



The Relationships among Maternal Stress, Disordered Eating, Depressive Symptoms, and Infertility in Women throughout the Postpartum Period

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INTRODUCTION

- The perinatal period is a crucial phase of transition, marked by profound psychological, physiological, and social changes
- Approximately 36% of perinatal women experience depression, 20% experience thoughts of self-harm, and 22% experience anxiety.
- About 85% of postpartum women experience a mood disturbance to some degree
- Factors that also contribute to diminished psychological well-being include psychological inflexibility, disordered eating habits, poor body image, and a history of infertility.

The primary purpose of this study is to explore maternal stress, disordered eating, and depressive symptoms during the first year postpartum in women with and without a history of infertility.

METHODS

Participants:

- Cisgender women ($N = 248$) who gave birth within the last 12 months
- Age range: 20 -44 years old ($M = 32.10$, $SD = 4.10$)

Procedures:

- Quantitative, cross-sectional study via REDCap

Measures:

- Demographic Questionnaire
- Maternal Postpartum Stress Scale
- Eating Attitudes Test
- Edinburgh Postnatal Depression Scale

Maternal stress was positively associated with disordered eating behaviors

Depressive symptoms were negatively associated with disordered eating behaviors

Disordered eating behaviors increased 6-12 months postpartum while depressive symptoms and stress did not significantly change

No differences seen in depressive symptoms, stress, or disordered eating behaviors based upon infertility history

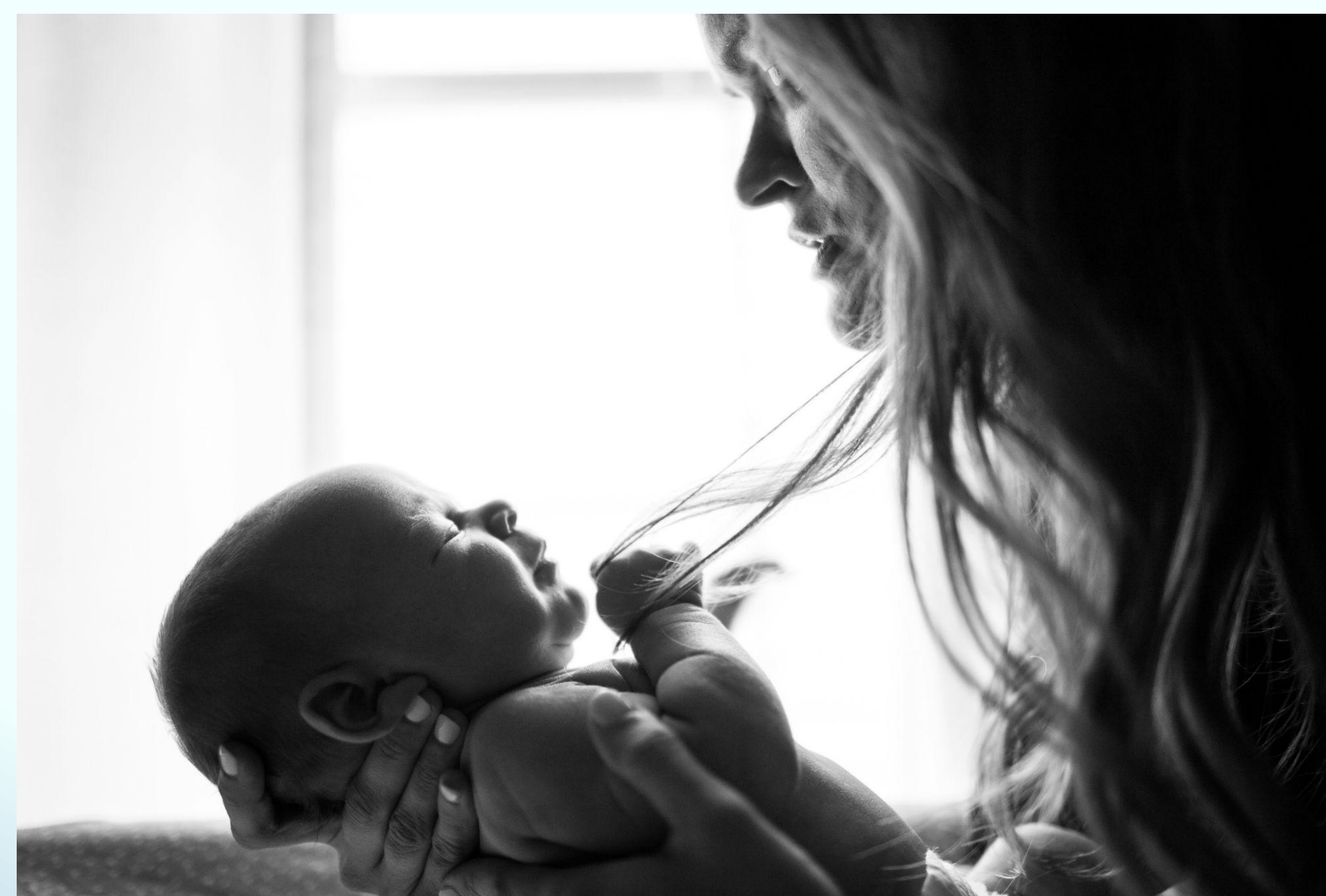


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RESULTS

- Maternal stress was positively associated with disordered eating behaviors ($B = .166$, $t = 4.07$, $p < .001$) while depressive symptoms were negatively associated with disordered eating behaviors ($B = -.712$, $t = -3.77$, $p < .001$)
- An independent samples t -test indicated that mothers in the 6-12 months postpartum group ($M = 8.34$, $SD = 10.25$) reported significantly higher disordered eating behaviors than mothers in the 0-6 months postpartum group ($M = 5.91$, $SD = 6.65$), $t(228) = -2.18$, $p = .015$.
- The MANOVA results indicated that there was no statistically significant multivariate effect of infertility history on the combined dependent variables, $Wilks' \Lambda = .993$, $F(3, 219) = 0.500$, $p = .683$, $partial \eta^2 = .007$.

DISCUSSION

- Postpartum eating behaviors are related to stress and depressive symptoms and may increase in the later postpartum period, potentially related to focus returning to pre-pregnancy body weight/shape/size and desire to "bounce back" after baby
- Infertility history did not increase risk for depressive symptoms, stress, or disordered eating behaviors during postpartum period, suggesting that following delivery, the stress of infertility history does not impact postpartum adjustment in these areas

FOR MORE INFO:

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