Guidelines for Preconception and Prenatal Care Following Bariatric Surgery

Background:
Morbid obesity represents a serious medical condition that may cause or contribute to additional disorders such as diabetes, hypertension, and hypercholesterolemia, among others. Bariatric (weight loss) surgery may be part of an overall weight control program in women of reproductive age. Pre-existing medical conditions or physiologic changes following surgery may have clinically significant consequences for women contemplating pregnancy after bariatric surgery.

Purpose:
These guidelines are intended to foster a team approach to the bariatric surgical patient contemplating pregnancy or already pregnant. Preconception and prenatal concerns are outlined, including recommendations for care.

Preconception Care of Women Following Bariatric Surgery Checklist

<table>
<thead>
<tr>
<th>Date Ordered</th>
<th>Date Completed</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ Reliable contraception until weight stabilized 12-18 months post-operatively (excludes combination or progestin - only oral contraceptives)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Consultations to consider</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• bariatric nutritionist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• bariatric surgeon</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• maternal-fetal medicine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Micronutrient assessment/supplementation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• folic acid 400 micrograms orally daily</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• calcium citrate 1200 milligrams orally daily</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• iron</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• vitamin B₁₂</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• vitamin D</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• avoid &gt;5000 units/day vitamin A</td>
</tr>
</tbody>
</table>
Patient education – presentation and assessment of late bariatric surgical complication
- Roux-en-Y gastric bypass: bowel obstruction
- Adjustable gastric band: band slippage

Information leaflet provided and reviewed

Pregnancy Care of Women Following Bariatric Surgery Checklist

Patient’s Name: ___________________________ Surgeon: ___________________________
DOB: ___________________________ Surgeon’s Contact Information
MR#: ___________________________ Phone: ___________________________
Bariatric Procedure: ___________________________ Fax: ___________________________
Date of Surgery: ___________________________ Address: ___________________________

Date Ordered Date Completed

☐ Preconception care updated, completed, reviewed with patient
  - consultations
  - micronutrient assessment/supplementation
  - patient education
    - surgical complications reviewed
    - information leaflet provided and reviewed

☐ Obstetrical ultrasound examination
  - second trimester examination at 20-22 weeks
  - third trimester fetal growth assessment(s)

☐ Gestational diabetes screening
  - avoid glucose tolerance testing – select alternative approach if screening is desired

Postpartum Care of Women Following Bariatric Surgery Checklist

Patient’s Name: ___________________________ Surgeon: ___________________________
DOB: ___________________________ Surgeon’s Contact Information
MR#: ___________________________ Phone: ___________________________
Bariatric Procedure: ___________________________ Fax: ___________________________
Date of Surgery: ___________________________ Address: ___________________________
Postpartum/Post cesarean analgesia
- avoid oral nonsteroidal anti-inflammatory agents, especially if prior stricture, anastomotic ulceration

Breastfeeding
- lactation encouraged if no contraindication
- newborn’s physician informed of maternal bariatric surgery if breastfeeding

Micronutrient supplementation
- continue folic acid 400 micrograms orally daily and other prescribed supplementation

Reliable contraception, excluding combination or progestin-only oral contraceptives

References: