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Sustainable Weight Loss for Lasting Health.

# Pregnancy After Bariatric Surgery

Your complete guide to nutrition, vitamins and lifestyle support for a healthy pregnancy after weight loss surgery.

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# Pregnancy after Bariatric Surgery

*(This handout is tailored to sleeve gastrectomy and gastric bypass patients.)*

## How long after my surgery should I wait before trying to become pregnant?

- It is recommended to wait 12-18 months after your surgery before trying to have a baby. There is as higher rate of miscarriage for bariatric patients who become pregnant within the first year after surgery.

- During the 12-18 months after your surgery, use an appropriate form of birth control.
  - ✓ Birth control in pill form is not effective for preventing pregnancy after having gastric bypass surgery. You will need to find an additional or alternative form of birth control to prevent pregnancy. If you would like a referral for a gynecologist, please let your bariatric team know.

- **Before trying to conceive, the following is important…**
  - ✓ You have had a recent bariatric blood test (see below what your doctor should test to screen for vitamin deficiencies) and everything is normal.
  - ✓ You are taking your vitamins regularly.
  - ✓ Your weight is stable.
  - ✓ You are eating well, both enough food and a good variety of food.
  - ✓ You are meeting your estimated protein goal.
  - ✓ You don't have any major digestive issues.

  Overall, we want to make sure your bariatric journey is healthy and stable before supporting a pregnancy.

## Do I need to change my vitamins?

- Yes, it is recommended to change your vitamins **3 months before trying to conceive**.

    - ✓ Replace your daily multivitamin with Centrum prenatal multivitamin twice a day (total of 2 pills per day). Make sure it is Centrum prenatal. Not all prenatal vitamins are appropriate.
    - ✓ Start a vitamin B1 (thiamin) supplement of 50 or 100 mg per day.
    - ✓ Start a folic acid supplement of 2000 mcg per day until you are 12 weeks pregnant, **only if…**
        - Your BMI is above 30 kg/m2.
        - You had gastric bypass (RYGB) surgery.
        - You have diabetes.

- Continue with your other bariatric vitamins (ex. vitamin B12, calcium citrate, vitamin D, iron). Iron is very important for pregnancy!

- If you are taking bariatric vitamins from online companies such as Paravita, Celebrate, Bariatric Advantage, etc. it is important you review them with your bariatric team. Too much vitamin A for example, is not good for your baby (maximum 5000 IU vitamin A per day).

- Follow your pregnancy vitamin protocol for your whole pregnancy and continue until you are 6 weeks postpartum. If you breastfeed your baby, continue until you stop breastfeeding. After this time, switch back to your normal multivitamin and vitamin protocol.

  **Note: Vitamins are just as important while breastfeeding!**

## What do I need to know about my blood tests while pregnant?

- **It is important to do the following bariatric blood work and correct any high or low values <u>before trying to conceive</u> and <u>each trimester</u>:**

    - ✓ **Sleeve gastrectomy** – hemoglobin, ferritin, serum iron, % saturation and binding capacity, transferrin, vitamin B12, ionized calcium, 25-Hydroxy (OH) vitamin D, PTH (parathyroid hormone), folate, vitamin B1
    - ✓ **Gastric bypass (RYGB)** – hemoglobin, ferritin, serum iron, % saturation and binding capacity, transferrin, vitamin B12, ionized calcium, 25-Hydroxy (OH) vitamin D, PTH (parathyroid hormone), folate, vitamin B1, vitamin A, vitamin E, INR (to monitor vitamin K), zinc, copper

- It is especially important to make sure your vitamin B12 levels are normal before starting a prenatal multivitamin, because the high levels of folic acid can hide can low B12 levels.

- If you are experiencing a lot of vomiting, your doctor should prescribe you more vitamin B1 and be testing it often (ex. every month).

## Notes for your doctor about blood tests:

- If your PTH is high (which can mean a calcium deficiency), your doctor should prescribe you calcium supplements in the form of calcium citrate (not carbonate).

- If your iron is low (ferritin less than 50 ug/L or Hgb less than 110 g/L at your first blood test), your doctor should prescribe you iron supplements in the form of ferrous sulphate, ferrous fumarate (palafer), or ferrous gluconate. Feramax is not recommended after the gastric bypass surgery because it is absorbed in the duodenum (the part of your small intestine that is ‘bypassed’).

