# Weight-Loss Surgery Can Lower Pregnancy Complications

Obesity, especially extreme obesity, is a risk factor for hypertensive disorders in pregnancy. These include serious conditions such as pre-eclampsia, which can effect about seven percent of all pregnancies in the U.S.

Bariatric surgery is an effective weight loss intervention for women with a body mass index of 40 or more, or a BMI of 35-40 with associated conditions like diabetes. Researchers from Johns Hopkins University set out to test the theory that women who had a delivery after bariatric surgery would have lower rates of hypertensive disorders in pregnancy compared with women who had a delivery before surgery.

Using insurance data from 2002-2006, they identified 585 obese women aged 16-45 years who had undergone bariatric surgery, had at least one pregnancy and delivery, and had continuous medical insurance coverage during pregnancy plus two weeks after delivery.

Of these women, 269 had surgery before delivery and 316 had surgery after delivery. Compared with women who delivered before surgery, women who delivered after surgery had substantially lower rates (75 percent) of hypertensive disorders, even after adjusting for factors such as age at delivery, multiple pregnancy, surgical procedure or pre-existing diabetes.

These results have important clinical, public health, and policy implications, say the authors. For example, bariatric surgery could be considered in women of childbearing age who wish to start a family, and have a BMI of 40 or more, or a BMI of 35-40 with associated conditions. Future research should also address long-term maternal and child health after pregnancies and deliveries following bariatric surgery in terms of weight management, nutritional status, and burden of long-term chronic disease, they concluded.

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