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Eating Disorders and Pregnancy

Pregnancy can be a very special time, but if you have an eating disorder (whether or not you are in recovery), you need to be careful. Here, from perinatal fitness expert Carrie Myers Smith, are answers to some important questions you may have:

1 Which Eating Disorders Are Seen in Pregnant Women? The two most common ones are **anorexia nervosa**, a long-term refusal to eat, typically due to negative body image and fear of becoming fat, and **bulimia**, an unsatiated desire for food, often resulting in periods of binge eating, then forced vomiting.

2 If I'm Anorexic, How Is Pregnancy Likely to Affect My Disorder? If you are not in recovery, pregnancy can worsen the symptoms, increasing your anxiety, depression and concern about body weight and health.

3 If I'm Bulimic, How Is Pregnancy Likely to Affect My Disorder? If you are not in recovery, you may experience a temporary improvement in behavior. However, many nonrecovering bulimics revert to bulimic behavior postpartum.

4 If I Have an Untreated Eating Disorder, Should I Get Pregnant? If you have an active disorder, pregnancy can be risky for both you and your baby. Both anorexia and bulimia increase your chances of delivering an unhealthy child. Also, if you become pregnant, the fetus will take its nourishment from you; if you don't replenish your reserves, your own body will become seriously depleted and you may struggle with the depression and exhaustion associated with malnutrition. The closer to normal your weight is and the healthier your diet, the better your chances are of having a successful pregnancy. If you do get pregnant, tell your doctor and carefully follow his or her advice.

5 How Can Having an Eating Disorder During Pregnancy Affect the Health of My Child? If you are underweight (body mass index < 19) when your baby is conceived, you have a significantly greater-than-average risk of delivering an infant weighing below the 10th percentile. Eating disorders also increase the risk of fetal growth retardation; perinatal mortality; breech presentation; recurrent miscarriage; and congenital malformations, such as webbed toes and extra fingers.

6 How Much of My Extra Pregnancy Weight Is Me Versus the Baby? Twenty-six to 30 extra pounds—gained over nine months—

break down in the following way, according to the American College of Obstetricians and Gynecologists: baby (6-8 pounds), placenta (1 pound), amniotic fluid (2 pounds), enlarged uterus (2 pounds), breast growth (1-2 pounds), increased blood (3-4 pounds), increased body fluid (4 pounds) and maternal stores of fat, protein and other nutrients (7 pounds).

7 If I'm in Recovery, Is It Safe to Get Pregnant? In general, yes—as long as your weight is healthy. An eating disorder in your past does *not* necessarily put your child at risk. However, you need to be alert to the dangers of a relapse.

8 How Do I Know If I'm About to Suffer a Relapse? Here are some clues, notes Mary Ellen Burke Sosa, RNC, MS, a counselor with Perinatal Resources in Rumford, Rhode Island. You obsess about food and weight gain; you don't gain much weight during your pregnancy; you are extremely eager to exercise to keep your weight down; you start vomiting for reasons other than morning sickness.

9 What Can I Do to Prevent a Relapse? Make pregnancy a positive experience! Ask your friends and partner to tell you how beautiful you are and how great it is that your stomach is growing—because it means your *baby* is growing. Tell yourself the same things! Remember that exercising to extremes is dangerous. Educate yourself on the nutrition you need to “build” your baby. Make sure your obstetrician knows about your past eating disorder. Talk to other pregnant women, your doctor and your counselor.

10 If I Think I'm Relapsing, What Should I Do? Immediately seek professional help. You and your baby are too important to let an eating disorder recur. ♦

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