

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.

SA Health does not accept responsibility for the quality or accuracy of material on websites linked from this site and does not sponsor, approve or endorse materials on such links.

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 woman. 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 respectfully 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 Perinatal Practice Guideline (PPG)

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



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Summary of Practice Recommendations

Where possible, women with a severe eating disorder should be referred to an eating disorder specialist to treat the eating disorder before pregnancy and preferably postpone pregnancy until the disorder is well managed.

Women with amenorrhoea and difficulty conceiving and may require specific gynaecological referral for ovulation induction.

Consideration should be given to supplementation with a higher dose of folic acid (i.e. 5 mg) prior to pregnancy and until 12 weeks gestation.

Serial ultrasounds for monitoring of fetal growth may be indicated.

Educate women on the importance of good nutrition and its relationship to fetal development and their own mental health.

Encourage acceptance of body image, reinforcing that physical changes are normal.

Use the SCOFF assessment tool (see abbreviations below) if physical assessment or other signs / symptoms indicate the woman may have an eating disorder (e.g. preoccupation with body weight, shape or food, distress if exercising not possible).

General assessment does not need to diagnose, but should detect the possible presence of an eating disorder. Evaluation should include SCOFF responses and other psychological, physical and behavioural signs or complications.

If history, presentation and/or SCOFF assessment suggest an eating disorder, it is recommended that a thorough physical examination is conducted.

Women should be referred to the mental health team or GP for a mental health plan as well as an eating disorder specialist if an eating disorder seems likely at any point during the peripartum period.

A team approach to care, including general practitioner, midwife, mental health team, obstetrician, dietician, and eating disorder specialist is recommended.

Women with an eating disorder need enhanced monitoring and support postpartum (including with breastfeeding).

Assess parenting skills and mother-infant relationship in the weeks following birth, ensuring that the mother's concerns are not transferred to her infant.

Observe for postnatal depression and/or relapse of eating disorder.



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Abbreviations

NEDC	National Eating Disorders Collaboration
SA	South Australia
SCOFF questions	S – Do you make yourself sick because you feel uncomfortably full? C – Do you feel like you lose control when you are eating? O – Have you recently lost one stone (6.35 kilograms) in 3 months? F – Do you believe you are fat although others say you are thin? F – Would you say food dominates your life?

Definitions⁴

Anorexia Nervosa	A disorder defined by persistent restriction of energy intake which leads to lower than normal body weight (maintained at least 15 per cent below that expected or at a body mass index (BMI) below 17 kg/m ²). It is accompanied by an intense fear of gaining weight, preoccupation with appearance and a disturbed body image (perceiving themselves to be overweight despite being underweight)
Binge Eating Disorder	A disorder characterised by regular episodes of binge eating (consumption of large amounts of food in a short time), without compensatory behaviours (e.g. self-induced vomiting, over-exercising). It is accompanied by feelings of loss of control and often guilt, embarrassment and disgust.
Body image	A person's perception of their physical self and the thoughts and feelings that result from that perception (both positive and negative)
Bulimia Nervosa	A disorder characterised by recurrent episodes of binge eating and secondly by compensatory behaviour (self-induced vomiting, purging, fasting, excessive exercising and possibly the misuse of laxatives, diuretics, thyroxine, amphetamine or other medication) in order to prevent weight gain. It is accompanied by a subjective feeling of loss of control when eating.
Disordered eating	A disturbed and unhealthy eating pattern including any of the following: <ul style="list-style-type: none"> • Restrictive dieting • Compulsive eating • Skipping meals
Other Specified Feeding or Eating Disorder (OSFED)	An eating disorder where symptoms closely resemble anorexia nervosa, bulimia nervosa or binge eating, but do not meet the precise diagnostic criteria for these conditions. It is the most common eating disorder and may have one or more of the following: <ul style="list-style-type: none"> • Extremely disturbed eating habits • Distorted body image • Overvaluation of shape • Intense fear of gaining weight if underweight



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Introduction

The National Eating Disorders Collaboration (NEDC) is an initiative of the Australian Government Department of Health. The NEDC has given permission to SA Health through the Maternal, Neonatal and Gynaecology Community of Practice to publish links to information on their website: www.nedc.com.au.

