

PATIENT EDUCATION



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Skin Conditions During Pregnancy

Your body changes in many ways during pregnancy. Besides the change in weight, some of the most noticeable changes are those to the skin, hair, and nails. While many of these changes can be bothersome because they can affect the way you look, most are harmless and often will go away after you give birth.

This pamphlet explains

- common skin changes that may occur during pregnancy
- uncommon skin conditions that may occur during pregnancy
- how pregnancy can affect preexisting skin conditions

Common Skin Changes During Pregnancy

Most women expect certain changes to their bodies during pregnancy, such as backaches and swollen feet. However, the changes that often surprise pregnant women are those that happen to the skin, hair, and nails.

Changes to your skin can have many causes. Some are due to changes in **hormone** levels that occur during pregnancy. For most skin changes, however, health care professionals are not sure of the exact cause.

Dark Spots

Many women get dark spots on their breasts, nipples, or inner thighs during pregnancy. These dark areas come from an increase in the body's melanin—a natural substance that gives color to the skin and hair. The dark spots may be more noticeable in women with darker skin colors.

A skin condition known as **melasma** is common during pregnancy. Melasma causes brown patches to appear on the face around the cheeks, nose, and fore-

head. When it appears in pregnant women, it is called the “mask of pregnancy.”

To help prevent melasma from getting worse, wear sunscreen and a wide-brimmed hat every day when you are outside. The sun's UV rays can reach the skin even on cloudy days. Use a sunscreen with a sun protection factor (SPF) of 30 or more. Makeup also can help to cover the dark patches. Choose makeup that has white and yellow undertones.

Melasma usually fades on its own after you give birth. Some women, however, may have dark patches that last for years. If melasma does not go away, there are various treatment options that may be recommended by a dermatologist.

Some women also notice a faint, dark line that runs from the navel to the pubic hair. This line is known as the **linea nigra**. It has always been present, but you may not have noticed it before you became pregnant.

Stretch Marks

As your belly grows during pregnancy, your skin may become marked with reddish lines. These marks occur

when the skin stretches quickly as the fetus grows. By the third **trimester**, many pregnant women commonly have stretch marks on their abdomen, buttocks, breasts, or thighs. Sometimes the marks are faint. Sometimes, they can be quite dark.

There are many products on the market that claim to prevent stretch marks, but there is no proof that any of these treatments work. Using a heavy moisturizer may help keep your skin soft, although it will not help get rid of stretch marks. Most stretch marks fade after the baby is born, but they may never disappear completely.

Acne

Many women have acne during pregnancy. Some already have acne and notice that it gets worse during pregnancy. Other women who may always have had clear skin will develop acne while they are pregnant.

If you get acne during pregnancy, take these steps to treat your skin:

- Wash your face twice a day with a mild cleanser and lukewarm water.
- If you have oily hair, shampoo every day and try to keep your hair off your face.
- Avoid picking or squeezing acne sores to lessen possible scarring.
- Choose oil-free cosmetics.

Many medications can be used to treat acne. Some are available as the active ingredients in over-the-counter (OTC) products. Most OTC acne products

are applied directly on the skin (topical). Because the amount of medication absorbed through the skin is low, they are considered safe to use during pregnancy, even if they have not been tested in pregnant women. OTC products containing the following ingredients can be used during pregnancy:

- Topical benzoyl peroxide
- Azelaic acid
- Topical salicylic acid
- Glycolic acid

If you want to use an OTC product that contains an ingredient not on this list, contact your health care professional.

Other acne medications are available only by prescription. Tell any health care professional who is treating you for acne that you are pregnant.

