Pregnancy After Bariatric Surgery

Patient Education Series

Society for Maternal•Fetal Medicine
High-risk pregnancy experts

Quick Facts

- The chances of getting pregnant may increase after bariatric surgery.
- It is recommended to wait approximately 18 months after bariatric surgery before getting pregnant.
- Birth control pills can be less effective in patients who have undergone bariatric surgery.
- After certain types of bariatric surgery, it is more difficult for the digestive system to absorb nutrients and vitamins.
- Many patients have anemia after bariatric surgery.
- You can still breastfeed after bariatric surgery, but let your baby's healthcare provider know if you have any nutritional deficiencies.

What does my OB-GYN need to know about my bariatric surgery in order to care for me during pregnancy?

Your obstetric care 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? They will also want to know if you had any complications from the procedure, such as second surgeries, blood clots, or **blood transfusions**.

Many people with polycystic ovary syndrome (PCOS) or other conditions that cause abnormal menstrual cycles (no cycles or irregular timing of cycles) will experience improvement and have more regular cycles after bariatric surgery. Thus, 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 pregnancy. Therefore, it's important that you use contraception for the first 18 months after surgery. Birth control pills can be less effective in patients who have undergone bariatric surgery. You should talk with your healthcare provider about additional options. Studies have shown that people who get pregnant soon after their bariatric surgery can still have healthy pregnancies, but their obstetric care providers may need to monitor their weight and nutrition status 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 people who have had bariatric surgery do lose weight during pregnancy. If you are losing weight, your healthcare provider may review your food intake and may have you see a nutritionist. If you continue to lose weight or are simply not gaining weight, more frequent **ultrasound** exams may be recommended to check that the **fetus** is growing normally. Specific weight 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 will have **anemia** (have a low blood 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 healthcare provider can do blood tests to find out why you are anemic. If your body needs more nutrients or vitamins, your healthcare provider will prescribe those that are right for you and may suggest certain changes in your diet.

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?

During 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 the fetus. 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 people 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 drink to check for diabetes. This test can be difficult if you had a bariatric procedure like a Roux-en-Y gastric bypass, so your healthcare provider may recommend a different way to test for diabetes during pregnancy.

If you had a gastric band procedure, you have fluid in the band that may need to be adjusted during pregnancy. The options are to keep the fluid the same, remove the fluid, or 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. 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 planned **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 healthcare 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 people 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.

Glossary

Anemia: A condition caused by a decreased number of red blood cells.

Blood Transfusion: Giving blood from a donor to another person.

Cesarean Delivery: Surgery in which a baby is delivered through a cut (incision) in the mother's uterus.

Fetus: During pregnancy, the stage of development from nine weeks to birth.

Folic Acid: A B vitamin that, when taken during pregnancy, can help prevent birth defects in the brain and spinal cord of the developing fetus. Most pregnant people need 400 micrograms of folic acid daily.

Gestational Diabetes: Diabetes that develops during pregnancy.

Lactogenesis: The start of breast milk production.

Trimesters: The three-month periods in which pregnancy is divided. The first trimester is months 1 to 3 (weeks 1 to 12); second trimester is months 4 to 6 (weeks 13 to 27); and the third trimester is months 7 to 9 (weeks 28 to 40).

Ultrasound: Use of sound waves to create images of internal organs or the fetus during pregnancy.

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