The NEDC guideline¹ "*Pregnancy and Eating Disorders: a Professional's Guide to Assessment and Referral*", provides information on types of eating disorders, recognising signs and symptoms, assessment, referral, prevention and child protection concerns. It has been assessed as appropriate for South Australia and has therefore been endorsed as the SA Health Perinatal Practice Guideline.

Background

Eating disorders are serious mental illnesses with severe physical and psychological impacts.^{1(p4)}

Eating disorders may develop during pregnancy or postnatally for the first time due to changes in body shape and weight or be pre-existing. Not all pre-existing eating disorders will have been identified prior to pregnancy. Some women with a previously well-managed eating disorder may relapse during the perinatal period. Some women may be ashamed of their eating disorder and how it might affect the baby or deny the problem exists.¹

Eating disorders in pregnancy can have serious consequences for mother and child and may be related to increased risk of perinatal complications such as^{1,2,3}:

- Amenorrhoea and difficulty conceiving
- Miscarriage
- Hyperemesis gravidarum
- Anaemia
- Gestational diabetes
- Gestational hypertension
- Low birth weight (with Anorexia Nervosa)
- High birth weight (with Bulimia Nervosa, Binge Eating Disorder)
- Preterm birth
- Fetal anomalies (e.g. neural tube defects)
- Depression and anxiety across the perinatal period
- Breastmilk supply complications

Eating disorders can present with psychological, physical and/or behavioural manifestations. Health professionals should be aware of these signs and symptoms (described in detail in the NEDC guideline – see link below), that will alert them to the possibility of an eating disorder. Further assessment using the SCOFF screening questions (see [Abbreviations](#)) and a thorough physical examination should be undertaken.

This general assessment does not need to diagnose, but should detect the possible presence of an eating disorder. If history, presentation and/or SCOFF assessment suggest an eating disorder, it is recommended that women should be referred to the mental health team or GP for a mental health plan as well as an eating disorder specialist.

A team approach to care, including general practitioner, midwife, mental health team, obstetrician, dietician, and eating disorder specialist is recommended, inclusive of shared management plans.

Women with mental health illness, including those with an eating disorder need enhanced monitoring and support postpartum (including with breastfeeding), as they are at increased risk of impaired mother-infant interactions.

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Pregnancy and Eating Disorders: a Professional's Guide to Assessment and Referral

Guideline link:

<https://www.nedc.com.au/assets/NEDC-Resources/NEDC-Resource-Pregnancy.pdf>

Note: Information in the guideline included in "Child Protection Concerns" (p 18) is incorrect. In SA the Department for Child Protection has replaced Families SA.

Website: www.childprotection.sa.gov.au

Report concerns via the Child Abuse Report Line (CARL): 131 478

Information for Women

NEDC Fact Sheets

<https://www.nedc.com.au/research-and-resources/fact-sheets>

(Note: Many Fact Sheets are available in other languages)

The Butterfly Foundation for Eating Disorders

The Butterfly Foundation provides support for people with eating disorders and body image issues (including a list of affiliated health professionals) and a National Helpline.

National Helpline (available 7.30am – 11.30pm, 7 days/week except public holidays):

Telephone number: 1800 334 673

131 450 for translation and interpreting services

Online chat: <https://thebutterflyfoundation.org.au/our-services/helpline/>

Email: <https://www.nedc.com.au/support-and-services/get-help/>

Online Support Groups:

<https://thebutterflyfoundation.org.au/our-services/support-groups/>

Additional Resources

Perinatal and Infant Mental Health Services at Metropolitan Hospitals:

- Flinders Medical Centre: Telephone (08) 8404 2551
- Lyell McEwin Hospital: Telephone (08) 8282 0794
- Women's and Children's Hospital: Telephone (08) 8161 7227

General Practitioner (+/- Mental Health Plan referral)

Rural and Remote Telemedicine/Tele-Psychiatry Unit

Telephone (08) 7087 1660

Child and Family Health Services (CaFHS)

Telephone 1300 733 606

<http://www.cyh.com>

Helen Mayo House (Statewide Service)

Acute inpatient unit for women who have significant mental health issues with infants aged 2 years or under.

Telephone 08 7087 1030

Referral information available at:

<http://www.wch.sa.gov.au/services/az/divisions/mentalhealth/helenmayo/ServiceProviders.html>



References

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