



A guide to pregnancy after weight loss surgery

When you find out you're pregnant, you are hit firstly by a whole array of emotions (excitement, joy, anxiety, happiness, nervousness), and then by a number of various questions to ask yourself (am I ready for this? Who do I tell? What do I do now?).

Despite discovering that you're pregnant being a joyous moment, it can be quite daunting too as you are suddenly faced with the reality that your body is about to undergo changes, and a baby is going to take shape and grow inside you.

For patients who have had bariatric (weight loss) surgery, finding out you're pregnant can be even more of a daunting prospect because of the concern about safety - but it does not have to be. The WLS Group created the 12-month 'Antenatal Bariatric Surgery Support Programme' to educate, advise and support patients who have become pregnant after weight loss surgery. We work with our midwife expert to help us ensure patients get the best outcome from both their pregnancy and bariatric surgery.

Our experience has shown that often GP's and obstetricians are not fully informed about the management of the pregnant bariatric surgery patient. This programme gives patients somewhere to turn, so that not only is their pregnancy being managed, but their pregnancy in relation to their weight loss procedure. After all, reversing a bypass or removing a band for the 9 months you are pregnant is probably not the best option, in terms of health or finance.

The programme costs £399 and includes nutritional advice, band adjustments, monthly reviews with the bariatric nurse for specialised antenatal care, and close cooperation with the midwife on our expert panel and your own local antenatal care team.

After weight loss surgery, many women find that they have increased fertility and can become pregnant when they've never been able to conceive in the past. After presenting with PCOS and years of trying for a baby, Michelle Bowater (MD of Weight Loss Surgery Group— see photograph) became pregnant in 2008 after losing 15 stones following weight loss surgery.

Safety of Pregnancy following Bariatric Surgery

There is a misconception that weight loss surgery and pregnancy are mutually exclusive, when in fact the opposite is true. Weight loss surgery involves surgery on the abdominal area and small intestines, which anatomically speaking is far away from the uterus where pregnancy takes place.

A wealth of research has been reviewed (1,2) which confirms that bariatric surgery is an effective method of weight loss for clinically obese women of childbearing age, with favourable pregnancy outcomes after surgery. Women who have had weight loss surgery tend to have lower risk pregnancies because they are carrying less weight: their blood pressure and blood sugars are lower; they are on fewer medications and their health is generally better. In addition, the weight loss can have beneficial effects relating to fetal and infant outcomes (eg. normal birth weight).

It's important to note here that the general consensus amongst bariatric experts is to avoid pregnancy for at least a year after weight loss surgery (1,3) to ensure firstly, that the growing fetus is nurtured and not exposed to nutritional deficiency during the rapid weight loss phase following surgery, and secondly, for women to take the opportunity to get as close to a healthy weight as possible before conception.

Found out your pregnant? - General recommendations for what to do next

1. Advise your GP

Your first port of call when you think you're pregnant is your GP. Your GP can confirm your pregnancy through a pregnancy test if needs be, and then offer you the guidance you need regarding getting local support and antenatal care from a midwife, obstetrician and indeed the GP themselves.

2. Contact your bariatric surgery provider

Since the weight loss surgery boom is relatively recent, many obstetricians and GP's do not know how to treat women who have had it. You should maintain contact and work with both your bariatric team (nurse, surgeon, dietitian) and obstetric team, and make sure that they are communicating with each other in order to give you the best chance of having a problem-free pregnancy.

3. Arrange to have blood tests to assess your nutritional status

Nutritional deficiencies can occur after weight loss surgery because of the limitation of food intake and the malabsorption specifically in bypass patients (4). Blood tests can identify any deficiencies that need to be treated to ensure you'll have a safe pregnancy and a healthy baby.

4. Be careful with your existing nutritional supplements

It is highly likely that you will be taking vitamin & mineral supplements as recommended by your bariatric provider, but you may need to stop taking these as some supplements are not suitable to take during pregnancy, in particular, supplements with doses of vitamin A. High levels of vitamin A are not advised during pregnancy (5). A Specific prenatal nutritional supplement should be taken such as

Pregnacare®. which has been specifically formulated for pregnancy. You should speak with your bariatric nutritionist/dietitian about any additional supplements you may require as this will vary between patients and is dependent on the bariatric procedure you have had.

