

Pregnancy and eczema

Sandra Lawton OBE (Nurse Consultant Dermatology and Queen's Nurse Nottingham University Hospitals NHS Trust) describes common skin changes seen in pregnancy, how they may affect your eczema, and how to care for your new baby's skin.

Introduction

Expecting a baby is an exciting time but if you have eczema you may be anxious about how the pregnancy will affect your skin and want to know if there is anything you can do to prevent your baby having eczema. This article will explain the common skin changes seen in pregnancy, tell you how to manage your eczema during the pregnancy and give advice about caring for your new baby's skin.

Skin changes in pregnancy

In pregnancy, hormonal changes may result in alterations in the skin, hair and nails. You may notice a pale, vertical line that starts at your belly button and runs down your abdomen. It's called a linea alba. Almost all women have this line, and around the second trimester it will darken – this is called linea nigra. There will also be darkening of areola, nipple and genital skin. The palms may appear redder (palmar erythema) and there may be changes to blood vessels, which appear as small, dilated red blood vessels (telangiectasia), bigger, dilated blue-coloured vessels (venulectasia) and varicose veins. Stretch marks (striae gravidarum) are fine lines on the body that occur from tissue under your skin tearing from rapid growth or over-stretching. Skin tags may be seen on the neck, armpits and groin, and once you have had your baby you may

notice your hair shedding (telogen effluvium). During the pregnancy you may find your skin is more itchy than usual. Itching is common and may be due to your eczema. However, it is sometimes related to cholestasis (a build-up of bile) in pregnant women, whilst in others the cause is unknown.¹

Eczema and pregnancy

Eczema is the most common skin condition of pregnancy, accounting for one-third to one-half of all cases of skin problems in pregnant women. Among women suffering with eczema during pregnancy, 20–40% will have a pre-existing history of eczema, and the rest will develop symptoms for the first time during pregnancy, within the first two trimesters.²

Pregnancy does seem to affect eczema – some women notice an improvement, whilst others find that their skin gets worse. Pre-existing eczema may deteriorate at any stage of pregnancy, but there is a slightly higher rate of this happening in the second trimester. Some women experience a flare soon after delivery.

Eczema does not affect fertility or rates of miscarriage, nor does it cause birth defects or premature births. However, eczema herpeticum can affect the growth of your baby and increase the risk of miscarriage and premature delivery, so seek prompt treatment if you are worried about an infection.²



Preparing for pregnancy

If you are thinking about having a baby, you can improve your chances of conceiving and having a successful pregnancy by following the advice given to all women.³

Before conception, aim to get your eczema well controlled, so that if it does flare you are starting from a good place. You should continue to avoid irritants and allergens, keep using emollients and topical steroids if you need them and seek early treatment if you suspect an infection.

If you are taking a systemic treatment for your eczema, there may be a minimum time interval between stopping the treatment and safely getting pregnant (some medications pose a risk to your baby). Discuss the treatments you are on with your doctor and eczema team and make them aware that you are planning a pregnancy.

Any treatment prescribed for your eczema should come with an information leaflet explaining in more detail whether they should or shouldn't be used in the preconception stage, during pregnancy and whilst breastfeeding. A summary of the treatment guidance is provided in Box 1, and you can gain further information about specific treatments from the electronic Medicines Compendium (eMC): www.medicines.org.uk/emc/about-the-emc

Box 1

Advice for eczema patients before conception, during pregnancy and breastfeeding² (see eMC)

SAFE

- Emollients
- Topical steroids (mild, moderate or potent)
- UVB

USE WITH CAUTION

- Very potent topical steroids (use small quantities only)
- Oral steroids (in the third trimester)
- Ciclosporin*
- Azathioprine* (further studies needed re breastfeeding)
- Topical calcineurin inhibitors* (small quantities) (further studies needed re breastfeeding)

AVOID

- Methotrexate*
- Psoralens plus UVA (PUVA)*
- Tactino* (alitretinoin)

RECOMMENDED MINIMUM SYSTEMIC DRUG-FREE INTERVAL BEFORE CONCEPTION

- Methotrexate – 3 months (men and women)
- PUVA – no minimum time, but stop before conception
- Tactino* (alitretinoin) – 1 month

* AVOID WHILE BREASTFEEDING

During your pregnancy

Emollients are an essential part of your skin-care routine and should be used all the time.

