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Neuropsychiatric and Psychosocial Experiences of Pregnancy Among Women With Eating Disorders: An Exploratory Cross-Sectional Study

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Abstract **Background:** Eating disorders (EDs) have been associated with adverse obstetric outcomes, although the psychological and psychosocial experiences of women with EDs during pregnancy remain important areas for further investigation. This study aimed to explore these experiences, with particular attention to emotional concerns, eating disorder symptoms, and postpartum psychological difficulties. **Methods:** An exploratory cross-sectional study was conducted using an investigator-developed, 17-question Qualtrics survey distributed through Reddit communities related to pregnancy and EDs between July 2025 and February 2026. Analyzed respondents were women aged 18 years or older who reported an ED diagnosis and at least one previous pregnancy. A total of 21 participants were included in the final analysis. Descriptive statistics were used to summarize retrospective self-reported responses. **Results:** Concerns regarding weight gain and body-image changes were reported by 81.0% (17/21) of participants, while 75.0% (15/20) reported experiencing these difficulties during pregnancy. Difficulty with food intake was reported by 50.0% (10/20). During pregnancy, 57.1% (12/21) described themselves as recovering from an ED, 33.3% (7/21) as actively struggling, and 9.5% (2/21) as being in remission. Postpartum anxiety was selected by 35.0% (7/20) of respondents; the postpartum item was inadvertently restricted to one response. Additionally, 61.9% (13/21) reported not disclosing details of their ED to healthcare providers. **Conclusion:** This exploratory study highlights psychological and psychosocial concerns reported by women with EDs during pregnancy and postpartum. The findings support consideration of ED history, body-image concerns, and psychological well-being alongside obstetric care. Larger studies are needed to investigate these experiences and their potential neuropsychiatric implications.

Keywords: *eating disorders, pregnancy, psychosocial experiences, neuropsychiatry, cross-sectional survey*

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1. Introduction

Eating disorders (EDs) have been linked to adverse obstetric outcomes, with the literature primarily centered on perinatal health outcomes. EDs frequently affect women of reproductive age [1]. A history of miscarriage has been associated with bulimia nervosa (BN), while lower infant birth weight has been associated with anorexia nervosa (AN) [2]. In the case of AN, low maternal body mass index (BMI) in early pregnancy has been associated with lower infant birth weight, while low pre-pregnancy BMI and inadequate gestational weight gain may contribute to an increased risk of preterm birth or having a small-for-gestational-age (SGA) infant [3,4].

Studies have previously shown adverse effects of AN during pregnancy on infant health, with low BMI and low gestational weight gain associated with increased risks of preterm delivery and low birth weight [4]. Issues such as restricted fetal growth, preterm birth, and low birth weight are commonly cited outcomes of pregnancy for women with AN [5]. Interestingly, a study investigating the impact of EDs on pregnancy experience found that women with BN showed decreased BN symptoms during pregnancy and postpartum, while those with AN showed decreased AN symptoms during pregnancy that returned to pre-pregnancy levels by six months after delivery [6]. The prevalence of EDs during pregnancy has also been examined in a systematic review and meta-analysis [7]. Previous research has shown differences in pregnancy outcomes across ED diagnoses, furthering the need for individualized approaches to healthcare [8]. Collaborative approaches to improving pregnancy outcomes in AN have also been discussed in clinical correspondence [9]. In addition, EDs have been associated with increased rates of depression and anxiety during pregnancy [10]. However, further research may help clarify how other factors,

including social support and interventions, can affect pregnancy experiences and maternal health during and after pregnancy.

From a neuropsychiatric standpoint, disordered eating behaviors have been associated with difficulties in emotion regulation [11]. One study focusing on adolescent girls with AN showed that, compared with healthy controls, participants had increased cerebrospinal fluid (CSF) volume and decreased gray and white matter volumes [12]. The degree to which these structural changes may normalize after recovery was not established in that study [12]. Research on AN and BN has also implicated alterations in serotonergic pathways involved in appetite, mood, and impulse regulation [13]. More recently, Howard et al. identified enrichment of AN-associated gene expression in brain regions involved in appetite and feeding regulation, including the lateral parabrachial nucleus and arcuate nucleus of the hypothalamus [14]. However, the relationship between these neurobiological findings and the psychological experiences of women with EDs during pregnancy remains unclear. As a preliminary step toward better understanding the clinical experiences of this population, this study explores the emotional and psychosocial experiences of women with EDs during previous pregnancies. These findings may inform future research into the longer-term psychological and neurobiological implications of EDs for women's health.

