

## Eczema during pregnancy

Eczema may get better or worse during pregnancy. Some people may even develop it for the first time during pregnancy. If you have eczema during pregnancy, treatment for you is much the same as for anyone else, with regular moisturizing and use of a soap substitute [this explains how to use emollients or moisturisers as soap substitutes <http://www.nhs.uk/conditions/emollients/Pages/Introduction.aspx> ] as daily routine, plus topical steroids when you need them for itchy red skin. It is important that you discuss your treatment needs and concerns with your doctor, nurse or pharmacist (having told them you are pregnant) so that you end up with a clear plan you are comfortable with.

### Therapy for eczema during pregnancy

1. **Emollients** (moisturisers): This is an important aspect of your skin care. Using emollients every day will help your skin to feel less dry and it may also prevent your eczema from flaring up regularly. Choose an emollient that you like and stick with it.
2. **Topical Steroids**: You may want to use as little medicines as possible during pregnancy, including steroid formulations applied to the skin. 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. There is no good evidence to suggest that use of steroid creams can harm an unborn child. Being stressed out and tired from itchy inflamed and undertreated skin is not a good thing for you and your baby.
3. **Narrowband Ultraviolet B**: This artificial sunlight can be used for treating more severe eczema when topical steroids fail to manage the condition. It is usually available in hospital dermatology departments where it can be monitored closely. Sun beds are different and should not be used. Ultraviolet B is also safe while breast-feeding.
4. **Calcineurin inhibitors**: these ointments and creams (tacrolimus and pimecrolimus), should not be used at present because there is not enough data to support routine use in pregnancy.
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 (tablets or injections) options for control of more severe eczema but these cannot be undertaken without specific medical advice. Some medicines like methotrexate

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

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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.

7. **Vitamin D:** there is the possibility that low levels of Vitamin D are linked to worse eczema. All pregnant and breastfeeding women should take a daily supplement containing 10µg of vitamin D.

### 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 still if both parents or a sibling are affected.

**Food allergy** is more common in children with eczema, due to a combination of genetic factors, and possibly exposure to allergens through broken skin. There is no evidence at present that avoiding certain foods such as cow's milk will prevent eczema. For information about weaning, please see our leaflet for new born babies listed below.

**Probiotics:** Research has found some evidence to suggest that taking Lactobacillus rhamnosus GG probiotics, ("friendly" bacteria) in the last 3 months of pregnancy and during breastfeeding might prevent eczema in infants born to parents with eczema/asthma/hay fever. There is no clear evidence that other strains commonly found in supermarkets work.

**Environmental triggers** (including tobacco smoke, gas fumes and car emissions from nearby busy roads) These can have potential adverse effects in the development of childhood eczema.

**House Dust Mite:** House dust mite avoidance is most likely to be beneficial if there is a family history of atopic diseases. If you are redecorating a nursery this is the ideal time to provide the best environment for your baby and take simple house dust reduction measures (see our information sheet "Reducing risk of eczema in new born babies").

### Possible Complications for a pregnant woman with eczema

1. Eczema herpeticum : Seek medical advice the same day if your skin develops lots of cold sores (eczema herpeticum). Eczema herpeticum is not common. 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. Caesarian-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>

Reducing risk of eczema in new born babies <http://www.nottinghameczema.org.uk/documents/reducing-risk-of-eczema-in-new-born-babies-17reduc0113.pdf>

Cochrane review on safety of topical corticosteroids in pregnancy

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007346.pub2/abstract>

Vitamin d - advice on supplements for at risk groups

[http://webarchive.nationalarchives.gov.uk/20120405095111/http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH\\_132509](http://webarchive.nationalarchives.gov.uk/20120405095111/http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_132509)

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