35–45).

WHAT DIDN'T

No effect in early adulthood. At **ages 18–24** the obesity and overweight trajectories had childbirth hazards indistinguishable from average (HR **0.99** and **1.02**). The below-average trajectory showed no association at any age.

WHAT WASN'T TESTED

Adult BMI was never measured — the exposure ends at 15. No biological mediator was assessed, and **choosing** not to have children could not be separated from being **unable** to. Childhood BMI was **not** linked to any infertility diagnosis.

0.99 ➞ 0.56 Obesity-trajectory hazard of childbirth, **ages 18–24 to 35–45**
a 44% lower hazard by the mid-to-late reproductive years

The effect is absent when women are young and grows through their 30s — precisely when fertility naturally declines and the window to conceive narrows. Yet childhood BMI trajectories were **not** associated with clinical infertility (any-infertility obesity HR 0.97, 95% CI 0.85–1.10). The lone infertility signal — a **lower** hazard of primary infertility for the obesity trajectory (adjusted HR 0.79) — most plausibly reflects Danish rules that withhold IVF above a BMI threshold, not a protective biology. Fewer births without more diagnosed infertility is the finding worth sitting with.

Pedersen DC, Aarestrup J, Bjerregaard LG, Andersen EW, Jensen A, Kjær SK, et al. Early Life BMI Trajectories and Associations With Childbirth and Infertility Among Women. JAMA Netw Open. 2026;9(8):e2626893. doi:10.1001/jamanetworkopen.2026.26893