

Mind, Body & Fertility: The Connection Between Fertility Care, Disordered Eating and Eating Disorders

Overview

People seeking fertility care are significantly more likely than the general population to have an experience of body image issues, disordered eating or an eating disorder. This includes both past experiences of these challenges as well as those that arise while undergoing fertility care.

This resource provides information about the strong connection between fertility care and body image and eating challenges and outlines the various aspects of fertility care that can increase your risk of these experiences. The resource provides strategies that can help you better manage these risks as you engage in fertility care, as well as links to key supports and services.

By equipping yourself with this knowledge and effective support strategies, you can promote greater body positivity or neutrality, protect your emotional well-being, and navigate the fertility journey with resilience.



What is infertility and fertility care?



Infertility is the inability to achieve a natural pregnancy after twelve months or more of regular unprotected sexual intercourse (1). Infertility is estimated to affect one in every six people of reproductive age worldwide (1). Fertility care encompasses the prevention, diagnosis, and treatment of infertility.

What are eating disorders and disordered eating?

Eating disorders are serious, complex, and potentially life-threatening mental illnesses. They are characterised by disturbances in behaviours, thoughts, and attitudes to food, eating, and body weight or shape. Eating disorders have detrimental impacts upon a person's life and can result in serious medical, psychiatric and psychosocial consequences. Some of the effects of an eating disorder can impact on fertility.

Eating disorders can occur in people of any age, weight, size, gender, sexuality, ability, cultural background or socioeconomic group. More than one million Australians are living with an eating disorder in any given year; that is, 4% of the population (2). Many more experience disordered eating, which includes behaviours consistent with an eating disorder (e.g., restrictive dieting, binge eating, vomiting and laxative use) but do not meet the diagnostic criteria for an eating disorder.

Eating disorders are classified into different types, according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), Fifth Edition (3). Classifications are made based on the presenting symptoms and how often these occur. To find out more about eating disorders visit NEDC's website here.

Risk factors for eating disorders

The factors that contribute to the development of eating disorders are complex and involve biological, psychological and sociocultural factors. An individual's susceptibility to developing an eating disorder is best understood as an interaction between these factors and will vary from person to person.

Biological and genetic risk factors



Biological and Genetic Factors

- Family history of eating disorders and other mental health conditions
- Low or high birthweight
- High body weight in childhood
- Early start of menarche (<12yrs) for girls or delayed pubertal onset for boys
- Transition stages with significant physical, hormonal, and social changes such as adolescence, pregnancy, postpartum, and menopause.
- Higher parental body weight
- Genetic predisposition towards specific traits such as perfectionism
- Health conditions which have an impact on weight or shape, or on eating (e.g., type 1 and type 2 diabetes, polycystic ovary syndrome, endometriosis)

Psychological and behavioural risk factors



Psychological and Behavioural Factors

- Dieting or dietary restriction
- Drive for thinness or muscularity
- Overvaluing body image in defining self-worth
- Dissatisfaction with body weight and shape
- Low self-esteem or feelings of inadequacy
- Perfectionistic traits
- Heightened sensitivity or inability to cope with negative evaluations
- Stress
- Obsessive-compulsive traits or disorder
- Depression or depressive features
- Anxiety, including social anxiety and avoidance of social interaction
- Substance use
- Experience of trauma, abuse, neglect, or post-traumatic stress disorder (PTSD)

Socio-cultural risk factors

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Socio-cultural
Factors

- Pressure to achieve and succeed
- Peer pressure
- Teasing or bullying, especially when focused on weight or body shape
- Troubled family or personal relationships
- Family dieting
- Unemployment or underemployment
- Food insecurity (current or historical) diet culture and weight stigma

In addition, some groups of people are at higher risk, including:

- Girls, women and people who were assigned female at birth, especially during biological and social transition periods (e.g., onset of puberty, change in relationship status, pregnancy and postpartum, menopause, change in social role)
- Children and adolescents; although eating disorders can develop at any age, risk is highest between 13 and 17 years of age.
- People in competitive occupations, sports, performing arts and activities that emphasise thin body shape/weight requirements (e.g., modelling, gymnastics, horse riding, dancing, athletics, wrestling, boxing)
- LGBTQIA+ people
- Neurodivergent people (e.g., autistic people, ADHDers, people with other neurodevelopmental differences)
- People with higher weight (also referred to as people living in a larger body)
- People with a history of experiencing an eating disorder

Eating disorders, disordered eating and body image issues in fertility care

It is important to note that not everyone who experiences fertility challenges will develop disordered eating or an eating disorder. However, people who are already susceptible to eating disorders may be at greater risk during fertility care due to the unique stressors and emotional demands associated with the process.

