Perinatal eating disorder symptoms, parenting stress, and infant feeding

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Abstract

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Methods

• We performed a secondary analysis of participants in Mood, Mother and Infant (MMI). The psychobiology of impaired dyadic development, a longitudinal cohort study of mother-baby dyads recruited between May 2013 and April 2014.
• For the current analysis, we used questionnaires at the enrollment visit in the third trimester of pregnancy and at 1 and 2 months postpartum.

Results

Demographics for women with no EDHx and with EDHx

<table>
<thead>
<tr>
<th></th>
<th>No EDHx</th>
<th>EDHx</th>
</tr>
</thead>
<tbody>
<tr>
<td>N (%)</td>
<td>53 (85.5)</td>
<td>9 (14.5)</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some HS</td>
<td>1 (1.9)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>HS Graduate</td>
<td>1 (1.9)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Some College</td>
<td>6 (11.1)</td>
<td>1 (11.1)</td>
</tr>
<tr>
<td>College Graduate</td>
<td>17 (32.1)</td>
<td>4 (44.4)</td>
</tr>
<tr>
<td>Post Graduate</td>
<td>28 (52.8)</td>
<td>4 (44.4)</td>
</tr>
<tr>
<td>Annual Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 20,000</td>
<td>6 (11.1)</td>
<td>1 (11.1)</td>
</tr>
<tr>
<td>20,000-49,999</td>
<td>12 (22.6)</td>
<td>3 (33.3)</td>
</tr>
<tr>
<td>50,000-99,999</td>
<td>17 (32.1)</td>
<td>4 (44.4)</td>
</tr>
<tr>
<td>100,000+</td>
<td>18 (34.0)</td>
<td>1 (11.1)</td>
</tr>
<tr>
<td>Employment Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed Student</td>
<td>48 (92.5)</td>
<td>7 (77.8)</td>
</tr>
<tr>
<td>Not Employed or Student</td>
<td>5 (9.4)</td>
<td>2 (22.2)</td>
</tr>
</tbody>
</table>

Eating Disorder Examination (EDHx) modified associations between EDE-Q4 score and emotions during feeding, EPDS and parenting stress.

Higher EDHx score was associated with increased reporting of negative emotions during feeding for women without an EDHx, but not for women with EDHx.

Conclusion

Perinatal eating disorder symptoms, parenting stress, and infant feeding

• Maternal eating disorder symptoms were associated with depression symptoms and parenting stress, and negative breastfeeding outcomes, even for women without EDHx.
• Significant negative breastfeeding outcomes included lower breastfeeding intensity, more negative emotions during breastfeeding, and a lack of breastfeeding self-efficacy.
• Targeted support may improve lactation and parenting outcomes for mothers with disorders eating symptoms during pregnancy and in the postpartum period.

Background

• Known risk factors for postpartum depression (PPD) include lifetime history of depression or anxiety and prior history of PPD.
• One in 5 women with PPD also experience failed lactation, defined as unplanned, undesired weaning due to physiologic problems with breastfeeding.
• Limited research has shown a relationship between anxiety and depression and infant feeding difficulties in women with current/prior eating disorders.

Eating Concern

On how many days out of the past 28 days, have you felt uncomfortable seeing your body, for example, in the mirror, in shop window reflections, while undressing, or while taking a bath or shower?

Weight Concern

Over the past four weeks (28 days), has your weight influenced how you think about (judge) yourself as a person?

Parenting Stress Index Short Form

Negative emotions during breastfeeding, but not for women with EDHx.

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Introduction: We sought to quantify associations between postpartum eating disorder symptoms, maternal mood, parenting, and infant feeding. Study Design: We analyzed participants in an ongoing longitudinal study of women intending to breastfeed. At baseline all participants underwent a Structured Clinical Interview (SCI0) to determine history of anorexia, bulimia, or binge eating disorder (EDHx). All 2 months postpartum, we quantified current symptoms using the Eating Disorder Examination Questionnaire (EDE-Q4). We measured outcomes using the Beck Depression Inventory (BDI), the Edinburgh Postnatal Depression Scale (EPDS), the Parenting Stress Index Short Form, the Breastfeeding Self-Efficacy Scale, and the modified Differential Emotions Scale (mDES). We used multivariable linear regression to model associations between outcomes and EDE-Q4, EDHx and interactions between EDHx and EDE-Q4.

Results

Of the 62 women, 1 had a SCI0-verified current eating disorder and 8 had an EDHx. At 2 months postpartum, women with EDHx were more likely to meet clinical thresholds for depression indexed by BDI ≥ 17 (40 vs. 5%, Fisher’s exact p<0.01). Adjusting for EDHx, higher EDE-Q4 score was associated with higher BDI (R²=.44, p<.0001) and EPDS (R²=.22, p<.001) scores and reduced breastfeeding self-efficacy (R²=.12, p<0.01). EDHx moderated other associations: among women without EDHx, higher EDE-Q4 score was associated with greater parenting stress (R²=.23, interaction p<.05), more negative emotions during feeding (R²=.36, interaction p<.003), and reduced breastfeeding intensity (R²=.16, interaction p<.03).

Conclusion: Maternal eating disorder symptoms were associated with depression symptoms, parenting stress, and negative breastfeeding outcomes. Parenting support may improve outcomes for mothers with disordered eating symptoms.

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