



Eating Disorders - Symptoms of Distress

Part 5

Eating Disorders and Pregnancy

***Norfolk Eating
Disorders Association***

This booklet looks at:

- ◆ The effects of eating disorders on mother and baby
- ◆ Fears, concerns and issues
- ◆ What you need when pregnant
- ◆ How to get what you need when eating is difficult
- ◆ Coping after the baby is born
- ◆ Some experiences of pregnancy

Introduction

One of the things that concerns people most about eating disorders – especially anorexia nervosa – is the way in which their fertility, or that of a loved one, may have been affected. Women wonder if they will ever be able to conceive if they have been without periods for a long time. Men with eating disorders may also worry about their ability to father a child. Doctors treating patients with anorexia have found that the reproductive organs do regress during the illness, so such fears are not unfounded.

The **good news** is that, for many people, fertility returns to "normal" when eating has stabilised to a reasonable degree, and the body becomes better nourished. Unfortunately, one of the problems with eating disorders is that the age of onset is often around puberty when hormonal development has not yet begun or settled down, and there is no way of knowing what "normal" may be for the person concerned. The other good, or sometimes not so good, news is that women can conceive as soon as ovulation occurs. This happens before the periods return, therefore it is important to be aware that a lack of periods does not mean you do not need to use a form of contraception.

So are eating disorders really an issue in pregnancy after all? Well, yes, they are – for a variety of reasons.

Many women who have had an eating disorder will regain their normal level of fertility once the body is properly and consistently nourished again. However, if restrictive, low-weight anorexia occurs for a long time at a key growth stage, the reproductive organs may **not** recover and infertility may be the result. In a woman this means that her ovaries shrivel and the quality of her eggs deteriorates. In a man, the testes shrink, and sperm production suffers. In both cases there may be a significant loss of libido.

Being unable to conceive can cause great distress and feelings of guilt, especially if a eating disorder, known or secret, is part of the equation. Many women in this situation may have fertility treatment without informing the professionals involved that eating is, or has been, an issue. Once established, in general, a healthy foetus will take the nourishment it requires so, if she is not sufficiently nourishing herself on a regular basis, the mother will lose nutrients from her own body's structure and store. This may not seem to be a problem to someone who feels so bad about herself that she believes she deserves nothing anyway. However, such depletion of the body may have far-reaching effects for both mother and child.

The effects of Eating Disorders on Mother and Baby

Various physical, and psychological effects of unbalanced nourishment may become evident or more extreme during pregnancy. The illustration opposite shows some of the relevant issues.

The basic effect of an eating disorder is that the body does not know what to expect next in the way of nourishment. In restrictive anorexia, "famine" is the order of the day, in

Eating Disorders and Pregnancy

Some fears, concerns and issues

NB: These are not universal problems, some women are able to use less destructive ways of coping.

Food Cravings/Dislikes - complicates things even more for women with eating disorders

Concerns about: changing body shape, weight gain, and losing it after the birth - much greater significance for someone with an eating disorder

Maternity/Baggy clothes - can disguise true state of weight gain/loss

Periods - pregnancy may have resulted from lack of periods leading to lack of contraception

Other Issues Include: Feeding the baby and other children - how much, how often, what, should they eat? What should they weigh? Will they get fat? Many foods children like are "bad" foods.

Change - this is the biggest life-change a person can have. Many people with eating disorders still have issues around parent/child and relationships.

Better or worse? - for some women pregnancy and parenthood can be the inspiration they need to recover, for others, it makes the eating disorder worse.

GUILT - about anything and everything

Sometimes, fear can exaggerate symptoms displayed by women with eating disorders

Mood Swings - hormonal changes

Depression - may be postnatal or linked to the eating disorder.

Teeth - receding gums; gingivitis; bleeding gums; decay; - may be the effects of pregnancy or vomiting through bulimia

Nausea/Vomiting- effects of pregnancy only, or linked with bulimia?

Breastfeeding - uses up calories & can pass substances to the baby through the milk.