Moderate to potent topical steroids combined with emollients remain the mainstay of treatment for mild to moderate eczema and – with the exception of very potent topical steroids – can be used relatively safely throughout pregnancy.⁴

Since very few clinical trials have been carried out on the use of topical steroids during pregnancy, your GP may be reluctant or unable to prescribe them due to licence restrictions (although they will often be prescribed in specialist dermatology units). If your eczema is not responding to the treatment your GP is offering, ask for a referral.

For moderate to severe eczema, second-line treatments may be needed and should be initiated by a specialist. If your eczema is severe and your dermatology team feels that these treatments are necessary, you should be given information regarding the risks versus the benefits of using them. If continuing or starting on these treatments, you should be closely monitored by your dermatologist and obstetrician.²

Will my baby have eczema? Is there anything I can do to prevent it?

Many parents worry that their baby will have eczema – especially if they have had eczema themselves or they already have a child with eczema. There is no sure way of knowing if your baby will develop the condition, but we do know that the risk of your baby getting eczema is much greater in families that already have eczema, asthma or hay fever.

As a rough guide:⁵

- If neither you – the parents – nor any other of your children have eczema, asthma or hay fever, there is about a 1 in 10 chance that your baby could get eczema.
- If only one parent has eczema, asthma or hay fever, there is a 1 in 4 chance that your baby could get eczema.
- If both parents have eczema, asthma or hay fever, there is a 1 in 2 chance that your baby could get eczema.
- If another child has eczema, asthma or hay fever, there is a 1 in 2 chance that your baby could get eczema.
- If your baby is going to get eczema, he or she is most likely to develop it in the first 2 years of life.

Many parents want to know how they can prevent their baby developing eczema. Currently, we are able to control eczema but cannot cure it, so the emphasis is on prevention. Studies have shown that damage to the skin barrier can be identified in babies in the first 2 months of life, often before there are any signs of eczema. This is an important development when looking at eczema prevention.⁶

Other recent key findings in eczema prevention show that:

- Intensive emollient therapy in early life and avoiding soaps and detergents – especially in children who carry skin-barrier gene mutations and show early signs of skin-barrier impairment – may be a way to prevent atopic eczema or at least to reduce its severity.⁷ A national study is under way (see Box 2).
- There is no evidence that changes to the mother's diet (e.g. peanut avoidance) reduces the risk of her children developing eczema.⁸

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Box 2

BEEP Study (Barrier Enhancement for Eczema Prevention)⁹

The BEEP study (www.beepstudy.org) aims to find out whether applying emollients from birth can prevent eczema. We know that people with eczema also develop more food allergies, asthma and hay fever, so the BEEP study is also looking to see if using emollients could benefit these atopic conditions too.



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What is the study about?

1300 families are being invited to take part. The research team is looking for families who are expecting a baby and where at least one person in the immediate family has (or has had in the past) an atopic condition – eczema, asthma or hay fever – diagnosed by a doctor. This is because a family history of atopy increases the likelihood of developing eczema.

Ideally, families should contact the BEEP team during pregnancy if they are interested in taking part. This way, parents-to-be will have plenty of time to properly think about the study and ask questions about what it means to take part before the birth of the baby – life with a newborn can be a very hectic time!

Families who choose to take part in the study will be divided randomly (like the toss of a coin) into two groups. Parents in both groups will be given advice on best-practice infant skin care to follow once the baby has been born. This will cover washing practices and using products.

One group will also be asked to apply emollient daily until the child is 1 year old, and this will be provided free of charge. The other group will simply be asked to follow advice on best-practice infant skin care.

When their child is around 2 years of age, a nurse will visit to examine the child's skin for signs of eczema and to collect some other information.

Parents will be asked to fill in short questionnaires every few months until their child is approximately 5 years of age.

If the child develops any skin problems during the study, parents will be advised to visit their GP.

