

# **You might need to delay your pregnancy if you're having bariatric surgery**

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Women who undergo bariatric surgery should be managed in the perinatal period with a multidisciplinary team to improve pregnancy-related outcomes, according to the authors of a narrative review published today by the *Medical Journal of Australia*.

Obesity increases the risk of infertility for men and women and decreases the effectiveness of fertility therapies, wrote the authors, led by Dr. Sarah Cheah from the St George Hospital in Sydney. Obesity also increases the risks of fetal morbidity and mortality and maternal pregnancy complications as well as the likelihood of complex delivery.

"Bariatric [surgery](#) generally leads to more than 20 percent of total body weight loss, which is sufficient to ameliorate [polycystic ovary syndrome](#), diabetes and hypertension," Cheah and colleagues wrote. "It has been shown to improve fertility and pregnancy-related outcomes for mother and child.

"However, in the absence of well constructed trials, [bariatric surgery](#) for fertility reasons has to be prescribed on a case-by-case basis. Almost 60 percent of [female patients](#) who have bariatric surgery are within the age range of 20–44 years, and these women need appropriate advice and management around contraception, peri-conception nutrition and supplementation, and weight management during and after pregnancy."

Cheah and colleagues made the following recommendations after a review of the available evidence:

- Following bariatric surgery, pregnancy should be delayed by at least 12–18 months due to adverse pregnancy outcomes associated with rapid weight loss;
- Contraception should be prescribed after bariatric surgery, although the effectiveness of the oral contraceptive pill may be reduced due to malabsorption, and contraceptive devices such as intrauterine devices should be considered as first line therapy;
- After bariatric surgery, women should undergo close monitoring for nutritional insufficiencies before, during and after pregnancy. Expert opinion recommends these women undergo dietary assessment and supplementation to prevent micronutrient deficiencies; and,
- Bariatric surgeons, bariatric medical practitioners, bariatric dieticians, the patient's usual general practitioner, obstetricians, and maternity specialists should be involved to assist in the multidisciplinary management of these complex patients.

"Post-bariatric surgery [pregnant women](#) are at increased risk of nutritional insufficiencies during their pregnancy and of preterm or small for gestational age fetuses," Cheah and colleagues concluded.

"It is important that these [women](#) are managed early on in the prenatal period with a multidisciplinary team beyond the traditional obstetricians and maternity specialists to also involve bariatric surgeons, bariatric medical practitioners, bariatric dieticians and the patient's usual GP to improve [pregnancy](#)-related outcomes."

**More information:** Sarah Cheah et al, Fertility, pregnancy and post partum management after bariatric surgery: a narrative review, *Medical Journal of Australia* (2022). [DOI: 10.5694/mja2.51373](https://doi.org/10.5694/mja2.51373)

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