Some acne medications can seriously harm your fetus. The following medications should not be used while you are pregnant:

- Hormonal therapy—Several medications that block specific hormones can be used to treat acne. Their use during pregnancy is not recommended due to the risk of birth defects.
- Isotretinoin—This drug is a form of vitamin A. It may cause severe birth defects in fetuses, including intellectual disabilities, life-threatening heart and brain defects, and other physical deformities.
- Oral tetracyclines—This **antibiotic** can cause discoloration of the fetus's teeth if it is taken after the fourth month of pregnancy and also can affect the growth of the fetus's bones as long as the medication is taken.
- Topical retinoids—These medications are a form of vitamin A and are in the same drug family as isotretinoin. Unlike isotretinoin, topical retinoids are applied to the skin, and the amount of medication absorbed by the body is low. However, it is generally recommended that use of these medications be avoided during pregnancy. Some retinoids are available by prescription. But other retinoids can be found in some OTC products. Read labels carefully.

If you are concerned about which products to use to treat your acne, talk with your dermatologist or health care professional. Together you can decide which option is best for you.

Spider Veins

Hormonal changes and the higher amounts of blood in your body during pregnancy can cause changes in your blood vessels. Tiny red veins, known as spider veins, may appear on your face, neck, and arms. Spider veins are most common during the first half of pregnancy. About two thirds of light-skinned pregnant women and about one third of dark-skinned pregnant women will get them. The redness should fade after the baby is born.

Stretch Marks



Stretch marks are reddish lines that can appear on the abdomen, buttocks, breasts, and thighs.

Varicose Veins

The weight and pressure of your **uterus** can decrease blood flow from your lower body and cause the veins in your legs to become swollen, sore, and blue. These are called varicose veins. They also can appear on the **vulva** and in the **vagina** and **rectum** (usually called hemorrhoids). In most cases, varicose veins are a cosmetic problem that will go away after delivery.

You are more likely to have varicose veins if someone else in your family has had them. Although you cannot prevent them, there are some things you can do to ease the swelling and soreness and prevent the varicose veins from getting worse:

- Be sure to move around from time to time if you must sit or stand for long periods.
- Do not sit with your legs crossed for long periods.
- Prop your legs up on a couch, chair, or footstool as often as you can.
- Exercise regularly—walk, swim, or ride an exercise bike.
- Wear support hose.
- Avoid constipation by eating foods high in fiber and drinking plenty of liquids.

If a tender, red spot appears on your leg, it should be checked by your health care professional.

Hair Changes

The hormone changes in pregnancy may cause the hair on your head and body to grow or become thicker. Sometimes women grow hair in areas where they do not normally have hair, such as the face, chest, abdomen, and arms.

Your hair should return to normal within 6 months after giving birth. In the meantime, it is safe to use tweezing, waxing, and shaving to remove unwanted hair during pregnancy.

About 3 months after childbirth, most women begin to notice hair loss from the scalp. This happens because hormones are returning to normal levels, which allows the hair to return to its normal cycle of growing and falling out.

There is no medication that can prevent hair loss during pregnancy, but keep in mind that it is not permanent in most cases. Your hair should grow back completely within 3–6 months.

Nail Changes

Some women find that their nails grow faster during pregnancy. Others notice that their nails split and break more easily. Like the changes to your hair, those that affect your nails will ease after birth.

Uncommon Skin Conditions

Certain skin conditions can arise during pregnancy, although most are uncommon. They can cause signs and symptoms, including bumps and itchy skin. Some of these conditions are treated with medications. You

also can take certain steps on your own to help ease skin discomfort (see box).

Pruritic Urticarial Papules and Plaques of Pregnancy

Pruritic urticarial papules and plaques of pregnancy (PUPPP) occur in 1 out of every 200 pregnant women. In this condition, small, red bumps and hives appear on the skin later in pregnancy. The bumps can form large patches that can be very itchy. These bumps usually first appear on the abdomen and can spread to the thighs, buttocks, and breasts.

It is not clear what causes PUPPP. It usually goes away after you give birth. In the meantime, your health care professional may prescribe anti-itch medications to help with the itching.

Prurigo of Pregnancy

With prurigo of pregnancy, tiny, itchy bumps that look like insect bites can appear almost anywhere on the skin. This condition can occur anytime during pregnancy and usually starts with a few bumps that increase in number each day. It is thought to be caused by changes in the **immune system** that occur during pregnancy.

Prurigo can last for several months and may even continue for some time after the baby is born. It usually is treated with anti-itch medications applied to the skin and other medications, such as antihistamines and corticosteroids.

