



If You are Pregnant or Considering Pregnancy After Bariatric Surgery

What does my obstetric care provider need to know about my bariatric surgery in order to care for my pregnancy?

Your obstetric provider will need to know what type of bariatric surgery you had. For example, was it a gastric bypass procedure, also known as a Roux-en-Y? Or did you have a banding procedure, also referred to as a gastric band? Your provider will also want to know if you had any complications from the procedure, such as second surgeries, blood clots, or blood transfusions. Many women with irregular menstrual cycles start to have more regular menstrual regular cycles after bariatric surgery. The chances of getting pregnant increase after bariatric surgery. Most experts recommend waiting approximately 18 months after bariatric surgery before getting pregnant so that you can reach your weight-loss goals before becoming pregnant. Therefore, it's important that you use contraception for the first 18 months after surgery. Studies have shown that women who get pregnant soon after their bariatric surgery can still have healthy pregnancies, but their obstetric providers may need to monitor their weight and nutrition more closely.

I am in my first trimester and I have lost weight. Shouldn't I be gaining weight during pregnancy?

In general, pregnancy is a time for gaining weight, not losing it. Some women who had bariatric surgery do lose weight during pregnancy. If you are losing weight, your provider should review your food intake and may have you see a nutritionist. Blood tests may also be ordered. If you continue to lose weight or are simply not gaining weight, your provider may order more frequent ultrasounds to see if your baby is growing normally. Specific recommendations will be made based on your current weight.

I was diagnosed with anemia after my bariatric surgery. How will that be monitored during my pregnancy?

Many patients are anemic (have a low red blood cell count) after bariatric surgery. Anemia is also common during pregnancy. Anemia can happen because your body is not getting enough

nutrients or vitamins such as iron, vitamin B₁₂, or folate. Your provider can do blood tests to determine why you are anemic. If your body needs more nutrients or vitamins, your provider will prescribe those that are right for you. The blood tests may be repeated to make sure your anemia is getting better. In addition, your provider will review your diet and may suggest certain foods that can provide some of the needed nutrients.

My bariatric surgeon recommended that I take a daily multivitamin. Are there any other vitamins or supplements that I should take now that I am pregnant?

In pregnancy, you should take one prenatal vitamin a day. If you are currently taking a multivitamin, you should switch to a prenatal vitamin, ideally before you get pregnant. The folic acid in the prenatal vitamin is important for your baby. You should not take other supplements unless your provider recommends them. After certain types of bariatric surgery, it is more difficult for the stomach or intestines to absorb nutrients and vitamins. If that is happening, your provider may recommend a vitamin that comes in a shot (injection) or is given through an IV (placed in your vein).

My last pregnancy was healthy, but that was before the bariatric surgery. Are there any other changes I should expect during my prenatal care?

Most pregnant women are screened for gestational diabetes at about 24 to 28 weeks of pregnancy. If you have been pregnant before, you may remember drinking a sugary beverage to check for diabetes. This test can be difficult to take if you had a bariatric procedure like a Roux-en-Y gastric bypass, so your provider may recommend a different way to test for diabetes during pregnancy.

If you had a gastric band procedure, your provider may talk to you about what to do with the fluid in the band. The options are to keep the fluid the same, to remove the fluid, or even to put more fluid in. This is a procedure that your bariatric surgeon

would do. You should talk to both your obstetric provider and your surgeon about which approach is best for you.

Some rare complications from bariatric surgery can occur at any time, including during pregnancy, and they can affect both you and your baby. Therefore, it is important that you tell your provider if you are having abdominal pain, nausea, or vomiting at any point during the pregnancy.

Bariatric surgery is not a reason to have a cesarean delivery. You should talk to your provider about which delivery option is best for you.

Can I still breastfeed even though I had bariatric surgery?

Yes. Breastfeeding is recommended, and your nutrition during that time is especially important. If you have low levels of nutrients or vitamins in your body, they can also be low in your breast milk, but that is rare. Your baby's health care provider should know if you have any nutrient or vitamin deficiencies so that your infant's growth and development can be monitored more closely. Many women with prior bariatric surgery are still overweight or obese, which can delay lactogenesis (milk coming in). You may want to talk to a lactation consultant who can support you through breastfeeding and help you be successful with it.

To find a maternal-fetal medicine subspecialist in your area, go to <https://www.smfm.org/members/search>.

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