2. Materials and Methods

From September to December 2024, we conducted a literature review to identify gaps in research studies regarding the intersection between women's health, eating disorders (EDs), and the psychosocial aspects of this connection. Areas requiring further investigation included the relationship between EDs and pregnancy experiences, particularly those involving EDs other than anorexia nervosa (AN) and bulimia nervosa (BN). We used PubMed and Google Scholar as our main databases and used key search terms such as "eating disorders and pregnancy," "obstetric outcomes and eating disorders," "neuropsychiatry of anorexia nervosa and bulimia nervosa," and "body image and pregnancy." References from the research articles identified through PubMed were also reviewed. Between completion of the initial literature review in December 2024 and survey distribution in July 2025, the survey questions were developed, the questionnaire was beta-tested, and relevant Reddit forums were identified. Additional references published after the initial search period were incorporated during manuscript preparation.

We then designed an exploratory cross-sectional study using an original survey, inspired by the topics identified in our literature review. Participants retrospectively reported their pregnancy experiences. The investigator-developed questionnaire was intended to characterize self-reported obstetric, psychological, and psychosocial experiences, rather than establish psychiatric diagnoses or measure standardized psychological constructs. During the initial literature review, we did not identify a single validated instrument covering the combination of topics examined by this exploratory study. The survey was beta-tested for usability prior to distribution via a Qualtrics link on Reddit forums; however, formal psychometric validation and reliability testing were not performed. Seventeen total questions were asked, with 14 multiple-choice questions, two short-answer questions, and one informed consent question. Questions covered topics including obstetric outcomes, ED history, and the psychosocial connection between the two experiences.

The short-answer questions were as follows: "What physical, psychological and/or emotional factors should healthcare professionals consider when working with women who are coping with eating disorders and who are thinking about getting pregnant?" and "What do you want other women with a history of eating disorders who are thinking about pregnancy to know?"

We originally posted the survey and informed consent on three forums but later expanded to 27 total subforums because of difficulties obtaining responses from participants meeting the study criteria. Recruitment remained open from July 2025 to February 2026 to increase the opportunity for eligible participants to respond. We specifically chose to post on Reddit communities related to pregnancy and EDs to cater to our target population. Participation was completely voluntary, and no compensation was provided. Participants were instructed to terminate the survey and/or skip any questions if they felt uncomfortable answering due to the sensitive nature of the topic.

The survey recruited women aged 18 years or older who reported having been diagnosed with an ED and had at least one previous pregnancy. Country of residence was not collected as a survey variable and was not used to filter the analyzed responses. We excluded women who were currently pregnant at the time of starting the survey and respondents who reported no previous pregnancies. Participants were able to skip questions they did not want to answer and were instructed to answer all survey questions based on their last pregnancy in which they had an ED. A total of 21 participants were included in the final analysis. Given the exploratory nature of the study and the relatively small sample size, no inferential statistical tests or subgroup comparisons were performed. Instead, descriptive statistics, including frequencies and percentages, were used to summarize the survey responses. Percentages were calculated using the number of participants who answered each question, accounting for missing responses. Responses were summarized as recorded. Question 15, concerning postpartum problems, was intended to permit multiple selections but was inadvertently configured to allow only one response; this limitation is described below.

2.1. Ethical Considerations

The study was reviewed and approved by the Institutional Review Board of Western University of Health Sciences (IRB No. 2273757). Informed consent was included in the survey, and participation was voluntary. Participants were informed that they could skip questions or discontinue participation at any time without penalty.

