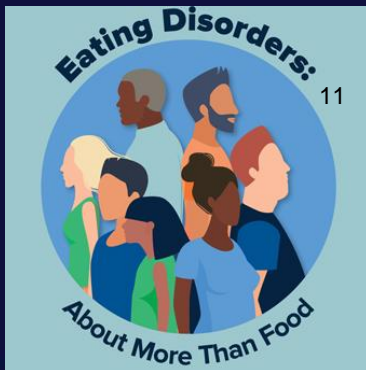


## INTRODUCTION

- There is no single cause of anorexia. Pressure to be thin, dieting, body dissatisfaction, low social support<sup>5</sup>, restriction<sup>6</sup>, sexual objectification experiences<sup>7</sup> etc, can all influence the development of anorexia.
- Anorexia is more common in women (0.9%-2%) compared to men (0.1%-0.3%)<sup>8</sup>
- People with anorexia are at a heightened risk of suicide<sup>9</sup> and fatality<sup>10</sup> therefore, seeking help is important.



## SUPPORT CONTACTS

[nct.org.uk](http://nct.org.uk)<sup>2</sup> - Trained peer support programmes support women and families facing challenges.  
0300 330 0700 (8am-12pm everyday)

[Healthyminds.services](http://Healthyminds.services)<sup>3</sup> – An anonymous digital tool which asks questions about how you're feeling, to help find the best support. Online chats are available or access the mental health helpline:  
08001 884884 (12pm-12am everyday)

[Beateatingdisorders.org.uk](http://Beateatingdisorders.org.uk)<sup>4</sup> – Offers online support groups, peer support and helplines.  
0808 801 0677 (9am-12pm weekdays;  
4pm-12pm weekends and holidays)

# ANOREXIA DURING PREGNANCY



It's natural to put on weight during pregnancy, however it can bring up difficult feelings. Anorexia might return or develop during pregnancy. Here we inform you of the signs and issues caused by anorexia and aim to answer the questions you may have.

**Support contacts are displayed on the back of this leaflet.**

## MYTHS OF ANOREXIA<sup>12</sup>

'Anorexia is a lifestyle choice' Anorexia is a mental illness that affects thought processes and everyday life, it is not a choice.

'To recover, just eat' Recovery copes with complex overwhelming feelings and behaviours, not just one's relationship with food.

'Anorexia is only valid if you are hospitalised' only a small number of sufferers are hospitalised, and others recover at home. Both forms of recovery are brave and should be celebrated.

## WHAT IS ANOREXIA?<sup>13</sup>

Anorexia is defined as:

1. Food restriction leading to a weight loss less than minimally healthy.
2. Intense fear of gaining weight
3. Persistent behaviour that interferes with weight gain.
4. Disturbance in the way you view your weight or shape
5. A persistent lack of recognition in the seriousness of low body weight

People can develop anorexia alongside depression<sup>14</sup>, Obsessive compulsive disorder<sup>15</sup>, anxiety<sup>14</sup>, bipolar disorder<sup>16</sup>, substance use<sup>14</sup> and PTSD<sup>17</sup>. Being aware of anorexia symptoms may guide you in accessing mental health support during your pregnancy.

Please, if you feel you are suffering with anorexia during pregnancy, talk to someone. This may be through friends, family, prenatal visits or a counsellor. Local support groups and birthing classes can also offer guidance.

## SIGNS OF ANOREXIA

### Behavioural Signs

- 🚩 Calorie counting/restricting
- 🚩 Food avoidance
- 🚩 Fasting
- 🚩 Hiding food
- 🚩 Frequent weighing

### Emotional Signs

- 🚩 Anxiety
- 🚩 Irritability
- 🚩 Denial
- 🚩 Restrained initiative
- 🚩 Low confidence

### Cognitive Signs

- 🚩 Paranoia
- 🚩 Food obsession
- 🚩 Inflexible thinking
- 🚩 Automatic negative thoughts
- 🚩 Exercise and diet planning



# WHY IS ANOREXIA IN PREGNANCY AN ISSUE?

# MANAGEMENT OF ANOREXIA DURING PREGNANCY<sup>25</sup>

# MANAGEMENT OF ANOREXIA DURING PREGNANCY CONTINUED

During pregnancy when suffering from anorexia, the foetus may suffer growth complications due to the lack of nutrition from minimal food intake<sup>18</sup> particularly in young pregnancies<sup>19</sup>. This malnutrition may also cause preterm delivery, low birth rate and maternal anaemia<sup>20,21</sup>. To increase adequate nutrition and reduce these risks, a specialist may recommend eating more of these foods<sup>22,23,24</sup>;

When approaching your doctor with concerns about anorexia during your pregnancy, this is encouraged to be done as soon as possible. Once you have approached your doctors, you may be referred to an obstetrician and a specialist eating disorder service.

Antenatal monitoring will then become your primary care, with the severity of anorexia being reviewed at each visit. Here are some questions you can expect to be asked:

- How do you feel?
- What is your mood like?
- What exercise are you doing?

