



FREQUENTLY ASKED QUESTIONS

FAQ169

PREGNANCY

Skin Conditions During Pregnancy

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What are some of the common skin changes that occur during pregnancy?

Many women notice changes to their skin, nails, and hair during pregnancy. Some of the most common changes include the following:

- Dark spots on the breasts, nipples, or inner thighs
- **Melasma**—brown patches on the face around the cheeks, nose, and forehead
- **Linea nigra**—a dark line that runs from the navel to the pubic hair
- Stretch marks
- Acne
- Spider veins
- Varicose veins
- Changes in nail and hair growth

What causes these skin changes during pregnancy?

Some are due to changes in **hormone** levels that occur during pregnancy. For most skin changes, however, health care professionals are not sure of the exact cause.

Why do dark spots and patches appear on the skin during pregnancy?

Dark spots and patches are caused by an increase in the body's melanin—a natural substance that gives color to the skin and hair. Dark spots and melasma usually fade on their own after you give birth. Some women, however, may have dark patches that last for years. To help prevent melasma from getting worse, wear sunscreen and a wide-brimmed hat every day when you are outside.

What are stretch marks?

As your belly grows during pregnancy, your skin may become marked with reddish lines called stretch marks. By the third **trimester**, many pregnant women commonly have stretch marks on the abdomen, buttocks, breasts, or thighs. Using a heavy moisturizer may help keep your skin soft, but it will not help get rid of stretch marks. Most stretch marks fade after the baby is born, but they may never disappear completely.

Is acne common during pregnancy?

Many women have acne during pregnancy. Some already have acne and notice that it gets worse during pregnancy. Other women who may always have had clear skin will develop acne while they are pregnant.

How can I treat my skin if I get acne during pregnancy?

If you get acne during pregnancy, take these steps to treat your skin:

- Wash your face twice a day with a mild cleanser and lukewarm water.
- If you have oily hair, shampoo every day and try to keep your hair off your face.
- Avoid picking or squeezing acne sores to lessen possible scarring.
- Choose oil-free cosmetics.

Can over-the-counter medications be used during pregnancy to treat acne?

Over-the-counter (OTC) products containing the following ingredients can be used during pregnancy:

- Topical benzoyl peroxide
- Azelaic acid
- Topical salicylic acid
- Glycolic acid

If you want to use an OTC product that contains an ingredient not on this list, contact your health care professional.

Can prescription medications be used during pregnancy to treat acne?

Some prescription acne medications should not be used while you are pregnant:

- Hormonal therapy—Several medications that block specific hormones can be used to treat acne. Their use during pregnancy is not recommended due to the risk of birth defects.
- Isotretinoin—This drug is a form of vitamin A. It may cause severe birth defects in fetuses, including intellectual disabilities, life-threatening heart and brain defects, and other physical deformities.
- Oral tetracyclines—This **antibiotic** can cause discoloration of the fetus's teeth if it is taken after the fourth month of pregnancy and also can affect the growth of the fetus's bones as long as the medication is taken.
- Topical retinoids—These medications are a form of vitamin A and are in the same drug family as isotretinoin. Unlike isotretinoin, topical retinoids are applied to the skin, and the amount of medication absorbed by the body is low. However, it is generally recommended that use of these medications be avoided during pregnancy. Some retinoids are available by prescription. But other retinoids can be found in some OTC products. Read labels carefully.

What causes spider veins?

Hormonal changes and the higher amounts of blood in your body during pregnancy can cause tiny red veins, known as spider veins, to appear on your face, neck, and arms. The redness should fade after the baby is born.

What causes varicose veins?

The weight and pressure of your **uterus** can decrease blood flow from your lower body and cause the veins in your legs to become swollen, sore, and blue. These are called varicose veins. Varicose veins also can appear on your **vulva** and in your **vagina** and **rectum** (usually called hemorrhoids). In most cases, varicose veins are a cosmetic problem that will go away after delivery.

Can I prevent varicose veins?

