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To increase the safety of pregnancy after bariatric surgery, there are some special considerations to keep in mind. This literature review provides information about key nutritional recommendations to support a safe pregnancy after bariatric surgery.

Obesity is the most common medical condition in women of reproductive age. Obesity is increasing in all age groups and, consequently, it has increased in women of childbearing age. High pre-pregnancy weight is associated with many adverse infant and maternal outcomes. The number of bariatric surgeries performed is increasing worldwide, even in women of reproductive age, as a motivating factor to improve fertility. All women of child-bearing age undergoing RYGB or other mal-absorptive surgeries should be counselled about contraceptive choices before and after bariatric procedures. Candidates for bariatric surgeries should avoid pregnancy before surgery and for 12 to 18 months post surgery and until their weight has stabilized.

Women who become pregnant after bariatric surgery, should be counselled for appropriate weight monitoring, nutritional intake assessment and supplementation advise, labs surveillance and symptom management in case of presentence of gastrointestinal intolerances or complications and for fetal health.

Primary Care Providers should refer the patient to an Obstetrician (OB) as soon as confirmation of pregnancy, as this is considered a high-risk pregnancy. There is a risk of malnutrition after bariatric surgery. In particular, during pregnancy following bariatric surgery, there is a risk of protein and calorie malnutrition and micronutrient deficiencies due to restrictions, malabsorption, and increased maternal and fetal needs and potentially due to decreased food intake in presence of nausea, vomiting and/or aversions. Therefore, patients who become pregnant following bariatric surgery should have nutritional surveillance and laboratory screening for nutrient deficiencies at least every trimester, including Iron, Folate, Calcium, Zinc, Copper, vitamin B12, vitamin D and other fat-soluble vitamins.

Patient should seek immediate consultation with both OB and bariatric surgeon should they experience acute persistent abdominal pain and/or persistent vomiting – to rule out possibility of post-bariatric surgery pregnancy complications such as bowel obstruction and/or internal hernia.

Screening for gestational diabetes (GDM) is performed at 24 to 28 weeks of gestation. However, it should be done as early as the first prenatal visit if there is a high degree of suspicion that the pregnant woman has undiagnosed type 2 diabetes. The glucose challenge test used to screen for GDM is typically not well-tolerated in women with prior RYGB surgery history due to the risk of dumping syndrome. Alternative methods, such as fasting and post meals Glucose monitoring for one week or glycated hemoglobin (Hb A1C) measurement, should be used for GDM screening.

It is necessary to monitor and manage nutrition in pregnancy following bariatric surgery with a multidisciplinary team to prevent any deficiencies and to ensure the well-being of the mother and fetus.