EUROPEAN ACADEMY OF DERMATOLOGY & VENEREOLOGY

Information Leaflet for Patients

Common Skin Changes during Pregnancy

The aim of this leaflet

This leaflet is designed to help you understand more about skin changes during pregnancy. It tells you about some of the most common, usually harmless but sometimes unpleasant skin changes, and explains what you can do to help them.

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INFORMATION LEAFLET FOR PATIENTS 2023

Common Skin Changes during Pregnancy

What are common skin changes during pregnancy?

Skin changes during pregnancy include:
1. stretch marks (*striae*)
2. skin tags
3. changes in hair growth
4. spider veins and *varicose veins*
5. darkening of areas of your skin (*melasma or chloasma*)
6. pimple breakouts (acne) - information in a separate leaflet
7. darkening of moles and freckles - information in a separate leaflet

What are stretch marks (striae)?

Stretch marks (also called *striae*) are linear marks that most often develop over the breasts, abdomen, hips, and thighs. They begin as reddish purple lines and with time, they become white *atrophic* (wrinkled) scars. They are very common in pregnancy, occurring in up to 50% to 90% of pregnant women. They are usually asymptomatic, but rarely may cause burning and itching.

Stretch marks are caused by stretching of the skin beyond its elastic limit. Elastin fibres in the *dermis* (the skin layer below the *epidermis*) are disrupted, and eventually thickened collagen forms scar tissue. They are seen more frequently in young women, women who are overweight, and women who have large babies. They usually appear around the 25th week of pregnancy, although some women develop stretch marks even earlier. There is no health risk to either mother or baby if stretch marks are present. Most stretch marks fade after delivery, leaving only pale-coloured lines.

Stretch marks cannot be prevented. Multiple over-the-counter creams and ointments are available, but there is no evidence that any topical agents can prevent stretch marks. After delivery, stretch marks fade over a year or two, but do not disappear entirely. Some treatments may improve the cosmetic appearance of stretch marks, including topical retinoid preparations or laser. However, retinoids are forbidden during pregnancy and during breastfeeding, as they can harm the baby. Other applications and laser treatment may be recommended by your dermatologist.

What are skin tags (fibroma pendulum, acrochordon)?

Skin tags are very small, 1-5 mm, loose, polyp-like, skin-coloured growths of skin that usually appear under your arms or breasts. The increased appearance of skin tags during pregnancy is hormonally-induced in areas exposed to mechanical irritation. They may disappear after delivery. If they still persist, these tiny tags can be removed by your dermatologist.

What are changes in hair growth?

During pregnancy, more hair remains in the growing (anagen) phase of the normal growth cycle of hair. This causes diminished shedding of the hair, and it is perceived as thickening of the hair. Syncronized transition into the shedding (telogen) phase at the time of delivery leeds to incereased temorary hair loss in many women 3-4 months after giving birth. This is called *post-partum telogen effluvium*. This process is usually completed six to twelve months after delivery. After this, hair growth will return to normal. This temporary hair loss after delivery of a baby is normal, and special shampoos or other treatments are not effective.

Pregnant women may experience hair growth in typical male sites, for

example the beard area. This phenomenon is also related to hormonal changes (more male hormone, *testosterone*). Usually, it is not severe or permanent, and disappears within a couple of months of delivery.

What are spider veins (spider angiomas)?

Spider veins are collections of tiny, dilated blood vessels that usually radiate from a central point. They may appear on the face, chest, or sometimes on the arms. They usually fade or disappear after delivery. If not, they can be treated effectively by a dermatologist with vascular lasers.

Similar, but different: what are varicose veins?

Pressure on the large veins (blood vessels that lead blood to the heart) behind the growing uterus causes the blood flow to slow down as it returns to the heart. Swelling of the skin around the ankles may also develop; your legs may feel heavy and tired. In a later stage, dilated veins of your legs (*varicose veins*) may appear. In order to improve your blood circulation, you should elevate your legs whenever possible. Walking helps the circulation (your "muscle pump"), whereas standing and sitting for long periods worsens the blood flow. Supportive stockings or flight socks should be worn if you feel that your legs get swollen, and special pregnancy types are available. If you have a family or personal history of *varicose veins* or *thrombophlebitis* (inflamed veins)/*deep vein thrombosis* (blood clots), you should consult your clinician.

Swelling of the ankles can also be a symptom of a serious condition in pregnancy known as pre-eclampsia. Early signs of this include high blood pressure, rapid weight gain, swelling of the hands and feet and protein in your urine. If not treated soon enough it can lead to headaches, visual disturbances and seizures so it is very important this condition is detected early and treated with medication to control the blood pressure.

Why do some areas of your skin darken?

Increased skin pigmentation is due to increased hormone levels, in partiuclar in the second half of pregnancy. Facial pigmentation in pregnancy is called *melasma* or *chloasma*, also known as "the mask of pregnancy." Other areas of skin which may darken include the nipples, genitalia, and *linea alba* (line on your abdomen). In some women recent scars will darken. Facial pigmentation occurs in 75% of pregnant women, and up to 90% of dark-skinned women. While hyperpigmentation on the trunk usually returns to nomal after delivery, facial pigmentation may persist.

Melasma worsens with sunlight exposure. The most effective strategy to prevent or help fade facial pigmentation is sun protection, including wearing a hat, staying in the shade, and the use of high sun protection factor (SPF 50) ultraviolet A (UVA) and ultraviolet B (UVB) sunscreens. Visible light blocking make-up (containing iron-oxides) may also help. Melasma usually disappears after pregnancy, but can persist in one-third of women. Topical retinoids and hydroquinone creams prescribed by a dermatologist can help treat *melasma*, but these must be avoided during pregnancy and breastfeeding.

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