Although you cannot prevent them, there are some things you can do to ease the swelling and soreness and prevent varicose veins from getting worse:

- Be sure to move around from time to time if you must sit or stand for long periods.
- Do not sit with your legs crossed for long periods.
- Prop your legs up on a couch, chair, or footstool as often as you can.
- Exercise regularly—walk, swim, or ride an exercise bike.
- Wear support hose.
- Avoid constipation by eating foods high in fiber and drinking plenty of liquids.

What changes to my hair may occur during pregnancy?

The hormone changes in pregnancy may cause the hair on your head and body to grow or become thicker. Sometimes women grow hair in areas where they do not normally have hair, such as the face, chest, abdomen, and arms. Your hair should return to normal within 6 months after giving birth.

What hair changes may I experience after childbirth?

About 3 months after childbirth, most women begin to notice hair loss from the scalp. This happens because hormones are returning to normal levels, which allows the hair to return to its normal cycle of growing and falling out. In most cases, your hair should grow back completely within 3–6 months.

What nail changes can I expect during pregnancy?

Some women find that their nails grow faster during pregnancy. Others notice that their nails split and break more easily. Like the changes to your hair, those that affect your nails will ease after birth.

What are some uncommon skin changes that can occur during pregnancy?

Certain uncommon skin conditions can arise during pregnancy. They can cause signs and symptoms, including bumps and itchy skin.

What is pruritic urticarial papules and plaques of pregnancy?

In pruritic urticarial papules and plaques of pregnancy (PUPPP), small, red bumps and hives appear on the skin later in pregnancy. The bumps can form large patches that can be very itchy. These bumps usually first appear on the abdomen and can spread to the thighs, buttocks, and breasts. It is not clear what causes PUPPP. It usually goes away after you give birth.

What is prurigo of pregnancy?

With prurigo of pregnancy, tiny, itchy bumps that look like insect bites can appear almost anywhere on the skin. This condition can occur anytime during pregnancy and usually starts with a few bumps that increase in number each day. It is thought to be caused by changes in the **immune system** that occur during pregnancy. Prurigo can last for several months and may even continue for some time after the baby is born.

What is pemphigoid gestationis?

Pemphigoid gestationis is a rare skin condition that usually starts during the second and third trimesters of pregnancy or sometimes right after childbirth. With this condition, blisters appear on the abdomen, and in severe cases, the blisters can cover a wide area of the body. It is thought to be an **autoimmune disorder**. There is a slightly increased risk of pregnancy problems with this condition, including preterm birth and a smaller-than-average baby.

What is intrahepatic cholestasis of pregnancy?

Intrahepatic cholestasis of pregnancy (ICP) is the most common liver condition that occurs during pregnancy. The main symptom of ICP is severe itching in the absence of a rash. Itching commonly occurs on the palms of the hands and soles of the feet, but it also can spread to the trunk of the body. Symptoms usually start during the third trimester of pregnancy but often go away a few days after childbirth. ICP may increase the risk of preterm birth and other problems, including, in rare cases, fetal death.

Glossary

Antibiotic: A drug that treats certain types of infections.

Autoimmune Disorder: A condition in which the body attacks its own tissues.

Hormone: A substance made in the body that controls the function of cells or organs.

Immune System: The body's natural defense system against viruses and bacteria that cause disease.

Linea Nigra: A line running from the belly button to pubic hair that darkens during pregnancy.

Melasma: A common skin problem that causes brown to gray-brown patches on the face. Also known as the “mask of pregnancy.”

Rectum: The last part of the digestive tract.

Trimester: A 3-month time in pregnancy. It can be first, second, or third.

Uterus: A muscular organ in the female pelvis. During pregnancy this organ holds and nourishes the fetus.

Vagina: A tube-like structure surrounded by muscles. The vagina leads from the uterus to the outside of the body.

Vulva: The external female genital area.

If you have further questions, contact your obstetrician–gynecologist.

FAQ169: This information was designed as an educational aid to patients and sets forth current information and opinions related to women's health. It is not intended as a statement of the standard of care, nor does it comprise all proper treatments or methods of care. It is not a substitute for a treating clinician's independent professional judgment. Please check for updates at www.acog.org to ensure accuracy.

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