3. Results

3.1. Participant Characteristics

The final analytic sample consisted of 21 respondents. Five participants (23.8%) were aged 18–25 years, ten (47.6%) were aged 26–34 years, and six (28.6%) were aged 35 years or older. Anorexia nervosa (AN) was the most frequently reported eating disorder (n = 12), followed by binge eating disorder (BED; n = 8), avoidant/restrictive food intake disorder (ARFID; n = 8), and bulimia nervosa (BN; n = 7). Participants could report more than one eating disorder diagnosis, so the diagnostic categories were not mutually exclusive (Table 1).

Table 1. Distribution of Self-Reported Eating Disorder Diagnoses by Age Group

Age group	AN	BN	BED	ARFID
18–25 years (n = 5)	3	3	2	3
26–34 years (n = 10)	5	3	3	3
≥35 years (n = 6)	4	1	3	2
Total (n = 21)	12	7	8	8

Legend: AN = anorexia nervosa; BN = bulimia nervosa; BED = binge eating disorder; ARFID = avoidant/restrictive food intake disorder. Values are numbers of participants reporting each diagnosis. Multiple diagnoses could be selected; the categories are not mutually exclusive. Final analytic sample: n = 21.

3.2. Psychosocial Concerns and Pregnancy-Related Experiences

Table 2. Anticipated Psychosocial Concerns and Reported Pregnancy-Related Experiences

Concern or experience	Before pregnancy, n (%)	Reported encounter, n (%)
Weight gain / body-image changes	17 (81.0)	15 (75.0)
Difficulty with food intake	8 (38.1)	10 (50.0)
Infant health concern / perceived impact	12 (57.1)	3 (15.0)
Difficulty conceiving	9 (42.9)	3 (15.0)
Judgment from others	6 (28.6)	5 (25.0)
Inadequate healthcare support	4 (19.0)	1 (5.0)

Legend: Values are n (%). Anticipated concerns were answered by 21 respondents (Q11) and reported experiences by 20 respondents (Q12). Multiple selections were permitted. Similar categories were paired for presentation, but question wording differed and results should not be interpreted as within-person changes. Perceived effects on infant health were not independently verified.

Twenty-one participants answered the question about concerns before pregnancy, and 20 answered the question about problems they encountered. Concerns about weight gain or body changes were most frequently selected before pregnancy (17/21, 81.0%), followed by concerns about a possible negative impact on the baby's health (12/21, 57.1%). In describing actual experiences, weight gain or body-image difficulties were also most frequently reported (15/20, 75.0%), followed by difficulty with food intake (10/20, 50.0%). Other selected concerns and reported experiences are summarized in Table 2. Because the two questions used related but different answer options and had different response totals, these percentages should not be interpreted as paired changes.

Additionally, 13 of 21 respondents (61.9%) reported that they did not disclose details of their eating disorder to healthcare providers.

3.3. Eating Disorder Status and Postpartum Symptoms

When asked to describe their eating disorder status during pregnancy, 12 of 21 respondents (57.1%) reported recovering, seven (33.3%) reported actively struggling, and two (9.5%) reported being in remission. Twenty respondents provided information about problems after delivery. Postpartum anxiety was the most frequently selected named problem (7/20, 35.0%); postpartum depression and feelings of isolation were each selected by three respondents (3/20, 15.0%). The remaining responses are shown in Table 3. Question 15 was inadvertently configured to permit only one selection, so these percentages describe the selected response categories rather than the overall frequency of individual postpartum symptoms. These outcomes are self-reported and do not establish formal psychiatric diagnoses.

Table 3. Eating Disorder Status During Pregnancy and Self-Reported Postpartum Problems

Clinical domain	Survey response	n (%)
Eating disorder status during pregnancy	Recovering	12 (57.1)
	Actively struggling	7 (33.3)
	In remission	2 (9.5)
Reported postpartum problems	Postpartum anxiety	7 (35.0)
	Postpartum depression	3 (15.0)
	Feelings of isolation	3 (15.0)
	Physical complications	2 (10.0)
	Other	4 (20.0)
	None	1 (5.0)

Legend: Values are n (%). Eating disorder status during pregnancy was reported by 21 respondents (Q9); postpartum problems were reported by 20 respondents (Q15). Q15 was intended to allow multiple selections but, as confirmed by the student investigator and a participant comment, was configured to permit only one answer. The percentages reflect the single category selected by each respondent and may underestimate the occurrence of individual postpartum symptoms. All findings are self-reported and do not establish formal psychiatric diagnoses.

