

# Dry Skin

## Information for women who have dry skin during pregnancy or breastfeeding

The information provided below is for readers based in the United States of America. Readers outside of the United States of America should seek the information from local sources.

### **What is dry skin during pregnancy?**

Dry skin during pregnancy usually falls into the category of xerosis cutis (abnormally dry skin due to no recognized underlying disease process), or the category of atopic dermatitis ([eczema](#)). Xerosis cutis can result from excessive showering with hot water, too much rubbing with a towel, and cold, dry winters with overheated rooms and buildings. Atopic dermatitis, which can be triggered by pregnancy, features areas of red, itchy, scaly, dry skin resulting from allergies. Still, unlike contact allergic dermatitis, the parts of the skin reacting can be very distant from the allergen.

### **How common is dry skin during pregnancy?**

8-17 percent of adults under age 60 suffer from atopic dermatitis (eczema) at some point in life. This makes eczema the most common skin disorder among pregnant women, accounting for up to 50 percent of dermatological conditions during pregnancy. Although not part of any specific disease process, xerosis cutis has been reported to affect up to 60 percent of people, including many who are middle-aged, so this condition, too, is extremely common during pregnancy. Pregnancy furthermore can exacerbate eczema as well as trigger an eczema flare-up, even in women who have never experienced the condition previously.

### **How is dry skin during pregnancy diagnosed?**

Eczema and xerosis cutis are both clinical diagnoses, meaning that they are made based on your medical history, your symptoms, and physical examination of your skin. However, your doctor may perform tests such as patch testing and blood tests to rule out other conditions.

### **Does dry skin cause problems during pregnancy?**

Dry skin can cause you to itch, leading to an itching-scratching cycle that, in some cases, can interfere with your falling asleep.

### **Does dry skin during pregnancy cause problems for the baby?**

Dry skin does not cause any direct problems for the baby, although if it stresses you or interferes significantly with your sleep, this can place some risk on the baby, but not a lot.

### **What to consider about taking medications when you are pregnant or breastfeeding:**

- The risks to yourself and your baby if you do not treat the dry skin
- The risks and benefits of each medication you use when you are pregnant
- The risks and benefits of each medication you use when you are breastfeeding

### **What should I know about using medication to treat dry skin during pregnancy?**

Both for eczema and xerosis cutis, emollients (moisturizing lubricating agents applied topically to the skin) are considered to be very safe. Various treatments are given for eczema, some of which must be avoided in pregnancy. Treatments include agents that reduce the activity of the immune system, such as [topical steroids](#) (steroids applied to the skin), topical calcineurin inhibitors, oral steroids, cyclosporin, and azathioprine. The topical steroids and topical calcineurin inhibitors are considered very safe in pregnancy. Although cyclosporin and azathioprine may have some risks associated with them, they are considered relatively safe for pregnancy in cases when the eczema is so severe that it requires systemic (internal) therapy. Additionally, steroids taken orally for severe cases are considered to be relatively safe during the third trimester.

Other treatments that are effective against eczema, but that must be avoided during pregnancy, as they are known to be harmful to the embryo or fetus, include [methotrexate](#) and psoralens plus ultraviolet A radiation (PUVA). If you are using either of these treatments and planning pregnancy, a waiting period is recommended between stopping the treatment and conceiving.

### **Who should NOT stop taking medication for dry skin during pregnancy?**

The consequences of stopping medication for dry skin are generally not severe. However, if you are taking oral steroids, or even very potent topical steroids, the dosage should be tapered off in consultation with your doctors, rather than stopped abruptly.

### **What should I know about choosing a medication for my dry skin during pregnancy?**

It is important to stay in communication with your health care provider as the release of new studies over time can change the outlook on the role of specific medications during pregnancy.

You may find Pregistrys expert reports about the medications to treat this condition [here](#). Additional information can also be found in the sources listed below.

### **What should I know about taking a medication for my dry skin when I am breastfeeding?**

If you are breastfeeding, you must not be treated with PUVA, cyclosporin, or methotrexate, as these all are harmful to nursing infants.

### **What alternative therapies besides medications can I use to treat my dry skin during pregnancy?**

As noted earlier, emollient agents can be applied to the skin, both for xerosis cutis and for eczema. Ultraviolet B radiation also is effective against eczema. Additionally, it is helpful to avoid very hot or very long showers and to avoid vigorous toweling.

### **What can I do for myself and my baby when I have dry skin during pregnancy?**

It is very important to follow the instructions of your physician.

### **Resources for dry skin in pregnancy:**

For more information about **dry skin** during and after pregnancy, contact <http://www.womenshealth.gov/> (800-994-9662 [TDD: 888-220-5446]) or contact the following organizations:

- [Pregnancy Cleveland Clinic. Having a Healthy Pregnancy](#)
- [Mayo Clinic. Dry Skin.](#)

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## **General information**

It is very common for women to worry about having a miscarriage or giving birth to a child with a birth defect while they are pregnant. Many decisions that women make about their health during pregnancy are made with these concerns in mind.

For many women these concerns are very real. As many as 1 in 5 pregnancies end in a miscarriage, and 1 in 33 babies are born with a birth defect. These rates are considered the background population risk, which means they do not take into consideration anything about the health of the mom, the medications she is taking, or the family history of the mom or the baby's dad. A number of different things can increase these risks, including taking certain medications during pregnancy.

It is known that most medications, including over-the-counter medications, taken during pregnancy do get passed on to the baby. Fortunately, most medicines are not harmful to the baby and can be safely taken during pregnancy. But there are some that are known to be harmful to a baby's normal development and growth, especially when they are taken during certain times of the pregnancy. Because of this, it is important to talk with your doctor or midwife about any medications you are taking, ideally before you even try to get pregnant.

If a doctor other than the one caring for your pregnancy recommends that you start a new medicine while you are pregnant, it is important that you let them know you are pregnant.

If you do need to take a new medication while pregnant, it is important to discuss the possible risks the medicine may pose on your pregnancy with your doctor or midwife. They can help you understand the benefits and the risks of taking the medicine.

Ultimately, the decision to start, stop, or change medications during pregnancy is up to you to make, along with input from your doctor or midwife. If you do take medications during pregnancy, be sure to keep track of all the medications you are taking.