Will the Baby be OK??

every mother's fear, and if it's not OK, the eating disorder is not necessarily to blame

Take into account possible: laxative abuse; vomiting ; starving ; excessive exercise; lack of nutrition (but sometimes pregnancy helps as it can be a reason to eat better)

Being Weighed -

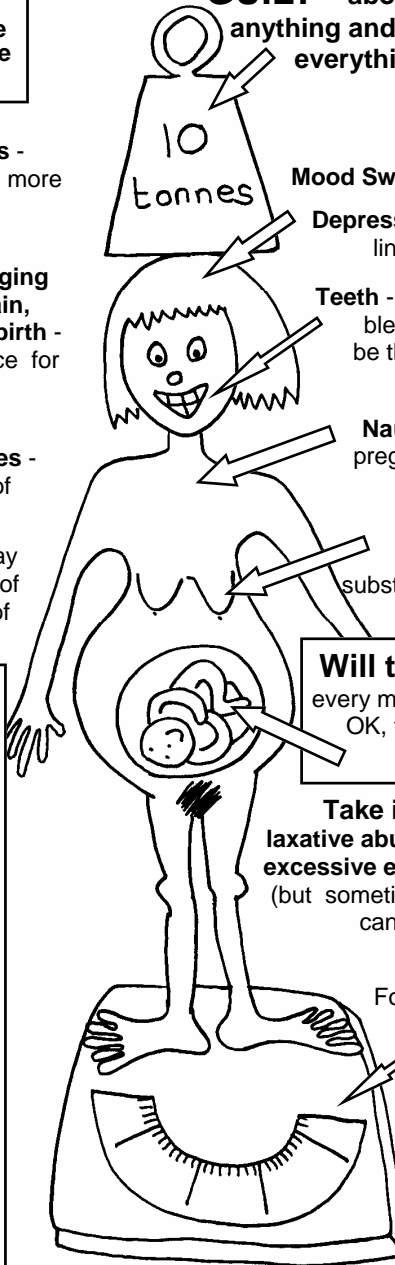
For a woman with an eating disorder this may be the ultimate horror

Research Suggests

there is a higher risk of :

- premature birth
- low birth weight
- miscarriage
- foetal abnormalities (such as cleft palate)

In women who have eating disorders



bulimia "famine" and "plenty", or "glut," may alternate in such a way that confusion reigns, especially as essential vitamins, minerals and fluids arrive and disappear again at an alarming rate. In compulsive eating, the "plenty" may be around for longer and more often, but even so the system may become unbalanced through what is eaten. It may also have to cope with regular or occasional spells of "famine" as the sufferer desperately struggles with "yo-yo" dieting.

Loss of periods (amenorrhoea) can be a side effect of weight loss, chaotic eating and/or excessive exercising. Amenorrhoea often happens early on in an eating disorder, sometimes before the condition appears extreme to anyone at all. Once periods have stopped, loss of bone mass can begin quite quickly, whatever the age of the person concerned. One of the implications of this is the danger of osteoporosis, or brittle bones. During pregnancy, the developing foetus needs calcium and related trace elements in order to build strong bones and teeth. If the mother is losing bone mass because her calcium intake is insufficient, whilst at the same time the baby needs high levels of calcium, her problems will be magnified, and the baby may lose out. Large amounts of calcium are also needed during breastfeeding. It has been estimated that it takes around one year for a **normally nourished** woman to replace calcium to optimum levels after pregnancy followed by breastfeeding.

What you need when Pregnant

There are many things that are necessary for a healthy pregnancy, especially if you are also struggling with an eating disorder. These are a few of your basic needs:

- understanding and support from those you love, and from the medical professionals involved with you

- knowledge about what to expect at different stages of pregnancy: e.g. how much weight you may put on, how much of that is likely to be baby, how much is placenta and extra fluid, and how much or little your own body will need to gain.
- how much exercise is healthy and appropriate
- what to expect at the birth
- how, and what, you need to eat and drink to provide sufficient nourishment for your own body and the growing baby - even before conception: e.g. Folic Acid supplements should be taken before conception to lessen the risk of spina bifida in the baby
- what to expect immediately after birth
 - ◇ how your body will look and feel
 - ◇ and how long it will take for it to get back to its "normal" state
 - ◇ how you may feel emotionally - what is "normal" and what is not
 - ◇ how the baby may or may not behave
 - ◇ how to cope with breastfeeding
 - ◇ how tired you are likely to be
 - ◇ how to negotiate with your partner "who does what"
 - ◇ how much support you will continue to have from the health visitor or nurse, and how to get help after that has stopped, or between visits

No doubt you can think of other basic needs that are, or are not, being met. However, one of the most difficult for you may be around eating and drinking enough to provide sufficient nourishment for yourself and your developing baby. Human life is tenacious. There are tales of babies developing normally and surviving in the most adverse circumstances, including near-starvation. However, if you are not eating what **your** body needs as the baby is taking

what he or she needs to grow, you will not be at your strongest, physically or emotionally, to deal with your pregnancy or to adjust to the demands of life after the birth.

