



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 and during pregnancy. For individual advice, please contact the relevant member of the Bariatric Team.

Summary of recommendations

- Discuss your contraception method with your GP. You may need to choose an additional or different contraceptive method than the oral contraceptive pill as the pill can be less effective.
- Wait at least 18 months after bariatric surgery before planning for pregnancy. When your weight has stabilised is safest.
- Inform the Bariatric Surgery Team when 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 5mg of folic acid from your GP. You may need to change your current daily multivitamins to a pregnancy safe vitamin and you may need to take 2 tablets a day.
- Follow the dietary advice throughout your pregnancy.
- Keep all your appointments for blood tests and scans. These will be needed more frequently for pregnancies after bariatric surgeries.
- Make sure that you discuss the method of testing for blood glucose levels, when this becomes necessary, with your midwife, obstetrician or GP.
- Be mindful that it may be more difficult for your body to produce a good supply of breast milk after bariatric surgery, due to the reduced nutritional intake. Make sure to discuss this with your midwife, to create a feeding plan that will work for you and your baby.

Pregnancy after bariatric surgery

We advise all women who are planning pregnancy or who are pregnant to contact their GP as well as our Bariatric Surgery Team. You should be referred to antenatal clinic and see an obstetrician to plan your care during pregnancy.

Planning for pregnancy

- You should **not plan for pregnancy until at least 18 months after surgery, and when your weight is stable for several months.**
- Studies show that pregnancy before this time, when weight loss is rapid, can lead to higher risks of nutritional deficiencies and pregnancy-related complications. This includes increased risk of pre-term delivery, having a smaller baby and admissions to neonatal intensive care.
- There is a risk of nutrition-related problems for both baby and mother during pregnancy and you should allow sufficient time to adapt to life after bariatric surgery. You should aim to have a varied, well balanced diet before becoming pregnant.
- You should take a **Folic Acid supplement for at least 3 months before trying for a baby**, and throughout your first trimester. The dose for post-bariatric surgical patients is 5mg per day, on prescription from your GP.

During pregnancy

After bariatric surgery, your risk of developing vitamin and mineral deficiencies is increased, as the portion sizes you can eat are reduced and there may be malabsorption. To reduce this risk during your pregnancy you should take all the recommended vitamin and mineral supplements and ensure you have a varied diet.

- 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 habits 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.
- As your pregnancy progresses you may find it easier to manage several small snacks instead of meals, especially as the baby starts to grow in size and takes up more abdominal space.
- Please contact the bariatric dietitian if you feel further dietary support is needed or you have any concerns such as weight loss during your pregnancy.

Tips for healthy eating

- Follow the “**20-20-20**” 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 20 minutes to eat.
- Have **three small regular meals a day**, including breakfast, spread these throughout the day. Healthy snacks can be included if needed. Eating regularly helps you feel less hungry and so reduces the likelihood of overeating, as well as keeping your blood sugar more stable.
- Be **mindful of snacking**. Aim to have snacks that are a combination of protein and low GI / high fibre carbohydrates, this helps with hunger and your blood sugar levels. For example:
 - Peanut butter with slice of apple or seeded crackerbread
 - Slice of lean meat or meat alternative with oatcakes or wholegrain crackers or rice cakes
 - Fruit or berries with plain yoghurt
 - Unsalted nuts or seeds with cherry tomatoes or one satsuma
 - Vegetable sticks with hummus
 - Hard-boiled egg with cherry tomatoes or slices of cucumber or sweet peppers

- Rice pudding pot / porridge pot
- Try to **understand your eating behaviours**. Sometimes, we eat in response to how we 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 find other activities or distractions instead of over eating, for example: telephone a friend, do a puzzle, read, go for a walk or paint your nails. 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.
 - Continue to prioritise protein foods at meal times, followed by vegetables and fruit.
 - Drink at least 1.5 litres to 2 litres of fluid a day (as able).
 - Minimise intake of foods and drinks that are 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.

