

Common Skin Changes in Pregnancy

■ Stretch marks (Striae Gravidarum)

- Stretch marks can occur in up to 90% of pregnant women by the third trimester when the abdominal skin expands.
- It appears as pink-purple lines or bands on the abdomen, buttocks, thighs and arms.
- They are more common in younger women, women with larger babies and overweight/ obese women.

Treatment:

- Although topical creams, lasers, light devices or radio frequency have been used to treat stretch marks, the results have not been satisfactory.
- Minimising excessive weight gain and daily use of moisturisers may reduce the incidence and severity of stretch marks during pregnancy.

■ Increased pigmentation

- Many women may experience increased pigmentation during pregnancy. This is usually more pronounced in women with darker complexion.
- The common areas affected are the nipples and areola, armpits, genitals, existing scars and moles.

Linea nigra

- Linea nigra is the darkened vertical line in the midline that forms below and above the belly button.
- This will gradually disappear several months after delivery

Melasma ("mask of pregnancy"):

- This is a fairly common, cosmetically troublesome skin pigmentation that can occur during pregnancy.
- It may also be worsened by oral contraceptive pills and exposure to sunlight.
- Melasma may improve after delivery but rarely resolves totally.

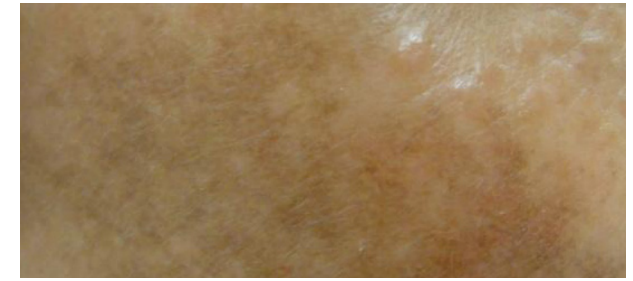


Fig. 1. Melasma "mask of pregnancy"

Treatment:

- Treatment involves sun-protection (eg. hats and regular sunscreens of SPF 30 or higher), topical treatments with lightening creams (eg. Hydroquinone, TriLuma), chemical peels, and laser or light therapy.
- These treatments are recommended only after delivery.

■ Hair changes

- An increase in hair growth is common during pregnancy. This occurs due to hormonal changes during pregnancy.
- It occurs more commonly in women with darker complexion. It generally resolves after delivery, but can be persistent in some women. Laser hair removal can be considered after delivery.
- Some women may experience significant hair loss several months after pregnancy. This is known as telogen effluvium.
- Fortunately, this will eventually resolve with normal hair growth after several months. If there is continued hair loss, other conditions need to be considered and treated.

■ Pregnancy related rashes

Pruritic Urticarial Papules and Plaques of Pregnancy (PUPPP)

- Also known as “Polymorphic Eruption of Pregnancy” (PEP), it is a relatively common skin problem in pregnant women.
- PUPPP usually affects first pregnancies and occurs towards the end of the third trimester or immediately after delivery.
- Patients present with itchy, red rashes that usually start from the stretch marks on the abdomen, which can then spread over the trunk, thighs and arms. It may also appear as raised lumps/ patches of different shapes and sizes.
- Rarely, blisters may develop in severe cases. If blistering is severe, a skin biopsy may be required to rule out another more serious blistering condition that can occur in pregnancy (pemphigoid gestationis).
- PUPPP is not known to harm mother or baby and it usually resolves within one to two months after delivery. It rarely recurs in subsequent pregnancies.

Treatment:

- Treatment is usually symptomatic relief with topical emollients, topical corticosteroids and oral anti-histamines.
- In severe cases, your doctor may prescribe a course of oral steroids.

■ Atopic Eruption (Eczema) of Pregnancy

- Eczema is a very common condition in pregnant and non-pregnant women. It can present for the first time during pregnancy and can occur at any stage during pregnancy.
- Patients usually have a personal or family history of other atopic conditions, such as asthma or allergic rhinitis.
- The common sites involved are the abdomen, folds over the limbs, neck and face. Patients present with red, inflamed and scaly patches with scratch marks (excoriations). It may become weepy and oozy if there is secondary infection.
- If inadequately untreated, the skin can become thickened with prominent creases (lichen simplex chronicus) and larger lumps (prurigo nodules).
- The condition is not known to affect the health of the baby.
- Some patient’s condition may improve after delivery; while some may go on to have chronic eczema.

Treatment:

- Treatment involves daily skin care with a gentle soap or soap substitute, and frequent application of topical emollients.
- Topical corticosteroids are to be applied on affected skin, and are safe in pregnancy.
- If there are signs of infection, topical or oral antibiotics may be prescribed.
- Oral antihistamines are useful to reduce itch and help with sleep.

Useful telephone number

Central Appointments

6294-4050



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