It takes a strong person to have an eating disorder. It takes a strong person to be a mother. These are different types of strength, you will have to choose which one has priority over your energy. Many women do continue with inadequate eating habits during pregnancy, and many of them are lucky and have healthy babies. If you want the best start for your child, however, you do need to eat with his or her needs in mind. Those needs include a healthy mother.

How to get what you need when eating is difficult

If you are able to be honest about your eating problems, with your GP, midwife or Practice Nurse, you could ask to see a dietitian to talk through the particular difficulties you will be facing about food.

Many of the tactics suggested in our Recovery booklet may well be helpful if you are trying to regulate your eating. For example, if you cannot face eating "proper meals", you may find it more helpful to have a number of smaller snacks during the day. As long as these contain the balance of nutrients you need, that's fine.

You may need to take vitamin and/or mineral supplements to be sure that the baby gets all he or she needs. The supplement most often suggested to women who wish to become pregnant is Folic Acid. If pregnancy is unexpected, you can start it as soon as you are aware, and continue taking it until the end of the 12th week, by which time the baby's spine will be formed. Your GP, dietitian or midwife would be able to discuss what other supplements would be helpful for you.

If you cannot face eating enough solid food to be sure that balance is right, you could ask your GP to prescribe fortified drinks for you to try (Build-up, Ensure, Fortisip etc.) Or if you have a liquidiser or food processor, you could make soups, milkshakes or fruit-shakes to make things easier for yourself.

Morning sickness may be really bad news for you and, for a time, there may be little you can do about it. ("Morning sickness" may also be used as an excuse for vomiting or not eating.) Although your GP may be very reluctant to give you any medication for the sickness, you may find ginger helpful, and peppermint or camomile tea may be soothing. Once again, you may prefer drinks rather than solid food, and when your stomach feels more settled you could rethink your eating habits.

If you find yourself craving for foods, this may be your body recognising an unmet need in your baby's nourishment. **It is not you being greedy or uncontrolled**, this is just a normal part of being pregnant. Many mothers have experienced the pickled onion and chocolate syndrome (with a touch of charcoal). Next week it could be something else, and it helps to laugh about it with other mothers.

Most of all, talk the problems through with someone you feel is likely to understand. Don't feel isolated and stuck in the guilt of your eating problems at this most difficult time.

Coping after the Baby is born

Whether you go the full nine months or not, have a "natural" birth or not, are part of a couple or a single mother, emotions are likely to be running riot after the baby is born. This can be extremely difficult for someone who

has developed an eating disorder to keep the feelings and emotions at bay. Even the positive, joyful emotions may be difficult when you feel you deserve nothing good. Crying is natural and normal at a time when your hormone levels are in a state of some chaos.

The pain of the birth and the drastic change in your body shape may be particularly confusing. You are brought up hard against reality when you have been trying to forget that you have a body with its own needs. And reality will continue to be even more uncomfortable if you are not made aware that it will take time for your belly to shrink back to what it was like before pregnancy. Don't forget, it has been growing and stretching for the best part of a year - it won't recover overnight. Breastfeeding may be a joy or an added complication because of the extra food you will need to eat while lactating. You may feel immediately bonded with the new life you have produced, or not. Depression may strike you down, you may feel on top of the world - or you may fluctuate rapidly between both feelings. Most likely you will feel exhausted from broken nights. Also, **it's OK to bottle-feed. Please** don't feel guilty or a failure if you have chosen not to breastfeed, or if you tried and were unable to do so.

If ever you needed to talk, this is probably the time. Adjusting to the fact that this demanding small person is around for good is difficult for most people, in the beginning at least. Finding support and help outside your family circle may seem to be fraught with practical difficulties. However, keeping in touch with people who know about and understand your eating problems is particularly important now.

So, to recap...

It is natural for first-time mothers to be anxious about the health and welfare of the baby, uncertain about how to handle them and what may be harmful. It is also natural for all mothers to want to regain the body size and shape they had before the changes brought by pregnancy. The media often focuses on well-known personalities and their weight/shape change in general, and after pregnancy in particular. The “thin ideal” currently held by society in which looks – including, for women, a thin body shape - are an essential feature is an added pressure at this time. “Fat” is not seen as desirable by the media or by society, and obesity is increasingly a focus of concern for health professionals.