Pemphigoid Gestationis

Pemphigoid gestationis is a rare skin condition that usually starts during the second and third trimesters or sometimes right after a woman gives birth. With this condition, blisters appear on the abdomen, and in severe cases, the blisters can cover a wide area of the body. It is thought to be an **autoimmune disorder**. Sometimes the condition returns during future pregnancies. There is a slightly increased risk of pregnancy problems with this condition, including preterm birth and a smaller-than-average baby. There also is a small chance that your baby will have similar blisters at the time of birth. These blisters usually are mild and go away within a few weeks.

Coping With Itchy Skin

For conditions that cause itchy skin, using an over-the-counter anti-itch cream may help provide relief. You also can try the following tips:

- Wash with mild, fragrance-free soaps.
- Add uncooked oatmeal or baking soda to your bath.
- Place a cool, wet cloth on the area to ease the burn.
- Use a heavy moisturizer on your skin twice a day.

If your health care professional diagnoses pemphigoid gestationis after checking your blisters, you and your fetus will be monitored closely during the last part of pregnancy. Your health care professional also may give you medications to control the outbreak of blisters and help relieve your discomfort.

Intrahepatic Cholestasis of Pregnancy

Intrahepatic cholestasis of pregnancy (ICP) is the most common liver condition that occurs during pregnancy. **Bile** is a substance that is made in the liver. Bile travels from the liver to the small intestine, where it is used to break down fats in food. In ICP, this flow of bile is blocked and the components of bile are deposited in the skin. The main symptom is severe itching in the absence of a rash. Itching commonly occurs on the palms of the hands and soles of the feet, but it also can spread to the trunk of the body. It typically is worse at night.

Symptoms usually start during the third trimester but often go away a few days after childbirth. However, ICP can occur again in future pregnancies.

If your health care professional diagnoses the condition after doing blood tests, you and your fetus will be monitored closely during the third trimester. Close monitoring is needed because ICP may increase the risk of preterm birth and other problems, including, in rare cases, fetal death. You also may be given medication to help control severe itching.

Preexisting Skin Conditions

Women who already have certain skin diseases, such as atopic dermatitis and psoriasis, may see their conditions worsen or improve while they are pregnant. The changes are different for every woman and every pregnancy. If you have any type of skin disease, let your health care professional know of any changes in signs or symptoms during your pregnancy. You also should review any medications that you take to treat your condition with your health care professional to make sure they are safe to use during pregnancy.

Finally...

The changes that happen to your skin, hair, and nails during pregnancy can be bothersome. Most of them go away once you give birth. Some skin conditions can develop during pregnancy as well. If you have signs and symptoms that are unusual for you, such as itching, redness, or bumps, tell your health care professional. Many skin conditions that occur during pregnancy can be treated and cause no lasting harm to you or your baby. A few, however, can be serious and need close monitoring throughout pregnancy.

Glossary

Antibiotic: A drug that treats certain types of infections.

Autoimmune Disorder: A condition in which the body attacks its own tissues.

Bile: A substance made by the liver that helps digest fats.

Hormone: A substance made in the body that controls the function of cells or organs.

Immune System: The body's natural defense system against viruses and bacteria that cause disease.

Linea Nigra: A line running from the belly button to pubic hair that darkens during pregnancy.

Melasma: A common skin problem that causes brown to gray-brown patches on the face. Also known as the "mask of pregnancy."

Rectum: The last part of the digestive tract.

Trimester: A 3-month time in pregnancy. It can be first, second, or third.

Uterus: A muscular organ in the female pelvis. During pregnancy this organ holds and nourishes the fetus.

Vagina: A tube-like structure surrounded by muscles. The vagina leads from the uterus to the outside of the body.

Vulva: The external female genital area.

This information was designed as an educational aid to patients and sets forth current information and opinions related to women's health. It is not intended as a statement of the standard of care, nor does it comprise all proper treatments or methods of care. It is not a substitute for a treating clinician's independent professional judgment. Please check for updates at www.acog.org to ensure accuracy.

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