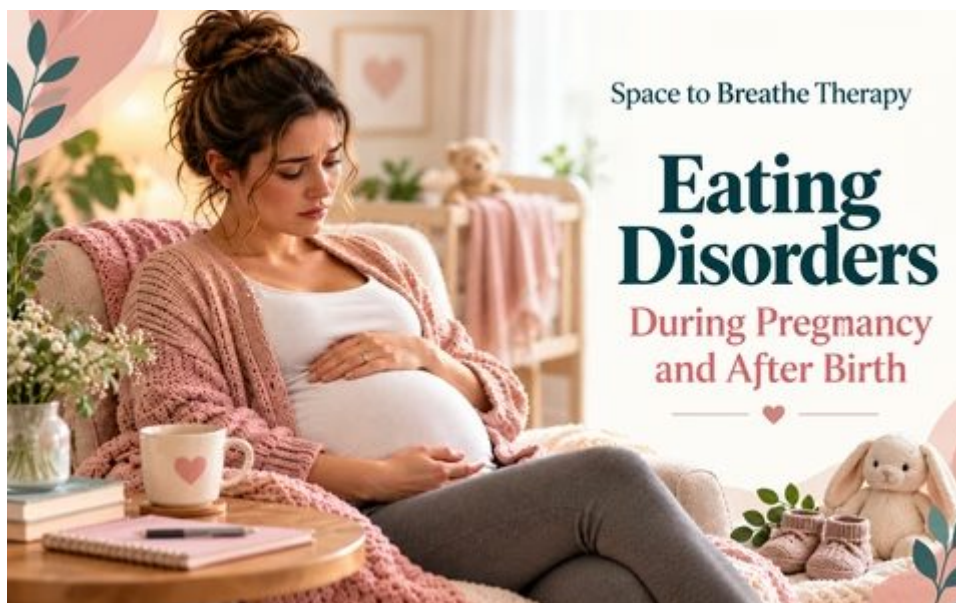




Eating Disorders During Pregnancy and After Birth

A compassionate companion guide for pregnancy, the postnatal months, and the people supporting you.

Pregnancy and becoming a parent can bring enormous physical, emotional and practical changes. An eating disorder does not disappear simply because you are pregnant, and difficulties can return even after a period of recovery. You deserve thoughtful, coordinated support - without shame or judgement.

**You do not have to choose between asking for help for yourself and caring for your baby.
Supporting your wellbeing is part of supporting your family.**

What this guide is - and is not

This PDF complements the interactive book with fuller explanations, examples of language to use in appointments and practical advice for supporters. It does not provide weight targets, calorie requirements or an individual pregnancy nutrition plan. Those decisions belong with your maternity and eating disorder care team.

For anyone experiencing: anorexia or atypical anorexia, bulimia, binge eating disorder, ARFID, OSFED, purging or compulsive exercise, other feeding and eating difficulties, or fears that do not yet have a diagnosis.

01 | Pregnancy can change the experience of an eating disorder

The changes of pregnancy can collide with familiar food rules, sensory needs or fears. You might welcome some changes and struggle with others, or feel several conflicting emotions at once. Neither happiness nor distress is proof of how much you care about your pregnancy.

Body changes

A changing shape, maternity appointments or comments about your body may trigger comparison, checking, avoidance or distress.

Food and nausea

Sickness, aversions, smell sensitivity, reflux or fatigue may make nourishment more difficult - especially alongside ARFID or restricted safe foods.

Loss of certainty

Scans, medical decisions, changes in routine and unfamiliar sensations can increase anxiety or the need to control food and movement.

Old coping patterns

Restriction, binge eating, vomiting, laxative misuse or excessive activity can reappear during periods of stress, even after recovery.

When symptoms overlap

Pregnancy-related sickness, appetite changes and fatigue should be taken seriously in their own right; they should not automatically be attributed to an eating disorder. Equally, an eating disorder can be overlooked because symptoms are assumed to be part of pregnancy. Tell your midwife or GP about **both** the physical symptoms and what is happening around food, exercise and body image.

Questions worth bringing into an appointment

- Could my eating difficulties, vomiting, restriction or exercise patterns affect my health or the pregnancy?
- Would specialist eating disorder input, a dietitian or a perinatal mental health referral help?
- What monitoring is appropriate for me, including blood tests, heart checks or fetal growth assessment if indicated?
- Can we agree how to discuss weighing and body changes sensitively while keeping essential monitoring?

You are allowed to ask for information in writing, a longer appointment, a familiar supporter or adjustments for sensory and communication needs.

02 | Food, safety and practical support

The priority is enough appropriate nourishment and fluid for your circumstances, alongside medical assessment where needed. For someone living with ARFID, sensory overload or severe nausea, advice to “just eat a varied diet” may be impossible to follow without specialist help. A pregnancy-informed dietitian and treating clinician can develop a realistic approach around tolerances, symptoms and nutritional needs.

Support without making food another battle

Start with what is possible

Describe your currently manageable foods and drinks without minimising the difficulties. A clinician can identify gaps and practical next steps.

