

Eczema (Atopic Dermatitis) in Pregnancy and Breastfeeding

MotherSafe - Royal Hospital for Women

February 2023

Information in this leaflet is general in nature and should not take the place of advice from your healthcare provider. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect. Breast milk provides optimum nutrition for babies and conveys many additional health benefits to mother and baby.

What is eczema?

Eczema, also known as atopic dermatitis, is a skin problem that causes dry, itchy, scaly, and red skin.¹ In adults, it tends to affect the face, elbow creases, the backs of the knees, wrists and ankles.¹ For some people, eczema is a long-lasting condition with symptoms that can be ongoing for a period of time and then go away but come back, on and off (flares).²

Causes of eczema

Eczema usually occurs in people who get allergies and often develops alongside other conditions, such as asthma and hayfever.¹ These conditions tend to run in families; if you have a close relative with eczema, asthma or hay fever this increases the chance of you developing eczema.¹ Eczema is not contagious so you cannot catch it from someone else.³

In most people with eczema, the skin protective barrier is less strong and allows moisture to leave the skin and then the skin becomes dry and scaly, so it is important to keep the skin moisturised every day.^{1,3} This also makes the skin more sensitive to irritants which can trigger the immune system and increase the risk of infection.²

What triggers eczema?

There are many things, known as triggers, that can make eczema symptoms worse.² Some of these triggers are unavoidable including changes in the weather, low environmental humidity, other illness and stress.²

If possible, avoid triggers that make your eczema symptoms worse, such as:

- Overheating skin and overly heated rooms
- Perfumed products, make-up and fragranced skin lotions and laundry powders
- Scratchy materials, like wool, polyester or acrylic, next to the skin
- Frequent use of water, soap, detergent or chemicals, as these may damage the skin's protective barrier
- Swimming in chlorinated pools
- Environmental triggers such as house dust mite, grasses, pollens, animal dander²

Not all of these things will trigger a person's eczema.² It varies from person to person.²

Issues for pregnancy

Eczema is the most common skin condition during pregnancy.⁴ Approximately half the women that suffer eczema during pregnancy develop symptoms for the first time during pregnancy, more commonly during the first two trimesters.⁴

Some women with a pre-existing history of eczema may notice that their skin improves during pregnancy, whilst others may notice that their skin gets worse.⁴ Pre-existing eczema may get worse at any stage of pregnancy, but there is a slightly higher chance of this happening during the second trimester.⁴ Some women experience a flare soon after childbirth.⁴

There is no evidence to suggest that eczema has a directly effect on fertility, rates of miscarriage, birth defects or premature birth.^{4,6}

Royal Hospital for Women Barker Street, Randwick, NSW 2031 Telephone : 02 9382 6111 www.seslhd.health.nsw.gov.au/rhw/





How is eczema treated?

Improve skin condition

- Short warm baths or shower daily, avoid long hot showers and do not use soap or bubble bath^{1,2}
- Use soap substitutes such as soap-free bars, soap-free wash and aqueous cream^{1,2}
- Straight after bathing and patting dry with a towel, apply an emollient (skin softener) immediately afterwards^{1,2}
- Apply thick cream based or ointment based moisturiser at least twice a day to protect and improve skin barrier^{1,2}

Treat skin irritation

- Steroid creams or ointments may be applied over small body surface areas to help ease inflammation, itching and swelling^{5,6}
- Oral antihistamines sometimes help relieve the itching of eczema and may be used during pregnancy; some antihistamines cause drowsiness and may be helpful for women who have trouble sleeping due to itching²
- Narrow band ultraviolet B (UVB) phototherapy therapy may be used during pregnancy^{4,5}

If you are prescribed medications to treat your eczema, it is important to discuss your treatment options with your healthcare provider when planning a pregnancy or as soon as you learn that you are pregnant.^{2,5} Some eczema medications do not have enough safety data to be reassuring about use during pregnancy or should be stopped before actively trying to become pregnant.⁴ Contact MotherSafe for advice on specific medications.

Breastfeeding

Breastfeeding women with mild to moderate eczema may be treated with the use of emollients (skin softeners), topical steroid creams or ointments or narrowband UVB phototherapy.^{4,5}

Some breastfeeding women may develop eczema of the areola or nipple.⁴ Emollients and topical steroid creams or ointments may be applied to the nipple region.^{4,5} It is recommended to apply these immediately after breast feeding and then gently clean the nipple before the next feed.^{4,5}

If you are prescribed medications to treat your eczema, it is important to discuss your treatment options with your healthcare provider when breastfeeding.^{2,5} Some eczema medications do not have enough safety data to be reassuring about use during breastfeeding.⁵ Check with MotherSafe for advice on specific medications.

References

1. Katelaris, CH. Allergy & Anaphylaxis Australia. 2012. Eczema (Atopic Dermatitis) Help Sheet. Available at:

https://allergyfacts.org.au/resources/help-sheets/eczema-atopic-dermatitis [Accessed 28th February 2023].

2. Dermatology [published 2022 Aug]. In: Therapeutic Guidelines. Melbourne: Therapeutic Guidelines Limited; accessed 28th February 2023. https://www.tg.org.au.acs.hcn.com.au

3. National Eczema Society. Our skin and eczema. Available at: <u>https://eczema.org/information-and-advice/our-skin-and-eczema/</u> [Accessed: 28th February 2023].

Weatherhead S, Robson S C, Reynolds N J. Eczema in pregnancy BMJ 2007; 335 :152 doi:10.1136/bmj.39227.671227.AE
Vestergaard C, Wollenberg A, Barbarot S, et al.. European task force on atopic dermatitis position paper: treatment of parental atopic dermatitis during preconception, pregnancy and lactation period. Journal of the European Academy of Dermatology and Venereology. 2019; 33(9): 1644-1659. doi: 10.1111/jdv.15709.

6. Koutroulis I, et al. 2011. Atopic dermatitis in pregnancy: current status and challenges. Obstet Gynecol Surv. 66(10):654-63.

NSW Medications in Pregnancy & Breastfeeding Service

M Alexa Call

For more information call MotherSafe: NSW Medications in Pregnancy and Breastfeeding Service on 9382 6539 (Sydney Metropolitan Area) or 1800 647 848 (Non-Metropolitan Area) Monday -Friday 9am-5pm (excluding public holidays)

Royal Hospital for Women Barker Street, Randwick, NSW 2031 Telephone : 02 9382 6111 www.seslhd.health.nsw.gov.au/rhw/

