**Appendix 4 – Pregnancy after Bariatric Surgery Checklist for Booking**

Staff Name

Date today

Booking / CMW / ANC

Patient Name

DOB

Hosp No

NHS no

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date of Surgery** |  |  |
|  | **Place of Surgery** |  |  |
|  | **Type of Bariatric Surgery** |  |  |
| **TICK** |  |  |  |
| **12 weeks** | **Refer to any consultant ANC**  **Consultant to liaise with Bariatric team** |  |  |
|  | **Refer to dietician / PIMS** |  |  |
|  | **Multivitamin daily**  **Review current supplements**  **(Folic acid 5mg, Vit D 10mcg)** |  |  |
|  | **Nutrient blood test 1st trimester** |  |  |
|  |  |  |  |
| **20 weeks** | **Nutrient blood test 2nd trimester** |  |  |
|  | **BM Monitoring arranged** |  |  |
|  | **Serial scans 28 / 34 / 38 weeks** |  |  |
|  | **Weigh at 28 weeks** |  |  |
|  |  |  |  |
| **30 weeks** | **Nutrient blood test 3rd trimester** |  |  |
|  | **Serial scans 28 / 34 / 38 weeks** |  |  |
|  | **Weigh at 36 weeks** |  |  |
|  |  |  |  |
| **Postnatal** | **Nutrient blood test at 6 weeks** |  |  |
|  | **Nutrient blood test 6 monthly whilst breastfeeding** |  |  |