

Preparing for and managing pregnancy after bariatric surgery

Although for most women, pregnancy after weight loss surgery can be much safer and easier than before, there are some special considerations to bear in mind. This leaflet provides information about planning pregnancy, during pregnancy and after pregnancy. For individual advice, please contact the relevant member of the Bariatric Team.

Summary of recommendations

- A review of which contraception method is best for you, taking into consideration the effects of bariatric surgery.
- Pregnancy planning should not happen until 12-18 months after bariatric surgery, when your weight has stabilised.
- Inform the Bariatric surgery Team that you are planning a pregnancy or, if unplanned, let them know as soon as you are aware of the pregnancy.
- Follow the vitamin and mineral supplementation and monitoring guidance for all stages of pregnancy, including a prescription from your GP for a daily dose of 5mg of folic acid. Please note that you may need to change your current daily multivitamins. This is because of the type of Vitamin A contained in them may not be compatible with pregnancy.
- Follow the dietary advice for all stages of pregnancy.
- Keep all your appointments for blood tests and scans. These will be needed more frequently than for other pregnancies.
- Make sure that you discuss the method of testing for blood glucose levels, when this becomes necessary, with your midwife or GP.

Pregnancy after bariatric surgery

- You should not plan for pregnancy until your weight is stable, usually about 12-18 months after surgery.
- There is a risk of nutrition-related problems for both baby and mother during gestation and this time will allow you to adapt to life after bariatric surgery. You will have more time to reintroduce a varied, well balanced diet to support you and your growing baby.
- Studies show that pregnancy before this time, and when weight loss is rapid, can lead to higher risks of nutritional deficiencies and pregnancy-related complications. These can include increased risk of pre-term delivery, having a smaller baby and admissions to neonatal intensive care.
- We advise all women who are planning pregnancy or who are pregnant to contact their GP as well as our Bariatric Surgery Team.
- Our guidelines are reviewed and updated as new evidence is available and there may be changes to the currently recommended nutritional supplementation, nutritional monitoring, antenatal and postnatal care.

- After bariatric surgery, the portion sizes of food you can eat are reduced and there is the added risk of malabsorption. These factors increase your risk of developing vitamin and mineral deficiencies. You can help to achieve good nutritional health by choosing healthy, nutritious foods and drinks and taking all the recommended vitamin and mineral supplements. This will also help you to manage your weight.

General healthy eating guidelines during pregnancy

It is important to eat a good variety of foods from the following food groups:

- Meat, poultry, fish, eggs, beans, pulses (protein foods).
- Dairy and dairy alternatives, such as soya products.
- Vegetables and fruit (fresh, frozen, canned, dried or juiced).
- Potatoes, bread, rice, pasta and other starchy carbohydrates.
- Continue to prioritise protein containing foods, followed by vegetables and fruit.
- Include some small portions of starchy carbohydrates, if you have room.
- Drink at least 1.5-2 litres of fluid a day (as able).
- Keep to a minimum foods and drinks high in fat, salt or sugar.
- If you have trouble tolerating certain types of foods/food groups after bariatric surgery, we recommend you discuss alternatives with the bariatric dietitian.

Top tips for healthy eating during your pregnancy

1. Follow the “**20-20-20 take-your-time**” rule. Your mouthful of food should be the size of a 20 pence coin. Chew each mouthful 20 times and wait a minute in between swallows. A main meal should take between 20-30 minutes to eat.
2. Have **three small regular meals a day**, four to five hours apart. Healthy snacks can be included if needed. Eating regularly gives you more control over your eating by helping you feel less hungry and so reduces the likelihood of overeating, as well as keeping your blood sugar more stable.
3. Have **breakfast** in some form if you can or substitute a healthy snack later in the morning.
4. **Mindful snacking.** Try and ensure that any snacks are a combination of protein and low GI carbs, to ensure stable blood sugar levels. Some examples include:
 - Peanut butter/with slice of apple or Ryvita with seeds
 - Slice of lean meat with oatcakes/wholegrain crackers/rice cakes
 - Fruit or berries with plain yoghurt
 - Unsalted nuts/seeds with cherry tomatoes or 1x satsuma
 - Vegetable sticks with hummus
 - Hard-boiled egg with cherry tomatoes or slices of cucumber, sweet peppers.
 - Rice pudding pot
 - Porridge pot
5. **Understand your eating behaviours.** Sometimes, people eat in response to how they feel; this could be a positive or negative emotion. A common example is eating due to boredom or low mood. It can be useful to use distraction (telephone a friend, do a puzzle or read, go for a

