EATING DISORDERS DURING PREGNANCY & POSTPARTUM

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EATING DISORDERS DURING PREGNANCY

1 in 20 pregnant women
- 25-30% show signs of disordered eating
- Many cases not identified – up to 93.3% in one study!
- Reduction in symptoms?
- Binge Eating Disorder
- Bulimia → BED
“When life gets uncomfortable, focus on your eating and exercise plan.”

CULTURAL MESSAGES BEFORE PREGNANCY

You & your body can’t be trusted
Rely on external instruction & factors
• Count
• Measure
• Weigh
Weight = health and worth
Thin/Fit is best = happy & healthy
If you are unhappy, CHANGE your body

CULTURAL MESSAGES DURING PREGNANCY

You and your body still can’t be trusted
Embrace the bump...if it looks “cute”
Permission to eat, but not for 2!
Your weight gain is 100% in your control
Don’t diet but gain a very specific amount of weight
Once you’ve gained X, you can’t gain anymore!
**CULTURAL MESSAGES POSTPARTUM**

You still can’t be trusted
You have 6 months-1 year to get to pre-pregnancy weight or unhealthy, out of control
Don’t like your body? We have lots of postpartum products to “fix” that!
Diet (restrict, restrain) but not so much that it impacts your milk supply. Baby 1st.
Don’t pass YOUR eating and food problems to your children!

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**RISK FACTORS + SIGNS/SYMPTOMS**

- Depression, Anxiety, OCD
- Sexual or physical trauma
- High weight and shape concern
- Unplanned pregnancy
- Addiction
- Low BMI
- History of fertility issues
- Menstrual inconsistencies
- Malnutrition
- History of dieting
- Hyperemesis – some evidence shows association between BN and risk of hyperemesis
MATERNAL & NEONATAL IMPACT

- Miscarriage
- Low or high birth weight
- Premature delivery
- Obstetric complications
- Birth defects
- Perinatal mortality
- Nutritional deficiencies?
- Restrictive behaviors can lead to not enough weight gain
- Bingeing behaviors can lead to weight gain above mom’s genetic norm

SCREENING

Every woman, every time. Every OB/GYN & Midwife's Office.

ASK –
- Ask specific questions
- Screen every woman
- Keep checking in

SCOFF Questionnaire (not good for client with higher BMI or BED)

EDDS – The Eating Disorder Diagnostic Scale

Eating Attitudes Test – EAT26

EDI-3 - Eating Disorder Inventory – 3

ESP - Eating Disorder Screening Tool for Primary Care

EATING DISORDERS POSTPARTUM

<table>
<thead>
<tr>
<th>Postpartum Life</th>
<th>Food and Weight</th>
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</thead>
<tbody>
<tr>
<td>Lack of support, medical care</td>
<td>I'm so hungry and I want to lose weight.</td>
</tr>
<tr>
<td>New identity – Who am I? Who have I become?</td>
<td>Unfamiliar in body</td>
</tr>
<tr>
<td>Chaotic life, out of control</td>
<td>Routine of diet and exercise gives sense of going back to old self. I want my body back!</td>
</tr>
<tr>
<td>Lack of time for self-care</td>
<td></td>
</tr>
<tr>
<td>Waiting to feel better</td>
<td>If I could just be thin I'd feel better about all of this</td>
</tr>
<tr>
<td>Am I a good mom?</td>
<td>I want my child to be proud of me. Thin = proud.</td>
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**POSTPARTUM RELAPSE**

The majority of individuals who experience remission relapse within 1 year.

- “I was doing what I had to do for my baby. Now it’s just me.”
- High weight and shape concern
- Lack of support
- Blends in with other women engaging in dieting behaviors

**Hormonal Changes**

- DHEA is released during pregnancy which counteracts cortisol (found in high concentrations in ED patients) decreases cortisol which has neurotoxic effects that can increase ED symptoms.
- Some positive effects are seen in non-pregnant women with AN who were given DHEA.

Psychological distress at 6 and 36 months postpartum was positively associated with continuation of BN at 36 months postpartum.
- relationship satisfaction
- postpartum depression

Presence of BED and BN in pregnancy were associated with course of BN and BED at 18 and 36 months postpartum.

**TREATMENT TEAM**

Signs of disordered eating ➔ build tx team

Dietitian – ED experience, Health at Every Size, Intuitive Eating, Mindful Eating

Psychiatrist who specializes in ED

May need additional therapist(s) – trauma specialist, ED specialist, family/couples, etc...

OB/GYN
- Blind weights
- Educate OB/GYN
- Communicate often

Severe symptoms? Call local treatment center
TREATMENT APPROACHES

Cognitive Behavioral Therapy
Dialectical Behavioral Therapy
Mindfulness
Trauma Therapy – CPT, EMDR
Nutrition Therapy
- Malnutrition must be addressed for therapy to be effective!
  Dietitian can help keep symptoms manageable while client addresses difficult topics in therapy
- Child feeding coaching to reduce impact on child
- Provide appropriate structure
  Mindful eating, working towards intuitive eating for some
  Increase trust in body
Nutrition education
Body Image

SOURCES


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