

South Australian Perinatal Practice Guideline

Eating Disorders and Pregnancy

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Note:

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Explanation of the aboriginal artwork:

The aboriginal artwork used symbolises the connection to country and the circle shape shows the strong relationships amongst families and the aboriginal culture. The horse shoe shape design shown in front of the generic statement symbolises a woman and those enclosing a smaller horse shoe shape depicts a pregnant women. The smaller horse shoe shape in this instance represents the unborn child. The artwork shown before the specific statements within the document symbolises a footprint and demonstrates the need to move forward together in unison.



Australian Aboriginal Culture is the oldest living culture in the world yet Aboriginal people continue to experience the poorest health outcomes when compared to non-Aboriginal Australians. In South Australia, Aboriginal women are 2-5 times more likely to die in childbirth and their babies are 2-3 times more likely to be of low birth weight. The accumulative effects of stress, low socio economic status, exposure to violence, historical trauma, culturally unsafe and discriminatory health services and health systems are all major contributors to the disparities in Aboriginal maternal and birthing outcomes. Despite these unacceptable statistics the birth of an Aboriginal baby is a celebration of life and an important cultural event bringing family together in celebration, obligation and responsibility. The diversity between Aboriginal cultures, language and practices differ greatly and so it is imperative that perinatal services prepare to respectively manage Aboriginal protocol and provide a culturally positive health care experience for Aboriginal people to ensure the best maternal, neonatal and child health outcomes.

Purpose and Scope of PPG

This guideline provides clinicians with general information about eating disorders in pregnancy and postpartum, including screening questions and observations.



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Summary of Practice Recommendations

- > Pregnancy can complicate an existing eating disorder
- > Eating disorders in pregnancy can have serious perinatal complications and an increased risk of postnatal depression
- > Women who have an eating disorder need enhanced monitoring and support

Abbreviations

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



Eating Disorders and Pregnancy

Definitions

Anorexia nervosa	A syndrome in which the individual maintains a low weight as a result of a preoccupation 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 / m ²
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 of 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 disorder (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

Introduction

- > The prevalence of eating disorders in pregnancy is estimated to be 10 %¹⁻⁴
- > 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^{4,5}
- > The antenatal period is an opportunity to help initiate change since many women are motivated to make positive changes for their unborn child⁴⁻⁸
- > Eating disorders in pregnancy can have serious consequences for mother and child and may be related to perinatal complications and postnatal depression,^{4-6,9-13} increased risk of hyperemesis^{6,14}, smoking during pregnancy, lower birth weight¹⁵, defects such as cleft palate and neural tube defects, microcephaly, caesarean section and preterm birth^{10,16-21}
- > Eating behaviour may improve in pregnancy but often relapses postpartum. Adjustment to motherhood is impaired with impact on infant feeding related problems, restrictive feeding styles²², and the woman may cease breastfeeding earlier^{4-7,23-25}

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 woman to postpone pregnancy until she has recovered from a severe eating disorder⁴



Antepartum

- > Refer to mental health team / eating disorder specialist
- > Alert antenatal services about the eating disorder
- > High risk management of pregnancy⁴
- > Ask about the use of laxatives and appetite suppressants⁴

Symptoms which signify need for screening

- > Low BMI
- > History of infertility
- > Concerns regarding weight but not overweight
- > History of menstrual disturbances
- > Gastrointestinal symptoms
- > Physical signs of starvation or repeated vomiting
- > Psychological problems⁴

Screening questions

- > Do you think you have an eating problem?
- > Do you worry a lot about your weight?⁴

The SCOFF Questionnaire²⁶

- S** – do you make yourself **sick** because you feel uncomfortably full?
- C** – do you worry about loss of **control** over your eating?
- O** – have you recently lost **one** stone (6 kilograms) in 3 months?
- F** – do you believe you are **fat** although others say you are thin?
- F** – would you say **food** predominates your life?

Postpartum

- > Assessment of parenting skills⁶
- > Interventions to improve coping strategies⁶
- > Increase self-esteem⁶
- > Enhanced breastfeeding support⁴
- > Watch for PND⁴
- > Watch for relapse of eating disorder⁴
- > Monitor infant growth and weight gain⁴

Mother-infant relationship

Observe for:

- > More intrusive controlling parenting behaviour^{4,27}
- > More expressed negative emotions towards infants⁵⁻⁶
- > Anxious avoidant attachment patterns²⁸⁻³⁰
- > More critical of their children and more conflict at meal times⁴

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Useful website link

Nutrient reference values for Australia and New Zealand including recommended dietary intakes. Available from URL: <http://www.nhmrc.gov.au/guidelines/publications/n35-n36-n37>

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