SPACE TO BREATHE

Eating Disorders During Pregnancy and After Birth

Compassionate support through physical and emotional change

Pregnancy, fertility treatment, birth and the postnatal period can bring body changes, nausea, appetite changes, medical attention and loss of control. For someone with a current or previous eating disorder, these experiences may reactivate symptoms. Early, non-judgmental support can protect both physical and mental health.

UNDERSTAND	NOTICE	SUPPORT

INSIDE THIS GUIDE

- Possible challenges
- Why the care team needs to know
- Supportive adjustments

Use this guide to understand, begin a conversation, or help someone feel less alone.

You do not need to read it all at once. Pause whenever you need to and return when you feel ready.

A compassionate information guide

This resource offers general information and does not replace individual medical or specialist eating-disorder care.

Understanding what may be happening

Possible challenges

- Distress about weight, shape or being weighed.
- Nausea, vomiting, sensory changes or food aversions complicating nourishment.
- Pressure about “healthy” pregnancy eating or comments about the body.
- Symptoms returning after birth amid sleep loss, feeding demands and identity change.

Why the care team needs to know

- Midwives, GPs, obstetric and mental-health teams can coordinate monitoring.
- Medication and nutritional needs require individual clinical advice.
- Previous eating-disorder history can guide relapse prevention.
- Severe vomiting must be assessed rather than automatically attributed to the eating disorder.

Supportive adjustments

- Ask to be weighed facing away from the number when clinically suitable.
- Request neutral language and fewer appearance comments.
- Create a postnatal support plan before birth.
- Include a trusted partner or advocate with consent.

Gentle, practical ways forward

Support should always be adapted to the person, their diagnosis, physical health, culture, neurotype and treatment plan.

WHAT MAY HELP

- Tell the midwife or GP about current symptoms and past history early.
- Keep regular nourishment plans individualised with the appropriate clinician.
- Ask for perinatal mental-health or eating-disorder input where indicated.
- Plan help with meals, rest and appointments after birth.
- Seek urgent maternity or emergency advice for dehydration, bleeding, fainting, severe pain or rapid deterioration.

A gentle reminder

Needing additional support during pregnancy or after birth is not a judgment on parenting. It is thoughtful care for the whole family.

Please seek urgent help for fainting, chest pain, confusion, severe weakness, uncontrolled vomiting, blood, serious dehydration, or immediate risk of harm. In the UK call 999/A&E; for an emergency, NHS 111 for urgent advice, or contact your GP/eating-disorder team.

Trusted information

NHS: Eating disorders overview
https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/eating-disorders/overview/

NICE: Eating disorders: recognition and treatment (NG69)
https://www.nice.org.uk/guidance/ng69

Royal College of Psychiatrists: Medical Emergencies in Eating Disorders (MEED)
https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/2022-college-reports/cr233

Beat: Eating-disorder information and support
https://www.beateatingdisorders.org.uk/

Created for the Space to Breathe Therapy Support Hub • Maggie Learoyd, Psychotherapist & Coach