Eating Disorders & Pregnancy

If you have an eating disorder, becoming pregnant can magnify the issues you may already be struggling with. Preoccupation with body image is often made worse by the bodily changes of pregnancy, which may increase abnormal eating behaviour that can adversely affect both you and your baby.

Potential Risk to the Mother
- Inadequate/excessive weight gain
- Severe morning sickness
- Low blood pressure
- High blood pressure
- Light headedness, weakness, feeling faint & sometimes even fainting
- Anaemia
- Breech pregnancy
- Caesarean-section
- Prolonged labour
- Vaginal bleeding
- Perinatal difficulties
- Postpartum depression
- Cardiac changes
- Refeeding syndrome

Potential Risks to Baby
- Still birth
- Premature birth
- Perinatal mortality
- Distressed baby
- Cleft lip/cleft palate
- Epilepsy
- Low birth weight and/or abnormal growth
- Developmental delays
- Food fussiness and feeding difficulties
- Long term cognitive, sensory, or physical problems

Changes in Nutritional Requirements
- Your body needs more energy in pregnancy
- If you’re a healthy weight, in the first trimester you should eat the same number of calories as before becoming pregnant, then increase by 300-400 calories daily in the second trimester and sustain that increase throughout pregnancy.
- If underweight, from the first trimester onwards it is advisable to see a dietician/nutritionist to support you with rebuilding your energy reserves.
- See a nutritionist to help create a food plan that you feel comfortable with - they can assess your current nutrient consumption and what’s missing.
- Often people with eating disorders don’t eat enough protein or carbohydrate - both are vital to the growth of the foetus. You may need to confront your fears about foods that contain these.

Weight Gain in Pregnancy
- Adequate weight gain (including fat storage) is required to ensure the size of your baby is optimal for survival. Ask your obstetrician how much weight you should be gaining in your pregnancy.
- Keep in mind that the number on the scale is affected by many things, including fluctuations in the amount of body fluid - during pregnancy the body is more vulnerable to these fluctuations.
- During the third trimester, water retention is expected and is a normal part of preparation for childbirth.
- Some people become frightened by increases in the number on the scale that are due to these fluid shifts and react by restricting fluid to cause weight loss. Restriction of fluid causes rebound swelling - it doesn’t promote weight loss and may cause more water retention, thereby increasing the number.

Exercise
To ensure your unborn baby receives adequate oxygen and remains within safe temperature parameters:
- Only do a moderate amount of aerobic exercise during pregnancy
- Make sure you keep adequately hydrated while exercising, particularly in warm weather

Breastfeeding
Approximately 85 calories are required for every 100ml of milk produced.
- During the first six months, average milk production is 750ml per day so you need an extra 640 cal daily;
- During the second six months average milk production is 600ml per day, so you need an extra 510 cal daily;
- If your weight gain during pregnancy is/was below normal, or your weight falls below what is healthy for you during lactation, an addition of at least 650 calories daily is recommended during the first six months, and see a dietician for further guidance.

During pregnancy some women cease or lessen their eating disordered behaviours, however it’s important to still seek treatment/support as it’s common for an increase in eating disordered thoughts and behaviours to occur after your baby is born. If you are considering pregnancy, it’s recommended that you seek treatment for your eating disorder prior to conception to ensure a normal, uncomplicated pregnancy and a healthy baby.

Developed in conjunction with Kate Fleming, Dietician
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