

South Australian Perinatal Practice Guidelines

Eating disorders and pregnancy

© Department of Health, Government of South Australia. All rights reserved.

Introduction

- > Pregnancy can complicate an existing eating disorder as weight gain and changes in body shape increase anxiety. Women who have an eating disorder need enhanced monitoring and support postpartum (Ward 2008)
- > The antenatal period is an opportunity to help initiate change since many women are motivated to make positive changes for their unborn child (Koubaa et al. 2008; Crow et al. 2008; Rocco et al. 2005; Ward 2008)
- > Eating disorders in pregnancy can have serious consequences for mother and child and may be related to perinatal complications and postnatal depression (Bulik et al. 1999; Franko et al. 2001; Kouba et al. 2005; Sollid et al. 2004; Micali et al. 2007; Ward 2008)
- > Eating behaviour may improve in pregnancy but often relapses postpartum. Adjustment to motherhood is impaired with infant feeding related issues, and the woman may cease breastfeeding earlier (Koubaa et al. 2008; Ward 2008; Blais et al. 2000; Crow et al. 2002; Lai et al. 2006; Stein et al. 1996)
- > Risk of low birth weight infants with smaller head circumference (Kouba et al. 2008)

Definitions

Anorexia nervosa

- > A syndrome in which the individual maintains a low weight as a result of a pre-occupation with body weight, construed either as a fear of fatness or pursuit of thinness. Weight is maintained at least 15 per cent below that expected or at a body mass index (BMI) (calculated as weight in kilograms divided by height in metres squared) below 17.5 kg / m²

Bulimia nervosa

- > Characterised by recurrent episodes of binge eating and secondly by compensatory behaviour (vomiting, purging, fasting or exercising or a combination of these) in order to prevent weight gain. Binge eating is accompanied by a subjective feeling of loss of control over eating. Self-induced vomiting and excessive exercise, as well as the misuse of laxatives, diuretics, thyroxine, amphetamine or other medication, may occur. As in anorexia nervosa, self-evaluation is unduly influenced by body shape and weight, and there may indeed have been an earlier episode of anorexia nervosa

Atypical eating disorders (eating disorders not otherwise specified; EDNOS)

- > These are eating disorders that closely resemble anorexia nervosa and bulimia nervosa, but which are considered atypical, as they do not meet the precise diagnostic criteria for these conditions

Preconception

- > Refer to eating disorder specialist
- > Treat the eating disorder before pregnancy
- > Give nutritional advice
- > Educate regarding the link between fetal growth and nutrition
- > Advise to postpone pregnancy until they have recovered from severe eating disorders (Ward 2008)

South Australian Perinatal Practice Guidelines

Eating disorders and pregnancy

© Department of Health, Government of South Australia. All rights reserved.

Antepartum

- > Refer to mental health team / eating disorder specialist
- > Alert antenatal services about the eating disorder
- > High risk management of pregnancy (Ward 2008)
- > Ask about the use of laxatives and appetite suppressants (Ward 2008)

Symptoms which signify need for screening

- > Low BMI
- > Concerns regarding weight but not overweight
- > History of menstrual disturbances
- > Gastrointestinal symptoms
- > Physical signs of starvation or repeated vomiting
- > Psychological problems (Ward 2008)

Screening questions

- > Do you think you have an eating problem?
- > Do you worry a lot about your weight? (Ward 2008)

Postpartum

- > Assessment of parenting skills (Koubaa et al. 2008)
- > Interventions to improve coping strategies (Koubaa et al. 2008)
- > Increase self esteem (Koubaa et al 2008)
- > Enhance breastfeeding support (Ward 2008)
- > Watch for PND (Ward 2008)
- > Watch for relapse of eating disorder (Ward 2008)
- > Monitor infant growth and weight gain (Ward 2008)

Mother Infant Relationship

- > Observe for:
- > More intrusive controlling parenting behaviour (Stein et al. 1994; Ward 2008)
- > More expressed negative emotions towards infants (Koubaa et al. 2008)
- > Anxious avoidant attachment patterns (Ward et al 2000; Broberg et al. 2001; Evans et al. 2005)
- > More critical of their children and more conflict at meal times (Ward 2008)

South Australian Perinatal Practice Guidelines

Eating disorders and pregnancy

© Department of Health, Government of South Australia. All rights reserved.

