

THE BREASTFEEDING ANSWER BOOK



BARIATRIC SURGERY AND LACTATION

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Update

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Bariatric surgery is increasing

Bariatric surgical procedures have become a popular and very effective way to help morbidly obese people lose weight and avoid associated life-threatening health problems such as heart disease, diabetes and sleep apnea. In 2008 in the United States, more than 220,000 people had this type of surgery and the number is increasing dramatically each year. More than 80% of these surgical procedures are performed on women and currently about half of these women are of childbearing age.

Breastfeeding lowers obesity risk

Children born to obese parents are genetically at risk to become obese themselves. Breastfeeding for at least six months lowers the child's obesity risk and should be strongly encouraged. To help women successfully breastfeed after bariatric surgery, it is crucial that health care providers clarify the type of surgical procedure that was performed and the date of the surgery as the weight and nutrient losses stabilize 12–18 months after surgery.

Two main types of bariatric procedures

- Restrictive procedures such as the Laparoscopic Adjustable Gastric Band (LAGB) limit the amount of food a person can eat by decreasing the size of the gastric pouch. LAGB is a minimally invasive procedure. A band is placed around a portion of the upper stomach and saline can be easily added to or removed from that band to adjust the amount of constriction and therefore the size of the pouch. Possible decreases in iron and folate absorption may occur due to lower acid content in the pouch. Vitamin B12 must bind to gastric intrinsic factor for absorption. This intrinsic protein is produced by gastric cells and levels are also diminished due to the smaller gastric surface area. These women will require monitoring of iron, B12 and folate levels yearly and more frequently during pregnancy and lactation.
- Malabsorptive procedures, the most common of which is a Roux-en-Y gastric bypass (RYGB), result in a bypass of most of the stomach and part of the small intestines. These procedures affect nutrient absorption more significantly. Lifelong supplementation of micronutrients such as iron, folate, B12, calcium and Vitamin D is required.

Mother's nutritional requirements

Breastmilk quantity and quality is usually sufficient for infant growth as long as the breastfeeding mother is taking in 1800 calories a day or more and as long as her weight loss has stabilized. Eating enough protein after either type of procedure is important and each of the mother's meals should be comprised of about 50% protein. After a malabsorptive procedure, the minimum, daily supplementation for nursing mothers should always include:

- Prenatal vitamin daily.
- B₁₂ 1000 mcg applied under the tongue daily.
- Iron 65mg in the form of ferrous fumarate daily with 250mg of Vitamin C to maximize absorption.
- And calcium citrate 600 mg twice a day.

However a high percentage of people fail to take supplements as prescribed after bariatric surgery, and postpartum blood loss often requires much higher doses of iron, so the mother's levels of iron, B12, and Vitamin D should be checked periodically.

Monitor the baby

It is crucial to monitor the baby's weight gain over time as a B12 deficiency or milk production issues can cause lethargy and failure to thrive in the baby. In infancy, Vitamin B12 deficiency can also cause anemia, developmental delays, and permanent neurological problems in addition to failure to thrive. Infants can become symptomatic after even a few months of inadequate vitamin B12 intake. It is also important for a mother to know how to make sure her baby latches on deeply to the breast and is obtaining milk, as the breast tissue is often loose and stretchy after bariatric surgery. Thriving infants need no additional vitamin and mineral supplementation aside from vitamin D, vitamin K and iron as recommended for all breastfeeding infants.

Impact on fertility and contraception

Fertility often improves dramatically in women who have had bariatric surgery and unintended pregnancies may result. However hormonal contraceptives of all kinds should be avoided in this population of lactating women because estrogen and progesterone can decrease milk production and oral medications are unpredictably absorbed. Barrier contraceptive methods are the safest option. Many of these women will continue to have irregular periods as they did before their weight loss and this makes the use of LAM a less reliable method of contraception.

Success

Ninety percent of people will have significant weight loss and dramatic improvements in overall health after bariatric surgery. With careful attention to nutrition and adherence to recommended supplementation dosing, along with close monitoring of infant growth, lower-risk pregnancies and successful breastfeeding experiences are the norm for women in this rapidly growing population.

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