- There is some evidence that prebiotics and probiotics taken during pregnancy and infancy reduce the risk of atopic eczema, but they have no significant impact on atopic eczema severity in established disease.⁷
- House-dust mite avoidance measures do not appear to reduce the risk of a child developing atopic eczema and have little impact on disease severity, even in sensitised individuals.⁷
- There is no good evidence for dietary supplements improving atopic eczema.⁷
- Water softeners do not reduce the severity of atopic eczema,¹⁰ but data is lacking regarding their value as a preventative measure against atopic eczema.⁸
- At the moment there is no clear evidence that breastfeeding *per se* – or prolonged and exclusive breastfeeding with later introduction of solids – protects against eczema or food allergies.⁸ A study looking at this is under way: www.eatstudy.co.uk

After the birth of your baby

Breastfeeding

If you are breastfeeding, you may develop eczema of the areola or nipple. Moderate to low potency topical steroids and emollients are used to treat eczema in this area. They should be applied after breastfeeding and washed off thoroughly before the next feed.² As discussed earlier, you should also ask your doctor if you can breastfeed while on certain medications.

Skin care

If your eczema flares after delivery, then step up your treatment to gain control. Eczema commonly flares in new mums for a number of reasons, which may include: not having enough time for yourself and your eczema treatments whilst adjusting to your new family life; tiredness and lack of sleep; and increased hand washing prior to feeds, following nappy changes etc., when your skin is potentially exposed to more irritants.

Skin protection is important:¹¹

- Protect your hands from direct contact with soaps, detergents, scouring powders, and similar irritating chemicals by wearing waterproof, cotton-lined gloves.
- Wear waterproof gloves while peeling and squeezing lemons, oranges or grapefruit, peeling potatoes and handling tomatoes.
- When washing your hands, use lukewarm water and a soap substitute (emollient). All soaps are irritating. No soap is 'gentle to your skin'.
- Rings often worsen eczema by trapping irritating materials beneath them. Remove your rings when doing housework and before washing your hands.
- When outdoors in cold or windy weather, wear gloves to protect your hands from becoming dry and chapped.
- Protect your hands with an emollient.
- If your hands become too dry and uncomfortable, ease them overnight by coating them with a thick layer of emollient only and then covering them with polythene disposable gloves (these help with absorption and protect the bedding).

Caring for your baby's skin

When your baby is born, keep things simple. Many babies have areas of dry skin, and it's important to avoid things that can irritate and dry the skin more, such as soaps, detergents, wool and being too hot or too cold. It is very tempting with a newborn to use baby toiletries – you should avoid using soap or bubble bath products for washing your baby or anything with an added perfume (including those products that have a 'baby' smell). Use any simple unperfumed moisturiser (emollient) – but do not use aqueous cream as this is unsuitable¹² – after bathing your baby. Your health visitor or doctor can prescribe emollients. These measures may protect your baby's skin, prevent eczema or reduce the severity of eczema.

If your baby develops cradle cap, do not treat it with olive oil. Although this is commonly used for cradle cap, it is no longer recommended as research shows that it can damage the skin barrier. Instead, a simple emollient can be used to soften the scales and wash the hair. If the cradle cap becomes a real problem, seek medical advice as this may be the first sign that your baby may have eczema, in which case shampoos should not be used. For further advice on cradle cap, see: www.ihv.org.uk/for_families/factsheet_for_parents/helping_parents_understand_cradle_cap

Other triggers for eczema include environmental triggers such as tobacco smoke, gas fumes and car emissions from busy roads, and house-dust mites. Minimising exposure to these triggers is important as they also have a potential adverse role to play in the development of childhood eczema.¹¹



If your baby develops eczema

If, after following all the above advice, your baby still gets some patches of eczema, please do not feel guilty – you may still have prevented the eczema from getting worse. Don't use your own eczema creams or ointments on your baby as they may be too strong for your baby's skin. Ask your health visitor, pharmacist, nurse or doctor for advice. There is also clear national guidance on managing eczema and food allergy in children in the UK (see Box 3).

Box 3 National Guidelines

National Institute for Health and Care Excellence (2013) QS44: Quality standard on atopic eczema in children. <http://publications.nice.org.uk/atopic-eczema-in-children-qs44>

National Institute for Health and Care Excellence (2007) Atopic Eczema in Children: Management of Atopic Eczema in Children from Birth up to the Age of 12 Years. Clinical guideline No. 57. London: NICE. <http://publications.nice.org.uk/atopic-eczema-in-children-cg57>

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