“Dieting” to lose weight simply does not work in the long term. The “slimmer of the year” will often go on to regain the weight he or she lost, **plus** some. Any mother who is trying to diet to lose weight after pregnancy may well increase her chances of losing control and bingeing if her body’s needs over-rule her will-power. This may be particularly likely during breastfeeding. If she manages to keep tight control and deny herself proper nourishment, she may risk developing an eating disorder. This can be true even if food and eating have not previously been a problem. When the brain is not properly nourished, fears, obsessions and compulsions develop as the ability to concentrate or to think clearly and rationally diminishes.

A particular danger zone is if, with the hormonal upheaval following pregnancy, the mother experiences post-natal depression. A new baby is such a great responsibility, with so many possibilities for error and "failure," that it may be quite a relief for the mother to concentrate on her own weight, shape and eating. It takes the focus of stress away

from her lack of confidence about motherhood. She may not be in a position to handle the implications of this life-changing event during her depression.

Babies are completely dependent on outside influences once they are born, but they are also incredibly resilient, and the most amazing survivors. If the mother (or other carer) does not provide the nourishment they need, then their bodily development can be affected. The mother's emotional state is also important to the baby, if only because it determines how she responds to his or her needs and demands. A baby will grow to know if the mother has issues around food; one of the first lessons it learns for itself is the power it has when refusing to eat. As the child grows it will consciously and unconsciously imitate the behaviour of the adults and other children around in all things, including food and eating. He or she will also pick up messages about body shape and weight. It is not uncommon for quite young children, copying mum or older sister, to be heard saying "I'm too fat, I must lose weight."

Eating disorders are about power and control, so it is obvious that they may develop for the first time after such a significant life-changing event as motherhood. It is also to be expected that if disordered eating has previously been a feature of a woman's life, and the way she has coped with stressful situations, she is very likely to turn to it again during and/or after pregnancy.

On the next few pages we look at some women's experiences of pregnancy:

Anna

“I couldn’t believe it when I got pregnant. I hadn’t had a period for two years and, although I was trying to get better, they hadn’t come back. I was really pleased, but I couldn’t believe it.

“The hardest thing was seeing my stomach get fat and trying to believe it wasn’t all me, it was the baby. My feet got puffy too. The doctor said that wasn’t unusual and I was just unlucky that it had started so early in pregnancy. It was only my arms and hands that didn’t look fat to me, so I just kept looking at them. But it was exciting too, especially when he began to move. That’s when I really believed there was a baby in there and it wasn’t just me pigging out. I hated the outside changes though, the ones that **were** me, because I **did** put some weight on **me**, I could see it. My breasts got bigger and they ached, and the veins stood out. I looked in the mirror once and cried, I felt obscene. But my husband found me and called my mum round and they both talked to me and were so good about it. I never felt before that they understood about my anorexia, but they did then.

“The last month was just awful. Up until then people looked surprised when they discovered I was pregnant, but no-one could miss it at the end. I got as big as some of the others at the pre-natal class and felt like the proverbial beached whale. Towards the end it was a bit of a nightmare, even with the counselling which I had started to have. The actual birth was a relief in a lot of ways, at least compared to how I looked afterwards. I couldn’t get into my favourite jeans for weeks. I could see all this flabby flesh just hanging round my stomach and I thought I had it for ever. It did take a long time to go but I could see a gradual change, and talking about it did help.

The biggest blessing is that my baby is perfect – and he was big at birth too. I can see that he’s not fat, he actually feels right when I cuddle him. Sometimes I think that if my body produced something perfect like him, **and** I can feed him, it can’t all be bad after all – but that’s on a good day.....”

Katie

“I felt so guilty about not eating properly for my baby until I just broke down and cried one day and talked to the midwife. She was really nice and told me to phone Norfolk Eating Disorders. She’d had a talk from them and said they’d understand. They helped me find a counsellor and let me go to the group. Talking to other women who’d been through it was such a relief.”

Louise

“I actually felt great when I was pregnant. I knew the changes in my shape were because of the baby and I felt like a big, ripe fruit as the “bump” got bigger. I had felt so bad about myself before, but suddenly everything was fine and I was happy. Well, it was fine until after the baby was born and then I was back to being me again and I really slumped and had my first binge for nine months. Luckily people are on the lookout for “baby blues”, so I got a lot of help.”

