Obstetric and Fetal Complications

- Infertility
- Miscarriage
- Hyperemesis Gravidarum
- Weight Gain and Birth Weight
- Delivery by Cesarean Section
- Postpartum Depression
- Mothering
- Genetics
Infertility

- Bates et. al (1982) found that a significant number of patients with reduced fertility were restricting their caloric intake
  - 73% conceived spontaneously with weight increase and dietary stabilization alone

- Stewart et. al. (1990) found that 17% of women attending an infertility clinic had an active eating disorder
Infertility

• At least 50% of normal weight Bulimic’s have amenorrhea or oligomenorrhea.

• Disordered eating, caloric reduction, excessive exercise, and/or psychogenic stress can lead to menstrual dysfunction without significant weight loss.

• Katz and Vollenhoven- (2000) survey at a fertility clinic of women with oligo or amenorrhea, 58% had an eating disorder. None volunteered this information without prompting.
Infertility

• Ideal Body Weight
• Weight as a predictor
• Role of dieting – 20% of normal young women of normal body weight who diet for 6 weeks (800-1000 calories/day) had their menses disrupted for 3-6 weeks
• Return of Menses in Anorexia Nervosa: — 90% of these who return to 90% of IBW for 6 months
Hyperemesis Gravidarum

- Need for hospital admission for severe nausea and vomiting during pregnancy
- Community prevalence: 1/1000
- Abraham (1998) found 10% of 25 bulimic patients had Hyperemesis Gravidarum
- Franko, et al (1999) found 12% of actively eating disordered patients had Hyperemesis Gravidarum
- Is this a variant of bulimic behavior?
Miscarriage

Brinch, et al (1988) follow up of hospitalized women with AN (on average 12.5 years)

- 1/3 of the expected fertility rate
- 2 x’s the prematurity rate
- 6 x’s perinatal lethality of normal women

Increased in some not all studies Bulik, et al (1999) found approximately twice as many women with AN (30%) than controls (16%) had miscarriages
Stewart, et al (1987) patients with active Anorexia Nervosa with/or Bulimia Nervosa during pregnancy when compared with patients in remission:

- Lower maternal weight gain
- Lower birth weight in babies
- Lower 5 minute Apgar score

Bulik, et al (1999) found significantly lower averages gestational weight of babies of women with a history of Anorexia Nervosa when compared with controls.
Nutritional Factors During Pregnancy

• Undernutrition:
  – Profound effect on metabolic programming throughout life
  – Impaired brain development and increased risk of neuropsychiatric disease
  – Fetal exposure to high cortisol levels impact fetal stress response and is associated with lower birth weight
Nutritional Factors During Pregnancy

• Overnutrition or rapid changes in blood sugar:
  – High rates of gestational diabetes have been identified in women with ED’s especially active or past Bulimia Nervosa
  – Pregestational diabetes mellitus is associated with increased risk of birth defects
“Biological Effects of a Maternal ED on Pregnancy and Foetal Development: A Review”
©2009 John Wiley & Sons, Ltd and Eating Disorders Association
C-Sections

• Bulik (1999) found 16% of anorexic women had c-sections vs. 3% of control women
• In the MGH sample, Cesarean section occurred in 9/22 (41%) symptomatic women, but only 3/25 (12%) in nonsymptomatic women (p < .05)
• Are they seen as higher risk by OB?
• ED symptoms/labor complications?
Anxiety and Depression During and After Pregnancy

• Micali et al (2009)
  – In an epidemiologic study (ALSPAC): women with eating disorders have high levels of depression and anxiety throughout pregnancy and in the postpartum period
Postpartum Blues

- Very common
- 40-85% of women after childbirth
- Transient alteration in mood i.e. tearful, irritable, anxious
- Starting around day 3-4 self limited: lasting 2-4 days
Postpartum Psychosis

• Rare and severe
• 1-3/1000
• Occurs in first 2-4 weeks postpartum
• Women having their 1st child appear to be at the highest risk
• Much higher in subsequent pregnancies for affected individuals
• Not different from psychosis occurring at other times
• Increased risk in patients with a personal or family history of bipolar disorder
Postpartum Depression

History which increased the risk:

• Personal history of depression
• Family history of psychiatric disorder
• Significant depression or anxiety during pregnancy
• Quality of interpersonal relationships
  — Lack of spousal support
  — Marital conflict
• Quality of relationship with parents in childhood
  — 6 x’s greater
Postpartum Depression

- MGH study found 37% of E.D. women had postpartum depression.
- Normal population rate is 3-12%
Morgan, et al (1999) found the following risk factors around pregnancy in bulimic patients:

- Lower BMI at conception
- Higher weekly alcohol intake at conception
- Increased binging following delivery
- Twice the risk in “Type II” bulimia
Bulimic Symptoms During and After Pregnancy


- Bulimic symptoms improve as the pregnancy progresses in most patients, especially 3rd trimester
- 57% had worse symptoms after pregnancy than before
- 34% no longer bulimic

Predictors of Relapse:

- Symptoms at conception
- History of Anorexia Nervosa
- Gestational Diabetes
- Unplanned pregnancy ¾ relapses
Bulimic Symptoms During and After Pregnancy

Morgan, et al (1999) found “Type II” bulimic

• Experienced pregnancy as intrusive and alien
• Uncomfortable with the intimate nature of breast feeding and most didn’t
• Almost all relapsed
• 3 x’s the risk of postnatal depression
Bulimic Symptoms During and After Pregnancy

• 54 women, 82 pregnancies, 46 lbs.

Bulimia Nervosa
• Decreased symptoms during pregnancy and sustained at
• 9 mos.
• Decreased psychotropic meds during pregnancy

Anorexia Nervosa
• Decreased symptoms during pregnancy and return to pre-pregnant levels at 6 mos.
• Decreased psychotropic meds during pregnancy
Postpartum Maternal Adjustment


- 90% of first time mothers with a history of AN or BN report problems regarding their maternal adjustment and parenting during the first 3 months after delivery compared to 13% of controls

- The result was independent of relapse of ED during pregnancy
Postpartum Maternal Adjustment

Poor maternal adjustment is characterized by:

• No longer have time for themselves
• Not proud or happy being a mother (disappointed)
• Not enjoyed caring for their baby’s needs
• Life more difficult since their baby was born and not likely to have a 2nd child
• 50% of ED moms sought treatment for depression or other mental problems as compared to 10% for controls
Mothering in Early Childhood

- Stein, et al (1994) studied eating disordered moms vs. control with infants 12-14 months old
- Eating disordered moms were more intrusive during meal and play time
- More negative during meal time but not during play time
- Infants of eating disordered moms tended to weigh less
  — Conflict at meal time
  — Mom’s concern about her body image
Mothering in Early Childhood

Waugh and Bulik, (1999)

• 10 children, 1-4 y.o. with moms with current of past anorexia and/or bulimia vs. matched controls
• No difference in childhood temperament
• No difference in mom satisfaction with child’s appearance
• Eating disordered moms had more difficulty maintaining breast feeding, made significantly fewer positive comments about food and eating during meals, and ate with the child less often
Kenneth L. Weiner, MD, FAED, CEDS
Eating Recovery Center - Denver, Colorado, USA
Chief Executive Officer

www.EatingRecoveryCenter.com
info@EatingRecoveryCenter.com