

Eating Disorders & Pregnancy

For someone who has an eating disorder (or who has recently recovered) becoming pregnant can pose risks to both themselves and their baby. Pregnancy can also magnify issues the mother may struggle with, including those relating to food, eating, and body weight and shape.

Potential Risks to Mother and Baby

If a mother's nutrition is not sufficient during pregnancy, both mother and baby can be negatively affected.

Mothers who are underweight or do not gain enough weight during pregnancy can experience malnutrition, low blood pressure, weakness, and fainting episodes. Babies who do not receive adequate nutrition may not grow at the expected rate, and there is an increased risk of miscarriage, premature birth, low birth weight and long term developmental delays and problems.

Women who engage in purging behaviours may experience even poorer outcomes (such as dehydration, electrolyte imbalances and cardiac irregularities) because the mother's body is already allocating extra resources to the growing foetus.

Binge eating during pregnancy increases the risk of high blood pressure and gestational diabetes. This can affect the baby by causing rapid growth, high birth weight, and nutritional imbalances at birth.

Birth complications, difficult recovery, breastfeeding challenges and depression may also be more likely in mothers who have an eating disorder during pregnancy.

Changes in Nutritional Requirements

A mother's body needs extra energy and nutrients during the pregnancy and lactation period in order to maintain her wellbeing as well supporting the baby's healthy growth.

- In the first trimester folate, vitamins A and B6, and iron are particularly important for the development of the heart, brain and bones, as well as establishing the placenta and blood supply.
- In the second and third trimesters, extra energy and nutrients including protein, carbohydrates, and vitamins C and D are required to support development of the foetus' brain, nervous system, muscles and tissues, fat storage and facial features.
- Breastfeeding mothers will continue to need additional energy throughout nursing.



Strict food rules can interfere with adequate consumption of vital nutrients. A pregnant woman may need to overcome her fears about foods that contain these nutrients.

Weight Gain in Pregnancy

Weight gain (including fat storage) is a natural biological process during pregnancy. Some people can find the changes in the number on the scale distressing, so it is important to remember that weight gain is appropriate and necessary.



Factors that contribute to weight gain include:

- Your baby (~3-3.6kg)*
- The placenta and amniotic fluid (~1.5kg)*
- Uterine muscles (~1kg)*
- Increased blood volume (~1.4-1.8kg)*
- Fluid retention (~1-1.5kg)*
- Breast tissue (~0.5-1kg)*
- Fat storage for breastfeeding (~2.7-3.6kg)*

At times the number on the scale can increase rapidly. This is due to normal growth fluctuations and hormonal changes. It's especially important to maintain adequate water intake to avoid dehydration and rebound swelling as the body seeks to secure nutritional resources.

Exposure to Triggers

Even people who have recently recovered from their eating disorder may be triggered when they are pregnant. This can be due to:



- Changes in body shape, in addition to increasing weight, which some people find difficult to accept.
- Other people (even strangers!) thinking that it's ok to comment on and touch a pregnant woman's body.
- Cravings and physical drives to eat more, which may trigger urges to overeat or binge.
- Morning sickness which may involve vomiting or food aversions similar to disordered eating behaviours.
- Having to limit exercise - pregnant women are recommended to do only a moderate amount of aerobic exercise, and some activities are not advised.

It is important that women who are pregnant (or hope to become pregnant) access support so they can prepare for any challenges they may face. Many women with eating disorders cope well with pregnancy, and even reduce or cease their eating disordered behaviours. However, it's still important to seek support as it's common for an increase in eating disordered thoughts and behaviours to occur after the baby is born. A healthcare professional with experience in eating disorders can offer assistance.