Delivering Tailored Care for Pregnant Women and Mothers with Eating Disorders

Pregnant women and mothers with eating disorders may need tailored advice and support. The following recommendations for care management have been informed by guidance from the National Institute for Health and Care Excellence.

Awareness of the sensitive nature
It is important to be aware and understand that some women may find it difficult or upsetting to discuss their mental health as they may fear stigma, negative perceptions of them as a mother or that their baby might be taken into social care [NICE, CG192]. However, many women with eating disorders are highly motivated during pregnancy to change their behaviours, and active and supportive listening can help women to begin to discuss their illness in a safe environment.

Enquiry about eating disorders as part of routine practice
As part of a comprehensive assessment of needs and risks, all women at the first contact with services in pregnancy and the postnatal period should be asked whether they have experienced any serious mental illness in the past or currently, and this includes eating disorders [NICE, CG192]. Healthcare professionals may want to consider specifically prompting for this group of disorders.

It is important to be aware that pregnancy can pose challenges to the accurate identification of eating disorders. The features of pregnancy, such as weight and shape changes, changes in appetite, and nausea and vomiting, can mask the symptoms of eating disorders. Given the typical, but often temporary reduction in symptoms during pregnancy, they can remain hidden.

Example questions that may encourage a discussion about eating behaviours:

- How would you describe your eating on a typical day?
- Do you or has anyone else had any concerns about your eating or weight?
- Have you ever eaten an excessive amount of food and felt like you could not stop yourself? And how did you feel about that?
- How are you currently managing your weight and eating?
- How are you feeling about the changes to your body shape or weight?
- Have you ever received any treatment for an eating disorder?
Where necessary, refer to mental health services
In discussion with the woman, if she has a current, past or suspected eating disorder refer to a mental health service for assessment and treatment, preferably a specialist Eating Disorder Service or Perinatal Mental Health Service. Alternative mental health service options include Adult Mental Health Services, Child and Adolescent Mental Health Services (CAMHS; for women up to 18 years), or Improving Access to Psychological Therapies (IAPT).

It is important to know what mental health services are available in your area and be aware that some specialist services accept local and national referrals. Pregnant women are likely to be prioritised in mental health services.

Inform the GP and any other healthcare professionals involved in a woman’s care, of a referral to a mental health service. Seek to follow up on the progress of the referral.

Preconception care for women with current eating disorders
Ideally women with eating disorders would be identified prior to pregnancy so that they can be offered advice and support to help them in achieving a better state of health for when they do try to conceive to minimise the risk of adverse obstetric outcomes. This advice may include information on the importance of maintaining good mental health and wellbeing, ensuring adequate nutrient intake and a healthy body weight, and stopping behaviours such as binge eating, vomiting, laxatives and excessive exercise [NICE, NG69].

Tailoring care in antenatal and postnatal services
• It is important to nominate a dedicated professional (such as a GP, midwife or health visitor) who is able to provide consistent and ongoing monitoring and support during pregnancy and postnatally, especially because of the concerns women may have about weight gain and managing their eating symptoms during pregnancy, and the increased risks to mother and child [NICE, NG69].

• Monitor the woman’s mental and physical condition carefully throughout pregnancy and the postnatal period [NICE, CG192].

• Assess the need for fetal growth scans [NICE, CG192].

• Whilst maintaining involvement, consider options for further support:
Midwifery – refer to a case loading midwifery team or a specialist mental health midwife

Health visiting – offer listening visits, refer to a local children centre, or refer to a Specialist Health Visitor in Perinatal & Infant Mental Health (PIMH)

Signpost to voluntary organisations for online and local peer support, such as BEAT, the UK Eating Disorder Charity

- Maintain good communication between general practice, midwifery, health visiting, and mental health services, and work together as a multidisciplinary team with the woman to develop an integrated care plan.

- Discuss the woman's diet, eating habits and any concerns she may have about her diet. Provide information on the benefits of a healthy balanced diet and practical and tailored advice on how to eat healthily during pregnancy and postnatally [NICE, PH11].

- Offer sensitive advice and support about infant feeding during pregnancy, including discussing the benefits of breastfeeding and teaching women how to breastfeed. Follow up on these discussions with proactive support postnatally. For women who choose to use infant formula, teach them how to make up a feed post-birth [NICE, PH11].

References:

