Eating Disorders during Pregnancy and Motherhood

How common are eating disorders in pregnancy?
Eating disorders typically affect women of childbearing age. Currently there is insufficient research to accurately determine how many women are affected by eating disorders during and after pregnancy. One study estimated the prevalence to be 7.5% of women may be experiencing an eating disorder in early pregnancy. Of this figure, the prevalence of Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder were 0.5%, 0.1% and 1.8%, respectively, with the majority of the women experiencing OSFED (Other Specified Feeding or Eating Disorders; 5%).

How do eating disorders affect women during pregnancy?
For women with eating disorders, particularly Anorexia Nervosa and Bulimia Nervosa, weight and shape are often the key characteristic by which they evaluate their self-worth and identity. The transition to motherhood is unique in terms of the multitude of changes to a woman’s body and self-identity, and this can be particularly difficult for some women with eating disorders, including those who are considered to be recovered. Also, although most women affected during the antenatal period will have had an eating disorder previously, pregnancy can trigger the onset of an eating disorder for a small proportion of women.

The early stages of pregnancy can be the most challenging as some women struggle to accept the changes to their body. For the majority, this inner conflict appears to lessen as pregnancy progresses and eating disorder symptoms tend to temporarily improve, although symptoms of anxiety and depression are often still common. Pregnancy is a good opportunity to encourage women to engage in treatment as women can be highly motivated to change unhealthy behaviours, particularly in their first pregnancy, and given women will typically be having more involvement with healthcare professionals than at other times in their life.

What are the associated risks for mother and baby?
Current research evidence suggests that eating disorders may be associated with adverse obstetric outcomes, including increased risk of infertility, unplanned pregnancies, miscarriage, gestational diabetes and premature birth. There is some evidence that the associated risks vary by the type of eating disorder, for example, Anorexia Nervosa has been associated with intrauterine growth restriction, premature birth, and delivering low birth weight babies. Conversely, women with Binge Eating Disorder can be at risk of obesity related complications, such as delivering high birth weight babies.
Women who experience a decrease in eating disorder symptoms during pregnancy are at an increased risk of their symptoms returning postnatally, and anxiety and depression symptoms are often still common during this time.

**Infant feeding**

Feeding a baby is one of the key early tasks of parenting and is an important means of parent-child communication. Women with eating disorders may experience difficulties with infant feeding. Evidence has been fairly mixed, but it suggests some women with eating disorders, particularly Anorexia Nervosa, may be less likely to want to breastfeed and may introduce formula milk earlier. However, some women with eating disorders, particularly Bulimia Nervosa, may be more likely to breastfeed post one year. Weaning and mealtimes may be difficult for women with eating disorders as they attempt to establish normal eating routines in their family and their infant may be more likely to experience eating difficulties or be picky eating behaviours.

**There are many ways healthcare professionals can advise and support pregnant women and mothers with eating disorders. For further details see Delivering Tailored Care for Pregnant Women and Mothers with Eating Disorders.**

**References:**


