

Pregnancy and Eating Disorders

Pregnancy and having a baby are periods of intense life and physical changes. They can be difficult times for people with current or previous eating disorders, or those that struggle with body image concerns. Also, the perinatal period can sometimes be a trigger for the development of an eating disorder for the first time. It is estimated that approximately 7-10% of pregnant women have an eating disorder (Caldwell, 2013). However, the course of eating disorders symptoms throughout pregnancy is extremely variable: for some people symptoms improve, and for others they worsen.

The Impact of eating disorders on mother and baby

Studies of the impact of an eating disorder on mother and baby show mixed results. But generally, an eating disorder in a pregnant woman brings increased medical risks, with more severe eating disorder behaviours leading to more adverse outcomes. Complications with the birth, breastfeeding difficulties and postnatal depression and anxiety are also higher amongst mothers with eating disorders. A reduction in eating disorder symptoms during pregnancy is generally associated with better birth outcomes.

Pregnancy and the postpartum period are also likely to increase distress about body shape/size which may trigger disordered eating behaviours in vulnerable women. This is due to changes in body shape, difficulties dealing with weight gain during pregnancy, cravings and biological urges to eat, morning sickness and nausea and limits on the type and amount of exercise.

There are specific complications associated with different eating disorder behaviours during pregnancy. Lack of adequate nutrition or restriction during pregnancy can lead to maternal low blood pressure, poor fetal growth, and increased risk of miscarriage, premature birth, low birth weight and longer-term developmental problems. Wellbeing and nutrition are incredibly important during the perinatal period as women's bodies require additional energy and nutrients for pregnancy, birth recovery and breastfeeding.

Purging is problematic during pregnancy and is related to increased rates of miscarriage and preterm babies as well as issues of dehydration, electrolyte imbalances and cardiac irregularities in the mother.

Binge eating in pregnancy can cause maternal high blood pressure and increase the risk of gestational diabetes, which can negatively affect the foetus.

Treatment for the eating disorder

Someone with an eating disorder will need extra professional support to ensure a healthy pregnancy. It is important that the obstetrician, GP, nurse and/or midwife is aware of any eating disorder history so that they can adequately and appropriately care for the person with the eating disorder and their baby.

Some women with eating disorders may feel more motivated to work on recovery during their pregnancy, so it can be a time of positive change. However, it is important for women to access psychological and medical support for the eating disorder no matter what their readiness to change. Treatment can help overcome any strict food rules that interfere with their energy and nutrition

intake, help reduce other problematic behaviours, help address body image concerns and also help women plan for and adjust to the upcoming life changes that motherhood entails.

This professional support needs to continue post-partum, as it is common to experience an increase in eating disorder thoughts, urges and behaviours once the baby is born due to difficulties with body image, and the impact of the transition to motherhood.