How to Manage Pregnancy and Eating Disorders

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Eating Disorders & Pregnancy

• Eating Disorders (ED) affect approximately 7 million American woman each year

• Anorexia Nervosa (AN) & Bulimia Nervosa (BN) are the most common psychological disorders in women of childbearing age

• 1 in 14 pregnant women have an eating disorder
Eating Disorder & Pregnancy Myths

• A woman with an eating disorder can NOT get pregnant
  
  • Truth: Can be difficult for some depending on years of behaviors and damage to body, but women with eating disorders are known to get pregnant

• A woman who does not have a regular menstrual cycle because of her Eating Disorder can NOT get pregnant
  
  • Truth: Yes she can!
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- Pregnancy is a time for
  - Body changing
  - Feeling uncomfortable
  - Nourishment for the fetus
  - Self-care
  - Proper Nutrition
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However,

Pregnancy with an eating disorder can be a time for:

- Increased anxiety
- Body changing is very scary
  - Feeling out of control
  - Already uncomfortable in own body
  - Increase in wanting to restrict
  - Getting “fat”
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Many women do not tell their Obstetrician they have an eating disorder

- One study found that only 44% reported to their doctor that they had an eating disorder

- Shame

- Secrecy
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Complications with ED

- Negative/distorted perception of their body
- Electrolyte and mineral imbalances
- Functional and structural abnormalities of internal organs
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Complications with ED (Cont’d)

- Severe metabolic alterations
- Depression
  - Prescription medications
  - Alcohol use/abuse
  - Substance use/abuse
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Complications of ED & Pregnancy

- Higher rates of miscarriage
- Low birth weight
  - Pre-pregnancy Body Mass Index (BMI) plays a role
- Infants with low apgar scores
- Preterm delivery
- Cesarean deliveries
- Intrauterine growth restriction
- Postpartum depression
## Apgar Score

<table>
<thead>
<tr>
<th>Score</th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Color</td>
<td>Blue/Pale</td>
<td>Body Pink Extremities blue</td>
<td>Completely pink</td>
</tr>
<tr>
<td>Heart Rate</td>
<td>Absent</td>
<td>Less than 100/min</td>
<td>More than 100/min</td>
</tr>
<tr>
<td>Respiratory Effort</td>
<td>Absent</td>
<td>Weak cry Irregular breathing</td>
<td>Good crying Regular breathing</td>
</tr>
<tr>
<td>Muscle Tone</td>
<td>Limp</td>
<td>Bending of some limbs</td>
<td>Active motion Limbs well-flexed</td>
</tr>
<tr>
<td>Reflex Irritability</td>
<td>Absent</td>
<td>Grimace</td>
<td>Grimace and cough or sneeze</td>
</tr>
</tbody>
</table>

- **7-10 points**: Baby is in excellent condition
- **5-7 points**: Newborn is mildly depressed
- **Lower than 5 points**: Newborn is severely depressed
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3 Warning Signs:

1. Failure to gain weight appropriately during two consecutive Obstetrician visits

2. Diagnosis of hyperemesis gravidium
   1. Greater frequency in BN could be way to rationalize ED behaviors and hide it as pretense of pregnancy medical complication

3. History of an eating disorder
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Managing Pregnancy and ED

- No set evidence-based standards of treatment…yet
- May need to see treatment team members more often than a pregnant woman without an eating disorder
- No reliable laboratory indicator for ED
- Encourage open honesty by the patient
- Careful questioning by the provider
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Multidisciplinary Team

- Mental Health Clinician
- Obstetrician
- Dietitian
- Psychiatrist
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Multidisciplinary Team

• **Mental Health Clinician**
  • Need an ED therapist
  • Work with patient on boundaries
  • Be the team coordinator
  • Keep communication open
    • Make sure all members of treatment team on the same page
  • Sharing of information, updates, concerns
  • Medication updates
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Multidisciplinary Team

- **Obstetrician**
  - Does the doctor want the communication or a nurse?
  - Needs to be aware of ED behaviors that can undermine treatment
  - Best to not share weight with the patient
  - Keep team informed as to status of pregnancy
  - Included on ED behaviors, current and past

- Medications
  - Prescribed
  - Over the counter
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Multidisciplinary Team

• **Dietitian**
  
  • Need an ED dietitian
    • Referral from Therapist, Doctor, Psychiatrist
    • [www.eatright.org](http://www.eatright.org)
    • Insurance coverage
  
  • Monitor weight (along with Obstetrician)
  
  • Modify meal plans
  
  • Monitor ED behaviors
  
  • Communicate status
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Multidisciplinary Team

• Psychiatrist
  • Important to provide updated communication
  • Needs to know medications prescribed during pregnancy
  • Best if Obstetrician and Psychiatrist speak about medications
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Sometimes...

The woman is able to put aside her eating disorder during her pregnancy

• Focuses on the unborn baby and its needs
Post-Pregnancy

- Assess for postpartum
  - More susceptible to postpartum if struggled with depression prior to pregnancy

- Body Image
  - Post-baby body
  - Working with Dietitian
Post-Pregnancy

- Education on nutritional needs postnatal
  - Differentiate mom’s nutrition from the baby’s needs
    - Breastfeeding
  - Feeding of baby
    - How often
    - How long
Resources

Alexian Brothers Behavioral Health Hospital
Access Department  847-755-8140 or 800-432-5005
www.abbhh.org/ed


- This document is downloadable form for easy printing and distribution:  www.aedweb.org

http://about-face.org: challenges negative media messages and promotes healthy body image and self-esteem.
Resources

http://www.aedweb.org: Academy for Eating Disorders (AED); professional association committed to leadership in eating disorders research, education, treatment and prevention.

http://anad.org: Anorexia Nervosa and Associated Eating Disorders’ (ANAD); offers information about eating disorders and support groups.

http://www.bedaonline.com: Binge Eating Disorder Association (BEDA); offers information with a specific focus on binge eating disorder.

http://www.bodyimagehealth.org: offers information on building healthy body esteem.
Resources

http://www.bulimia.com: information and resources about eating disorders, body image and obesity. Website includes books on eating disorders at discounted prices, free articles and a monthly email newsletter.

http://www.daughters.com: website offers information, blogs for parent communication and advice on raising girls in today’s culture.

http://www.eatingdisordersreview.com: This is a site primarily for professionals, who can find free clinical articles from 20 years of the Eating Disorders Review newsletter, which will now be an online-only publication. The site also provides information and articles for eating disorder professionals and suggested articles for families.
Resources

http://www.feast-ed.org: Families Empowering and Supporting Treatment of Eating Disorders is an organization of and for parents and caregivers to help loved ones recover from eating disorders by providing information and mutual support, promoting evidence-based treatment, and advocating for research and education.

http://www.focusas.com: Focus Adolescent Services provides information for families on various mental health issues and treatment information.

http://www.iaedp.com/Heartland_Chapter.html: Heartland iaedp Chapter
Resources

http://www.nationaleatingdisorders.org: National Eating Disorders Association’s (NEDA) website provides education and resources for individuals, support persons and educators.

http://www.something-fishy.org: Pro-Recovery website. There are online forums for both the person with the eating disorder and their supports.

http://thedadman.com: previously, dadsanddaughters.com. Author Joe Kelly provides information for fathers and stepfathers in cultivating healthy relationships with their daughters.
References


Thank you!

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