

Pregnancy After Bariatric Surgery

PATIENT EDUCATION SERIES



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Bariatric surgery, also known as weight-loss surgery, is a procedure that alters the digestive system to aid in long-term weight management and improved health. It can improve conditions like diabetes, high blood pressure, and **polycystic ovary syndrome (PCOS)**, which can also increase the chances of becoming pregnant. You can have a healthy pregnancy after bariatric surgery, but it may involve special care depending on the type of surgery you had and your overall health.

What does my OB-GYN need to know about my bariatric surgery in order to care for me during pregnancy?

The most important information your obstetric care provider will need to know is the type of bariatric surgery you have had. The main types of bariatric surgery are:

- **Gastric band:** A small band is placed around the top part of the stomach to make it smaller. This helps you feel full sooner and eat less food.
- **Gastric bypass:** The stomach is made smaller, and part of the small intestine is rerouted to limit how much food you can eat and how many calories and nutrients your body can absorb.
- **Sleeve gastrectomy:** Part of the stomach is removed, making it much smaller and shaped like a sleeve or tube.

They will also want to know if you had any complications from the procedure, such as a second surgery, blood clots, or **blood transfusions**.

Can I get pregnant after having bariatric surgery?

After bariatric surgery, many people lose weight quickly, which can improve conditions like PCOS, help with regular ovulation and periods, and increase the chances of getting pregnant.

Studies have shown that people who become pregnant soon after their bariatric surgery can still have healthy pregnancies, but their obstetric care providers may need to monitor their weight and nutrition status more closely. Some experts recommend waiting 12 to 24 months after bariatric surgery before becoming pregnant. This allows time for body weight to stabilize and can reduce the risk of obesity-related pregnancy complications.

While waiting for your weight to stabilize, it's important to use reliable contraception. Birth control pills can be less effective in patients who have undergone bariatric surgery. Your healthcare provider can help you choose a birth control method that is both effective and fits your lifestyle.

I am in my first trimester of pregnancy and have lost weight. Shouldn't I be gaining weight during pregnancy?

In general, pregnancy is a time for gaining weight, not losing it. However, it is not uncommon for people who have had bariatric surgery to lose weight during pregnancy, especially in the first trimester. This may be due to a combination of ongoing weight loss from the surgery and symptoms like nausea or vomiting.

If you are losing weight, your healthcare provider may review your food intake and recommend seeing a nutritionist or registered dietitian. If you continue to lose weight or are simply not gaining weight, more frequent **ultrasound** exams may be recommended to check that the **fetus** is growing normally. Specific weight recommendations will be made based on your current weight.

I was diagnosed with iron-deficiency anemia after my bariatric surgery. Will I need to be monitored during my pregnancy?

Iron-deficiency anemia can occur after bariatric surgery, most commonly following gastric bypass surgery. This condition occurs when your body is not getting enough iron. It's important to monitor your iron levels and other key nutrients like vitamin B12 and folate during pregnancy. Your healthcare provider can do blood tests to find out if you are not getting enough of these nutrients. If your body needs more vitamins or minerals, they may recommend supplements and suggest specific dietary changes.

My bariatric surgeon recommended that I take a daily multivitamin. Are there any other vitamins or supplements that I should take now that I am pregnant?

During pregnancy and breastfeeding, your nutrient needs change. You will likely need to take a prenatal vitamin that includes important nutrients like folic acid. If you are currently taking a multivitamin, talk to your healthcare provider about switching to a prenatal vitamin, ideally at least three months before becoming pregnant. The folic acid in the prenatal vitamin is important for fetal development.

You should not take other supplements unless your provider recommends them. Taking too much of certain vitamins, such as vitamin A, can be harmful to the fetus.

After certain types of bariatric surgery, it is more difficult for the stomach or intestines to absorb nutrients. If this happens, your provider may recommend vitamins given as a shot (injection) or through an IV (placed in your vein).

My last pregnancy was healthy, but that was before the bariatric surgery. Are there any other changes I should expect during my prenatal care?

Most pregnant people are screened for **gestational diabetes** at about 24 to 28 weeks of pregnancy. If you have been pregnant before, you may remember drinking a sugary drink to check for diabetes. This test can be difficult if you have had a bariatric procedure like a gastric bypass, so your healthcare provider may recommend a different way to test for diabetes during pregnancy.

If you had a gastric band procedure, the fluid in the band may need to be adjusted during pregnancy. The options are to keep the current fluid level, remove the fluid, or add more fluid. This procedure is performed by your bariatric surgeon. You should talk to both your obstetric provider and your surgeon about the approach that's best for you.

Some rare complications from bariatric surgery can occur at any time, including during pregnancy. These complications may sometimes feel like normal pregnancy changes or symptoms. Tell your healthcare provider about your surgical history and inform them if you are having abdominal pain, nausea, or vomiting at any point during the pregnancy.

Bariatric surgery is not a reason to have a planned **cesarean delivery**. You should talk to your provider about which delivery option is best for you.

Can I still breastfeed even though I had bariatric surgery?

Yes, you can still choose to breastfeed after bariatric surgery. Good nutrition during this time is essential. If you have low levels of nutrients in your body, they can also be low in your breast milk; however, this is rare. Your baby's healthcare provider should know if you have any known deficiencies so that your infant's growth and development can be monitored more closely.

Many people with prior bariatric surgery can still have a higher body weight, which can sometimes delay **lactogenesis** (the process of milk coming in). If you experience challenges with breastfeeding, working with a lactation consultant can provide support and guidance to help build and maintain your milk supply.

Quick Facts

- The chances of getting pregnant may increase after bariatric surgery.
- It is recommended to wait approximately 12 to 24 months after bariatric surgery before getting pregnant, depending on the type of surgery performed.
- Birth control pills can be less effective in patients who have undergone bariatric surgery.
- After certain types of bariatric surgery, it is more difficult for the digestive system to absorb nutrients and vitamins.
- Many patients have anemia after bariatric surgery.
- You can still breastfeed after bariatric surgery, but let your baby's healthcare provider know if you have any nutritional deficiencies.

Glossary

Blood transfusion: Giving blood from a donor to another person.

Cesarean delivery: Surgery in which a baby is delivered through a cut (incision) in the mother's uterus.

Fetus: The unborn offspring of a human that develops in the uterus; the fetal stage lasts from nine weeks to birth.

Folic acid: A B vitamin that, when taken during pregnancy, can help prevent birth defects in the brain and spinal cord of the developing fetus. Most pregnant people need 400 micrograms of folic acid daily.

Gestational diabetes: Diabetes that develops during pregnancy.

Iron-deficiency anemia: A condition where the body does not have enough iron to make healthy red blood cells, which carry oxygen.

Lactogenesis: The start of breast milk production.

Long-acting reversible contraception methods: Birth control methods that last for years, are highly effective in preventing pregnancy, and can be removed if you want to become pregnant. These methods include intrauterine devices (which are put into the uterus) and the implant (which goes under the skin in your upper arm).

Polycystic ovary syndrome (PCOS): A hormonal condition that affects the ovaries. It can cause irregular periods, small cysts on the ovaries, and higher levels of androgens (a type of hormone).

Sleeve gastrectomy: A type of weight-loss surgery where part of the stomach is removed, making it much smaller and shaped like a sleeve or tube.

Trimesters: The three-month periods in which pregnancy is divided. The first trimester is months 1 to 3 (weeks 1 to 12); the second trimester is months 4 to 6 (weeks 13 to 27); and the third trimester is months 7 to 9 (weeks 28 to 40).

Ultrasound: Use of sound waves to create images of internal organs or the fetus during pregnancy.

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Last updated: June 2025