

Pregnancy after bariatric surgery

Pregnancy after bariatric surgery is safe for both mother and baby and has excellent outcomes for both mother and baby, however, becoming pregnant in the first 12 months post-surgery and, particularly whilst you are still losing weight, is not recommended as this can lead to a higher incidence of miscarriage, small birth weight babies and C-sections.

Post bariatric surgery, a prospective mother has a higher risk of nutritional deficiencies both before and during the pregnancy and these can have effects on both the mother and the unborn baby. Therefore, pregnancy after bariatric surgery is best planned to ensure everything is done for a healthy and safe outcome.

I am wanting to start trying for a baby, what are my first steps?

Once you are 12 months post your surgery and your weight has stabilised, we look forward to managing your pregnancy as part of your care team. Make an appointment to come and see your dietitian. It is essential to do this several months before trying to conceive as some of the nutrients vital for baby are particularly important in the first few weeks' post conception when many people are not even aware they are pregnant! Any undiagnosed nutritional deficiencies at this stage may put mother/baby at risk. Education will include:

- Weight review
- Obtaining a full set of nutritional bloods
- Reviewing your current multivitamin/mineral regimen
- Correcting any nutritional issues
- Changing to appropriate conception/pregnancy multivitamins/minerals with particular emphasis on folate (pending current BMI), calcium, vit D and iron if needed
- Weight gain during pregnancy (based on BMI)
- Glucose tolerance test (OGTT) management
- Symptom management
- Emotional support

It is recommended that you stay on your special bariatric multivitamin that contains a minimum of 400mcg of folate and a maximum of 3000IU (900mcg) Vitamin A {doses of vitamin A in the retinol form can be dangerous to the baby above 10,000IU (3000mcg)} FFM™ opti and forte and BN multi™ are considered safe to continue in pregnancy as well under the safe limit, but Barilife Just one™ and many over the counter supplements may have too higher level of vitamin A. This will be discussed with you at the pre-conception consult and changed if needed.

Continuing with your normal vitamin D and calcium is advisable.

Based on your ferritin (iron stores) level, a low dose iron supplement may also be advised. This will be discussed at your pre-conception consult.

If your BMI remains >30 then it is recommended that you also start an extra supplement of 5mg per day. This can be done using megafofol™ 5mg from pharmacy and needs to be taken one month before conceiving and for the duration of the first trimester.



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I am pregnant, what follow up do I require?

If this is your first baby, then establishing your team is your first priority. This will include an obstetrician (OB), shared care, hospital clinic etc. If your BMI remains > 40 you will be advised to have your care/baby in a level 3 hospital providing a special care nursery onsite as a precaution. Your bariatric team is happy to liaise with your OB team as they may not have had a lot of experience managing pregnancies post bariatric surgery.

We will be keen to know how the baby is growing according to your dates, so regular scans with your OB are advised.

We will also assist you in monitoring your weight, symptoms, nutrition and blood work during the pregnancy and it is advisable to check in every trimester to see how you are tracking and have your bloods monitored.

Some possible issues that may be more difficult post bariatric surgery include:

Hydration – the nature of the weight loss surgery means it is more difficult to get a lot of fluid in quickly and this can be even more difficult if you are having any nausea/vomiting with your pregnancy. Going back to sipping slowly and continuously throughout the day is best, aiming to get in a minimum of 1.5L of total fluid each day. Electrolyte drinks such as hydrolyte™ may be helpful.

Morning sickness (hyperemesis) – This can occur any time of the day. Thankfully, it usually improves in the second trimester but can be challenging in the early stages. Avoiding getting over tired helps, as well as having small, frequent meals and including some complex carbohydrate (eg. multigrain bread, crackers) in these meals/snacks. Some people find ginger helpful. If severe, some anti-nausea medications are considered safe in pregnancy so speak to your OB about having these prescribed. If you feel you are becoming dehydrated because of hyperemesis, you may require hydration via an IV drip and this can be organised by your OB.

It is very important to take some extra thiamine (vitamin B1) if you are experiencing excessive vomiting. Natures Own™ Vitamin B1 is available at the pharmacy, one tablet/day until the vomiting settles. If you require an IV drip, please advise that you have had bariatric surgery and may need extra vitamin B1 and the hospital can contact your surgeon for advice.



Reflux – is common in pregnancy especially in the first and last trimesters.

Having small, frequent meals, avoiding fluids with meals and not eating close to lying down can help. Antacids containing calcium carbonate, magnesium oxide and magnesium hydroxide such as Mylanta™ are considered safe during pregnancy.

Constipation – is common as the gut slows down to ensure the growing baby gets all the nutrients it needs. Make sure you are having fibre containing foods (multigrains, seeds, nuts, fruit, vegetables, oats and pulses) and plenty of fluid (at least 1.5L per day). Benefibre™ can be added safely to the diet as a natural fibre supplement. A small serve of prune or pear juice also contain a natural laxative that can help. High dose iron supplements can contribute to constipation but some forms are better than others, so speak to your dietitian about possibly changing dose/brand.

What is the recommended weight gain at my BMI?

The Australian govt. recommends the following:

Pre-conception BMI	18.5 – 24.9	25 – 29.9	30 – 34.9	35 – 39.9	>40
Recommended weight increase	11.3 – 15.9kg	6.8 – 11.3kg	5 – 9kg	5 – 9kg	5 – 9kg

What other tests do I require once I am pregnant? – between 24 and 28 weeks pregnant every woman is required to be tested for gestational diabetes (diabetes in pregnancy). This is usually done via an oral glucose tolerance test (OGTT). After a gastric sleeve or a bypass, many women cannot tolerate the glucose drink used and therefore we need to find an alternative way to test. It is recommended that a fasting blood glucose level (FBG) and a HBA1C be conducted at this time, but you may also be required to do a capillary blood glucose (CBG) or continuous blood glucose monitoring (CBGM) for 1 - 2 weeks during this time. Your OB will advise you of what you need to do.

It is recommended that you get your usual extensive blood screening not only pre-conception, but also once every trimester and this can be organised through us as part of your treatment team.

Abdominal pain during pregnancy – if you are experiencing abdominal pain during your pregnancy this is not normal and you need to contact your surgeon who may organise tests to rule out a medical cause.

Can I breast feed post bariatric surgery? – there should be no reason for you not to be able to breast feed post bariatric surgery so long as you can meet both your nutritional and fluid needs to support both yourself and your new baby.

After I have my baby

All women will take 6 – 12 months to return to their pre-pregnancy weight and shape. Your dietitian can help guide you on what to expect and how to help you return to your pre-pregnancy weight in a healthy way.

We are here to help as part of your OB team so please call/email if you have any questions:

MCBS PH: 9958 3000 (Carol / Melissa) carol@melbournecbs.com.au

Dietitian (Merril) PH: 0405 005 354 / merril@melbourneobesitysurgery.com.au

References: 1. Pregnancy after BS: consensus recommendations for periconception, antenatal and postnatal care, Shawe et al, Obesity Reviews, 2019.

2. The King Edward Memorial Hospital (WA) Pregnancy Post Bariatric Surgery
3. The Australian Government Guidelines (based on the IOM) re: weight increase in pregnancy