Eating Disorders in Pregnancy and Breastfeeding: Why ‘Eating Healthy’ Isn’t Always Easy

At some point, most of us have been told to “eat healthy.” Sounds simple enough, right? But what that means can look different from person to person. For some, it’s about cutting back on junk food and adding more fruits, vegetables, and whole grains. For others, it might mean watching sodium intake, choosing foods that support heart health, or managing cholesterol levels.

No matter your health history, eating well is something we’re all encouraged to do, especially during pregnancy and while breastfeeding, when your body is supporting both you and your baby.

But if you’re living with an eating disorder, pregnancy or breastfeeding can add extra layers of complexity. It’s not just about ***what*** to eat anymore: questions about ***how much*** to eat, ***how often*** to eat, and how to manage hunger cues or body changes can feel overwhelming. These challenges are real, and they deserve thoughtful, compassionate support.

A few years ago, I received a call from a woman named “Alice.” She called MotherToBaby because she was taking medication for high blood pressure and wanted to know if it would affect her pregnancy. After some discussion, she told me her blood pressure was high because she was quickly gaining a lot of weight from binge eating. She said she had been binge eating for a long time and did not know how to stop. She was worried about how this would affect not only her health, but also that of her baby. When I asked what her healthcare provider suggested, she told me she was afraid to talk to her midwife about it.

What is an eating disorder?

An eating disorder is a mental health disorder that results in serious disturbances of eating behavior. There are several different eating disorders, including anorexia nervosa, bulimia nervosa, binge eating disorder, and pica. Each disorder has its own symptoms and effects. In the United States, 9% (28 million) of people will have an eating disorder in their lifetime.

- Anorexia nervosa –severely restricting the amount of food eaten, resulting in very low body weight.
- Bulimia nervosa – binge eating (eating large amounts of food in a short time and feeling loss of control overeating) and then purging (vomiting, not eating, over-exercising, misusing laxatives or diuretics).
- Binge-eating disorder- binge eating without purging.
- Pica – a craving for and eating of substances without any nutritional value (such as ice, clay, paper, or dirt) for at least one month. The number of women affected by pica is unknown, but it is much more common in pregnant women than in non-pregnant women; it is also more common in developing countries than in the US.

Eating disorders can be hard to spot under any circumstances, and that can be even more true during pregnancy and after a baby is born. So much focus is placed on weight changes, appetite shifts, and body changes during this time that warning signs can easily be overlooked or explained away as “just part of pregnancy.” Also, not all healthcare providers receive specialized training in recognizing eating disorders, especially in pregnant or postpartum patients. That means symptoms can sometimes go unnoticed, even during regular prenatal or postpartum visits.

There’s also a lot of stigma surrounding eating disorders. Some women may feel embarrassed, ashamed, or afraid to speak up about their struggles. Others might worry about being judged or not being taken seriously. All of that can make it incredibly difficult to admit that something isn’t okay.

Can eating disorders affect my pregnancy?

A healthy, well-balanced diet during pregnancy is important for a fetus to grow and develop. It can also help to minimize some pregnancy symptoms such as nausea and constipation. Certain eating-disorder behaviors can cause issues during pregnancy and may require hospitalization or other specialized care. For example:

- Not eating and/or calorie restriction can cause low energy and nutritional gaps in the mother and low birth weight for the baby.
- Vomiting can cause dehydration, electrolyte imbalances, sore throat, stomach pain, tooth damage, gum disease, and ruptured esophagus in the mother.
- Using laxatives/diuretics can cause dehydration, electrolyte imbalances, laxative dependency, and organ damage in the mother.
- Over-exercising can lead to fatigue, muscle pain/soreness, dehydration, and overheating in the mother.
- Binge eating can lead to excessive weight gain, gestational diabetes, high blood pressure (and other complications) in the mother, and large birth weight for the baby.
- Eating non-food substances (pica) can interfere with nutrient absorption and may contain dangerous substances that could be harmful to mom or baby. See our fact sheets on toxoplasmosis and lead.
- Mental health issues, such as depression or anxiety, go hand in hand with eating disorders. Learn more about how mental health disorders can affect pregnancy and breastfeeding.

What about breastfeeding?

Getting sufficient “high quality” calories is important for everyone. During breastfeeding, the body needs energy to make enough milk, and not getting enough calories can make it harder to do. For pica, non-food items may contain something potentially harmful to the baby, such as lead.

Studies have suggested that women with eating disorders might be more likely to stop breastfeeding within the first 6 months. However, it is possible to successfully breastfeed with an eating disorder, even if they are taking medications. The key is finding support, which you can get from healthcare providers (doctors, nurses, lactation consultants), family, friends, and support groups (online, over-the-phone, and in person).

Help is Available

If you have been diagnosed with an eating disorder, or think you may have one, talk with your healthcare provider. You are not alone. There are resources available to help you and your baby be as healthy as you can be.

Talk to your healthcare provider to discuss how many calories per day are right for you. There are many resources available to help educate people about good food choices, such as the Americal College of Obstetrics and Gynecology’s Frequently Asked Questions on healthy eating during pregnancy. The National Institutes of Health has information on which foods/drinks to limit/avoid, the appropriate amount of weight to gain, and the recommended amount of exercise.

And finally…

So, what happened to Alice? She called several times throughout her pregnancy and while breastfeeding. After our first conversation, she told her midwife everything. Alice did develop gestational diabetes, but under the care of her midwife, nutritionist and counselor, she was able to stop gaining weight and get her blood sugar and blood pressure under control. She gave birth to a healthy baby and continued to work with her team during breastfeeding. She thanked me for suggesting she ask for help and said she was closer to finding something we all are looking for – balance.

Originally authored by Chris Stallman Aug. 2, 2018, edited by Bridget Maloney, Certified Genetic Counselor at MotherToBaby Arizona, on February 17, 2026.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, February 17, 2026.