

Abstract

Introduction and Background: Eating disorders affect more of the population than one would think and are often underreported. Although eating disorders can affect men, they tend to affect women more. Many women are unaware that they have an eating disorder or are too afraid to mention it.

Purpose Statement: During this study, we researched how eating disorders in women can affect fertility, pregnancy, postpartum, breastfeeding, and overall long-term health effects. We decided on this topic because we believe that eating disorders can change women's bodies, such as hormones, but also their mentality and attitudes.

Literature Review: This study used resources including the ETSU Sherrod Library, which provides access to a variety of databases, such as Science Direct and Taylor and Francis online. Our research was drawn by searching keywords relating to our topic of study. We found 20 sources to use and evaluated each one using matrices and annotated bibliographies.

Findings: The results of our study concluded that women with eating disorders are at higher risk of developing or worsening physical or mental illnesses. Multiple articles confirmed that fertility, pregnancy, breastfeeding intentions and postpartum were all directly affected by body image and eating disorders.

Conclusions: We hope by studying this topic and finding research, this can lead to more support and help for women struggling with eating disorders, before and after pregnancy. Further research would be necessary to fully understand how eating disorders, mental health, and motherhood are intertwined and how these topics relate to the way women view their bodies and the influence this has on decision making.

Introduction and Purpose

Eating disorders are often overlooked or seen as insignificant. However, that should not be the case. In our study, we researched and compared many journals and articles to find the correlation between eating disorders and how they affect fertility, pregnancy, and breastfeeding in women. As we explored our research, we started with the understanding of eating disorders and the population most influenced, which is young girls to adult women (Tabler & Geist, 2016). With this study, we found that eating disorders can directly affect women with fertility by increasing the need for fertility treatments as well as increasing the risk of miscarriages (Easter, 2011). We know that eating disorders can begin from insecurities with body change and self-image. With this study, the goal was to better explore and understand how these mentalities and health issues correlated with fertility, pregnancy, and breastfeeding in women.

Background and Significance

Eating disorders (ED) affect women and can drastically affect fertility, pregnancy, and breastfeeding. This is a major issue for many women and families, leading to struggles in relationships, having children, and self-image. Eating disorders, such as anorexia nervosa (AN), binge eating disorder (BED), bulimia nervosa (BN), and orthorexia nervosa (ON), influence a woman's life and can end up controlling it. This is detrimental to the lives of these women and in some instances, the eating disorders can lead to death of the mother or the child. Miscarriage and abortion rates were high with women that had a history of an eating disorder, premature birth, low birth weight, low Apgar scores, perinatal death, and the long-term effects on the women and children are often both physical and mental (Paslakis & Zwann, 2019). The importance of understanding how women are affected by eating disorders can change how these women are treated in healthcare.

Society is inadvertently affected by eating disorders since they are not often talked about or they are ignored and seen as "not serious". Healthcare is normally used for physical ailments; however, people should become aware that health care can be for mental or physical need, this includes eating disorders. Whether these disorders have always existed for the person, or it developed because of body image issues, it can still dramatically affect any person. As nurses, we need to be intentional about creating trust with our patients and encouraging confidence. These are important for therapeutic nurse/patient relationships and therefore would help the client to become more comfortable talking about their eating disorder. Education and interventions from nurses can help the women and new mothers understand the importance of mental health and self-image and how that can influence mothers' decisions regarding actions such as breastfeeding (Roger R. F. et al., 2018). The way a nurse treats and cares for a patient can entirely change the outcome of the women or new mothers living with eating disorders.



