

Eating Disorders, Fertility and Pregnancy

Donna Stewart, MD, FRCP (C)

Despite the fact that eating disorders primarily affect young women of reproductive age, only recently has attention been paid to their effects on fertility and pregnancy. It has long been known that women suffering from anorexia nervosa have an absence of menstrual periods, as there is a minimum weight for height that is necessary for the onset and maintenance of ovulation and menses¹. Therefore, young women who develop anorexia nervosa before puberty may not begin their cycles, while those who develop anorexia after their cycles have been established will develop irregular periods or stop menstruating when body fat falls below this threshold value. Recently it has been discovered that approximately half of all women who diet excessively or have sub clinical eating disorders or bulimia nervosa also have irregular or absent menstrual periods². Several studies have, however, shown that with the resumption of normal eating habits, the discontinuation of bingeing/purging and the maintenance of an adequate weight, nearly all women with eating disorders will resume their menstrual cycles³.

Fertility

Approximately 15 to 18 per cent of all couples in the childbearing age, having regular unprotected intercourse, are unable to conceive within one year. Until recently it was thought that among women with eating disorders, only anorexic women without menstrual periods contributed to the overall rates of infertility. However, recent studies have shown that medically unexplained infertility in women may sometimes be due to an undisclosed eating disorder, severe weight control or bingeing and purging that does not meet severity criteria for bulimia nervosa but nevertheless interferes with fertility.

Bates⁴ found that many women with unexplained infertility restricted calories “to maintain a fashionable body habitus.” Although these women did not suffer from a clinical eating disorder, 90 per cent began menstruating regularly and 73 per cent conceived spontaneously when their weight increased to predicted ideal body weight. Many of these women and their partners had previously undergone expensive and uncomfortable gynaecologic investigations for infertility without a cause being discovered. We recently found that 17 per cent of consecutive infertility clinic patients suffered from an eating disorder, and among women with irregular or absent periods, 58 per cent had an eating disorder⁵. None of these women had disclosed their eating disorder to the infertility specialist although many women subsequently reported that they had been worrying that their eating disorders might be a cause of infertility.

Some eating disordered women will ovulate before their first menses and may become fertile without having had a period. Women with eating disorders who are having sexual intercourse need to take adequate contraceptive measures particularly as weight is being gained or bulimic behaviour reduced.

Pregnancy

Our studies of women with eating disorders who become pregnant have shown that many have severe vomiting during pregnancy (hyperemesis gravidarum), gain less weight in pregnancy, have smaller babies and have more difficulty post-partum with adjustment to parenthood, breastfeeding, depression and eating disorder symptoms⁶. However, women whose eating disorders were either resolved or in remission before they became pregnant fared much better and were similar to non-eating disordered women⁷. Other investigations have shown that women with active eating disorders are more likely to give birth to small babies, who are premature, have more congenital malformations and more medical problems including prenatal death*⁸.

A number of recent reports focus on the infant feeding behaviour of women with active eating disorders and point out a higher than expected rate of “failure to thrive”* in their infants⁹.

Although research in this area is still quite new, it seems clear that women with eating disorders have sub optimal fertility, more problems in pregnancy and have less healthy nannies. It is important that women with eating disorders advise their gynaecologist/obstetrician of their problem and seek treatment of their eating disorders before embarking on infertility investigations or a pregnancy. Women who have successfully overcome eating disorders or who are in stable remission can expect to enjoy normal pregnancies and infants.

**Specific causes of these events are currently unknown*

Coping with your changing body

- Become educated – read, talk to others, attend classes.
- Consider joining a support group.
- Choose your health care practitioner carefully and make a point of discussing your hopes and fears.
- Talk to those close to you about what each of you are feeling and experiencing.
- Develop assertion strategies for dealing with unwanted comments or touches.

- Wear comfortable clothes.
- If you are currently struggling with an eating disorder, recognizing the dangers of your behaviours may be frightening. Try to find support on issues around your eating disorder and coping with stress.
- Take quiet time to reflect on the wonder of your changing body.

References

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