walk). It is important to prioritise time for yourself, spend time with loved ones and do things you enjoy. Emotions can be very up and down during pregnancy, especially in the first trimester. If you are struggling, discuss this with your antenatal team or GP. Alternatively, contact the bariatric dietitian if further dietary support is needed.

Foods to avoid

There are certain foods, which are best avoided during pregnancy as they may make you unwell or harm your baby.

For more detailed information concerning foods and activities to avoid during pregnancy, please refer to the NHS website (website link at the end of this leaflet).

Here are a few examples of food and fluids to avoid or minimise:

- Pate, all types, including vegetable pate.
- Raw or undercooked eggs.
- Raw or undercooked meat.
- Cured, cold meat that has not been cooked.
- Unpasteurised dairy products including milk, yogurts and soft cheeses.
- Uncooked, mould ripened and blue-veined soft cheese.
- Liver or liver products, fish liver oil supplements (due to high amounts of vitamin A).
- Alcohol.
- Seafood.
- Limit oily fish to 1x weekly, white fish to 2x weekly.
- Sushi.
- Minimise caffeine-containing drinks to 1-2x daily.

Important vitamins and minerals

- **Folic acid:** All women who are trying to become pregnant should take a folic acid supplement for at least three months before starting to try for a baby and continue for the duration on the first trimester. This is important as it reduces the risk of birth defects of the brain, spine, or spinal cord (neural tube defects). If you haven't started taking it early, you should take it as soon as you know you are pregnant. The dose for post-bariatric surgical patients is 5mg per day, on prescription from your GP.
- **Multivitamins:** If you are already taking Forceval capsules, there is no need to change or add any other multivitamin. Continue to take 1x capsule daily. All other standard A-Z multivitamins are unsuitable for pregnancy because of the type of vitamin A they contain. Change either to Forceval, or any of the over-the-counter pregnancy multivitamins (Pregnacare, Boots Pregnancy Support, 7-Seas Pregnancy Care) for the duration your pregnancy. Discuss this with your GP or local pharmacist if you are unsure.
- **Calcium and Vitamin D3:** Continue with your calcium D3 supplements, once or twice daily, as recommended e.g. AdCalD3, CalcichewD3, CacitD3, AccreteD3, EvacalD3. Extra vitamin D3 can be prescribed or purchased if blood tests indicate that this is needed.
- **Iron supplements:** If you are already taking ferrous fumarate or ferrous sulphate tablets, continue taking them according to your prescription. This would usually be 1 x tablet twice

daily. If not, you may need to start taking iron by the start of the third trimester. This is because the iron needs of the baby dramatically increase during this growth phase and can result in the mother becoming iron deficient anaemic, especially if dietary intake is insufficient. Iron-rich food cannot always compensate sufficiently.

- **B12 injections:** Please continue your three-monthly B12 injections as before. No change of routine needed.

Weight management during pregnancy

Weight gain is natural during pregnancy, but gaining too much weight is not healthy for you or your baby. Neither is losing weight at this time. The aim is for weight maintenance or a gain of 6–8kg for a pregnancy occurring during the first 12 months post-surgery. Otherwise, a weight gain of 10–12kg is acceptable or even desirable. This should ensure adequate nutrition for both mother and baby prior to the birth.