Susan

“The last time I was pregnant I couldn’t stop eating and I couldn’t stop crying. It was awful. The other two were really excited about a new baby brother or sister, Jack, my husband wasn’t best pleased, but I was just desolate. I couldn’t bear to think about the future and the college course I couldn’t see any way of doing now. I didn’t want another baby and I just ate and ate to try and blot it all out. By the fourth month it was so obvious there was something wrong and Jack talked to someone at Norfolk EDA. I did go along and see them, and I couldn’t hide much from them. I think what that did was help me to calm down and realise that all doors weren’t shut if I didn’t want them to be. For a start Jack and I went along to Relate.”

Angela

“When I found out I was pregnant with my first child, I considered myself well on the road to recovery. My use of laxatives had reduced from 100 a day, 5 years previously, to 20 once every 2-3 months, when I had a real set-back. My eating was fairly normal, I occasionally vomited, but mostly used exercise to counter the effects of a binge.

“The baby was much wanted, and my initial delight gave me the strength to eat completely normally for the first 6 weeks of pregnancy. Then the reality set in. If I was going to be a responsible mother, I was going to have to eat properly and not abuse my body, and I was going to gain weight.

“A slight panic set in, and I began to binge eat again. I had not told my midwife about my eating disorder, and therefore I struggled to cope when she told me that I had gained a lot of weight between my first appointment and the second. I began to feel rather trapped. I desperately wanted to embrace motherhood and be normal, but all my old fears kept coming back to haunt me.

“Being a positive thinker and a survivor, but also a realist, I decided on an approach to help me to cope with the pregnancy.

“I would allow myself to exercise (mostly walking) to control my weight. If I did feel exceptionally desperate after a binge I would allow myself to vomit as a last resort. I decided that I could not allow myself to take laxatives as I was so fearful of what this may do to the baby. In my mind I had figured out that the effect of self-induced vomiting could not be too different from the effects of morning sickness, and seemed for me to be an acceptable compromise. I knew that if I completely disallowed myself any coping methods, then I simply would not be able to

cope. So I managed by giving myself permission to do those things which I felt were least likely to harm my baby.

By taking this approach, I eased the pressure on myself to cope perfectly. The result was that I felt less stressed and actively managed quite well during my pregnancy.

“I started wearing maternity dungarees quite early on. This, for me, was preferable to feeling uncomfortable in my everyday clothes. I walked most days for a couple of miles and reasoned with myself that anyone walking two miles a day couldn't possibly put on that much weight.

“My eating wasn't too bad, and I only vomited twice during the nine months. The feeling that I would allow myself to do this meant that I did not need to use this method of coping as often as I may have felt the need to do had it been disallowed. Once, when I felt very desperate at around 6 months, I purchased a packet of laxatives and toyed with the idea of taking them for about 2 hours before I threw them away.

“I recall being taken by surprise during the last 10 weeks as to how much I was craving extra food. This was during the time of maximum weight gain for the baby. I coped with this by visualising the extra food I was eating as nourishing my growing baby. This was a helpful visualisation which I continued after the birth, when I was breastfeeding.

“My baby was born healthy and strong. Since then I have gone on to have another child. I have never had to resort to taking laxatives again, and I can count on the fingers of one hand the number of times I have vomited since my first child's birth. I still have struggles around food, but they are manageable. As my family grows I am finding that family life and mealtimes can both help and hinder me in my recovery. It is about compromise. I now regularly have to put my children's needs first.”

Notes

Notes

Norfolk EDA Publications

- ◆ **1: Anorexia & Bulimia nervosa, Compulsive or Binge Eating. Disorder & the Grey Area**
Also includes Norfolk statistics and influence of the media.
- ◆ **2: Strategies for Recovery**
This is intended for people who want to work to control or overcome their eating disorder, but need some help or support at hand. May also be helpful for carers.
- ◆ **3: Help for Carers**
Especially for families, friends, colleagues and employers of people with eating disorders, offering practical help and support.
- ◆ **4: Men and Eating Disorders**
So much information is aimed specifically at women, men often feel it is irrelevant to them. This begins to redress the balance.
- ◆ **5: Eating Disorders and Pregnancy**
Issues around fertility and pregnancy are often problem areas for women with eating disorders. This booklet looks at some of these issues.
- ◆ **6: Eating Disorders - Information for Young People**
Adapted from our original schools hand-out, this is aimed at young people over the age of 16 years.
- ◆ **Supported Self-help Group Programme**
Available quarterly.
- ◆ **General Information Leaflet**
About Norfolk EDA services: group meetings, 1:1 appointments, outreach services and counselling

To request copies of our booklets contact 01603-665974 (admin)

