



# Vignette



Nadia is thirty-four and lives in regional South Australia. She is 22 weeks pregnant with her first child. Nadia experiences persistent worry about the health of her baby, difficulty concentrating, muscle tension and frequently seeks reassurance from others. Nadia describes feeling constantly “on edge” and unable to relax. Her sleep is disrupted by worry about the baby’s wellbeing and repeated checking behaviours. She monitors foetal movement closely and feels distressed when she perceives changes. These checking behaviours temporarily reduce her anxiety, but the relief is short lived, and the anxiety returns quickly.

Nadia lives with her partner, Ryan. He works full-time and she often feels alone during the day. Ryan wants to support her but often feels unsure what will help when she becomes distressed, and Nadia hesitates to ask him for support. She worries about being a burden to Ryan.

Nadia often feels isolated during the day and has become increasingly reliant on contact with health professionals for reassurance. As her anxiety, low confidence and fear of judgement have become more challenging to manage, she has gradually withdrawn from antenatal appointments and social activities. Alongside this, she has noticed her mood has been lower, with less enjoyment in things she previously looked forward to.

## **Additional Information 1.**

### **Pregnancy loss**

Two years ago, Nadia experienced a late miscarriage at 19 weeks following fertility treatment. She experienced the loss as frightening and overwhelming, involving emergency hospital care, in the same hospital she is now receiving antenatal care in. Grief is not present every day for her, but memories of hospital care and fear of loss return easily. She describes taking the pregnancy one day at a time and avoids thinking too far ahead. She feels torn between hope and fear and worries that allowing herself to feel either might make things worse.

## **Additional Information 2.**

### **Eating disorder history**

Nadia has lived with an eating disorder since her teenage years. She received support for anorexia nervosa in her early twenties and had felt physically and emotionally well for many years before her current pregnancy. During pregnancy, she has found changes in her body, appetite, and daily routines unsettling, which has increased her distress. Nadia has noticed



# Vignette



old patterns around food returning, including strict food rules, skipped meals, and feeling guilty after eating. These urges feel stronger when her anxiety is high.

As the pregnancy progresses, Nadia notices that her anxiety is beginning to affect her relationships. Her mother has become more involved, checking in frequently about Nadia's eating, sleep and appointments. While this is meant to be supportive, Nadia experiences this as intrusive and feels judged. She notes feelings of shame increasing and finds herself withdrawing further. Comments about food and her body are hard for Nadia to hear because of her past eating challenges, and she notices that after these conversations she becomes more rigid around eating.

### **Additional Information 3.**

Nadia is currently receiving obstetric care through a private obstetrician and has been referred for additional support during her pregnancy. She has chosen not to share her past eating disorder with her obstetric team. She worries this might lead to increased monitoring or a loss of control over decisions about her care. Nadia wants support for her mental health but feels conflicted. She fears being judged or seen as unsafe or incapable as a future parent.

Ryan feels unsure about how involved he should be. He worries about Nadia's mental health but often feels uncertain about his place in appointments and conversations. Nadia notices his concern, and occasionally, experiences this as being watched rather than supported. Over time, this creates tension, with Ryan feeling helpless and Nadia feeling more closely monitored.

Nadia has been offered medication to support her anxiety. She feels conflicted about using medication during pregnancy and worries about possible harm to the baby. Information she finds online adds to her uncertainty. She seeks reassurance from several professionals and feels distressed when advice differs, even in small ways. Her fear of making the 'wrong' choice is intensified by her past loss, she wants clear, consistent guidance.

### **Additional Information 4.**

At 28 weeks, Nadia, is told she has gestational diabetes. She finds the diagnosis upsetting and notices her anxiety increase quickly. Blood glucose monitoring and dietary advice feel overwhelming, at times she experiences them as harsh or controlling. She notices old thoughts about food returning and finds it harder to eat flexibly. She sometimes avoids appointments or holds back information because she feels anxious about being judged.

As care increases, Nadia attends more appointments and meets practitioners she does not know well. She finds herself having to explain her story repeatedly and is becoming more



# Vignette



tense before these appointments. She reports feeling watched rather than supported. In the lead up to appointments her anxiety builds and sometimes she experiences panic attacks.

Living regionally, Nadia also experiences challenges in accessing supports she needs. Appointments with are spaced out, she must travel to attend some appointments. She feels worn down by the process and wonders whether staying engaged is worth it. At times, she feels more like problem to be managed than a person being supported.