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## A Guide to Common Skin Disorders while Pregnant

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**A Guide to Common Skin Disorders while Pregnant**

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Attn: Editor

Dear Dr. Wilson,

On behalf of my co-author, and myself, I am submitting for your consideration, and peer review an article titled: A Guide to Common Skin Disorders while Pregnant

*By Debra Sullivan, PhD, MSN, RN, CNE, COI; Virginia Sullivan*

*Keywords: skin disorders, pregnancy, Psoriasis, Eczema, Acne*

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**Bios:**

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### Abstract

Skin conditions during pregnancy and lactation can be a concern for new Moms. The childbirth educator would benefit from a brief guide to common disorders and treatment options. A description, symptoms and concerns related to pregnancy, treatment options, and when to seek medical care, are outlined for these more common skin disorders: eczema, psoriasis, acne, and melanoma.

## A Guide to Common Skin Disorders while Pregnant

During pregnancy, mothers strive to maintain good health and to promote the health of their babies. Having a chronic or acute skin condition during pregnancy could cause fear that by treating these conditions could cause harm to their unborn child (American Academy of Dermatology [AAD], 2016, March). Women will need and seek guidance before and during their pregnancies as well as during lactation, when skin disorders can affect them. The childbirth educator would benefit from a basic knowledge base to answer questions that may arise regarding various skin problems during the childbirth experience. This article will define and discuss treatment for some more common disorders, eczema, psoriasis, acne, and melanoma, and its effects on pregnancy and childbirth, and lactation.

### Common Disorders

#### Eczema

**Description.** Atopic dermatitis is the most common type of eczema, which usually affects people who have asthma and/or hay fever or who have relatives who suffer from these conditions ((National Eczema Association [NEA], n.d.). This type of eczema appears as a red, itchy rash usually found on the arms, cheeks, and legs (NEA, n.d.). Other types of eczema cause itching and redness, but can also cause blisters (NEA, n.d.).

**Symptoms as related to pregnancy.** The most common rash during pregnancy is atopic dermatitis as described above (AAD, 2016). Pregnancy brings on an immune system shift that could trigger atopic dermatitis or eczema in women who have already experienced eczema (AAD, 2016).

**Medications.** Mild or moderate topical corticosteroids are safe during pregnancy (AAD, 2016). They can also be diluted with a moisturizer to reduce the amount to medication used while still promoting healing. If the topical corticosteroids are not effective then a short-term treatment of more potent formulations can be used (AAD, 2016). Immunosuppressants may be used before pregnancy but will only be prescribed if a severe outbreak occurs. A healthcare provider will manage these types of drugs.

**Self-care measures.** Bathing and showering at least once a day is recommended, followed by the application of moisturizers (NEA, n.d.). If taking a bath, safety is a concern as pregnancy can cause imbalance problems due to the extra weight. Mothers should avoid substances that irritate their skin. Clothes should be soft and made of breathable material (cotton) avoiding fabrics like wool that can be irritating (NEA, n.d.). Following are some natural topical treatments, but it is recommended that the mother's healthcare provider be consulted before trying any of these remedies.

**Coconut oil.** Virgin or cold pressed oil should be used and applied once or twice a day to damp skin. It has been reported that coconut oil moisturizes and can reduce staph bacteria on the skin (NEA, n.d.).

**Sunflower oil.** Apply to skin once or twice a day shortly after a bath. It is a skin moisturizer and barrier that has anti-inflammatory properties (NEA, n.d.).

**Cardiospermum.** This flowering tropical vine is extracted and infused into oil that can be applied as a topical ointment. It can help reduce itch, inflammation, and bacteria on the skin (NEA, n.d.)

**Mind-Body.** Stress beyond being pregnant can trigger eczema. Some techniques used to lower stress include meditation and massage.

**When to seek help.** Consultation with a healthcare provider should be sought early in pregnancy if eczema is already being treated or if it is a new condition. A major complication of

eczema can be bacterial, fungal, and/or viral infections of the skin because eczema skin conditions lack infection-fighting proteins (National Institute of Allergy and Infectious Diseases, n.d.). If an infection occurs, it is important to seek medical treatment as soon as possible.

## **Psoriasis**

**Description.** Psoriasis can occur anywhere on the body. Plaque psoriasis is the most common type and can appear most often on the elbows, knees, and scalp with well-demarcated red plaques with a silver scale. It can be diagnosed by history and physical examinations, but a skin biopsy can be done to rule out other conditions. It is a life-long autoimmune disease with a genetic component making it common in families. It is usually triggered by environmental events, such as stress, a viral infection, or hormonal responses (Sullivan, Weatherspoon, & Weatherspoon, 2016). Parents may worry that their child may inherit psoriasis if it is present in the family. If one parent has psoriasis the offspring has about a 15% chance of developing the disease, if both parents then the chances go up to about 75% (Psoriasis and Psoriatic Arthritis Alliance [PAPAA], n.d.). About a third of those who have psoriasis have a relative who also has or had psoriasis (PAPAA, n.d.).

