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Health Care for the Empowered Woman

SKIN ISSUES IN PREGNANCY

As we enter the summer season, albeit brief here in the Northeast, the question always comes up: "how safe is sunning during pregnancy?" The issues are the same that develop in all women of childbearing age and are somewhat magnified in pregnancy. During pregnancy there is a huge rise in hormone production of progesterone and estrogen that prevent the uterus from contracting before labor and expand blood vessels to aid in the development of the placenta and therefore the fetus. All blood vessels expand, not just those in the uterus with the resultant "glow" of pregnancy. However, these hormones also cause flushing, redness, itching of palms and small collections of expanded blood vessels that have an appearance of a spider and are known as spider angiomas. They are temporary during pregnancy and reassurance is all that is necessary. For the same reasons varicose veins increase as blood flow increases, the veins change, and the blood itself has changed. This is especially pronounced when there is a genetic predisposition and in people of Irish-English descent. Hair changes are common with loss of hair called telogen effluvium that can result in hair loss of as many as 200-300 hairs/day. This can cause post partum depression and in general normal hair cycle will begin six months to one year post partum. Anemia and thyroid disease will exacerbate this problem and should be evaluated. In pregnancy nails will develop ridges and break easily and is self correcting but if scooping is present may be a sign of anemia. Skin tags appear frequently especially in folds and areas of friction such as neck, armpits and groin and if bothersome can be easily removed but usually disappear after pregnancy. And then there are the dreaded stretch marks known as striae gravidarum. They occur as the skin stretches and the blood vessels in the layer underneath become evident as red lines. Most treatments are not approved in pregnancy and use of over the counter lanolin, cocoa butter and onion extract is not evidence based. To get back to the original premise of this article sun exposure is a problem to all women, not just to those who are pregnant. Sunscreens are not of concern in pregnancy and should be used and tanning beds are out of the question. With the increased superficial vascularity of the skin, burning is more of an issue while pregnant and elevated core temperature is adverse to the developing fetus, so lather up and covers up. Moles (nevi) increase in size during pregnancy and are usually not abnormal unless they become asymmetric or have surrounding inflammation then should be biopsied with the same criteria for the non pregnant woman. Acne tends to worsen during pregnancy and many agents have been untested. Any agent that contains vitamin A extracts (retinoids) is contraindicated as it may cause fetal abnormalities. Topical erythromycin is acceptable and should be discussed with your obstetrician. Psoriasis is a complicated issue as it improves in 50% of pregnant patients and gets worse after delivery and can cause spontaneous miscarriage and preterm death and abnormal pregnancies for reasons that are unclear. Therefore the presence of psoriasis should render a pregnancy high risk. Itching during pregnancy may be associated with gall bladder disease and is increased in twin pregnancies. If malabsorption of fat related vitamins occurs the likelihood of fetal intracranial hemorrhage increases. A dermatologist can treat this with ultraviolet B. Lastly pruritic

urticarial papules and plaques of pregnancy (PUPPP) is most common and occurs at about 35 weeks and begins in stretch marks and umbilicus. Can be treated with antihistamines, emollients, menthol and calamine and resolves after delivery and has no fetal risk. In summary, most skin changes in pregnancy are caused by pregnancy hormones and resolve upon delivery. When in doubt consult your obstetrician who may or may not refer to a dermatologist when the diagnosis is in doubt.