References

1. National Collaborating Centre for Mental Health. Eating disorders. Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa, and related eating disorders. National Clinical Practice Guideline Number CG9. Commissioned by the National Institute for Clinical Excellence. London: British Psychological Society and The Royal College of Psychiatrists; 2004. Available from URL: <http://guidance.nice.org.uk/CG9/Guidance/pdf/English>
2. Blais MA, Becker AE, Burwell RA, Flores AT, Nussbaum KM, Greenwood DN. Pregnancy: Outcome and impact on symptomatology in a cohort of eating-disordered women. *Int J of Eating Disorders* 2000; 27:140-49.
3. Broberg AG, Hjalmsers I, and Nevenon L. Eating disorders, attachment and interpersonal difficulties: A comparison between 18-24 year old patients and controls. *Eur Eat Disord Rev* 2001; 9: 381-96.
4. Bulik CM, Sullivan PF, Fear JL, Pickering A, Dawn A, McCullin M. Fertility and reproduction in women with anorexia nervosa: A controlled study. *J Clin Psychiatry* 1999; 60:130-35.
5. Crow SJ, Thursa P, Keel PK, Mitchell JE. (2002) Long term menstrual and reproductive function in patients with bulimia nervosa. *Am J Psychiatry* 2002; 159:1048-50.
6. Evans L, Wertheim EH. Attachment styles in adult intimate relationships: Comparing women with bulimia nervosa symptoms, women with depression and women with no clinical symptoms. *Eur Eat Disord Rev* 2005; 13: 285-93.
7. Koubaa S, Hallstrom T, Hirschberg AL. Early maternal adjustment in women with eating disorders. *Int J of Eating Disorders* 2008; 41: 405-10.
8. Lai BP, Tang CS, Tse WK. A longitudinal study investigating disordered eating during the transition to motherhood among Chinese women in Hong Kong. *Int J of Eating Disorders* 2006; 39: 303-11.
9. Micali N, Simonoff E, Treasure J. Risk of major adverse perinatal outcomes in women with eating disorders. *British J of Psychiatry* 2007; 190: 255-59.
10. Rocco PL, Orbitello B, Perini L, Ciano RP, Balestrieri M. Effects of pregnancy on eating attitudes and disorders: a prospective study. *J Psychosom Res* 2005; 59: 175-79.
11. Stein A, Fairburn CG. Eating habits and attitudes in the postpartum period. *Psychosom Med* 1996; 58: 321-325.
12. Stein A, Wooley H, Cooper SD, Fairburn CG. An observational study of mothers with eating disorders and their infants. *J Child Psychol Psychiatr* 1994; 35: 733-48.
13. Ward A, Ramsay R, Turnbull S, Benedittini M, and Treasure J. Attachment pattern in eating disorders: Past in the present. *Int J of Eating Disorders* 2000; 28: 370-6.
14. Ward VB. Eating disorders in pregnancy. *BMJ* 2008; 336: 93-96.

Useful website link

Nutrient reference values for Australia and New Zealand including recommended dietary intakes. Available from URL:
http://www.nhmrc.gov.au/files_nhmrc/file/publications/synopses/n35.pdf

South Australian Perinatal Practice Guidelines

Eating disorders and pregnancy

© Department of Health, Government of South Australia. All rights reserved.

Abbreviations

et al.	And others
kg	kilogram
m ²	Metres squared
BMI	Body mass index
EDNOS	Eating disorders not otherwise specified
PND	Postnatal depression

Version control and change history

PDS reference: OCE use only

Version	Date from	Date to	Amendment
1.0	29 March 10	current	Original version