Do I need to eat more during pregnancy?

A common myth in pregnancy is that you need to eat more calories (i.e. “eating for two”). This is not the case. Your energy intake does not really need to change until the last trimester of your pregnancy. At this point, about week 25-26, you need to increase your intake by approximately 200kcal. per day. This could equate to about half a sandwich. Just introduce an extra small snack each day made up of protein and carbs. You may well be eating several small snacks instead of meals at this point, especially as the baby starts to grow in size and takes up more abdominal space.

The best thing that you can do for your baby is to eat a healthy balanced diet, be physically active and allow some weight gain to take place.

There are no adverse effects associated with changing your eating to become healthier during pregnancy as described in this leaflet. However it is important to prevent weight loss during pregnancy if possible, as this can cause problems.

If you have questions or concerns, consult your bariatric dietitian, who is best placed to support you with this.

Nausea

Nausea (“morning sickness”) is very common in early pregnancy. It can be unpleasant but usually clears up during weeks 16 to 20 of pregnancy. The following may help you:

- Allow yourself plenty of time in the morning to get up. If possible, eat something plain like dry toast or a plain biscuit before getting up.
- Drink plenty of fluids, such as water, sipping little and often and avoid drinking at mealtimes or with snacks.
- Eat little and often, try six small meals per day. It is important that you do not stop eating. Include small portions of starchy carbohydrates such as bread, rice, potatoes and pasta in your meals as these may be better tolerated. Avoid foods high in sugar or fat.
- Eat cold meals, this can help if the smell of food makes you feel sick and avoid foods or smells that make you feel sick.

- Some have found wearing an acupuncture band on the wrist has helped. There have been no reports that this is harmful, although some women have experienced numbness, pain and swelling in their hands

Hyperemesis gravidarum (HG) is the name given to severe and persistent vomiting during pregnancy. This must not be ignored and may need specialised treatment. You should discuss this with your GP or Antenatal Team.

For further general information on other problems please refer to the NHS website.

Activity and exercise

Gentle activity during pregnancy is safe and has physical and psychological benefits. There is evidence that active women are less likely to encounter problems in later pregnancy and labour. Women who remain active through their pregnancy or who start to become more active have better control of their weight, reduce their risk of weight-related complications (such as pre-eclampsia, low back pain and gestational diabetes) and may even go through labour more easily. Weight loss after the birth is also usually easier.

After a gastric bypass, a small number of women may experience episodes of hypoglycaemia (low blood sugars) with increased activity. The symptoms include dizziness, blurry vision, feeling faint, sweating and shakiness. You may just need to slightly increase your intake of low glycaemic index (GI) starchy carbohydrates. Please contact your bariatric dietitian for further advice.

Further information:

NHS pregnancy website: www.nhs.uk/pregnancy/

Provides reliable, up to date information about nutrition, healthy eating and activity (includes guided exercises) for planning and during pregnancy.

NHS Start4Life website: www.nhs.uk/start4life/

Useful tips and advice for pregnant women and families. Provides information about the Healthy Start Scheme.

Tommy's Pregnancy Hub website: www.tommys.org/pregnancy-information/im-pregnant/weight-management/pregnant-after-weight-loss-surgery

Talking Therapies Berkshire website: www.berkshirehealthcare.nhs.uk/our-services/mental-health-and-wellbeing/talking-therapies-berkshire/

Talking therapies offer a wide range of options to support people with emotional or mental health problems; further information is available on their website.

Contacting us

If you are unable to wait for your next appointment and need further support, contact:

Bariatric Dietitian

Department of Nutrition & Dietetics

Tel: 0118 322 7116 (voicemail available)

Email: rbb-tr.dietitians@nhs.net

Endocrinology and Diabetes Centre

Clinical Admin Team (CAT 9) Tel: 0118 322 7969

Email: Cat9@royalberkshire.nhs.uk

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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