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**How Women Cope with Pregnancy and Early
Mothering after Recovery from an Eating
Disorder:
A Grounded Theory of Women's Experience.**

**A thesis presented in partial fulfillment for the degree
of Master of Science in Nutrition
at Massey University**

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Abstract

This study used a qualitative approach, specifically Grounded Theory to explore how women who have had an eating disorder earlier in their lives, subsequently “recovered”, experienced pregnancy and mothering. Ten women with a previous eating disorder, who were now mothers, were interviewed. Also, eight women without a history of an eating disorder and of comparable body mass were also interviewed for reference purposes. The study aimed to gain an understanding of how a woman recovers from an eating disorder, what the experience of pregnancy is like for them, with an emphasis on weight gain and nutritional needs and how they managed breastfeeding and the introduction of solids. The Grounded Theory developed focused on the core category of “measuring up” and how this need to measure up, cuts across all the women’s life stages. The eating disorder is seen as a coping strategy when the need to measure up first presents. As the women were able to access more constructive coping strategies they recovered. For many of the women, exercise became their alternate coping strategy for the need to “measure up”. The “recovered” women were very motivated to, and did have healthy pregnancies. Most women wanted nutritional advice during their pregnancy but said they were not offered any by health professionals. Their pregnancies were characterised by predominantly very high weight gains (6/10), a couple of very low weight gains (2/10) with only two women gaining within recommended limits. Their infant’s birth weights were above normal, the majority of women breastfed for 9 months and there was no reported difficulty with infant solids feeding. Some women with a previous eating disorder reported difficulty when their own children (girls) reached adolescence. There was considerable eating restraint within the reference group and these were characterised by low prepregnancy BMIs and low pregnancy weight gains. The implications of this research are that young people must be encouraged as early as possible to seek out more constructive coping strategies for feelings of negativity. The recovered women appeared to experience relatively trouble free pregnancies without undue weight gain anxiety and early infant feeding was not problematic. The study highlighted a need for an increased emphasis on nutritional guidance for all women prior to conception and during pregnancy, as there can be significant dysfunction with food and feeding, present in women without a history of an eating disorder.

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- 1) Results of the Dutch Famine By Stage of Gestation (pg 19)
- 2) Index women's details (pg 100)
- 3) Reference (control) group details (pg 102)
- 4) Recommended Total weight gain for pregnant women by pre-pregnancy BMI (pg 103)