Important vitamins and minerals

- **Folic acid:** All women who are planning for pregnancy should take a folic acid supplement for at least 3 months before trying for a baby, and throughout the first trimester. The dose for post-bariatric surgical patients is 5mg per day, on prescription from your GP. If you haven't started taking it early, you should take it as soon as you know you are pregnant. This is important as it reduces the risk of birth defects of the brain, spine, or spinal cord (neural tube defects).
- **Multivitamins / A-Z vitamins:** Some standard A-Z multivitamins are unsuitable for pregnancy because of the type of Vitamin A they contain. Forceval® Capsules are safe to take during pregnancy and will not need to be changed, continue to take one a day. Other multivitamins will need to be changed to Forceval® Capsules, or over-the-counter pregnancy multivitamins e.g. Pregnacare®, Boots Bump & Beyond™, 7-Seas® Pregnancy. Discuss this with your GP or local pharmacy if you are unsure. Make sure your multivitamin contains 2mg copper, if it contains only 1mg of copper please take twice a day.
- **Calcium and Vitamin D3:** Continue with your Calcium D3 supplements, according to your prescription e.g. AdcalD3, CalcichewD3, CacitD3, AccreteD3, EvacalD3.
- **Iron supplements:** If you are already taking Ferrous Fumarate or Ferrous Sulphate tablets, continue taking them according to your prescription. If not, you may need to start taking iron supplement by the start of the third trimester. This is because the iron needs of the baby increase during this growth phase and can result in iron deficient anaemia, especially when dietary intake of iron is insufficient.
- **B12 injections:** Please continue your 3-monthly B12 injections, according to your prescription.

Weight gain

Weight gain during pregnancy is natural, and can indicate you are having adequate nutrition for you and your baby. Too much weight gain is not healthy for you or your baby.

- If you are pregnant during the first 12 months post bariatric surgery, you should expect weight maintenance or a gain of 6kg to 8kg.
- If you are pregnant after the first 12 months post bariatric surgery, a weight gain of 10kg to 12kg would be expected.

Do I need to eat more during pregnancy?

It is a common myth that you need to eat more calories (i.e. “eating for two”) during pregnancy. Your calorie intake does not really need to change until the last trimester of your pregnancy.

- During your last trimester, you need to increase your intake by approximately 200 calories per day.
- You should aim to introduce a small snack each day made up of protein and carbohydrates. This could equate to half a sandwich, or some of the snacks listed earlier.

Physical activity and exercise

Physical activity during pregnancy is safe and has physical and psychological benefits. You should consider increasing gentle exercise such as walking, or aim to maintain your levels of physical activity if you were active before your pregnancy.

- There is evidence that women who are more active 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 and reduce their risk of weight-related complications such as pre-eclampsia, low back pain and gestational diabetes. Weight loss after the birth is also usually easier for these women.

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..

Foods to avoid

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

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

- Food and fluids to avoid or minimise include:
 - Pâté, all types, including vegetable pâté
 - Raw or undercooked eggs without a red lion stamp
 - Raw or undercooked meat or fish, including sushi
 - Cured, cold meat that has not been cooked.
 - Unpasteurised dairy products including soft ripened cheeses e.g. camembert, brie
 - Soft serve ice creams from vans or kiosks
 - Mould ripened and blue-veined cheeses, e.g. Danish blue
 - Liver and liver products, including fish liver oil supplements
 - Certain seafood; shark, marlin, sword fish
 - Alcohol
 - Limit oily fish such as salmon, mackerel and sardines to no more than two a week
 - Limit tinned / canned tuna to no more than four a week
 - Minimise caffeine-containing drinks to no more 200mg a day, e.g. two instant coffees or 1 mug of filter coffee or 3 cups of tea. Please note drinks such as cola also contain caffeine.

High caffeine products should be avoided.

Nausea

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

- Eat little and often, try having six small meals or snacks throughout the day. It is important that you continue to try to eat and drink.
- Small portions of starchy carbohydrates such as bread, potatoes, rice and pasta, may be better tolerated, whereas spiced, rich or fatty foods may make the nausea worse.
- Sip on water based fluids throughout the day, avoid drinking at mealtimes or with snacks.
- Try to avoid strong cooking smells, if possible have someone else cook for you. You could also try eating more cold meals e.g. sandwiches, pizza, chapatti or quiche.
- Give yourself more time in the morning to get ready, to increase likelihood that you can manage something to eat before leaving the home.
- Some women find that foods and drinks containing ginger or mint may ease nausea.

Seek medical help if excessive vomiting continues for more than 12 hours or you are unable to maintain a suitable fluid intake.

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.

General healthy eating guidelines during pregnancy

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

- Protein including; meat, poultry, fish, eggs, beans, pulses and meat alternatives
- Dairy and dairy alternatives, such as soya products
- Vegetables and fruit, including fresh, frozen, canned or dried.
- Starchy carbohydrates including; potatoes, breads, rice and pastas.

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.

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:

<https://www.berkshirehealthcare.nhs.uk/talking-therapies>

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) or email: rbb-tr.dietitians@nhs.net

Endocrinology and Diabetes Centre

Clinical Admin Team (CAT 9) Tel: 0118 322 7969 or email: rbb-tr.CAT9@nhs.net .

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

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

RBFT Bariatric Dietitian, June 2021

Reviewed: July 2026

Next review due: July 2028

Our Maternity Strategy and Vision

'Working together with women, birthing people and families to offer compassionate, supportive care and informed choice; striving for equity and excellence in our maternity service.'

You can read
our maternity
strategy here

