

Eating disorders and pregnancy

This leaflet aims to provide information about how eating disorders may affect pregnancy and how we can help those with this problem. If there is anything you do not understand, please speak to a member of the Maternity Unit staff, who will be happy to help.

What is an eating disorder?

Examples of eating disorders are anorexia nervosa, where someone has a very low calorie diet, possibly associated with an increased desire to exercise, and bulimia nervosa, where someone deliberately over-eats and then purges by vomiting, or laxatives, or both. Sufferers of these conditions have a distorted perception of their body shape. Both conditions may arise in teenage years, but can occur in young adults, and can resurface during pregnancy.

How do eating disorders affect pregnancy?

Abnormal eating behaviour will affect your health in pregnancy as you will not be getting enough of the right nutrients (food). Your baby gets his/her nutrients from you, and will take whatever stored iron, calcium and other nutrients it can. This means that with time, you will become more anaemic, and your bones may become less strong. Human beings do not store vitamins for any significant time so a balanced diet is key to help your baby grow and develop normally. Research regarding the risk of active eating disorder on pregnancy is limited but there are reports of increased risk of miscarriage, preterm delivery (premature baby) and low birth weight.

Repeated vomiting, such as seen in women with bulimia, leads to there being more acid in the mouth, which can weaken dental enamel, and increase dental disease.

If you are concerned that your (or your partner's) perception of body image or eating patterns are changing, please tell your midwife.

If I have an eating disorder, what should I do?

If you have an active eating disorder, your midwife will refer you to a consultant obstetrician who will supervise your antenatal care. If the help of a psychologist (specialist in emotional and personal matters) or psychiatrist (specialist in treatment of mental disorders) is needed, you will be referred to them. You may need advice and support from

a dietitian. Whilst most women remain well enough to be out of hospital, sometimes a pregnant woman will need admission to hospital for additional care.

Your baby will be scanned regularly to ensure that he/she is growing normally. We would also want to weigh you regularly to check that you are keeping healthy in your pregnancy.

References

1. Ekeus C, Lindberg L, Lindblad F, Hjern A. Birth outcomes and pregnancy complications in women with a history of anorexia nervosa. BJOG 2006; 113: 925-929.
2. Kouba S et al. Pregnancy and neonatal outcomes in women with eating disorders. Obstet Gynecol 2005; 105: 255-260.
3. Franko D et al. Pregnancy complications and neonatal outcomes in women with eating disorders. Am J Psychiatry 2001; 158: 1461-1466.

Further information

- Eating Disorders Association, www.edauk.com
- Helpline (18 years+) 0845 634 1414
- Youthline (up to 18 years) 0845 634 7650
- National Centre for Eating Disorders, www.eating-disorders.org.uk

This document can be made available in other languages and formats upon request.

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