

Navigating the Unknowns of Pregnancy: Food, Fear, Body Image and Eating Disorders

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Why is this topic important?

“Pregnancy is a critical period during which good maternal nutrition is a key factor in influencing the health of both the mother and child. Maternal weight gain during pregnancy influences infant birth weight and health. Research shows that undernutrition during pregnancy increases risk for chronic disease later in life.”

Journal of the American Dietetic Association Position Paper

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Why is this an important topic?

- EDs affect ~7 million American women each year. These problems often occur in child-bearing years
 - Subthreshold rates are as higher
- It is estimated that ~20% of pregnant women don't gain enough weight.
- It is estimated that 15% of Women have disordered Eating habits & body Dissatisfaction.



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Conception / Infertility

Fertility

- 1 in 10 couples suffer infertility.
- 7.6-16.7% identified to had ED.
- 58% with amenorrhea or oligomenorrhea had ED.
- 1 in 5 are present as a result of ED.

Impact of ED on Fertility

- [Amenorrhea](#)
- Irregular menstrual cycles
- Reduced egg quality
- Ovarian failure
- Poor uterine environment
- Miscarriage
- Emotional Stress

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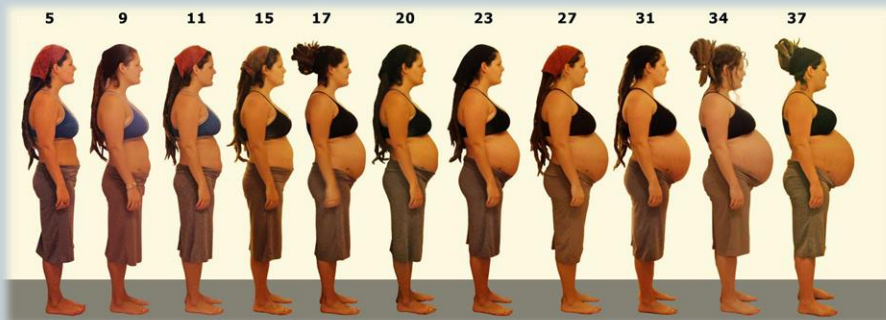
Conception

- Influences
 - Parents Age
 - Marital Status
 - Social Status
 - Cultural, Family and Peer Expectations
- Ideas / US Norms
 - Marriage and Childbirth are delayed
 - Smaller Families
 - Birth Control
 - Single Parents
 - Gender-Roles / Fathers Involvement
 - Medical Advances (IVF/Surrogates)



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Physical Changes



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1st Trimester



0 – 13 weeks

- Extreme tiredness
- Tender, swollen breasts.
- Nausea with or without vomiting
- Cravings or distaste for certain foods
- Constipation
- Frequent urination
- Headache
- Heartburn
- Weight gain or loss



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1st Trimester - Psychological Changes



- **Ambivalence**
 - Wanted vs. unwanted – partner's reaction
- **Mood Swings**
 - Crying, easily angered, anxious
- **Anxiety**
 - Money, body changes, life goals, adjustments, interpersonal interactions
- **Fear of Miscarriage (20%)**
- **Decrease Sexual Drive**

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2nd Trimester

14-26 weeks

- Body Aches
- Stretch Marks
- Skin changes (mask of pregnancy)
- Numb or Tingling Hands
- Itching
- Swelling of ankles, fingers and face



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2nd Trimester - Psychological Changes

- Contentment and Planning
- Cont. anxiety
 - Medically difficult pregnancy (I.e., GD, Still Births)
 - Psychological Difficult Pregnancy (I.e., single, DV, unemployed)
- Fetal movement and fetal differentiation
- Sexual interactions and satisfaction
 - Hesitation/ fears
- Weight gain and body image issues

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3rd Trimester

27-40 weeks

- Shortness of Breath
- Heartburn
- Swelling of ankles, fingers and face
- Hemorrhoids
- Tender breasts
- Belly button may stick out
- Trouble sleeping
- “dropping”
- Contractions



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3rd Trimester - Psychological Changes

- Ambivalence resolved
- Anticipation increases
 - Baby Naming
 - Birth Planning
 - Nesting
- Anxiety re: labor, delivery & beyond
- Sexual desire decreases
- Fatigue Increases



