

Pregnancy after Bariatric Surgery

Women become more fertile after bariatric surgery due to weight loss. Precautions need to be taken to prevent pregnancy post operatively, until it is safe. The effectiveness of certain contraceptives may be reduced after surgery so you should seek advice on suitable methods of contraception.

It is important to let the bariatric team know when planning pregnancy so suitable advice can be given. Women are often advised to avoid pregnancy for the first twelve to eighteen months after bariatric surgery but recommendations do vary.

Caution is needed with pregnancy post operatively due to initial rapid weight loss and a reduced intake. It is recommended that weight has stabilised and nutritional status is optimised before planning pregnancy, for the good health of both mother and child. If you do become pregnant before the advised time, it could be harmful to your baby. Closer monitoring and more frequent dietitian input will be needed.

Healthy eating is vital in helping the baby grow and develop. There is no need to 'eat for two' during pregnancy as calorie requirements increase only slightly in the last 3 months of pregnancy. It can be difficult to get sufficient nutrition when having symptoms such as nausea and vomiting which are common in early pregnancy. Seek advice from a dietitian if diet intake becomes difficult. It is important to avoid any deficiencies and have a varied diet.

Vitamin and mineral supplementation for pregnancy

Vitamin and mineral supplementation may need to be adjusted when planning for pregnancy. We would recommend routine blood tests every trimester which should include: ferritin, folate, vitamin B12, calcium and fat soluble vitamins. Any vitamin and mineral deficiencies should be corrected pre pregnancy. You may need to take additional supplements if blood results highlight any deficiencies.

Healthy women planning for pregnancy are advised to take 400 micrograms (mcg) of folic acid each day before pregnancy and up until the 12th week of pregnancy to reduce the risk of neural tube defects. Women who are obese (a BMI of 30kg/m² or more) or have Diabetes are recommended to take 5 milligrams (mg) folic acid daily. Instruct your GP if planning for pregnancy so the correct prescription of folic acid can be given.

Vitamin and mineral supplementation after gastric Bypass

Complete Multivitamin & mineral	Pregnant women are advised to avoid vitamin A in the retinol form. There are vitamin and mineral supplements marketed for pregnancy that contain no retinol which we would recommend changing to e.g. Pregnacare, Seven Seas Pregnancy and Centrum Pregnancy Care.
Iron	Continue taking your iron supplement as advised. This is usually Ferrous Fumarate 200mg or Ferrous Sulphate 210mg. Iron levels should be checked every trimester to allow supplementation to be adjusted where required.
Calcium and Vitamin D	Bypass Patients have higher vitamin D and Calcium requirements and need lifelong supplementation. Continue your usual supplementation which is usually one chewable tablet twice a day or two caplets twice a day. You may require extra vitamin D supplementation on top of this. Vitamin D and calcium levels should be checked every trimester.
Vitamin B12	Continue with Intramuscular injections of 1mg vitamin B12 every three months. Injections should continue throughout pregnancy and any deficiencies corrected pre pregnancy. B12 levels should be checked every trimester.
Vitamin A	Vitamin A levels (and possibly vitamin E and K levels) should be monitored during pregnancy.

Sleeve Gastrectomy

Your routine multivitamin and mineral supplement should be changed over to one without retinol (a form of Vitamin A) and taken once daily. There are vitamin and mineral supplements marketed for pregnancy that contain no retinol which we would recommend e.g. Pregnacare, Seven Seas Pregnancy and Centrum Pregnancy Care.

Gastric Band

There is no consensus on the treatment of pregnant women who have had this procedure. The band may need deflated or loosened during pregnancy to help increase your food and fluid intake or particularly if you are struggling with nausea and vomiting.

Your routine multivitamin and mineral supplement should be changed over to one without retinol (a form of Vitamin A) and taken once daily. There are vitamin and mineral supplements marketed for pregnancy that contain no retinol which we would recommend e.g. Pregnacare, Seven Seas Pregnancy and Centrum Pregnancy Care.