Iron
This is available on prescription as Ferrous Gluconate 300mg 1 tablet per day and we advise that you take this to avoid developing Iron Deficiency. This gives 35mg of iron.

Vitamin B12.
You will need to continue to have regular Vitamin B12 injections (these start 6 months after your surgery). To prevent you developing a Vitamin B12 deficiency we recommend you have this done at your GP surgery every 3 months.

Folic Acid
You need to take an extra folic acid supplement (5mg per day). Folic acid helps to prevent birth defects and should be taken from the time you stop using contraception until the end of the 12th week of pregnancy. You will need to get this on prescription as the dose is stronger than the one you can buy at the chemist.

Further information
More information on healthy eating before and during pregnancy is available on the NHS Choices website www.nhs.uk.

Please feel free to contact our team if you would like any more help or support on the following telephone numbers:

Bariatric Dietitians - 01823 343394 or 01823 343397
Bariatric Nurse Specialist - 01823 343561
Dr Isy Douek, Consultant Endocrinologist - 01823 344986
Dietary considerations when planning a pregnancy

The rapid weight loss that occurs after bariatric surgery is not a good environment for a baby to grow and develop, so it is important to take precautions to prevent pregnancy in the early stages after bariatric surgery.

It is recommended that pregnancy is delayed until your weight has stabilised (at least 12-18 months after bariatric surgery).

It’s important to be aware that the weight loss experienced after surgery can lead to an improvement in fertility in women who previously had problems getting pregnant, so it is important for all women to use effective contraception during this time. There are some studies that suggest oral contraceptives are not well absorbed after a gastric bypass, and so may not be as effective. If you have had a gastric bypass, it is worth discussing other forms of contraception with your GP.

If you are trying to become pregnant it is important that your nutritional status is as good as possible to provide the best environment for the baby to grow and develop.

Iron
You may have been prescribed iron supplements which you should continue to take as pregnant women can become iron deficient. You may require an increase to this depending on your blood tests.

Folic Acid
You need to take an extra folic acid supplement (5mg per day). Folic acid helps to prevent birth defects and should be taken from the time you stop using contraception until the end of the 12th week of pregnancy. You will need to get this on prescription as the dose is stronger than the one you can buy at the chemist.

Gastric bypass or sleeve gastrectomy
Two A-Z complete multivitamin and mineral supplements per day until pregnancy occurs then we advise you reduce the dose to one per day.

Forceval is the only suitable multivitamin and mineral available on prescription, and is available in soluble or capsule form. Forceval contains everything you need. Multivitamins and minerals are also available to buy from chemists and supermarkets but we cannot guarantee these contain everything you need.

Because you have had bariatric surgery there is no need to change your multivitamin and mineral supplement to a product specific for pregnancy.

Calcium and Vitamin D.
You need to take 1200-1500mg of calcium and 75ug of Vitamin D every day to ensure good bone health. The easiest way to achieve this is by taking Calcichew D3 Forte Tablets (chewable) or Adcal D3 Tablets (chewable). This is available on prescription. We advise you also purchase an additional Vitamin D tablet containing 25ug and taking 1-2 tablets per day. Available examples include: Boots Vitamin D3 25ug tablets and Holland and Barrett Sunvite Vitamin D3 25ug tablets.
If there are any concerns about your nutrition, the team may also check vitamin A, vitamin E, vitamin K (INR), zinc, selenium and copper levels.

During pregnancy, the ante-natal team will test your routine nutritional blood tests at least once per trimester to ensure you are not developing any deficiencies. If you have not had your routine nutritional blood test before pregnancy, please arrange these as soon as possible. Do not wait for your first antenatal appointment.

Vitamin and mineral supplements when planning pregnancy and during pregnancy

You still need to take nutritional supplements when planning a pregnancy and during a pregnancy. However these may change and you will also be advised to take additional supplements for the health of you and your baby.

The information below outlines the advice for the different bariatric surgeries.

**Gastric band**

A multivitamin and mineral complete A-Z, 1 per day (make sure it contains no more than 800 micrograms of vitamin A)

Forceval is the only suitable multivitamin and mineral available on prescription, and is available in soluble or capsule form. Forceval contains everything you need. Multivitamins and minerals are also available to buy from chemists and supermarkets but we cannot guarantee these contain everything you need.

As you have had bariatric surgery there is no need to change your multivitamin and mineral supplement to a product specific for pregnancy.