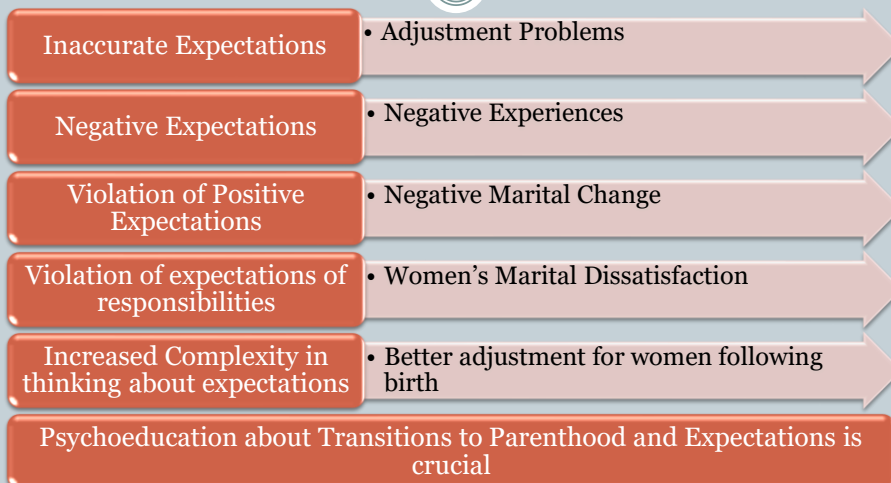
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Transition to Parenthood

- #6 of 102 stressful life events
- Increase in negative changes overtime compared to non-parents
 - *Psychological distress, sense of self, role arrangements & communication, parenting ideology, social supports & life stress*
- “Fearful” parents have higher stress, depression and lower self-esteem
- Marital Quality / Conflict
- Work-life balance varies
- Impact of Marital Adjustment / Marital Strain

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Pre-natal Expectations



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International Epidemiological Study

- N = 41,000 women
- 96 met criteria for broadly-defined Bulimia Nervosa (BN) in the first trimester
- 67 reported they also had BN 6 months prior to pregnancy
- 27 developed BN after becoming pregnant.
 - *It is unknown whether these women had BN or other EDs earlier in life

Norwegian Institute of Public Health, 2008



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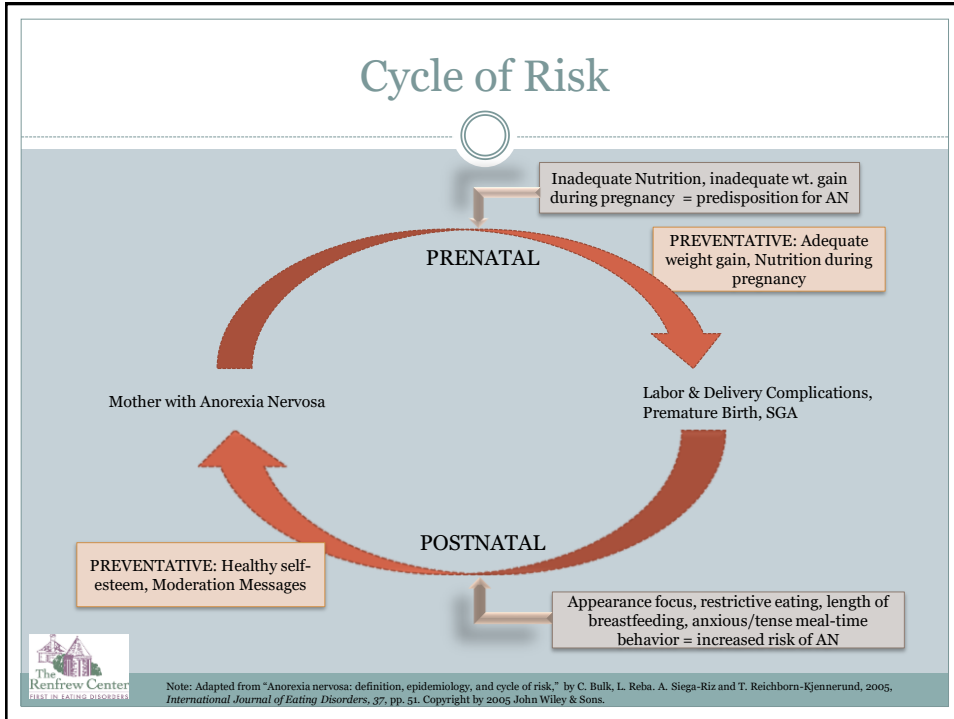
Binge Eating Disorder Risk Factors

- Pregnancy
 - Recent research indicates that being pregnant, especially if from a lower socio-economic class, may precipitate the onset of a binge-eating disorder
- Previous History
 - “Pregnant women with past or current eating disorders should be viewed as being at high risk and monitored closely both during and after pregnancy to optimize maternal and fetal outcomes.”



