

Planning for a pregnancy? Don't let eczema, psoriasis get in the way

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During pregnancy, women may need to consider different options for

treating certain health issues.

The American Academy of Dermatology (AAD) offers some suggestions for [pregnant women](#) living with the common skin conditions eczema and [psoriasis](#).

"Women may consider their health care decisions differently during different stages of their lives," said Chicago dermatologist Dr. Elizabeth Kiracofe, an expert in eczema and psoriasis.

"The potential for motherhood requires constant vigilance in evaluating medical choices, which is why it's important for women living with eczema and psoriasis to partner with a board-certified dermatologist," she said in an academy news release.

Psoriasis and eczema affect men and women differently, according to the AAD. Women who are harder hit by the conditions are also more likely to experience depression, some research has shown.

"The medicines most commonly used as a first option to treat both eczema and psoriasis do not affect [birth control](#), impact fertility, time to conception or the ability to breastfeed after pregnancy," Kiracofe said. "However, traditional medications that suppress the [immune system](#) are often not recommended during pregnancy."

Among the safest and most widely used treatments are moisturizers to help the skin's ability to protect itself. Other safe and popular options are low- to mid-strength corticosteroids to treat mild flares, and phototherapy, in which the skin is exposed to a specific type of ultraviolet light under a dermatologist's supervision.

It's important to bring a dermatologist into the conversation early, to discuss best and safest options with a woman's ob-gyn, Kiracofe said.

"It is unfortunate to me how often women think they have to stop all treatment during pregnancy, so I am always happy to share that we actually have a number of options with very good safety data," she said. "Pregnancy is hard enough without women also having to deal with an itchy rash."

Although new targeting medicines are not specifically approved for use during [pregnancy](#) and often need to be discontinued, they represent advances for patients with these skin conditions.

"These medicines interfere with signals in the body that are thought to cause inflammation, and therefore are effective in reducing itch and clearing the skin for both [eczema](#) and psoriasis," Kiracofe said. "What is most exciting about these new medicines is they are becoming more precise at targeting the source of the disease and are increasingly safer and more effective for patients."

Pregnancy registries also play a vital role in helping dermatologists determine what [treatment options](#) can best support their patients, according to the AAD.

These collect health information from women who take [prescription medicine](#) while pregnant, allowing researchers to better assess safety and effectiveness of certain treatments.

Menopause, too, may affect a woman's skin, the AAD noted. Changing [hormone levels](#) may make menopausal women more prone to developing itchy rashes or psoriasis flares. A decrease in estrogen can also cause the skin to become drier and less resilient.

"It's important to remember that dermatologists can help women treat their skin conditions during every stage of their lives, especially when they are considering starting a family," Kiracofe said. "Our goal is to

guide them through a shared decision-making process and support them in deciding which treatment plan is best for their unique situation."

More information: The U.S. Centers for Disease Control and Prevention has more on [psoriasis](#).

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