

XXVIII IFSO World Congress

9-12 September 2025 | Santiago, Chile



IH SESSION: WOMEN'S HEALTH ACROSS THE LIFE COURSE

Nutritional aspects of pregnancy in women
who have undergone MBS

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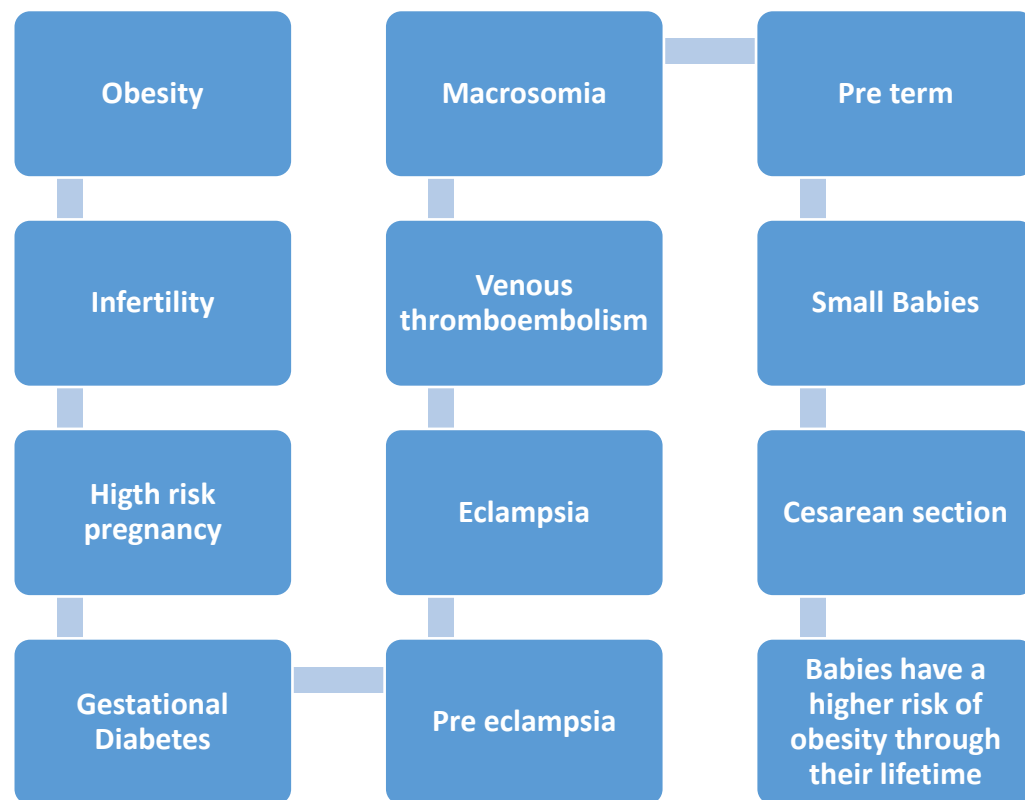
Nothing to disclose

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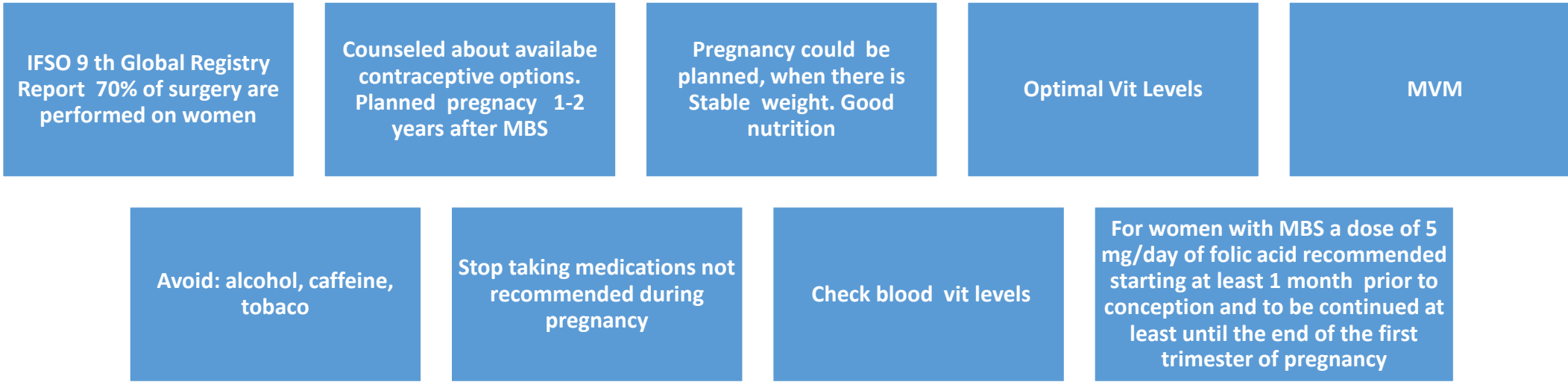
- Fertility, Pregnancy and Lactation After Bariatric Surgery – a Consensus Statement from the OEGGG
- Austrian Society of Gynaecology and Obstetrics (OEGGG). Stopp T et al. Fertility, Pregnancy and... Geburtsh Frauenheilk 2018; 78: 1207–1211
- Obesity Review. 2019 .Pregnancy after bariatric surgery:Consensus recommendations for periconception, antenatal and post natal care. Bariatric surgery/pregnancy

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- *Consenso Intersocietario de Cirugía Bariátrica y Metabólica. Rev Argent Ciruga 2021;113 (Suplemento 1):S1-S78*
- *Pregnancy after bariatric surgery: Consensus recommendations for periconception, antenatal and postnatal care Obesity Reviews. 2019;1-16.*
- *EASO Position Statement: Women with Obesity across the Reproductive Life – Fertility, Preconception, Pregnancy, Postpartum, and Breastfeeding .Obes Facts DOI: 10.1159/000546449*



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Nutritional management should be Individualized

Provide standard postsurgical dietary advice

Total caloric value: > 1.800 kcal of ideal weight/day.

