



EUROPEAN ACADEMY OF
DERMATOLOGY AND VENEREOLOGY

Information Leaflet for Patients

ACNE IN PREGNANCY

The aim of this leaflet

This leaflet has been written to help you understand more about acne in pregnancy. It will tell you what acne is, what causes it, and what can be done about it.

ACNE IN PREGNANCY

What is acne

Acne is a disease of the *sebaceous gland* (which produces *sebum*) and hair follicle (together called the *pilosebaceous unit*). It usually starts in puberty and is affected by your hormones, arising in areas rich in *sebaceous glands* like the face, upper back, and chest, but it may occur in other places too. You will see “blackheads” or “whiteheads” (non-inflammatory: open or closed *comedones*) and pimply bumps (inflammatory: *papules* [red, raised, and <5 mm] and *pustules* [like papules but pus-filled]) that tend to flare up. Acne may also occur during pregnancy. The course of pregnancy will not be altered by acne, and the baby will not be affected by it.

What causes acne?

Several factors influence acne. Acne is primarily a result of increased hormone production in your pregnant body. Hormones cause glands in your skin to enlarge and boost the production of grease (*sebum*). Together with dead skin cells, your pores become blocked and certain bacteria (*Cutibacterium acnes*) increase in number and can lead to an infection (*pustule*).

In fact, more than one out of two pregnant women can expect to develop acne. Acne during pregnancy is very unpredictable - some women who have had a severe form of acne before becoming pregnant may find that their acne improves, and others who have never had acne find that they have the most problems. Acne during pregnancy can be mild, moderate, or even severe, and it can occur at any time during the pregnancy. It may come and go, or it may last the entire pregnancy.

Is acne hereditary?

There appears to be a hereditary tendency for acne. This means that children of patients with severe acne are likely to get acne as well.

What are the symptoms of acne?

Acne spots are not normally itchy or painful. Pain is very often with large *nodules* (lesions larger than 5 mm) and *abscesses*. However, because of the involvement of the face, acne may cause psychosocial problems. The good news is, acne may resolve by itself after puberty or in your case, after pregnancy.

What does acne look like?

Acne characteristics vary individually, but usually there are a certain number of open or closed *comedones*, *papules*, *pustules*, and in more severe forms nodules. With all patients scars may be present

How is the diagnosis of acne made?

The clinical appearance is usually diagnostic, so laboratory tests are not needed.

Can acne be cured?

Yes, acne can be cured and also, it is usually self-limited. A variety of treatment strategies can shorten the disease course, reduce the severity, and minimize scarring.

How should acne be treated?

Mild forms of acne (a few “blackheads” and/or a few *papules*) usually don’t need special treatment. If medical treatment is necessary, topical therapy is preferred for the treatment of acne during pregnancy.

Moderate and severe forms of acne (mainly *comedones*, *papules* and/or *pustules*, *nodules*, *abscesses* and/or, *cysts*) need to be treated by a dermatologist. Topical antibiotics, benzoyl peroxide, and azelaic acid are considered safe in pregnancy (see list of safe medications during pregnancy below).

Oral treatment for acne in pregnancy is reserved for severe forms. It should be recommended by a dermatologist. If necessary, macrolide antibiotics, like erythromycin or cephalexin may be taken orally; oral zinc is considered safe in pregnancy. Oral glucocorticoids can be used short term to treat severe acne after the first trimester.

Safe for use in pregnancy:

- **topical erythromycin** (solution, gel, cream) twice daily.
- **topical clindamycin** (solution, emulsion) twice daily.
- **topical metronidazole** (cream, gel) twice daily.
- **benzoyl peroxide** (gel) once or twice daily depending on skin tolerability. Benzoyl peroxide may be used in pregnancy on a limited area of skin (for example, on the face).
- **azelaic acid** (gel, cream) once or twice daily. It has antibacterial and anti-inflammatory properties. It is also used to treat skin pigmentation, particularly in darker skin types.
- **low-concentration salicylic acid** preparations.
- **fruit acid** such as glycolic acid.
- **blue light** and **red light therapy** can be used during pregnancy, but overheating the skin must be avoided.

What acne treatments should be avoided during pregnancy?

! Topical retinoids/vitamin A derivatives (tretinoin, adapalene, tazarotene) must be avoided. However, if a topical product has been used by accident for a short period, harm to the unborn baby is unlikely.

! **Tetracyclines are not safe and must not be used.**

! **Oral isotretinoin** will cause abnormalities in the baby and must be avoided during pregnancy! After completing a course of oral isotretinoin, women should wait for 4 weeks until trying to become pregnant.

What can I do to take care of my acne?

You should follow some general measures:

- Avoid picking or scratching acne. It may worsen acne or cause scarring.
- Wash gently with a mild soap or cleanser twice a day.
- Don't scrub your face with a washcloth, which can irritate the skin and make the problem worse. Instead, use your hands to gently wash your face.
- Pat your skin dry rather than rubbing it.
- If you use moisturizer, make sure it's oil-free or *non-comedogenic* (which means they are less likely to cause acne).
- Avoid irritants. Don't use oily or greasy cosmetics, sunscreens, hairstyling products, or acne concealers. Use products labelled as water-based, mineral, or *non-comedogenic*.
- Ask your dermatologist before using medicated gels or lotions. A number of over-the-counter and prescription products help improve acne, but some of the ingredients aren't safe for pregnant women or haven't been well-studied in pregnancy. If your acne is severe, you may need to see a dermatologist. ■