

Maine Medical

PARTNERS

Women's Health

A department of Maine Medical Center

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

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

Date Ordered	Date Completed	
_____	_____	<input type="checkbox"/> Reliable contraception until weight stabilized 12-18 months post-operatively (excludes combination or progestin - only oral contraceptives)
_____	_____	<input type="checkbox"/> Consultations to consider <ul style="list-style-type: none">• bariatric nutritionist• bariatric surgeon• maternal-fetal medicine
_____	_____	<input type="checkbox"/> Micronutrient assessment/supplementation <ul style="list-style-type: none">• folic acid 400 micrograms orally daily• calcium citrate 1200 milligrams orally daily• iron• vitamin B₁₂• vitamin D• avoid >5000 units/day vitamin A
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

- _____ 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 | |
|-----------------|-------------------|--|
| _____ | _____ | <input type="checkbox"/> Preconception care updated, completed, reviewed with patient |
| _____ | _____ | <ul style="list-style-type: none"> • consultations • micronutrient assessment/supplementation • patient education <ul style="list-style-type: none"> ○ surgical complications reviewed ○ information leaflet provided and reviewed |
| _____ | _____ | <input type="checkbox"/> Obstetrical ultrasound examination |
| _____ | _____ | <ul style="list-style-type: none"> • second trimester examination at 20-22 weeks • third trimester fetal growth assessment(s) |
| _____ | _____ | <input type="checkbox"/> Gestational diabetes screening |
| _____ | _____ | <ul style="list-style-type: none"> • 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: _____

Date Addressed
or Completed

- 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:

- 1 American College of Obstetricians and Gynecologists. ACOG Practice Bulletin No. 105. *Bariatric surgery and pregnancy*. Obstet Gynecol 2009;113:1405-1413.
2. U.S. medical eligibility criteria for contraceptive use. MMWR May 28, 2010.
3. Aills L, Blankenship J, Buffington C, et al. *ASMBS allied health nutritional guidelines for the surgical weight loss patient*. Surg Obes Rel Dis 2008;S73-S108.