5. Don't be in a hurry to have your gastric band fully deflated/defiled during pregnancy

Obese women require a substantial amount of additional clinical care beyond that offered to women of a lower weight due to the wide range of medical and obstetric complications obese women tend to experience (6). Some experts suggests that obesity may be implicated in approximately one third of maternal deaths. With no restriction from the band we have heard of excessive weight gains of as much as 5-6 stones during pregnancy. Weight gain should be no more than 10-12 kilos (22-28lbs). Appropriate adjustment of the band during pregnancy allows for optimal control of maternal weight change in pregnancy (7).

6. Do not let weight loss continue to be your objective during pregnancy

Severe calorie restriction for weight loss/dieting is not recommended during pregnancy, so if you are overweight it is best to increase the amount of activity you do instead. You should be very careful and opt for everyday activities like walking rather than difficult or exhausting sports.

7. Beware of dietary restrictions

You will probably have been following a very good eating plan after weight loss surgery as advised by your dietitian. However, there may now be certain foods that you have to avoid such as some types of fish or cheese, and raw or undercooked meat and eggs. Your midwife and/or dietitian should advise you of these restrictions.

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Other research

Evidence has shown that increasing BMI (Body Mass Index) is associated with increased incidence of pre-eclampsia, gestational hypertension and diabetes, macrosomia, induction of labour and caesarean delivery (1). Gastric band surgery has repeatedly been proven to be a safe and effective method of weight loss for morbidly obese women of child bearing age, with certain gestational complication rates actually lower than those associated with pregnancy in the obese (2-6).

Researchers have found that there is a decrease in maternal complications in gastric band patients because of better maternal weight gain control (3,5). In particular, a decrease in maternal hypertension and diabetic complications have been reported, as has a decreased rate of fetal macrosomia (a high birth weight) after gastric banding (2-6).

These results suggest that gastric banding is well tolerated during pregnancy and can be safely recommended to obese women of childbearing age.

The general consensus and current recommendations suggest that patients should delay pregnancy until after the first postoperative year in order to maximise maternal weight loss and minimise the risk of poor fetal growth and nutritional deficiency (6). Recent evidence, albeit with regards to gastric bypass patients, however has shown that pregnancy outcomes are similar in women conceiving during or after the period of maximal weight loss (7)

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COMMENTS FROM THE WLS GROUP EXPERTS

Wendy Stubbs, Bariatric Nurse and Clinical Director for the WLS Group

Once a patient realises that they are pregnant, we arrange for them to come in for a review so that we can assess their diet and medical history and make appropriate recommendations. Although pregnancy after bariatric surgery appears to be safe, we should take extra care to properly monitor post-op pregnant patients for appropriate weight gain and nourishment.

We are currently working on developing an Antenatal Bariatric Surgery Programme specifically aimed at patients who become pregnant following weight loss surgery. It has been designed to offer patients all the support and guidance they need about how to keep themselves and their baby safe and healthy during the gestational period after weight loss surgery.

COMMENTS FROM THE WLS GROUP EXPERTS:

Wendy Stubbs, Bariatric Nurse and Clinical Director for the WLS Group

I see many patients in my clinic who worry about the consequences of getting pregnant after gastric band surgery. There is a wealth of evidence out there to prove that it is safe to become pregnant after gastric banding and many of my patients have had gastric banding and gone on to have beautiful healthy babies. In our practice we do recommend that patients aim to wait around 18 months before planning to conceive.

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Gastric band adjustments during pregnancy

It has more or less been common practice to fully deflate the gastric band once a patient finds out that they are pregnant. Presumably this is to ensure that the mother can eat a sufficient amount of food to be able to provide the fetus with all the nutrients it needs.

However, research has shown that this may not be necessary. In one study it was found that there was a significantly greater maternal weight gain, a significant increase in the incidence of fetal macrosomia and a case of gestational diabetes in patients who had their band fully deflated (1). The researchers confirmed other results in the literature that gastric banding limits the usual complications associations with morbid obesity during pregnancy, however they also concluded that the band should not be deflated by principle, but only on symptoms. This was also confirmed in another study which concluded that adjustment of the gastric band during pregnancy must be undertaken individually according to symptoms (vomiting, gain of weight, total dysphagia/difficulty swallowing) (2).

In another study it was concluded that the ability to adjust gastric restriction allows optimal control of maternal weight change in pregnancy, and should help avoid the risks of excessive weight change (3).

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