

Nutrition Guidelines for Pregnancy After Bariatric Surgery

Nutritional needs during pregnancy will vary according to your pre-pregnancy Body Mass Index (BMI). Eating a healthy diet while you are pregnant is important as what you eat will have an impact on the growth of your baby. Unlike nutritional advice during the weight loss phase after bariatric surgery, you will require regular meals and snacks to help meet your energy, vitamin and mineral requirements. The amount of weight gain varies for each pregnancy (this depends on your starting BMI, refer to the table below for guidance).

	BMI	Recommended weight gain
Underweight	< 18.5	13-18 Kg
Healthy weight	18.5-24.9	11-16 Kg
Overweight	25-29.9	7-11 Kg
Obese	>30	5-9 Kg

Institute of Medicine (2009). [Weight Gain During Pregnancy: Re-examining the Guidelines](#), National Academies Press

Multivitamin supplements:

Due to the restrictive nature of the differing bariatric surgeries, it may not be possible to consume all the recommended servings from the five food groups. Hence **multivitamins are needed for the whole duration of the pregnancy**. It is safe to continue with your bariatric multivitamin (**BN multi or FFM Opti/Forte**) during your pregnancy as they contain a safe level of Vitamin A. Aim for a multivitamin with no more than 3000IU (900mcg) of Vitamin A as it can be dangerous to the baby in high amounts. Even if you do not have any nutritional deficiencies before your pregnancy, **a full blood test is recommended every trimester to monitor your nutritional status throughout the pregnancy**.

Iron:

Pregnancy increases the need for iron in the diet as it is needed for red blood cell production. The growing baby needs to draw enough iron from the mother to last it through the first six months after birth therefore the recommended daily intake for iron increases. Ensure that you are getting at least **45-60mg of iron per day**. You may require more if your iron stores are low before pregnancy, please discuss your needs for supplementation with your doctor.

Helpful hints for better iron absorption:

- include a food high in vitamin C (citrus foods such as tomatoes, lemons, oranges, capsicum) at every meal to increase iron absorption
- include some meat, poultry and fish with plant sources of iron e.g. spinach or other leafy vegetables for more iron absorption
- avoid coffee and tea with meals and for one hour after meals as caffeine reduces iron absorption
- do not take your iron supplement with foods high in calcium such as dairy foods as it can reduce iron absorption

Folate (folic acid):

Folate is needed for the growth and development of your baby. Folate requirements increase substantially during the first trimester of pregnancy, and it is especially important in the month before you fall pregnant to reduce the risk of spinal bifida. Dietary sources high in folate include green leafy vegetables such as spinach and broccoli, some fruits and fortified cereals. A folate supplement of 5mg per day is required at least one month before conception and for the first three months of your pregnancy. For **Women with a starting BMI >30 the increased dose of Folate (5mg) is recommended throughout the pregnancy given the increased risk of neural tube defects.**

Iodine:

Adequate iodine in pregnancy is essential for the baby's growth and brain development. Foods that are good sources of iodine include seafood, seaweed, eggs, iodised salt and bread with added iodine. **Ensure your pregnancy multivitamin and mineral supplement includes 150mcg of Iodine.**

REMEMBER

Eat a varied diet for adequate nutrition, continue to portion your meals on your small plate. Aim for lean proteins, complex carbohydrates with salads or vegetables. Include 1-2 wholefood snacks between meals e.g. fruit/yoghurt. Avoid grazing on processed snack foods or opting for high-calorie or high-sugar snacks.

Avoid alcohol and limit caffeinated drinks.

Fibre is essential for regular bowel motion during your pregnancy. Your daily requirement for fibre is 28g/day, as this may not be possible to achieve through a bariatric diet, a natural fibre supplement such as **Benenfiber** is recommended. 1-2 serves daily with adequate hydration to avoid constipation.

Remember to hydrate regularly. Avoid fluids with meals as this will increase reflux symptoms. Aim for 1.5-2 Lt of water and low-calorie fluids, **remember water is always the preferred choice**. If you are struggling to get enough fluids, consider adding an electrolyte drink such as Hydrolyte to help with your hydration.

Avoid OGTT (oral glucose tolerance test) between 24 to 28 weeks due to risk of dumping syndrome and increased stress on the foetus. It is best to monitor HbA1c every trimester if there is a history of diabetes or any risk factors. CGM (continuous glucose monitoring) may be more appropriate.