Among women experiencing infertility, body image concerns were reported by just under half (4). Among women pursuing fertility treatment, rates of current eating disorders range from 0.5 to 16.7%, while past eating disorder prevalence rates range from 1.4 to 27.5% (5). These rates are respectively four and seven times higher than those experienced by the general population. Disordered eating has also been reported in up to 48% of women seeking fertility treatment (5).

Rates of body image concerns and eating disorders are also high in women experiencing reproductive health conditions. In females diagnosed with PCOS, more than half experienced body image issues and 18% experienced eating disorders (4). In females diagnosed with endometriosis, 45% experienced body image issues and 12% experienced eating disorders (4).

Despite the high prevalence of eating disorders among this group, less than a third of women who have had a known eating disorder report this to their obstetrician or gynaecologist (6).

It is important to note that research is currently lacking on the intersection of eating disorders and fertility treatment in males and gender diverse people.

Risk factors in fertility care

Preparing for and undergoing fertility treatment can introduce various risk factors that may contribute to the development or exacerbation of body image issues, disordered eating, or an eating disorder. These challenges and risk factors can emerge at different stages of the fertility treatment process and will vary from person to person.

When accessing or undergoing fertility treatment, you may experience some or all of the following:

Biological and genetic risk factors



- Hormonal changes that occur as a result of fertility treatment
- Changes in body shape, weight, and weight distribution
- Side effects of ART treatment, e.g., bloating, bruising and abdominal discomfort

Psychological and behavioural risk factors



- Emotional challenges (e.g., feelings of shame, loss, grief, frustration, anxiety, depression, etc.) that can lead to isolation and reduced ability to regulate emotions
- Stress, including financial, emotional, and physical stress
- Disruption to routine and life
- Heightened focus or preoccupation with body functionality, health, weight and nutrition prior to and during treatment
- Body distress related to self-perception of what the body is 'unable' to do (e.g., ovulate, conceive, sperm production etc.)
- Feeling a lack of control related to body functionality, fertility and treatment interventions
- Pursuing weight loss or 'diet optimisation' (e.g., caloric restriction and/or restriction of food groups) to optimise fertility without support from a qualified eating disorder-informed professional

Socio-cultural risk factors



Socio-cultural
Factors

- Recommendations for weight loss or diet optimisation, often without referral to appropriate support (e.g., eating disorder-informed dietitian)
- BMI criteria for fertility clinics or IVF, possibly leading to the pursuit of weight loss in extreme and potentially harmful ways
- Diet and wellness programs aimed at people undergoing fertility treatment/trying to conceive, many of which are not evidence-based
- Unsolicited health advice from social media, the community, and family or friends (e.g., diet recommendations and other unhelpful comments entrenched diet culture)
- Relationship breakdown and pressure
- Weight stigma and other forms of discrimination (e.g., ableism, racism, sexism, ageism, etc.)

While some of these risks may be beyond your control, they are important to be aware of.

Practical preventative steps

Prevention focuses on tackling the underlying causes and contributors of disordered eating and eating disorders before they occur, rather than waiting until a problem with food, body or eating develops. Prevention efforts can involve a range of actions aimed at reducing risk factors while also bolstering factors that can protect people against disordered eating and eating disorders

There are helpful preventative measures that you can put in place to support yourself and/or your partner through the fertility process to mitigate your risk of experiencing body image issues, disordered eating or an eating disorder.

These include:

- **Asking for help.** This could include seeking support with care giving duties, rest and rejuvenation, finding a support person to attend appointments with you, or requesting personal leave from work.
- **Communicative with your trusted support person** (i.e., partner, friend, relative) about how you are feeling and keep an open line of communication to support each other through your fertility journey. This includes communicating about any challenges you may be experiencing in relation to body image, food, and eating.
- **Communicate with your care team.** Openly discuss your concerns and/or history of disordered eating or eating disorders with your fertility care team. They can offer personalised guidance, ensure your treatment plan supports your overall well-being, and refer you to professionals that can address your concerns.
- **Educate yourself about the fertility process.** Take some time to learn about the potential physical, psychological and emotional changes that may occur during fertility care. Understanding the processes, medications, and procedures and their potential effects can help alleviate anxiety and foster a sense of control.