**Calcium and Vitamin D**

You need to take 1200-1500mg of calcium and 65-75ug of Vitamin D every day to ensure good bone health. The easiest way to achieve this is by taking Calcichew D3 Forte Tablets (chewable) or Adcal D3 Tablets (chewable), 1 tablet 3 x per day. This is available on prescription. We advise you also purchase an additional Vitamin D tablet containing 25ug and taking 1-2 tablets per day. Available

---

**Healthy eating to prepare for pregnancy**

- It is important to eat a good variety of foods including protein foods (lean meat, chicken and fish), fruits and vegetables, starchy foods (bread, pasta, rice, potatoes), and reduced-fat dairy products.
- Try to have fish at least twice per week but limit the oily types to no more than 2 portions per week. Oily types include salmon, mackerel, sardines, fresh tuna, pilchards, herring, and trout.
- Iron deficiency can occur in pregnancy so try to build up your iron stores by choosing iron-rich foods if you can. Examples are lean red meat, pulses, green leafy vegetables, wholegrain starchy foods and fortified breakfast cereals, and dried fruit. You may be on iron supplements which you should continue to take.
- Continue to limit high fat/high sugar foods.

- If you have trouble tolerating certain types of foods after your surgery, you may want to discuss alternatives with your Dietitian.

**Foods to avoid when planning a pregnancy**

- Shark, swordfish and marlin. Limit tuna to no more than 2 tuna steaks or four medium-size cans a week. They contain high levels of mercury which could be harmful to a baby.
- Liver and liver products as they contain very high levels of vitamin A which could be harmful to a baby.
- Fish liver oils such as cod liver oil.
- Avoid alcohol completely or limit to no more than 1-2 units once or twice a week.
Dietary considerations during pregnancy

After bariatric surgery, the portions of food you can eat are reduced and there is a risk of developing vitamin and mineral deficiencies. The team will have recommended that you choose healthy, nutrient-dense foods so you get the most nutrition from the food you eat. You will also have been advised to take vitamin and mineral supplements. If you become pregnant, it is even more important to choose healthy foods and ensure that you take your supplements so the baby gets all the nutrients it needs.

Healthy eating during pregnancy

During pregnancy continue to follow the healthy eating guidelines outlined in the above section “Healthy eating to prepare for pregnancy”.

If you have persistent problems with nausea and vomiting, you should discuss this with your GP.

If you have a gastric band, the bariatric team may recommend that you have your band adjusted at certain points during your pregnancy, for example if you experience nausea and vomiting, and to ensure you are able to tolerate a good variety of foods to help the baby grow and develop.

Foods to avoid during pregnancy

- All cheeses made from unpasteurised milk as well as soft mould-ripened cheeses such as camembert, brie and goats cheese. They can contain high levels of listeria, a bacteria that could cause miscarriage, stillbirth or severe illness in the baby.
- Uncooked or undercooked foods that contain meat, eggs or fish. Ensure any re-heated foods are piping hot all the way through.
- Shark, swordfish and marlin. Limit tuna to no more than 2 tuna steaks or four medium-size cans a week. They contain high levels of mercury which could be harmful.
- Liver and liver products as they contain very high levels of vitamin A which could be harmful.
- Fish liver oils such as cod liver oil.
- It’s best to avoid alcohol completely during pregnancy.
- Limit caffeine to no more than 2 cups of tea/coffee per day.

Physical activity

Regular activity while you are pregnant is safe, there is no reason to stop being physically active. In fact, it is recommended that you take regular activity throughout your pregnancy for both physical and psychological benefits. A good aim is 30 minutes of moderate intensity activity (for example brisk walking) on 5 days of the week. If you have previously been inactive, start slowly for example 15 minutes of activity on 3 days per week and gradually build up. Please discuss with your healthcare professional if you are unsure about starting a new type of activity.

Blood monitoring when planning pregnancy and during pregnancy

Before trying to become pregnant, you should have your routine nutritional bloods tested as soon as possible to check for any nutritional deficiencies. These are the same blood tests that you would normally have done regularly (every 3 months in the first year and yearly thereafter) after bariatric surgery:

- Full blood count
- Urea and electrolytes (including phosphate and magnesium)
- Glucose
- Liver function tests
- Iron
- Ferritin
- Folate
- Vitamin B12
- Lipid Profile
- Triglycerides
- Calcium
- PTH
- 25-Hydroxyvitamin D (once a year)