

Considerations in Pregnancy Followed by Obesity Surgery

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Abstract : Obesity, as an abnormal or excessive accumulation of fat, is caused by genetic, behavioral and environmental factors. Recently, obesity surgeries, such as bariatric surgery, as the last measure to control obesity, have attracted experts and society, especially women, attention, so knowing the possible complications of this major surgery and their control in reproductive age is of particular importance due to its effects on pregnancy outcomes. Bariatric surgery reduces the risk of diabetes and high blood pressure associated with pregnancy, premature birth, macrosomia, stillbirth and dumping syndrome. Although in the first months after surgery, nausea and vomiting caused by changes in intra-abdominal pressure are associated with an increased risk of malabsorption of micronutrients such as folic acid, iron, vitamin B1, D, calcium, selenium and phosphorus and finally, fetal growth disorder. Moreover, serum levels of micronutrients such as vitamin D, calcium, and iron in mothers who used to have bariatric surgery and their babies have been shown to be lower than in mothers without a history of bariatric surgery. Moreover, vitamin A deficiency is shown to be more widespread in pregnancies after bariatric surgery, which leads to visual problems in newborns and premature delivery. However, complications such as the duration of hospitalization of newborns in the NICU, disease rate in the first 28 days of life and congenital anomalies are not significantly different in babies born to mothers undergoing bariatric surgery compared to the control group. In spite of the vast advantages following obesity surgeries, due to the catabolic conditions and severe weight loss followed by such major intervention and the probability of nutrients malnutrition in a pregnant woman and her baby, after having surgery, at least 12 to 18 months should be considered to get pregnant as a recovery period. In addition, taking essential supplements before and at least 6 months after this approach is recommended.

Keywords : bariatric surgery, pregnancy, malnutrition, vitamin and mineral deficiency

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