**Symptoms as related to pregnancy.** Psoriasis affects women annually (65,000 – 107,000 women) during pregnancy and childbirth (Horn, Chambers, Menter, Kimball & Council, 2009). Immune systems shifts while pregnant can sometimes cause psoriasis to improve (AAD, 2016). “About half of pregnant women experience a dramatic improvement that may allow them to temporarily discontinue treatment” (AAD, 2016, para. 4).

**Medications and Treatments.** Systemic medications, such as biologics, should be avoided. Mild or moderate topical corticosteroids are safe during pregnancy. They can also be diluted with a moisturizer to reduce the amount to medication used while still promoting healing. To avoid passing medication to the baby, high-potency topical corticosteroids should not be

applied to the nipple if breastfeeding. If the topical corticosteroids are not effective or if additional treatment is necessary, then phototherapy may be an option (AAD, 2016).

Narrowband ultraviolet B is recommended for pregnant and breastfeeding mothers. However, psoralen with ultraviolet A (PUVA) treatment is not recommended because the psoralen can enter breastmilk and lead to light sensitivity (AAD, 2016). After pregnancy, if any psoriasis treatment was changed, resume the pre-pregnancy regimen. If breastfeeding, consult your doctor.

**Self-care measures.** Much of the evidence for alternative therapies is anecdotal, but many therapies for psoriasis are the same as listed for eczema earlier in this article. Again, always recommend that the parents talk with a healthcare provider before adding any complementary and alternative therapies.

**When to seek help.** A healthcare provider should be consulted early in pregnancy if psoriasis is being treated or if it is a new condition. Any treatment, even if topical, needs to be evaluated as it can affect the unborn fetus.

## Acne

**Description.** Acne is a disorder of the skin's oil glands and hair follicles caused from hormonal actions and other substances (National Institute of Health: National Institute of Arthritis and Musculoskeletal and Skin Disease[NIH:NIAMSD], n.d.). The red pustule lesions usually occur on the face, neck, back, chest, and shoulders (NIH:NIAMSD, n.d.)

**Symptoms as related to pregnancy.** Due to an increase in androgen hormones, many women will experience acne flares (AAD, n.d.). This may seem trivial, but it can make a pregnant mom more self-conscious along with their ever-changing body (AAD, n.d.).

**Medications.** A healthcare provider should monitor your treatment plan. Treatments that might be recommended might be over-the-counter acne medications (Glycolic acid and benzoyl

peroxide) and prescription antibiotics (AAD, n.d.). Pregnant women should avoid tetracycline antibiotics (AAD, n.d.). If the mother breastfeeds, she should follow the same precautions as during pregnancy.

**Self-care measures.** Wash skin with lukewarm water and mild cleansers. Use sunscreen with a SPF of 30 or higher every day to protect against pigment changes in the skin.

**When to seek help.** If acne becomes irritating or infected, seek treatment from a healthcare provider.

## **Melanoma**

**Description.** A melanoma is a dangerous form of skin cancer that develops from damaged skin cells (Skin Cancer Foundation, n.d.). The majority of melanomas are black or brown and resemble moles or have developed from a mole, but they can be pink, red, purple, blue, white, or even skin colored (Skin Cancer Foundation, n.d.)

**Symptoms as related to pregnancy.** Pregnancy does not increase your risk for melanoma, but this cancer develops during childbearing years, between 20-40 years old (AAD, n.d.). It is safe to have a skin biopsy during pregnancy.

**Medications.** There are safe treatments during pregnancy, especially if caught early. Basically, the treatment for a pregnant woman would be the same treatment used in a non-pregnant patient. In the early stages, the melanoma would be removed along with a section of normal skin. If it has grown deep, then the cancer may have spread and treatment options may be limited. Interferon appears to be safe. Radiation of the head and neck is an option, but not the pelvic area because it can cause birth defects (AAD, n.d.).

Babies are rarely born with melanoma, even when the mother is in advanced stages. Unfortunately, this cancer can cross the placenta if the mother is in an advanced stage. The



placenta will be checked at birth, and if it is found the dermatologist will watch for signs of cancer. Breastfeeding is usually fine if you had a melanoma while pregnant.

**Self-care measures.** Early detection is the best self-care; the pregnant mother should be familiar with her skin and be able to recognize any changes in moles.

**When to seek help.** .If you see a change in a mole or if it is growing or bleeding, you should ask your doctor to look at it as soon as possible. The ABCDE signs of a melanoma are good way for the pregnant mother to evaluate changes in her skin. If any one of signs is present, medical treatment should be sought. Following is the ABCDE signs of melanoma from Skin Cancer Foundation (n.d.):

- A-Asymmetry. The benign mole is symmetrical and a malignant mole can be asymmetrical
- B-Border. The melanoma will have uneven border
- C-Color. The melanoma will have different shades of the primary color such as brown, black, tan most commonly.
- D-Diameter. Melanomas are usually larger in diameter but could be smaller.
- E- Evolving. Any change in size, shape, color, elevation, or another trait, or a new symptom like bleeding, itching, or crusting, can point to danger.

### **Conclusion**

Skin conditions during pregnancy can be exacerbated by the pregnancy and lactation due to changes in hormone levels and stress. It is always a good idea to seek medical advice when skin changes occur as the need for treatment may be warranted. The childbirth educator will benefit by being aware of skin disorders during pregnancy in order to advise the parents of treatment options.

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