- **Educate yourself on your rights** to ensure you remain in the driver's seat of your fertility journey. This can empower you in a period where you may feel very disempowered due to your lack of control over fertility, which can be a risk factor for the development of disordered eating behaviours or an eating disorder.
- **Seek psychological support** as a protective measure, even before you begin your fertility journey, if possible. For people with a previous history of an eating disorder, this could also involve seeking support from your previous eating disorder care team. Mental health professionals can provide valuable strategies to manage stress, promote self-compassion, and navigate body image concerns.
- **Seek advice from qualified professionals** to address goals related to diet and exercise. In particular, find professionals that are eating disorder informed. This will ensure you are adequately supported to achieve your goals in a safe and effective way.
- **Setting and maintaining boundaries** with family and friends, colleagues, and health professionals to protect your mental health and wellbeing. This could include setting boundaries around giving unsolicited fertility advice or making comments about your body, weight or diet.
- **Establish healthy coping mechanisms.** Find healthy outlets for stress relief. Engaging in relaxation techniques and self-care practices can help manage anxiety. This could include joyful movement, meditation, or creative activities.
- **Practice self-compassion** and recognise the many real barriers you are facing and how any reaction to this is understandable, and you deserve support.
- **Practice self-care.** Make self-care a priority throughout your fertility care journey. Engage in activities that promote self-compassion and body positivity. This may include mindfulness, meditation, yoga, or engaging in hobbies that bring you joy and fulfillment.

Choosing a fertility care provider

When accessing fertility care, it is important to find a supportive and competent treatment provider that meets your unique needs and preferences. To help protect yourself from the risk of experiencing an eating disorder, disordered eating, or body image issues, you should also seek out a treatment provider that is able to provide eating disorder informed, safe and accessible care.

These principles aim to ensure that your fertility care experience is holistic, inclusive, supportive, and promotes your physical and mental well-being.



Listed below are some key characteristics and skills that you should consider when choosing your fertility care provider.

Eating Disorder Safe Care:



Eating disorder safe care focuses on providing treatment and support for people while also considering the various factors that may influence their wellbeing and outcomes and engagement with health care providers. Here is what you should expect from a fertility care provider who applies this principle: physical and mental well-being.

- **Affirming the supportive environment:** The provider should create a safe and supportive environment that respects and affirms diverse identities, bodies and minds.
- **Holistic approach to health:** The provider should promote a holistic approach to health that consider the various factors that contribute to fertility and overall wellbeing.
- **Minimising harm related to weight stigma and diet culture:** The provider should challenge weight stigma and harmful messages perpetuated by diet culture.

Eating Disorder Informed Care:



Eating disorder informed care involves the application of skills and knowledge about eating disorders to prevent, identify, and support people at risk of or experiencing eating disorders. Here is what you should expect from a fertility care provider who applies this principle:

- **Foster healthy relationships with body, food, and eating:** The provider should support people in developing and maintaining healthy relationships with their body, food, and eating, promoting overall well-being and avoiding potential harm.
- **Referrals to support:** The provider should provide referrals to other qualified and eating disorder informed clinicians to provide complementary physical, nutritional or mental health support when needed.

Eating Disorder Accessible Care:



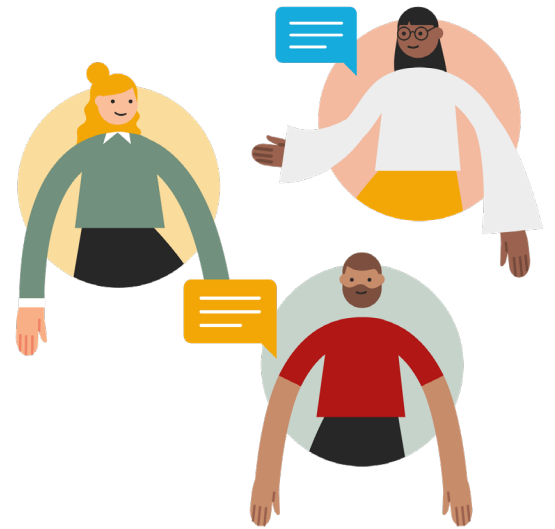
Eating disorder accessible care recognises the importance of promoting inclusive healthcare that addresses the needs of all people. Here is what you should expect from a fertility care provider who applies this principle:

- **Awareness of specific needs and challenges:** The provider should be aware of the specific needs and challenges faced by different people and populations, including people with disabilities or LGBTIQ+ people and communities.
- **Accommodations for accessibility:** The provider should make accommodations to address different accessibility needs, ensuring that all people can access the care they need and deserve. This includes accommodations in the physical setting as well as in practice procedures and policies.

