



EUROPEAN  
ACADEMY OF  
DERMATOLOGY &  
VENEREOLOGY

Information Leaflet  
for Patients

## Rosacea in Pregnancy



### **The aim of this leaflet**

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

# Rosacea in Pregnancy

## What is rosacea?

Rosacea is a common chronic inflammatory skin disorder affecting the face, which typically occurs in adults. It affects 10 % to 22 % of people. Rosacea is more common in Caucasians (especially in those with a Celtic skin type) than in people with coloured skin. It is a chronic condition with an unknown cause. It is thought to be multifactorial and genetic in origin (meaning that it often runs in families). The rash commonly affects the forehead, nose, chin and cheeks. At least 20% of patients experience eye symptoms like dryness, inflammation of conjunctivae and others. Rosacea may also occur or flare up during the pregnancy. However, rosacea does not affect the course of the pregnancy or the health of the baby.

## What causes rosacea?

The exact cause is not fully understood. It is likely caused by multiple factors in people with a genetic predisposition. Various factors seem to play a role such as an altered immune system, ultraviolet light exposure, local inflammatory responses to cutaneous micro-organisms (germs), as well as changes in the regulation of blood vessels. Hormonal changes may worsen rosacea. These hormonal changes resemble those of pregnancy and this may be why rosacea worsens during pregnancy. Some factors that worsen or trigger rosacea include: hot weather, sun exposure, sauna, hot drinks, hot and spicy foods, alcohol consumption, some medicaments and cosmetic products.

## Is rosacea hereditary?

There appears to be a hereditary tendency for rosacea with multiple family members being affected. However, no single causative gene has been identified.

## What are the symptoms of rosacea?

The main symptoms are: burning, stinging and flushing sensations. This can be distressing and cause anxiety or depression as the face is very visible. Some people may experience eye soreness or other eye symptoms.

## What does rosacea look like?

Flushing (transient redness), persistent facial redness, prominent, visible blood vessels, red raised bumps (papules) and pus-filled bumps (pustules) are the most common manifestations of rosacea. Occasionally, larger raised bumps (nodules) may occur. Enlarged or diffuse thickening of the skin, especially around the nose (rhinophyma) may also occur, but is seen more often in men. The condition affects primarily the mid face involving forehead, nose, chin and cheeks. The eyes may be dry, red, inflamed or irritated, or other eye problems may be present.

## Can rosacea be cured?

Rosacea cannot be cured but there are multiple treatments that may significantly reduce the severity and improve quality of life.

**Mild forms of rosacea** (flushing, persistent facial redness, telangiectasia-dilated capillaries, a few papules) may be managed with avoidance of trigger factors and sparse use of dermocosmetics and topical medicaments (creams).

**Moderate and severe forms** of rosacea (papules, pustules or nodules) may need to be treated by a dermatologist. Topical medication (creams) are preferred for treatment during pregnancy. Medications that can be used safely in pregnancy include topical metronidazole, azelaic acid, ivermectin, and benzoyl peroxide. Topical

brimonidine can be helpful for flushing. Occasionally, oral (tablet) antibiotics may be required if topical treatments are not sufficient to reduce symptoms.

Oral (tablet) treatment for rosacea in pregnancy is generally reserved for more severe rosacea, and would normally be recommended only by a dermatologist. If necessary, oral courses of antibiotics (tablets) like azithromycin or erythromycin may be helpful. Oral corticosteroids may be needed in addition to oral antibiotics in severe forms of rosacea (known as rosacea fulminans or pyoderma faciale), and prednisolone is the preferred choice (as this is less likely to cross the placenta into the baby's bloodstream).

**Rosacea fulminans** is a severe form of rosacea with a sudden onset of multiple facial pustules, papules, nodules and erythema, and is more common in women. Treatment in pregnancy may be difficult. Topical ivermectin, metronidazole, permethrin, fusidic acid, mupirocin erythromycin, and oral (tablet) azithromycin, erythromycin, amoxicillin, amoxicillin-clavulanic acid and prednisolone have been used. It is important to start treatment as soon as possible.

Safe for use in pregnancy:

- **topical brimonidine** (gel) once daily
- **topical metronidazole** (cream, gel) twice daily
- **topical erythromycin** (solution, gel, cream) twice daily
- **topical clindamycin** (solution, emulsion) twice daily
- **azelaic acid** (gel, cream) once or twice daily
- **topical permethrin** (cream) once daily

- **topical ivermectin** (cream) once daily, preferably in the evening
- **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).

### 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 accidentally for a short period of time, it is unlikely to cause harm to the unborn baby.

**Tetracyclines** such as doxycycline are contraindicated during pregnancy. However inadvertent use of tetracyclines in the early pregnancy should not necessitate termination of the pregnancy. Medical advice should be sought in this case.

**! Antiandrogens** such as spironolactone are contraindicated during pregnancy.

**! Oral isotretinoin** (often prescribed for acne and rosacea) is teratogenic and may harm the baby; it must be avoided 5 weeks before you conceive and during pregnancy.

### What can I do to take care of my rosacea?

- > Use a broad spectrum sunscreen.
- > Avoid hot environments, drinking hot drinks and eating hot meals.
- > Try to avoid touching, rubbing or scratching the skin on the face where possible.
- > Use a gentle cleanser for washing your face.
- > Do not use any facial products that contain skin irritants or alcohol.
- > If skin is sore, use a moisturizer regularly.

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- > Preferrably use products labeled as water-based, mineral or „non-comedogenic“ and avoid oily or greasy cosmetics, sunscreens, hairstyling products, or concealers. These products are oil-free and do not block the oil and sweat gland openings.
- > Only apply moisturizers after topical medication has dried.
- > Avoid consuming alcoholic beverages.
- > Avoid spicy foods.
- > Build up a list of likely foods and drinks that seem to trigger you rosacea and try to avoid them.
- > Green or yellow primers may help mask the skin redness.
- > Busy and stressful lifestyles can trigger rosacea.
- > Consult your dermatologist before using medicated gels or lotions. A number of over-the-counter and prescription products can help improve rosacea, but some of the ingredients are not safe for pregnant women or haven't been well-studied in pregnancy. If your rosacea is severe, you should see a dermatologist as soon as possible.

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While every effort has been made to ensure that the information given in this leaflet is accurate, not every treatment will be suitable or effective for every person. Your own clinician will be able to advise in greater detail.