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## **Dietary Advice during Pregnancy following bariatric / weight loss surgery**

Congratulations on your pregnancy. It is recommended that when you become pregnant after bariatric surgery you are monitored closely by your midwife / GP (General Practitioner) /Obstetrician. You may require more specialist support with your nutrition during pregnancy; this will be determined by the team supporting you.

This Guidance has been produced by the Nutrition and Dietetic service to provide you with some advice on the following: -

- Eating well during your pregnancy
- Foods to Avoid
- Supplementation advice
- Dealing with common problems e.g. morning sickness.
- Considerations specific to pregnancy following bariatric surgery

### **Dietary Advice during Pregnancy**

#### **Protein**

##### ***Aim for 60-80g / day from a variety of foods***

It is important to include adequate protein in your diet. Include two portions of meat, fish (please note foods to avoid section) eggs or pulses or Nuts / seeds and three portions of dairy products or plant based dairy alternatives a day e.g. milk, cheese, and yoghurts, calcium fortified milk substitute

The table below shows a list of example foods that contain high amounts of protein. Other foods including cereals contain smaller amounts of protein. You can use the list below to work out how much protein you are eating.

#### **Carbohydrate**

Include a portion of carbohydrate at each meal. Choose a slow-release carbohydrate as they help to satisfy you and stop swings in your blood sugar. Examples include porridge, muesli, Weetabix, shredded wheat, new potatoes, jacket potatoes, wholemeal /granary bread /pitta breads, basmati rice or whole-wheat pasta.

For further information the British Dietetic Association have produced a useful guide available at <https://www.bds.uk.com/resource/glycaemic-index.html>.

If you have had a gastric / stomach by-pass and are vulnerable to 'dumping syndrome' (symptoms of nausea, feeling faint or dizzy after food) remember to check food labels for sugar content and aim for less than 5g of sugar per 100g portion. You should also request a referral via your Midwife / obstetric team to Nutrition and Dietetics

Food	Protein	Protein Content
Milk skimmed and semi skimmed	200ml	7g
Dried milk powder	20g	7g
Soya milk	200ml	6g
Low fat Greek yoghurt	150g small pot	7g
Hard cheese e.g. cheddar	25g (matchbox size)	6g
Low fat cottage cheese	75g	10g
Eggs	2 large	16g
Red meat, lean cooked	75g	22g
Ham	75g	14g
Chicken thigh (cooked)	75g	19g
Chicken breast	75g	23g
Tinned mackerel drained)	75g	15g
Tinned tuna (drained)	75g	18g
Cod cooked	75g	18g
Prawns cooked	75g	12g
Butter Bean cooked	200g	12g
Baked Beans	200g	10g
Lentils cooked	100g	8g
Quorn mince	75g	8g
Nuts	25g	5g

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## **Iron**

If you are low in iron, you will get very tired. Your midwife will check your iron levels and advise you if your levels are low. Make sure your diet includes good sources of iron, for example, lean red meat, green leafy vegetables, dried fruits (watch\_sugar levels) nuts, well cooked eggs, and fortified breakfast cereals. To aid absorption of iron into your bloodstream take iron rich foods with a source of vitamin C e.g. citrus fruits, green leafy vegetables, berries, or diluted fruit juice.

## **Calcium**

Calcium is important for the growth and development of baby's bones. In the last 3 months of pregnancy try to have 4 portions of milk products daily, if you don't use dairy products make sure your dairy alternative is calcium fortified. If you have been advised to take a calcium tablet, continue to take it. A portion of dairy is 200mls milk, 1 pot (150g) yogurt, 30g cheese, 200mls of fortified plant based 'milk alternative'.

## **Folic Acid**

Folic acid (Folate) is important for pregnancy as it can help prevent birth defects known as neural tube defects, which can cause conditions such as Spina Bifida. In addition to taking your folic acid supplement every day it is worth boosting your intake with folate rich foods such as green leafy vegetables, brown rice and breakfast cereals and bread that have been fortified with folic acid. Most people will have a daily requirement of 400mcg. This is usually included in the pregnancy multivitamins.

Some women/ birthing people will require a higher dose of folic acid 5mg per day (those with type 1 or 2 diabetes, taking anti-epileptic medications, those with a BMI >30 kg<sup>2</sup> m, as well as those who

have undergone weight loss surgery). This higher dose is only available on prescription from your GP.

## **Vitamin D**

Vitamin D helps your body to absorb calcium and help's with the baby's development. Food sources of Vitamin D include oily fish, fortified margarine, and fortified breakfast cereals. The best source of vitamin D is from summer sun and exposure of just few minutes each day can top up your levels, being careful not to burn from the sun. 10 mcg is normally included in pregnancy multivitamins.

### **These foods should be avoided due to risks to the baby**

Raw seafood such as oysters, sushi

Cheeses with a white 'mouldy' rind e.g. Brie or camembert and blue veined cheese e.g. stilton

Raw or uncooked meat or poultry.