4. Discussion

The findings of this exploratory study highlight the psychosocial challenges experienced during pregnancy among women with eating disorders (EDs). Among the 21 participants included in the final analysis, concerns about

weight gain and body-image changes were the most frequently reported anticipated concerns (81.0%). Similarly, 75.0% of respondents who answered the corresponding question reported experiencing weight-related or body-image difficulties during pregnancy, while 50.0% reported difficulty with food intake. Although these findings were obtained from a relatively small sample, they are consistent with previous research describing concerns surrounding weight, eating behaviors, and pregnancy outcomes among women with EDs [5,6]. Micali et al. found that women with recent or past EDs continued to experience eating-related symptoms and concerns about weight and body shape during pregnancy, even when some symptoms improved compared with the pre-pregnancy period [15]. Although anticipated concerns and reported experiences differed across several categories in our survey, the questions were not identical and cannot be interpreted as direct comparisons of changes over time. These observations suggest that pregnancy does not necessarily eliminate the psychological challenges associated with EDs and that some difficulties may persist despite changes in eating behaviors. Given the nonprobability sampling method and descriptive study design, the percentages represent the responses of this study sample rather than population prevalence estimates or statistically established associations.

Beyond obstetric outcomes, the psychological experiences of women with EDs deserve further clinical attention. In the present study, 57.1% of participants described themselves as recovering during pregnancy, while 33.3% reported actively struggling with an ED and only 9.5% described being in remission. These findings highlight the distinction between perceived recovery and remission, although these categories were based on participants' self-reported status rather than standardized clinical assessments. Postpartum anxiety was selected by 35.0% of respondents who answered the corresponding question, while postpartum depression and feelings of isolation were each selected by 15.0%. Although these were self-reported experiences rather than formally established psychiatric diagnoses, they highlight the psychological concerns described by participants. These percentages should also be interpreted cautiously because the postpartum question (Q15) inadvertently permitted only one response rather than multiple selections. Previous research has associated EDs with emotional dysregulation and other psychiatric symptoms [10,11]. Baskin and Galligan found associations between disordered eating and depressive and anxiety symptoms during pregnancy [16]. Similarly, Micali et al. examined the relationship between ED history and depression and anxiety during pregnancy and postpartum, identifying increased psychological vulnerability among women with ED symptoms and a history of depression [17]. Together, these findings emphasize the importance of considering maternal mental health alongside nutritional status and obstetric outcomes.

From a neuropsychiatric perspective, anorexia nervosa (AN) and bulimia nervosa (BN) involve complex interactions between emotional regulation, appetite control, and neural pathways associated with reward processing. Previous studies have described structural brain differences in patients with AN, alterations in serotonergic signaling, and molecular findings involving regions associated with feeding behavior [12,13,14]. Frank et al. identified differences in structural and effective connectivity within neural circuits involving the insula, orbitofrontal cortex, ventral striatum, and hypothalamus among patients with AN and BN [18]. These regions are involved in the integration of appetite, reward, and cognitive-emotional processing. Similarly, Monteleone et al. reviewed evidence suggesting that alterations in reward processing and neuroendocrine signaling may contribute to the clinical manifestations of these disorders [19]. These findings provide a neurobiological framework for understanding the broader clinical significance of eating-related concerns and emotional difficulties in patients with EDs. The overlapping diagnoses reported by some participants also highlight the clinical heterogeneity of EDs, although the present study was not designed to investigate diagnosis-specific neurobiological mechanisms. Furthermore, the study did not directly measure neural activity, cognitive function, or biological markers. Therefore, these mechanisms cannot be directly linked to the pregnancy-related experiences reported by participants, and further research is needed to investigate these relationships.