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Literature Review Methods

- We used many databases mainly from the ETSU Sherrod Library which consists of the CINAHL, ERIC, JSTOR, PsychInfo, Pubmed, Science Direct and Taylor and Francis online. We found articles based on our study by searching key words such as "eating disorders in women affecting fertility or health". With the many databases, we were able to browse around our search and find related articles and some that lead us further in depth about disorders.
- We found 20 sources and evaluated each one using matrix and bibliographies for a better understanding of each one and how it relates to the study. We found articles solely based on eating disorders, whether they are specific or broad, and how it affects women long term along with pregnancy and even their children.
- We went further into the study and searched whether it was personality based or if it was because of their childhood. We took the study to the level where sports and being an athlete influenced if they were at risk for having an eating disorder.
- We tried to focus mainly on if they were a mother and those long-term health effects for both her and the baby. If they were pregnant or already had children, we dove into the questions like breastfeeding risk or if they chose to give that way, the diet after birth, diet quality during pregnancy and postpartum, if they were depressed postpartum, and if they were giving warnings before pregnancy, did they take them into account?
- Overall, the only exclusion sources were one from 2011 and the other from 1999. What made them special to keep even though being so old were that they have solid studies and numbers to prove their theory. For example, the 2011 article by Easter, A. was based on how ED effect fertility and pregnancy. This study has solid numbers with the population and had evidence to back it up along with the fact that not much has changed from then until now. Women still battle with eating disorders today, and although times have changed, women still battle with eating disorders maybe even more now than ever. All the other inclusion articles were at least from 2016 meaning at least 5 years old and the data from those sources also have relevant data for our topic that only gave more insight and proof of what we were trying to prove in our study, which is how eating disorders in women affect fertility, pregnancy, overall health, and breastfeeding.

Findings

The purpose of this research project was to determine the impact of eating disorders or eating disorder habits and their impact on fertility. As far as eating disorders, the research focused mainly on the impact of anorexia nervosa (AN), bulimia nervosa (BN), and binge eating disorder (BED). There was also research used that focused on the impact of eating disorder habits like self-enforced vomiting and laxatives abuse in order to lose weight. The studies used in this project showed a significant relationship between women with AN or AN+BN and seeking lifetime fertility treatment (Easter, 2011). There was also statistical significance for women with AN+BN that experienced difficulty conceiving for more than six months and only successfully conceiving with the aid of fertility treatments (Easter, 2011). Women with BN were found to be at the greatest risk of induced abortion (Linna, 2013). It is also important to note that women with eating disorders were found to harness more negative feelings towards their pregnancy (Easter, 2011) due to the change in appetite and body shape (Bailey, 1999). By measuring the number of children, pregnancies, births, induced abortions, miscarriages, and infertility treatment among women with eating disorders, research showed that these women were more likely to have significantly lower pregnancy and birth rates than the controls used, as well as a higher rate of miscarriages (Paslakis, 2019).

Conclusions and Implications

In response to the higher risk of infertility and miscarriages among women with eating disorders, it is important to also discuss the role of the healthcare provider in response to the increased risk of infertility and miscarriages among this population. Research was used in this project that measured the ability of healthcare providers to recognize signs of eating disorders among their patients as well as how to treat women with eating disorders. The results showed that of the sample used, only 54% of the healthcare personnel in the study stated that the body mass index (BMI) was relevant to anorexia nervosa (AN). Only 30% noted menstrual disturbances among individuals with AN. The results of this study also showed that 63.8% of the fertility specialists did not identify maladaptive weight control behaviors as characteristics of binge eating disorder. Out of the 83.7% of clinicians that stated that it is "important" to screen for eating disorders during the preconception assessment, only 35% routinely screened for eating disorders, while only 8.8% had guidelines set for management of eating disorders. Out of the sample used, only 13.8% of the clinicians stated that they felt satisfied with their knowledge of eating disorders, 37.5% said they felt confident with their ability to recognize signs of eating disorders, and the majority (96.2%) of the clinicians said that they feel they require further training for spotting and treating eating disorders (Rodino, 2016). With results like those provided above, it is extremely important for healthcare facilities to provide further training on eating disorder detection and treatment. By furthering education on this topic, there is a greater likelihood of proper treatment and prevention of fertility issues when patients are trying to conceive.

References



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