Protein intakes: Not less than 1 to 1.1 gr of protein/kg of ideal weight/day

Carbohydrates not less than 150 gr /day

Monounsaturated and polyunsaturated fats : 30-35 % total calorie/day



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Gestational Weight Gain



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TABLE S-1 New Recommendations for Total and Rate of Weight Gain During Pregnancy, by Prepregnancy BMI

Pregpregnancy BMI	Total Weight Gain		Rates of Weight Gain* 2nd and 3rd Trimester	
	Range in kg	Range in lbs	Mean (range) in kg/week	Mean (range) in lbs/week
Underweight (< 18.5 kg/m ²)	12.5–18	28–40	0.51 (0.44–0.58)	1 (1–1.3)
Normal weight (18.5–24.9 kg/m ²)	11.5–16	25–35	0.42 (0.35–0.50)	1 (0.8–1)
Overweight (25.0–29.9 kg/m ²)	7–11.5	15–25	0.28 (0.23–0.33)	0.6 (0.5–0.7)
Obese (≥ 30.0 kg/m ²)	5–9	11–20	0.22 (0.17–0.27)	0.5 (0.4–0.6)

* Calculations assume a 0.5–2 kg (1.1–4.4 lbs) weight gain in the first trimester (based on [Siega-Riz et al., 1994](#); [Abrams et al., 1995](#); [Carmichael et al., 1997](#)).

- Rasmussen KM, Yaktine AL; Committee to Reexamine IOM Pregnancy Weight Guidelines. Institute of Medicine Weight Gain During Pregnancy: Reexamining the Guidelines. 2009. The National Academies Press Washington D.C. Pp.71-110.
- EASO Position Statement: Women with Obesity across the Reproductive Life – Fertility, Preconception, Pregnancy, Postpartum, and Breastfeeding. *Obes Facts* DOI: 10.1159/000546449

Nutritional aspects of pregnancy in woman who have undergone MBS . Supplementation



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TABLE 4 Daily dose recommendations for (pre)pregnancy supplementation

Daily Dose Recommendations for (Pre)pregnancy Supplementation (Level 4)

Thiamine >12 mg

Folic acid 0.4 mg daily, during preconception and first trimester, 4-5 mg if obese or diabetic

Calcium 1200-1500 mg in divided doses (includes dietary intake)

Vitamin D >40 mcg (1000 IU)

Iron 45-60 mg elemental iron (AGB >18 mg)

Copper 2 mg (AGB >1 mg)

Zinc 8-15 mg per 1 mg copper

Vitamin K 90-120 µg

Vitamin E 15 mg

Vitamin A 5000 IU, should be in B carotene form in pregnancy

Selenium 50 µg daily

- 350-500 mcg B12/day, or 1.000 mcg IM/month

Consenso Intersocietario de Cirugía Bariátrica y Metabólica. Rev Argent Cirugía 2021;113

- *Pregnancy after bariatric surgery: Consensus recommendations for periconception, antenatal and postnatal care Obesity Reviews. 2019;1-16*





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Avoid OGTT Alternative testing such as home glucose monitoring for approximately 1 week during the 24–28 weeks of gestation should be suggested

Clinical and obstetric follow up

Blood count monitoring : checked every 3 M and 1 M after Delivery .
After Delivery and during breastfeeding : every 6 months

Full blood count, serum ferritin, and iron studies, including transferrin saturation, folate, Vit B12, or transcobalamin, Vit A, Protein, albumin, vit D, calcium, phosphato, magnesium and PTH. Renal and liver function test.

Obesity Reviews. 2019;1–16.

- *EASO Position Statement: Women with Obesity across the Reproductive Life – Fertility, Preconception, Pregnancy, Postpartum, and Breastfeeding .Obes Facts DOI: 10.1159/000546449*





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MBS improves fertility and reduces the risk of obesity-related complications

I want to highlight the importance of planning pregnancy and follow-up.

Timing of pregnancy, monitoring and multidisciplinary nutritional support are essential

It is extremely important to continue with the intake of MVT & M supplementation

Individualized and adequate nutrition for each trimester of pregnancy is needed to promote adequate fetal growth and healthy newborns

Type of delivery, vaginal or cesarean, is exclusively an obstetric indication. It is not determined by the MBS

Pregnancy after MBS it is safe in the context of care with the Multidisciplinary Bariatric Team





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Thank you

Dra. Lilia Cafaro

OCMI

Multidisciplinary team of
Metabolic and Bariatric Surgery
Bs. As. Argentina