EUROPEAN ACADEMY OF DERMATOLOGY & VENEREOLOGY

Information Leaflet for Patients

Urticaria in pregnancy and during breast-feeding

The aim of this leaflet

This leaflet is designed to help you understand more about urticaria in pregnancy and its treatment during pregnancy and when breastfeeding.

WWW.EADV.ORG
INFORMATION LEAFLET FOR PATIENTS 2025

Urticaria in pregnancy and during breast-feeding

What is urticaria?

Urticaria, often referred to as 'hives', is a reaction that results in a transient itchy rash on your skin. These itchy lesions keep appearing and disappearing, but each one lasts less than 24 hours. It can also be accompanied by swelling in or around the face and throat, which is called 'Angioedema'.

There are different types of urticaria, but the two main types are Acute and Chronic. Acute urticaria lasts less than 6 weeks, whilst chronic lasts for longer than 6 weeks.

Urticaria is caused by the release of histamine by mast cells in the skin resulting in the itchy wheals (red, swollen rash). There are many different potential triggers but it can also occur spontaneously without any trigger. Indeed, in the majority of cases, no trigger is identified.

Urticaria is a very common condition in the general population and can present for the first time in pregnancy. During pregnancy, a woman's body undergoes many changes, such as increasing levels of hormones called "oestrogen" and "progesterone". These changes support the growth of the baby, but also can trigger urticaria. In addition, as the pregnancy progresses the skin stretches which can cause itchiness and dryness.

What are the potential triggers?

- Pressure or scratching
- Heat or cold
- Pressure
- Infections (including viral illnesses, urinary tract infections and H. Pylori infections)
- Medications (especially anti-inflammatories ie ibuprofen, or indigestion medication ie omeprazole)
- Food allergies
- Physical activity
- Stress

How is urticaria in pregnancy diagnosed?

The diagnosis is made through taking a thorough history and examination. If chronic urticaria, your doctor may request some blood tests to look for other associated conditions. They will advise you on your diagnosis and best treatment options.

Will my baby be affected by the urticaria?

Acute and chronic urticaria, and the treatments currently used for urticaria in pregnancy, do not negatively affect the baby.

What are the treatment options in pregnancy?

In acute urticaria the main aim is to both prevent the start of the lesions by avoiding potential triggers, and to use medications treat the existing lesions and symptoms.

Prevention:

- Take warm, rather than hot, showers and baths
- Prevent skin dryness with regular use of emollients
- Avoid tight fitting clothing
- Measures to stop scratching the skin when itching
- Use gentle soaps, or you can even your emollient as a soap when washing

Avoid stress and practice relaxation techniques

Medical Treatments:

Antihistamines

Oral antihistamines help to relieve symptoms of itch and settle the urticarial lesions. There are several which are considered safe in pregnancy. Loratadine is a non-sedating medication and is the antihistamine of choice throughout

EUROPEAN ACADEMY OF DERMATOLOGY & VENEREOLOGY

WWW.EADV.ORG
INFORMATION LEAFLET FOR PATIENTS 2025

pregnancy and breastfeeding. Cetirizine is another non-sedating antihistamine that is safe to use in pregnancy. Diphenhydramine and chlorpheniramine are sedating anti-histamines and cause drowsiness. Therefore these may be more beneficial at night if itchiness is preventing sleep. However you must avoid these in the last 4 weeks of pregnancy, and they can cross the placenta causing drowsinesss / irritability in the newborn baby, and may induce preterm contractions

Emollient creams and ointments

Regular use of emollients (moisturising creams and ointments) can help with the discomfort of dry, stretched skin. They should be applied several times a day to prevent dry skin and improve the skin barrier. Many are available over the counter, and it is important to choose one that you are comfortable using regularly and that is preferably fragrance free. Try to avoid bathing and showering too frequently as this can exacerbate dry skin (particularly using hot water for long showers/baths)

Topical steroid creams and ointments

Steroid creams or steroid ointments are often necessary to relieve symptoms. The steroid cream or ointment should only be applied to affected areas of skin once daily and a mild or moderate strength steroid cream such as hydrocortisone and methylprednisolone aceponat (Advantan) should be used. The amount of cream applied to the skin should be as small as possible, and ideally only 1-2 small (15-30g) tubes should be used. However, if the condition is severe, then application of a stronger steroid cream or ointment to the skin in larger quantities may be required to avoid the need for steroid tablets by mouth.

Oral steroids

Oral steroid tablets may be required for severe flares. They should only be given in low doses and for as short a period as is necessary. Prednisolone is the steroid tablet of choice in pregnancy.

Other treatments

Ciclosporin can also be useful in resistant cases of urticaria that do not respond to antihistamines.

Montelukast and Omalizumab may be available in special clinics in certain circumstances, but are not routinely available.

Urticaria can also be accompanied by swelling around the mouth, which is called 'Angioedema'. Very rarely injections of adrenaline are required to treat breathing problems caused by angioedema. If you develop facial swelling, breathing problems, changes to your voice or difficulty swallowing at any time you need to seek urgent medical attention.

Is normal delivery possible?

Yes, a normal delivery is possible.

Can women with urticaria in pregnancy still breastfeed?

Yes, women with urticaria in pregnancy can still breastfeed depending on the treatments required. Your doctor will discuss this with you based on your individual treatment plan.

What are common comorbidities of urticaria?

The other condition that can be associated with urticaria is autoimmune thyroid disease. Therefore your doctor will check your thyroid function to monitor for any involvement.

Differential diagnoses:

It is more common for pregnancy to cause a flare of acute or chronic urticaria which is not specific to the pregnancy itself, or for urticaria to develop as part of a different underlying condition. However, there are 2 conditions that only occur during pregnancy, that can present with urticaria-like skin changes, but these are fixed in location and do resolve within 24 hours.

1.Polymorphic Eruption of Pregnancy

This is a rash that usually occurs at the end of the third trimester. It usually first starts within 'stretch marks' over the abdomen and is extremely itchy. It can be treated with mild or moderate steroid creams. It usually resolves by itself after delivery and does not necessarily occur in future pregnancies.

2.Pemphigoid Gestationis

This is a rarer condition which begins in the second or third trimester. It usually starts around the belly button before spreading to the rest of the body. The rash may start as urticaria before blisters develop. It can be treated with potent steroid creams, and sometimes oral steroids and antihistamines. It usually resolves after delivery, but can recur during menstruation, with use of oral contraceptives, or in future pregnancies.

The EADV provides specific patient information leaflets for both of these conditions.