

THE ASSOCIATION BETWEEN DISORDERED EATING PATTERNS AND THE SEVERITY OF TOXICOSIS IN PREGNANT WOMEN

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During pregnancy, dietary patterns have a direct impact on maternal adaptive processes and fetal development. Disruption of eating patterns, deficiencies of micro- and macronutrients, irregular meal timing, and diets characterized by a high glycemic load are increasingly recognized as significant risk factors contributing to the development of severe forms of pregnancy toxicosis.

Although pregnancy is a physiological process, it is accompanied by a substantial metabolic and hormonal burden on the female body. During this period, dietary habits and diet quality are among the key determinants of maternal and fetal health. In particular, toxicosis occurring in the first trimester negatively affects women's quality of life, their ability to consume food, and, in some cases, fetal development. According to the World Health Organization (WHO), nutritional imbalance during pregnancy not only contributes to more severe toxicosis but also increases the risk of complications such as anemia, gestational hypertension, and intrauterine growth restriction. Therefore, explaining toxicosis solely by hormonal changes is insufficient; nutritional factors must be evaluated comprehensively.

Disordered eating patterns represent an important epidemiological factor in the severity of pregnancy toxicosis. Cohort studies indicate that pregnant women who eat infrequently or irregularly during the day, skip breakfast, or experience prolonged fasting episodes have more frequent and more severe episodes of nausea and vomiting.

Particular attention has been given to micronutrient deficiencies. Deficiencies of vitamin B6, magnesium, iron, and zinc have been reported to be associated with more pronounced toxicosis symptoms. According to meta-analyses, insufficient intake of vitamin B6 is associated with a 1.8-fold higher risk of developing moderate to severe toxicosis. In addition, diets rich in fats and rapidly digestible carbohydrates have been shown to impair gastrointestinal motility and exacerbate toxicosis symptoms.

The analyzed scientific evidence confirms that nutritional factors play a significant role in the pathogenesis of pregnancy toxicosis. Against the background of hormonal changes, disrupted eating patterns increase gastrointestinal sensitivity, disturb glucose and electrolyte balance, and intensify nausea reflexes through autonomic nervous system mechanisms. In particular, inadequate food intake and micronutrient deficiencies create a predisposition to severe forms

of toxicosis, including hyperemesis gravidarum. Consequently, management of toxicosis should include not only pharmacological approaches but also optimization of dietary hygiene. Disordered eating patterns are a significant and modifiable risk factor for severe toxicosis in pregnant women. Poor-quality and inappropriate nutrition is epidemiologically and reliably associated with increased severity of toxicosis symptoms. Micronutrient deficiencies—especially vitamin B6 and magnesium—substantially increase the risk of severe toxicosis. Preventive strategies based on rational and fractional eating patterns represent an effective approach to alleviating toxicosis.

In conclusion, scientifically grounded organization of dietary patterns during pregnancy is a crucial condition for preventing toxicosis and preserving maternal–fetal health.

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