Liver and liver products (Pate, liver sausage)

Shark, marlin, swordfish – avoid as they contain high levels of mercury.

Eat no more than 4 medium size cans (140g) tuna or two fresh tuna steaks per week due to harmful levels of mercury

Raw or lightly cooked eggs that are produced under the British Lion Code of Practice are safe to be consumed

Alcohol

## **Supplement Advice**

### **Multivitamin and Mineral supplement**

Your normal multivitamin and mineral are not suitable for pregnancy. Unless you are taking Forceval you need to switch to a pregnancy preparation e.g. Healthy Start pregnancy vitamins, Sanatogen Mother to be, Pregnacare, or Centrum pregnancy care. Your supplement needs to be taken as per the recommended dose, and throughout pregnancy and whilst breastfeeding.

### **Folic Acid Supplement**

If you are planning to have a baby, then it is recommended that you take a folic acid tablet per day pre-conceptually and up until the 12<sup>th</sup> week of pregnancy. Because you have had bariatric surgery, you need to ask your GP (General Practitioner) to prescribe **5mg of folic acid per day**.

### **Vitamin A**

DO NOT take Vitamin A supplements or any tablet that contains vitamin A (retinol). Too much can harm your baby. This includes cod liver oil tablets

### **Calcium and Vitamin D supplement (Gastric bypass or sleeve only)**

Pregnant and breastfeeding women are advised to take a supplement of 10mcg per day of Vitamin D. You can carry on with your calcium and vitamin D supplement which should include 100mg of calcium and 20mcg of vitamin D per day. If you have been advised to take a higher dose of vitamin D due to low blood levels of Vitamin D, follow that advice.

### Iron supplement (specifically for patients who have had a Gastric bypass or Gastric sleeve only)

Post surgery you should be prescribed an iron supplement to supplement your dietary iron intake. You can continue to do this in pregnancy. There may be a need to increase your iron supplements whilst pregnant based on your blood results, but your GP/Consultant or midwife will discuss this with you if necessary.

### Vitamin B12 Injections only)

If you have had a gastric sleeve or bypass you should be prescribed 3 monthly vitamin B12 injections. You should continue with your vitamin B12 injections every 2-3 months if already prescribed. If you are not prescribed Vitamin B12 injections please consult with your GP/Consultant

## **Bariatric Surgery Considerations**

### Weight changes during pregnancy

It is not advisable to lose weight during your pregnancy but if you have fallen pregnant within the first 12 months following bariatric surgery this may occur. If you continue to lose weight and are concerned, please discuss this with your GP/midwife or consultant as this may warrant further support.

You may find that you gain weight during your pregnancy; this is normal. However, gaining too much weight gain during pregnancy can pose health risks to you and your baby. Some women find the change in body shape hard to deal with after they have lost a considerable amount of weight. It is important that you talk to your midwife if you have these concerns.

### For Patients with a Gastric Band

If you have had a gastric band, you may need an alteration of your band inflation to ensure that you are not becoming overly tight and too restrictive with your diet. Speak to your GP or midwife if you are concerned.

### Morning Sickness

This is common in the first trimester of pregnancy and is due to hormonal and metabolic changes. It can occur at any time during the day.

The following may help

- Take care to maintain your fluid level to ensure that you do not get dehydrated. Sipping fluids throughout the day is useful.
- Wear comfortable clothes without a tight waistband
- Eat cold meats, this can help if the smell of cooked meat makes you feel sick
- Try to eat something like dry toast or a plain biscuit when you first get up.
- Carbohydrates and plain foods are often more tolerable. Crackers, crisp breads etc are helpful in stabilising your blood sugar and reducing nausea.
- Try peppermint tea or ginger tea

### ***When to seek further advice***

***If you are experiencing severe or prolonged nausea, vomiting and weight loss please seek advice from your Midwife /GP as a matter of urgency as you may need further guidance /support.***

### Gestational Diabetes Test (Oral Glucose Tolerance Test OGTT)

If you have had a gastric bypass and experiencing dumping syndrome (symptoms of feeling dizzy, faint, nausea or diarrhoea shortly after food) this test is not appropriate for you. Please inform your midwife, obstetrician; alternative screening methods for gestational diabetes should be considered

### Further information and Resources

NHS Pregnancy Information: <https://www.nhs.uk/Pregnancy>

### Useful Contact Numbers

Department of Nutrition and Dietetics Glan Gwilli Hospital (Carmarthen) 01267 227067

Department of Nutrition and Dietetics Prince Phillip Hospital (Llanelli) 01554 783152

Department of Nutrition and Dietetics Withybush Hospital (Haverfordwest) 01437773357. Milford

Haven Health centre 01437 774334

Department of Nutrition and Dietetics Bronglais Hospital (Aberystwyth) 01970 635730