

# Anorexia Nervosa

## Information for women who have anorexia nervosa during pregnancy or breastfeeding

The information provided below is for readers based in the United States of America. Readers outside of the United States of America should seek the information from local sources.

### What is anorexia nervosa?

Anorexia nervosa (AN) is an [eating disorder](#) in which a person is extremely underweight, as determined by their body mass index (BMI), which is the ratio of their weight (expressed in kilograms) divided by the square of their height in meters. A BMI between 18.5 and 24.5 is normal. BMI from 17.5 to 18.4 means that a person is underweight, while a BMI below 17.5 means that a person is anorexic. If the anorexia is part of a behavioral problem involving limited eating, or excessive exercise because you believe incorrectly that you are overweight, this is diagnosed as AN.

### How common is anorexia nervosa in pregnancy?

AN can occur during pregnancy, although it might make it difficult to become pregnant in the first place. Moreover, eating disorders including AN affects young women more often than young men and more often than older people. Consequently, there are some pregnant women who suffer from AN, and such women are less likely to seek help for eating disorders than for other psychiatric conditions, such as [depression](#) or [anxiety](#).

### How is anorexia nervosa diagnosed?

AN is diagnosed based on a medical history and physical examination. Laboratory tests on the blood and urine also can help in many cases. You will be asked various questions and your family members may be interviewed as well. The examiner will go through a set of criteria from a guideline on diseases called the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), or that are listed in another guideline called the International Classification of Diseases (ICD). To be diagnosed with AN, you need to have a certain minimum number of symptoms, plus the symptoms must not be the result of a different condition.

### Does anorexia nervosa cause problems during pregnancy?

AN puts you at risk for anxiety and depression after delivering your child. You also are at risk for sexual dysfunction during and after pregnancy, and you are likely to suffer poor nutrition during pregnancy, leading to other health problems.

### **Does anorexia nervosa cause problems for the baby?**

Uncontrolled AN during pregnancy can lead to [miscarriage](#). If the baby makes it to term, there is a possibility that he or she will have a small head circumference. After delivering, you may produce inadequate amounts of milk for nursing, or you may produce milk for too a short time.

### **What to consider about taking medications when you are pregnant:**

- The risks to yourself and your baby if you do not treat the AN
- The risks and benefits of each medication you use when you are pregnant
- The risks and benefits of each medication you use when you are breastfeeding

### **What should I know about using medication to treat anorexia nervosa during pregnancy?**

Medications can be helpful when the person is recovering from AN, but not as a primary treatment. Certain anti-anxiety drugs and antidepressants are safe for the developing baby, so medications can be selected and replaced as needed.

### **Who should NOT stop taking medication for anorexia nervosa during pregnancy?**

When AN is associated with severe depression or anxiety, it may not be a good idea to stop a medication if the treatment is working well. Discuss with your doctor the possibility of changing or stopping your medication. Never make such a change on your own.

### **What should I know about choosing a medication for anorexia nervosa in pregnancy?**

You may find Pregistrys expert reports about the individual medications to treat AN [here](#). Additional information can also be found in the sources listed at the end of this report.

### **What should I know about taking a medication for anorexia nervosa when I am breastfeeding?**

The main problem associated with breastfeeding and AN is reduced or absent milk production. Your body needs enough calories to provide for your needs and also make milk for your baby. The possibility of medication entering breastmilk and affecting nursing infants is less of an issue.

### **What alternative therapies besides medications are there to treat anorexia nervosa during pregnancy?**

AN can be treated with psychotherapy, especially cognitive-behavioral therapy (CBT). Medications can play a supportive role.

### **What can I do for myself and my baby when I have anorexia nervosa during pregnancy?**

It is very important to follow the instructions of your physician and therapist, eat enough quality food to give your baby what it needs to thrive, and attend your counseling sessions.

### **Resources for anorexia nervosa during pregnancy:**

For more information about **anorexia nervosa** during pregnancy, contact

<http://www.womenshealth.gov/> (800-994-9662 [TDD: 888-220-5446]) or read the following articles:

- Mayo Clinic: Is Pregorexia Real?
- National Eating Disorders Organization: [Eating Disorders and Pregnancy](#)

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## **General information**

It is very common for women to worry about having a miscarriage or giving birth to a child with a birth defect while they are pregnant. Many decisions that women make about their health during pregnancy are made with these concerns in mind.

For many women these concerns are very real. As many as 1 in 5 pregnancies end in a miscarriage, and 1 in 33 babies are born with a birth defect. These rates are considered the background population risk, which means they do not take into consideration anything about the health of the mom, the medications she is taking, or the family history of the mom or the baby's dad. A number of different things can increase these risks, including taking certain medications during pregnancy.

It is known that most medications, including over-the-counter medications, taken during pregnancy do get passed on to the baby. Fortunately, most medicines are not harmful to the baby and can be safely taken during pregnancy. But there are some that are known to be harmful to a baby's normal

development and growth, especially when they are taken during certain times of the pregnancy. Because of this, it is important to talk with your doctor or midwife about any medications you are taking, ideally before you even try to get pregnant.

If a doctor other than the one caring for your pregnancy recommends that you start a new medicine while you are pregnant, it is important that you let them know you are pregnant.

If you do need to take a new medication while pregnant, it is important to discuss the possible risks the medicine may pose on your pregnancy with your doctor or midwife. They can help you understand the benefits and the risks of taking the medicine.

Ultimately, the decision to start, stop, or change medications during pregnancy is up to you to make, along with input from your doctor or midwife. If you do take medications during pregnancy, be sure to keep track of all the medications you are taking.