

Pregnancy after Weight Loss Surgery

Research over the past two years is confirming that women who have gastric bypass or adjustable gastric band surgery before becoming pregnant are *less* likely to have obesity-related maternal or fetal complications, such as spontaneous abortion, preeclampsia, and birth trauma and birth defects. *Bypass and band procedures present little risk for nutrient problems so long as adequate protein intake, overall good nutrition and compliance with recommended vitamin and mineral supplementation has been kept up.* Procedures with major malabsorption, such as biliopancreatic diversion do, however, present a higher risk for nutritional problems during pregnancy. Women who have a weight loss surgery before pregnancy are more likely to have a normal weight infant and less likely to develop high blood pressure and/or gestational diabetes.

What to consider before pregnancy:

- ◆ The American College of Obstetricians and Gynecology recommends women avoid becoming pregnant for 18 months after surgery, the period with the fastest weight loss. However, at least one study shows that maternal and fetal outcomes are similar between women who conceive before the 18-month time period. Missouri Bariatric Services recommends women of child bearing age use a reliable form of birth control during these first 18 months.
- ◆ Take your recommended supplements daily. Your body needs a good supply of nutrients built-up in order to supply a baby with all the nutrition he or she will need to grow strong. A baby will need plenty of iron, B-vitamins, and calcium. Be sure you are taking at least 400 mcg (micrograms) of folic acid daily to prevent neural tube defects during pregnancy. A copy of our recommended supplements can be found at www.muhealth.org/weightlossurgery in the “Nutrition” section.
- ◆ Maintain adequate protein intake, approximately 60 grams daily. Consume an overall healthy diet of lean meats, nonstarchy vegetables, fruits, and whole grains.
- ◆ Have your lab work done at recommended time points.
- ◆ Stop smoking.

What to consider during pregnancy:

- ◆ Have the following lab work performed during your initial prenatal visit, then, if normal, once each trimester: complete blood count, electrolytes, glucose, iron studies (including ferritin), vitamin B₁₂, red blood cell folate, and 25-hydroxyvitamin D.
- ◆ Treat any vitamin and mineral deficiency appropriately.
- ◆ Notify the bariatric team of your pregnancy.
 - Band patients may need to have fluid removed from the band. This may help to relieve nausea which is common during the first trimester.
- ◆ Consume at least 60 grams of protein daily.
- ◆ The following supplements are recommended during pregnancy:
 - Prenatal vitamin once daily
 - 1,500 mg calcium citrate with vitamin D (Take 500 mg three times a day)
 - 400 mcg folic acid in prenatal vitamin. Take more if deficiency is confirmed.
 - 40 to 65 mg iron daily in addition to the iron provided in prenatal vitamin. Take more if deficiency is confirmed.

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- 350 mcg or more sublingual vitamin B₁₂ daily or 1,000 mcg shot once a month. Take more if deficiency is confirmed.
- Gastric bypass patients would benefit from an additional B-complex vitamin once a day.
- ◆ Because gastric bypass patients suffer from “dumping” syndrome, the traditional oral glucose tolerance test to check for gestational diabetes during the second trimester should be avoided. Alternative screening method(s) should be used, such as checking & recording fasting blood sugar two-hours after each meal at home for 1 week. A hemoglobin A_{1c} will also help with diagnosis in gastric bypass patients.
- ◆ Manage weight gain.
 - Gaining an appropriate amount of weight helps the baby have normal fetal growth and development.
 - The Institute of Medicine recommends:
 - If BMI was 19 or less before pregnancy, gain 28-40 pounds
 - If BMI was 20-26 before pregnancy, gain 25 to 35 pounds
 - If BMI was 26-29 before pregnancy, gain 15-25 pounds
 - If BMI was 30 or more before pregnancy, gain 11-20 pounds
 - Greater amounts of weight gain may be recommended if having multiples.
 - Weight gain does not need to occur until the second or third trimester. Adding a 200-300 calorie snack each day in the second or third trimester will allow for appropriate weight gain.
- ◆ Have a monthly growth ultrasound beginning at 24 weeks gestation
- ◆ Timing and type of delivery should be based on obstetrical indications

What to consider after pregnancy:

- ◆ You can breastfeed after bariatric surgery. Breastfeeding is the healthiest choice for your baby.
 - Avoid severe dietary restrictions while breastfeeding. Talk to your doctor about an appropriate calorie level that will help you lose weight and still allow enough nutrients for a healthy nutrition profile for your breast milk.
 - Consume about 75 grams of protein daily while breastfeeding
 - Drink at least 64 ounces of fluid daily. Avoid caffeinated beverages, alcohol and soda. Caffeine & alcohol can pass into milk.
 - Avoid smoking. Smoking causes lower milk volume and nicotine can pass into breast milk.
- ◆ Continue your pregnancy vitamin regimen, except additional iron (unless you are still treating a deficiency), for several weeks after delivery then return to your regular post-bariatric surgery vitamin regimen.
- ◆ Weight loss after delivery follows the same pattern as in women without a history of weight loss surgery. Breastfeeding mothers lose about 4-5 pounds per month. Avoid diets or medications that promise rapid weight loss.