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Seven facts about pregnancy after weight-loss surgery



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Weight-loss surgery (also called bariatric surgery) is becoming ever more common — according to the U.S. Centers for Disease Control and Prevention, the number of people getting gastric bypass surgery increased ninefold from 1996 to 2004. But how do these kinds of surgeries impact getting pregnant and affect those nine months afterward? Here are seven facts you should know about having a baby after bariatric intervention.

1. You may get a boost in fertility

Bariatric surgery can produce a sudden positive change in your fertility. A report in a November 2005 issue of the *Journal of Obstetric, Gynecologic, and Neonatal Nursing* found that women with fertility problems linked to obesity who have the surgery can start ovulating regularly for the first time in years. And if you have polycystic ovarian syndrome (PCOS), your fertility should also get a boost after surgery. A study published in the December 2005 issue of the *Journal of Clinical Endocrinology and Metabolism* found that post-surgery weight loss for women with PCOS resolved their metabolic and reproductive abnormalities.

Important caveat: This newfound fertility can raise your chances of getting pregnant by accident if you haven't been using birth control — a problem if you're in the initial 18-month post-surgery period (see below). [Read about your birth control options.](#)

2. You should wait 18 months before getting pregnant

It's safe to get pregnant after bariatric surgery — after your weight stabilizes. After surgery, your body goes through potentially stressful changes and significant nutritional upheaval, which can pose problems for a growing baby.

"Pregnancy after weight-loss surgery isn't an issue. The only concern is [getting pregnant] in the period of rapid weight loss," says Philip Schauer, director of advanced laparoscopic and bariatric surgery at the Cleveland Clinic's Bariatric and Metabolic Institute.

To protect women and their babies from potential malnutrition, doctors recommend that women not get pregnant until 18 months after surgery. A report in a November 2005 issue of the *Journal of Obstetric, Gynecologic, and Neonatal Nursing* explained that getting pregnant at least 18 months after surgery reduces the "potential for maternal and fetal malnutrition and small-for-gestational-age infants." By then, Schauer says, a woman should have reached a stable weight and be able to provide her baby with enough nutrition.

3. You'll need to monitor your nutrient intake closely

Even past the initial post-surgery period, many women have nutritional deficiencies that can be problematic during pregnancy. A study in the April 2006 issue of the *American Journal of Medical Science* found that the most common nutritional complications associated with bariatric surgery are deficiencies in B12, iron, calcium, and vitamin D. In some cases, post-surgery patients can experience protein-calorie malnutrition and fat malabsorption. After surgery, many women eat as few as 500 calories a day and often have to take extra vitamins to compensate for the ways in which their bodies no longer metabolize nutrients.

It may be extra difficult to get the nutrients you need during pregnancy because of nausea — a common post-surgery

complication that morning sickness can exacerbate. If nausea has killed your appetite or you can't keep food down, talk to your healthcare provider about [antinausea drugs](#) that you can safely take during pregnancy.

To make sure you and your baby are getting enough nutrients, see a nutritionist who's knowledgeable about weight-loss surgery. You can find a nutritionist (also called a dietitian) on the [American Dietetic Association](#) website — just click on Find a Nutrition Professional. Tell her what kind of surgery you had, how much weight you've gained during pregnancy so far, and your nutritional likes or dislikes. She may recommend that you eat several small meals throughout the day, which improves nutrient absorption.

You should also have your provider check your vitamin levels regularly. She may suggest that you take additional vitamin supplements.

4. You may need to educate your ob-gyn

Since the weight-loss surgery boom is relatively recent, many ob-gyns don't know how to treat women who've had it. Moms who've had the surgery say they've been put in the awkward position of educating their obstetricians.

"I'm their guinea pig," jokes Kimberly Jensen, a stay-at-home mom to Ethan in Cheyenne, Wyoming, who at age 23 is pregnant with her first child after weight-loss surgery in 2004. "They're learning how to treat women who've had weight-loss surgery through me. I'm only their first or second patient who's had the surgery."

If you've had weight-loss surgery and you recently got pregnant or want to get pregnant, start the ball rolling by talking to all your healthcare providers early, recommends Phelan. This will give them a chance to do some research so they have the most up-to-date facts at hand when caring for your health.

5. Your risk of complications drops, but doesn't go away

A 2005 study in the journal *Obstetrics and Gynecology* found that women who had weight-loss surgery developed pregnancy-induced hypertension and gestational diabetes at rates similar to those of healthy-weight women who'd never been obese or had weight-loss surgery.

But since many women who get weight-loss surgery are still plus-size to some degree when they become pregnant, moms-to-be can expect their doctors to keep a closer watch on their pregnancies, says Sharon Phelan, an obstetrician in Albuquerque, New Mexico, who has treated many plus-size women during pregnancy, including women who have had weight-loss surgery.

"You're still at risk for gestational diabetes [if you're plus-size but have had weight-loss surgery], but the risk is far less than before surgery," says Phelan.

For example, Celeste Olivares, a 41-year-old nurse and mother of two, lost more than 150 pounds from gastric banding and was 237 pounds when she became pregnant with her first child in 2005. Her diabetes and cardiomyopathy (a form of heart inflammation) had gone away completely after the weight loss, but she continued to monitor her blood sugar during pregnancy. At 30 weeks, her blood sugar rose slightly and her doctor put her on insulin as a protective measure.

6. You may face a body-image battle

One of the biggest emotional effects of pregnancy for post-surgery women, says Phelan, arises from body image. Not only does a woman have to get used to the idea that her belly will grow again, but she may also have some scars from the surgery that don't stretch very well as she grows.

"Psychologically, a lot of women who've had surgery to lose weight have a very hard time accepting that they have to gain weight," says Phelan. "They have to get comfortable with the fact that 'Yes, now is the time to gain weight.' Another emotional part of pregnancy is that it's stressful and people tend to eat when they're stressed."

So women run the risk of going to extremes — either dieting while pregnant, which can have serious nutritional consequences for the baby, or gaining back some of the weight they lost because they're eating more food. There's also the problem of food pushers, Phelan notes. These are the people who, seeing you're pregnant, say, "Go ahead, have another slice of cake!"

Kimberly Jensen says she did worry about gaining weight during her pregnancy. "Everyone told me not to worry about weight gain," she says. "But that was my biggest fear, gaining weight. It's tricky because you can be dieting even though you don't think you're dieting. The key is to think about the baby before you eat, so you're thinking about what's best for him."

7. You're more likely to have a cesarean

Pregnant women who've had bariatric surgery are more likely to end up with a c-section, according to a 2004 study published in the *American Journal of Obstetrics and Gynecology*. It's not clear exactly why this is the case and what factors are involved, but it helps to talk to your healthcare provider. Does she consider you at high risk for a c-section, and if so, why? Ask about her c-section rate and her philosophy about c-sections in general. If you have no serious health problems, is she fine with trying vaginal delivery? During a vaginal delivery, what might cause her to order a c-section intervention?

Also, you may decrease your odds of having a c-section by following your doctor's weight-gain recommendations, exercising during pregnancy, and taking [childbirth preparation classes](#). Learn more [about c-sections](#) and what the [recovery is like](#).

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