

Anorexia linked to significant adverse pregnancy outcomes

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Women diagnosed with the eating disorder anorexia nervosa are five (500%) times more likely on average to have underweight babies,

according to a comprehensive new study.

Results presented today at the 38th Annual Meeting of ESHRE also show a substantially increased risk (298%) of a [premature birth](#) and more than double the likelihood (341%) of [placental abruption](#). This is compared with mothers without anorexia, which is often a life-long mental health condition.

Ido Feferkorn MD from McGill University, Montreal, Canada, will outline the details of the analysis. It was based on data from more than 9 million women both with and without anorexia, a severe psychiatric disorder characterized by starvation and malnutrition.

Dr. Feferkorn described the findings on the incidence of small-for-gestational-age newborns in particular as "shockingly higher" when compared with outcomes for the offspring of healthy weight women.

Eating disorders can have an impact on menstruation, but women with anorexia do conceive naturally or with the help of fertility drugs to stimulate ovulation. Dr. Feferkorn said the results of the study conveyed a serious health message about management of these patients during and after pregnancy.

He said: "Many fertility specialists are faced with the dilemma of treating women who are undernourished. Or, by refusing to do so, possibly preventing these patients the joy of parenthood. Clinics should be aware of the magnitude of adverse outcomes related to pregnancy among those patients with anorexia who do conceive."

Data came from a large publicly available database of US hospital inpatient care records. All deliveries between 2004 and 2014 were included that related to women with a diagnosis of anorexia during pregnancy (n = 214) and those who did not (n = 9,096,574)

Overall, results showed significant adverse pregnancy outcomes for women with anorexia.

In addition, they showed that these individuals were more likely to have another psychiatric problem in addition to their [eating disorder](#), to be smokers, to have [thyroid disease](#), to be white, or of higher income.

No difference was found in rates for other conditions which can affect women in [pregnancy](#). These included hypertensive diseases, [gestational diabetes](#), [placenta previa](#), postpartum hemorrhage, and the bacterial infection chorioamnionitis. The need for Cesarean section was no greater than in women without an anorexia diagnosis.

The study did have limitations including the fact that the authors were unable to assess the severity of anorexia, nor compliance with treatment.

One wider implication of the findings, said Dr. Feferkorn, is that women should be screened for [anorexia](#) prior to fertility treatment, which current evidence suggests most physicians fail to do.

More information: Conference: www.eshre.eu/ESHRE2022

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