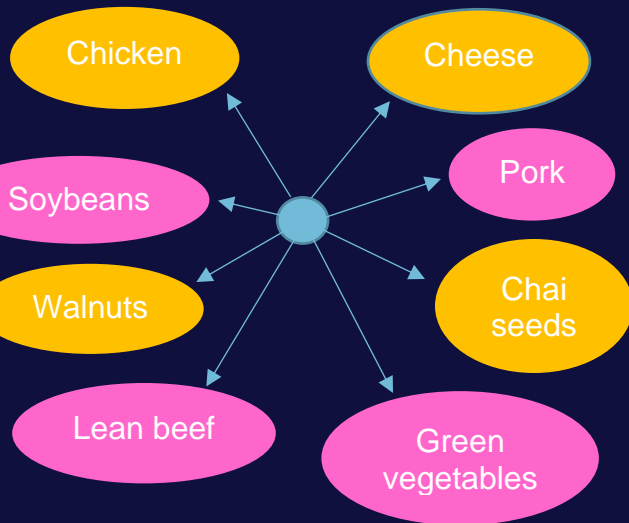
Longer appointments will be used to provide you with psychological support and physical monitoring. You will be given nutrition advice and receive free prenatal vitamins too. Weight gain will be discussed, including abdomen growth, fundal height, and gestational age to help inform you why your body is changing.



After birth, you will be supported with breast feeding and your wellbeing. Partners, if appropriate, may also be asked to join the appointments to increase support.

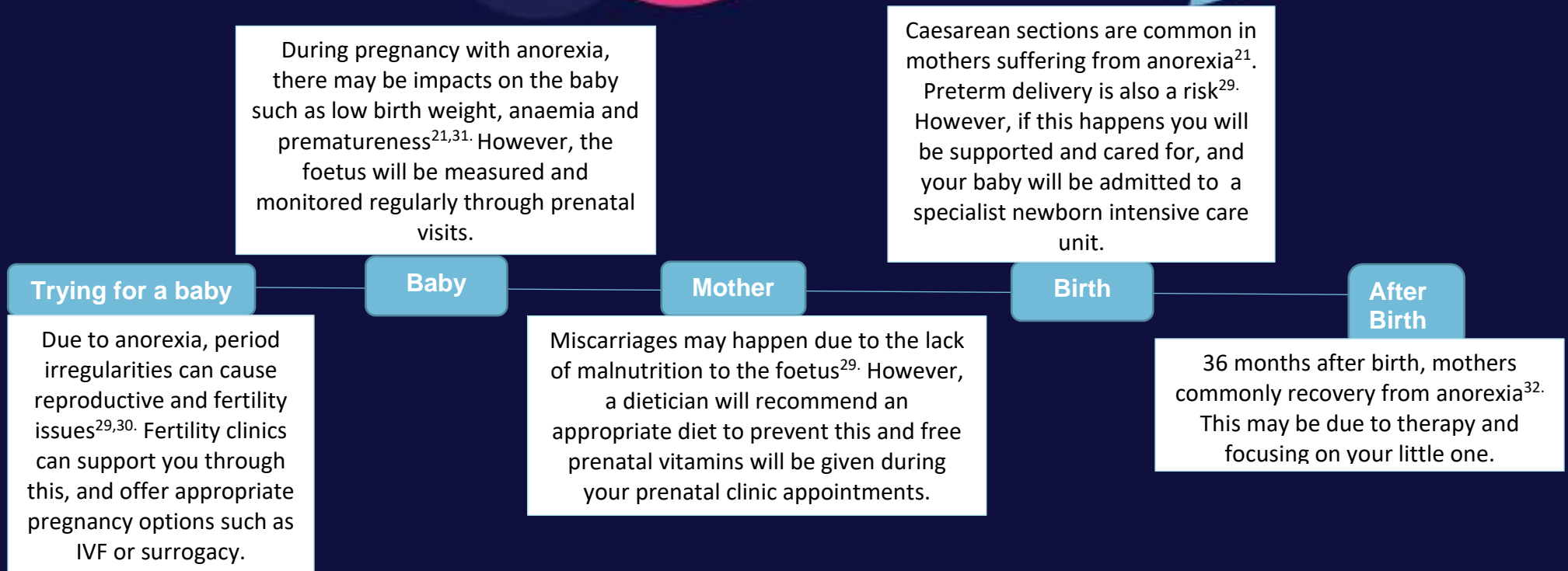


There is a high risk of relapse during prenatal and postpartum periods if you have suffered with an eating disorder before<sup>28</sup>. Women also may develop anorexia for the first time<sup>28</sup>. Whatever the case, you will be respected and supported with your mental health throughout your journey of becoming a mother.



# POSSIBILITIES WHEN SUFFERING WITH ANOREXIA DURING PREGNANCY

This diagram demonstrates possible symptoms when suffering with anorexia during pregnancy. This is only presented to educate you and it does not aim to cause distress. If any distress is caused, support services on the back of this leaflet can be accessed to help you with any conversations you may need.



## THE PSYCHOLOGICAL IMPACT OF ANOREXIA

When pregnant, anorexia has detrimental psychological impacts due to the symptoms of anorexia combined with the symptoms of pregnancy<sup>33</sup>. This can create confusing feelings. Seeking support during pregnancy aids both baby and you in growth and wellbeing. Please, if you feel you are struggling, reach out to someone.

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