The findings also have potential implications for clinical practice. Pregnancy involves substantial physical and psychological changes, which may present additional challenges for women with current or previous EDs. In our survey, 61.9% of participants reported not disclosing details of their ED to healthcare providers, suggesting that reliance on voluntary disclosure alone may overlook clinically relevant concerns. The frequency of reported body-image concerns, difficulties with food intake, and postpartum psychological symptoms further supports consideration of ED history and psychological well-being during obstetric care. Healthcare professionals may benefit from discussing eating behaviors, concerns about weight gain, emotional distress, and available support in a nonjudgmental manner. A systematic review of clinical practice guidelines by Ecob et al. emphasized early identification, psychological and medical assessment, patient education, collaboration across healthcare services, and continued monitoring during the perinatal period [20]. Coordination among obstetric providers, mental health professionals, and nutritional specialists may help provide more comprehensive care for women with EDs during pregnancy and postpartum.

4.1. Study Limitations

Limitations of this study include the small sample size, lack of stratified data analysis, and selection bias due to the method of survey administration. Given the strict inclusion and exclusion criteria, it was difficult to reach a large population of participants. A total of 21 participants were included in the final analysis. The small sample size limited the ability to conduct reliable subgroup comparisons; therefore, descriptive statistics were used without formal inferential statistical testing. The method of gathering participants could have also introduced sampling bias. The survey was posted on Reddit, meaning results reflect only the responses of those active in these Reddit communities. In addition, the survey responses

were self-reported. Given the retrospective nature of the study, an element of recall bias may have influenced responses. The investigator-developed questionnaire was beta-tested for usability but did not undergo formal psychometric validation or reliability testing. Therefore, its items cannot be assumed to measure psychiatric symptoms or psychological constructs with established validity or reliability. Demographic characterization was limited, and participants' countries of residence were not collected or independently verified; therefore, the geographic composition of the study sample cannot be established. Accordingly, these observations should not be generalized to the broader population of women with EDs or interpreted as population prevalence estimates; the study was designed to describe experiences and generate questions for future research. A secondary goal of this study was to conduct a subgroup analysis of psychosocial experiences of pregnancy based on eating disorder type. This was not possible given the small sample size. During survey administration, the question concerning postpartum problems (Q15) was intended to allow multiple selections but was inadvertently configured to permit only one response. This limitation was subsequently confirmed by the student investigator and by a participant who reported the issue in the "Other" response field. Consequently, the recorded frequencies may underestimate individual postpartum symptoms, as participants experiencing multiple problems could select only one option.

4.2. Future Research Directions

Future research should address the above limitations. Studies should aim to increase sample size and conduct subgroup analyses to gain a better understanding of the psychological and neurobiological aspects of different eating disorders during pregnancy. Subgroup analyses based on illness severity, duration, and demographic variables such as socioeconomic status could also provide a more comprehensive understanding of these experiences. Constructing a more structured method of participant recruitment would help improve the diversity of the sample and reduce selection bias. Utilizing a longitudinal study rather than retrospective reporting would also help reduce recall bias and allow for a more comprehensive understanding of the lasting effects of eating disorders during pregnancy and postpartum. For a more multidisciplinary approach, future researchers could combine self-reported survey results with standardized psychiatric assessments and, where appropriate, objective neurobiological measures such as neuroimaging.

5. Conclusion

This exploratory study highlights the psychosocial and psychological challenges experienced during pregnancy among women with eating disorders (EDs). Body-image concerns, difficulties with food intake, and postpartum psychological symptoms were commonly reported, suggesting that these experiences deserve attention beyond traditional obstetric outcomes. The findings also emphasize the importance of recognizing ED history and providing appropriate psychological support throughout pregnancy and postpartum. Although the neurobiological mechanisms underlying anorexia nervosa and bulimia nervosa are increasingly understood, their relationship with pregnancy-related experiences remains unclear. A multidisciplinary approach involving obstetric, psychiatric, and nutritional care may help address the complex needs of this population. Further research involving larger, more diverse samples is needed to better understand these experiences and their potential neuropsychiatric implications.

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