Discuss sickness promptly

Severe or persistent vomiting, difficulty retaining fluids, dizziness or reduced urination need prompt medical assessment.

Review supplements safely

Ask your midwife or pharmacist about pregnancy-appropriate vitamins, folic acid and vitamin D, and any medicines. Do not start or stop prescriptions without advice.

Plan for vulnerable times

Long appointments, travel, fatigue and unpredictable schedules can all interfere with eating. Arrange accessible food, fluids and help where clinically appropriate.

Movement and compensatory behaviours

Exercise can feel like a way to manage anxiety about physical change; for some it becomes obligatory. Vomiting, laxative misuse, restriction and compensatory exercise also carry medical risks. A clinician should advise on movement safety and any need to stop or restrict exercise; do not rely on general pregnancy exercise advice when an eating disorder is active.

Care coordination - not having to repeat everything

Ask whether a named midwife, GP or other professional can coordinate communication between maternity services, eating disorder specialists and perinatal mental health services. With your consent, they can agree who monitors your physical and mental wellbeing and when concerns should be escalated.

Useful phrase: “I need a plan that takes both my pregnancy and my eating disorder into account. Could we agree who I contact if things become harder?”

03 | After birth: recovery still matters

The postnatal period may involve disrupted sleep, healing, pain, changes in routine, a new sense of responsibility, and intense messages about “getting your body back”. Eating disorder thoughts may re-emerge or become louder. Ongoing monitoring matters even if symptoms improved in pregnancy.

Common pressure points

Body-image messages

Comments about losing pregnancy weight, clothes fitting and “bouncing back” can be harmful. It is appropriate to ask people not to discuss your body.

Feeding your baby

Breastfeeding, expressing, formula feeding or combination feeding can each bring practical and emotional challenges. You deserve non-judgemental, individualised infant-feeding support.

Missing meals and rest

Caregiving demands may interrupt nourishment, sleep and medication routines. Supporters can take on practical tasks and help protect time for your care.

Shame and perfectionism

Worrying that you are “not doing enough” can overlap with eating disorder rules. Your needs do not become less important because you are caring for a baby.

Infant feeding: a compassionate, supported conversation

Ask your midwife, health visitor or infant-feeding specialist about any feeding concerns and how your own nutritional and mental health needs will be supported. Feeding method is not a measure of love or worth. When medication is involved, discuss breastfeeding safety with the prescriber; do not stop prescribed treatment on your own.

A practical postnatal check-in

Ask yourself: Am I able to eat and drink as advised? Are urges to restrict, binge, purge or compensate returning? Am I frightened of body changes or medical appointments? Do I have help with meals, rest and baby care? Is my mood or anxiety making daily life harder?

If eating disorder symptoms return after birth, contact your GP, midwife, health visitor or existing treatment team promptly - you do not have to wait for a crisis.

04 | For partners, family and trusted supporters

Support is most helpful when it is collaborative rather than corrective. You may not understand every fear, but you can listen, notice changes and help the person access professional care without becoming the food police.

What to say - and what to avoid

Helpful

"What feels most difficult today?" "Would it help if I came to your appointment?" "I can organise food, shopping or a quiet break."

Often unhelpful

"You have to eat for two." "At least you look healthy." "You have your body back." "Just focus on the baby."

Avoid commenting on weight, shape, quantities eaten or appearance - even as praise. Make practical offers: prepare agreed meals, arrange childcare during appointments, reduce pressure around visitors and take symptoms seriously. If concerned about medical safety, encourage prompt professional assessment rather than attempting to manage it privately.

A short message you can share with healthcare professionals

"I am pregnant / recently gave birth and have current or previous eating disorder difficulties. I am struggling with [food, body changes, vomiting, exercise, anxiety, sensory issues]. I would appreciate a coordinated plan for my physical health, mental health and nutritional needs, including support after birth."

When to seek urgent help

Seek urgent medical advice for inability to keep fluids down, dehydration, fainting, palpitations, severe weakness, significant purging or rapidly worsening intake. Contact your maternity assessment unit, GP or NHS 111 as appropriate. **Call 999** for collapse, chest pain, severe breathing difficulty or other immediate emergencies. Seek urgent mental health support if you feel unsafe or at risk of harming yourself or your baby.

Reliable UK guidance and further support

NICE: Eating disorders (NG69), especially section 1.9 - www.nice.org.uk/guidance/ng69

NICE: Antenatal and postnatal mental health (CG192) - www.nice.org.uk/guidance/cg192

NICE: Maternal and child nutrition (NG247) - www.nice.org.uk/guidance/ng247

NHS: Mental health in pregnancy and after birth - www.nhs.uk/pregnancy/mental-health-in-pregnancy-and-after-the-birth/

Beat eating disorder support - www.beateatingdisorders.org.uk

Space to Breathe Therapy | spacetobreathetherapy.co.uk

A companion to the interactive support book. Educational support only; not a diagnosis, emergency service or substitute for individual maternity and eating disorder care.