By selecting a fertility care provider who applies these principles, you can ensure that your care experience is inclusive and supportive, while also minimising potential harm related to eating disorders and body image concerns. Remember to discuss these principles with potential providers and ask questions to ensure they align with your expectations.

Know Your Consumer Rights: Self-Advocacy

Understanding your rights as a consumer of fertility care and other healthcare services is crucial in advocating for yourself during the treatment process. By knowing your rights, you can feel empowered and regain a sense of control over your fertility journey. These are important protective factors for preventing experiences of disordered eating and eating disorders. Furthermore, familiarity with your rights enables you to implement other proactive measures to mitigate the risk of body image issues, disordered eating, or eating disorders.



Your rights include:

- To not be weighed or not be told your weight if that is your preference to question any medical/health advice you are given and to be provided with the evidence or explanation for all treatment recommendations
- To have informed consent over every step of your fertility journey
- To refuse any treatment, intervention or physical contact
- To report any abuse, neglect and discrimination.

For information about your rights as a consumer of health services, please click [here](#) to access the Australian Charter of Healthcare rights.

Communicating with your provider

When working with your fertility care provider or team, it is important to establish open and honest communication. There are a few helpful strategies that you can set in place to support helpful and safe communication in your engagement with fertility care professionals.

These might include:

- Telling your provider if you have a history of an eating disorder
- Telling your provider if you have any concerns or anxieties about body image, food or eating
- Telling your provider if you find certain conversations uncomfortable or distressing
- Telling your provider about any previous negative experiences that you may have had with other health professionals that were unhelpful or harmful
- Telling your provider if you do not want to be weighed or do not want to be told your weight (e.g., blind weighing)
- Asking your provider to provide you with evidence for their treatment recommendations to ensure you are receiving fair and safe care and are supported to make informed decisions about your treatment

Health and dietary advice

Much of the information available regarding health, nutrition and fertility focuses on weight loss and dietary restriction as methods to promote hormone regulation and fertility. These messages can have a significantly negative impact on people attempting to conceive and may encourage people to engage in potentially harmful weight loss or eating behaviours which can further reduce health and wellbeing at this important time.

Research indicates that the evidence for weight loss and lifestyle modification through exercise and diet to improve fertility treatment outcomes is insufficient and inconsistent and may cause more harm than good in some instances (7, 8, 9). This includes the potential negative effects on fertility as well as the increased risk of developing or exacerbating disordered eating and eating disorders.



It is important to remember that fertility is influenced by a multitude of factors and health behaviours, not just weight and diet. By shifting the focus away from weight loss and dietary restriction, we can encourage a more holistic approach that prioritises overall health and well-being.

When receiving health and dietary advice during your fertility journey, consider the following:



- Avoid making excessive changes to your diet or exercise routine, as this can cause the body undue harm and stress which may negatively impact on hormonal regulation and therefore fertility.
- Question weight loss recommendations and diet prescriptions from health professionals, and request that recommendations are backed up by evidence.
- Consider the scope of practice and qualifications of professionals providing you with advice, e.g., an acupuncturist should not be providing dietary advice.
- Find nutrition support from eating disorder-informed dietitians. Visit ANZAED's connect-ed directory to find an eating disorder credentialed professional.

Seeking support

If you are concerned about your relationship with food, body image, or suspect the presence of disordered eating or an eating disorder, it is essential to seek professional help from a healthcare provider or mental health professional experienced in eating disorders. These professionals can provide appropriate support and guidance tailored to your specific needs. To find an eating disorder credentialed professional, visit ANZAED's connect-ed directory.

If you would like to talk to someone about treatment and support options, please access the Butterfly Helpline [here](#).

To find a list of other supports and services, please visit our website [here](#).

To browse our collection of resources, please visit our website [here](#).



Closing

As you embark on your fertility care journey, remember that challenges may arise along the way that can increase the risk of experiencing body image concerns, disorders eating or eating disorders. By equipping yourself with knowledge and adequate support systems and coping strategies, you can nurture body positivity or neutrality, maintain your emotional well-being, regain a sense of control and navigate the journey with resilience.