(Franko, Becker, Delinsky, Greenwood, Flores, Ekeblad, Eddy, Herzog, 2002, Harvard Medical School)


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EDs = High risk pregnancies

- Pregnant women with ED histories should be viewed as being at high risk
- Should be monitored closely both during & after pregnancy to optimize maternal & fetal outcomes



Franko et al., 2002, Harvard Medical School

The Renfrew Center
FIRST IN EATING DISORDERS

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Warning signs

- History of any ED
- Little to no weight gain OR weight loss throughout pregnancy
- Restriction of food groups
- Fearful of becoming overweight
- Extreme exercise regimens
- Self-induced vomiting to “get rid” of food eaten
- Chronic fatigue, dizziness, blacking out
- Skipping or avoiding meals
- Difficulty concentrating
- Social avoidance of friends & family
- Increased depression & anxiety



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Assessment

- Keep in mind: those struggling with EDs often hide their behaviors
- Role of the OBGYN
- ED can develop at any point
- Ask specific questions about:
 - eating
 - exercise
 - morning sickness/vomiting,
 - body image/emotional response to weight gain
- Involve loved ones. They could provide additional information



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Physical effects for the Mother

- Poor nutrition
- Dehydration
- Cardiac irregularities
- Gestational diabetes (*risk of heavier larger babies & C - sections*)
- Miscarriage
- Labor complications
- Increased likelihood of C-section
- Pre-eclampsia
- Difficulties breastfeeding
- Issues with weight
- Sleeping difficulties
- Severe Depression / Post-Partum Depression



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Psychological effects for Mother

- Severe depression (during pregnancy)
- Anxiety/panic attacks
- Low self-esteem
- Poor body image
- Suicidal ideations



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Risks for Baby

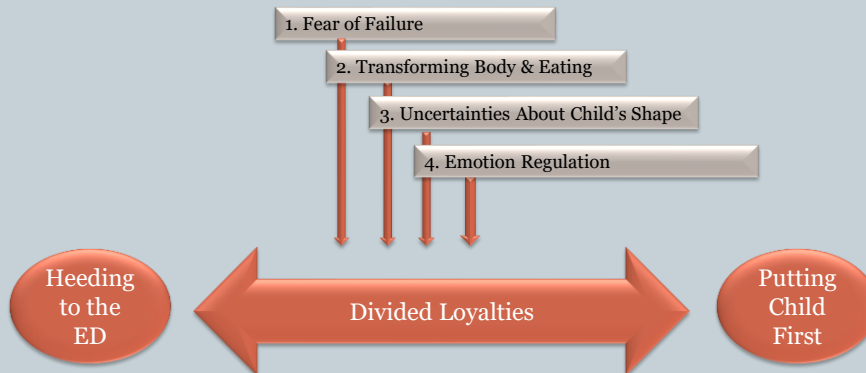
- Abnormal fetal development
 - Small head circumference
- Premature birth
- Low birth weight for age
- Still birth or fetal death
- Respiratory distress
- Other perinatal complications
- Feeding difficulties / failure to thrive
- Behavioral difficulties
 - Cognitive / sensory deficits, depression, ADD, seizure d/o (9% by age 2-12)
- Low APGAR scores



(National Eating Disorder Association)


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What is the Pull? Why is this so tough?



Note: Adapted From "Treading the tightrope between motherhood and an eating disorder: A qualitative study," by S. Tierney, J.R.E. Fox, C. Butterfield, E. Stringer, and C. Furber, 2011, *International Journal of Nursing Studies*, 48, p. 1227. Copyright 2011 by Elsevier.

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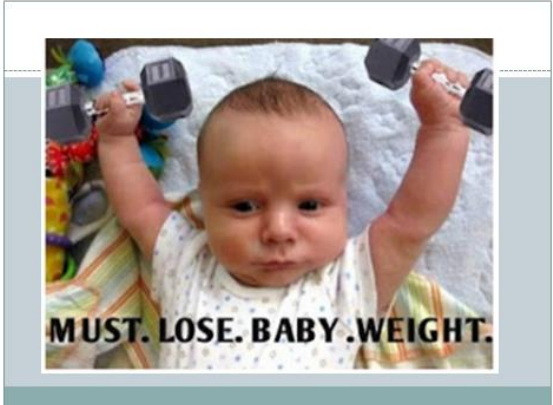

Body Image and Emotions

Postpartum Depression


- 3x greater risk
- 60% of those w/ BN
- 40% of those w/ AN

Weight Loss

Relapse

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Treatment

- Times of change & transition can make one vulnerable to ED emerging
- Loss of control
- Body image concerns and fear of weight gain
- Assess client motivation
- Provide Psychoeducation Re: weight / nutrition
- Connect patient ASAP to OB/GYN
- Recommend a nutritionist
- Education is essential

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Involving family members

- **Family Therapy**
 - Denial, anger, resentments, roles, anxieties
- **Addressing the needs of patient versus their families & children**





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