




NOTTINGHAM SUPPORT GROUP FOR CARERS OF CHILDREN WITH ECZEMA

In association with : Nottingham University Hospitals 
NHS Trust

Written by Professor Hywel Williams, Dr Ruth Murphy, Dr Jane Ravenscroft, Nurse Consultant Sandra Lawton and parents on behalf of the Nottingham Support Group for Carers of Children with Eczema.

Eczema and Pregnancy - Information for Parents

Eczema during pregnancy

Eczema may get better or worse during pregnancy: or may even develop for the first time during pregnancy. Treatment for you is essentially the same as for anyone else, with regular moisturizing and use of a soap substitute as a daily routine, plus topical steroids when you need them. It is important that you discuss your treatment needs with your doctor so that you end up with a clear plan you are comfortable with.

Therapy for eczema during pregnancy

1. Emollients

This is the most important treatment for your skin. Using emollients regularly and liberally should help to minimise the need to recourse to other therapies, which would be used in conjunction with emollients. Choose an emollient which suits the changes in your skin caused by pregnancy.

2. Topical Steroids

You may want to use as little medicines as possible during pregnancy, including steroid creams. But if your eczema is troublesome, you should not be afraid of using your steroid creams to get your eczema under control as per the treatment plan agreed with your doctor. Strong steroid creams may be needed sometimes. Although there is no good evidence to suggest that use of steroid creams can harm an unborn child, stronger creams are generally only used if eczema is really troublesome, due to the possible risk of absorption into the blood .

3. Narrowband Ultraviolet B

Narrowband ultraviolet B is sometimes used during pregnancy when topical steroids fail to manage the condition. Ultraviolet B is also safe while breast-feeding.

4. Calcineurin inhibitors

Calcineurin inhibitors (tacrolimus and pimecrolimus), may be used in small amounts if emollients and topical steroids are not working. The application of the drugs should be limited to small localised areas because of a possible risk of intrauterine growth retardation.

5. Antihistamines

Some people with eczema seem to benefit from using antihistamines, especially if they have hay fever as well. As a result, your doctor may prescribe you antihistamines tablets, which are generally safe in pregnancy.

6. Other systemic treatments

There are systemic options for control of more severe eczema but these cannot be undertaken without specific medical advice. Some medicines like methotrexate or psoralens that are given with a type of light treatment called PUVA, should never be taken whilst pregnant because they have been shown to be harmful to an unborn child.

Prevention of Eczema in the unborn child

If a parent has eczema, the risk of a child developing eczema is increased. This is slightly higher if the mother is affected, and higher if both parents are affected. Environmental triggers also have a role to play in the development of childhood eczema.

website - www.nottinghameczema.org.uk

email - enquiry@nottinghameczema.org.uk

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Food allergy is more common in children with eczema, and is partly genetic and partly due to food substances passed through breast milk or during weaning.

Research has found some evidence to support the use of Lactobacillus rhamnosus GG probiotics, given to mothers in the last 3 months of pregnancy, to prevent eczema in infants born to parents with atopic disease.

Pregnancy-related Complications

1. Eczema herpeticum

Seek medical advice if your skin develops the rare condition of widespread cold sore like infection (eczema herpeticum). Though there is no definite evidence of eczema herpeticum causing infection in the unborn child, the presence of herpes simplex virus warrants immediate treatment with Aciclovir, which is safe in pregnancy. The infection can be detected with a viral swab test.

2. C-section


Although some studies have suggested that your child may be more at risk of developing asthma if you have a caesarean section, there is no evidence that having a C-section increases the risk of eczema developing for your baby.

Further reading

Eczema in pregnancy <http://www.bmj.com/content/335/7611/152.full>

For further advice please contact
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For advice on support issues please contact the NSGCCE via the website
www.nottinghameczema.org.uk and click on the contact icon  at the
top of most pages or email us at enquiry@nottinghameczema.org.uk

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