- If your vitamin A is low, your doctor should prescribe you vitamin A in the form of beta-carotene (not retinol). Maximum 5000 IU vitamin A per day.

- If you are experiencing a lot of vomiting, increase vitamin B1 (thiamin) to 200-500 mg per day.

## How much weight will I gain with my pregnancy?

- The majority of our patients are very anxious about gaining weight with their pregnancy. This is completely understandable. Weight gain however, is a normal and important part of pregnancy. Remind yourself that pregnancy weight gain includes the weight of your baby, the amniotic fluid, increased blood volume, water weight, etc. These are all important for the health of your baby.

- If you are concerned about your weight gain (too little or too much), speak with your doctor.

- If you are someone who does not weigh yourself, and seeing the scale increase is triggering for you, ask your doctor to not tell you the number on the scale and to only comment if they are concerned.

- Book an appointment with a psychologist if you're having a really hard time accepting pregnancy weight gain.

## How do my eating habits and nutritional needs change while pregnant?

- It is recommended to meet with a bariatric dietitian each trimester to review your eating and your protein intake. Your dietitian can help you navigate common pregnancy symptoms that can affect your eating (ex. nausea, heartburn, food aversions, constipation, etc.).

- Your calorie and protein needs do not change in the first trimester. Your calorie and protein needs however do increase in trimesters two and three. Speak with your dietitian for specific numbers. Even with eating six times per day (i.e. 3 meals + 3 snacks) it can be very challenging to meet this target without protein supplements. For fat, include sources of essential fatty acids in your diet regularly (ex. salmon, walnuts, chia seeds, flax seeds).

- Review Health Canada's health pregnancy guide – HERE (2022). It includes recommendations such as avoiding alcohol as soon as you are trying to conceive, drinking less caffeine (maximum 300 mg per day, or two cups of regular coffee per day), drinking enough water, avoiding certain herbal teas, and more.

- If you use Sucaryl®, Sugar Twin®, or Sweet'N Low®, speak with your dietitian. High amounts of these artificial sweeteners are not safe during pregnancy.

- Review Health Canada's detailed food safety guide for pregnancy to reduce your risk of food poisoning – HERE (2024).

## Natural health products

- Review any natural health products you are taking with your pharmacist. Not all supplements are safe for your baby.

## Gestational diabetes screening test

- At 24 to 28 weeks of pregnancy, all women are sent for a blood sugar test to check for gestational diabetes (diabetes in pregnancy). If you have had gastric bypass surgery, **DO NOT** do this 50-gram glucose (sugar) test because it will likely cause dumping syndrome. Your obstetrician should test for gestational diabetes another way. They might for

example, ask you to test your blood sugar at home (fasting and two-hours after eating) with a kit for one week.

## Abdominal pain:

- As a bariatric patient, it is important to know that you are at an increased risk of developing the following issues around 1-3 years after surgery: internal hernias, bowel obstructions, volvulus, intussusception and gastric perforations. The pressure from your growing uterus and baby can encourage these complications during pregnancy and early post-partum. Pain in your abdomen is the most common symptom. Talk to your obstetrician about these risks so that they can monitor for any unusual symptoms during your pregnancy.

## Other information:

- For many women, bariatric surgery improves their fertility.

- Women who become pregnant after bariatric surgery have a lower risk of…
    - Gestational diabetes (diabetes during pregnancy)
    - High blood pressure issues during pregnancy and preeclampsia
    - Macrosomia (having a baby that is very large at birth)

- There is a higher risk of having a baby that is ‘small-for-gestational-age’ after bariatric surgery (meaning the baby is born significantly smaller than average) and having a baby that is premature (born early). You can speak to your obstetrician to learn more about this.

- It is encouraged to be followed by an obstetrician at a high-risk pregnancy clinic if possible.

## QUICK SUMMARY:

1. Wait 12-18 months after surgery before trying to conceive.

2. Do bariatric blood work before trying to conceive and every trimester to monitor your vitamin levels (see the list of recommended blood work above).

3. Switch your daily multivitamin to 2 Centrum prenatal pills per day 3 months before trying to conceive and discuss with your team if you need additional folate and vitamin B1. Take your other bariatric vitamins as prescribed (ex. vitamin B12, calcium citrate, vitamin D, iron).

4. Book appointments with a bariatric dietitian before becoming pregnant and during each trimester.

5. Decide with your dietitian and/or psychologist if weighing yourself regularly is helpful or triggering for you in managing your pregnancy weight gain.

**References**


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