

# Atopic Dermatitis

---

This sheet is about having atopic dermatitis in pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

## ***What is atopic dermatitis?***

Atopic dermatitis (also called atopic eczema or eczema) is a medical condition that can make the skin red and itchy. Symptoms can include dry skin, itchy skin, red to brownish-gray patches (especially on the hands, feet, ankles, wrists, neck, upper chest, eyelids, inside the bend of the elbows and knees), small, raised bumps that might leak fluid and crust over when scratched, thickened, cracked, or scaly skin, and/or raw/sensitive skin from scratching.

Atopic dermatitis can be mild, moderate, or severe. For most people, atopic dermatitis starts in childhood, but it can also start in adulthood. For some people, atopic dermatitis is a chronic disorder with symptoms that can be ongoing for a period and then symptoms go away but come back on and off (flares).

## ***I have atopic dermatitis. Can it make it harder for me to get pregnant?***

It is not known if atopic dermatitis can make it harder to get pregnant.

## ***Does having atopic dermatitis increase the chance of miscarriage?***

Miscarriage is common and can occur in any pregnancy for many different reasons. Studies have not been done to see if atopic dermatitis can increase the chance of miscarriage.

## ***Does having atopic dermatitis increase the chance of birth defects?***

Every pregnancy starts with a 3-5% chance of having a birth defect. This is called the background risk. It is not known if atopic dermatitis can increase the chance of birth defects above the background risk.

## ***Does having atopic dermatitis increase the chance of other pregnancy-related problems?***

It is not known if atopic dermatitis can increase the chance of pregnancy-related problems, such as preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth). There have been reports of a person's atopic dermatitis symptoms becoming worse or flaring during the 2<sup>nd</sup> or 3<sup>rd</sup> trimester of their pregnancy.

## ***Does having atopic dermatitis in pregnancy affect future behavior or learning for the child?***

Studies have not been done to see if having atopic dermatitis can cause behavior or learning issues for the child.

## ***Can I take my prescribed medication for atopic dermatitis during pregnancy?***

It is important that you talk with your healthcare providers about your medication when planning pregnancy, or as soon as you learn that you are pregnant. Sometimes when people find out they are pregnant, they think about changing how they take their medication or stopping their medication altogether. However, it is important to talk with your healthcare providers before making any changes to how you take your medication. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy. There are a variety of medications that are used to treat atopic dermatitis. Information on specific medications can be found in our fact sheets at <https://mothertobaby.org/fact-sheets/> or by contacting a MotherToBaby specialist at 866.626.6847.

## ***Breastfeeding while having atopic dermatitis:***

Atopic dermatitis does not appear to affect a person's ability to breastfeed. Talk with your healthcare provider and your baby's pediatrician about any medications you take for atopic dermatitis while breastfeeding. Information on specific medications can be found in our fact sheets at <https://mothertobaby.org/fact-sheets/> or by contacting a MotherToBaby specialist at 866.626.6847. Be sure to talk with your healthcare provider about all your breastfeeding questions.

***If a male has atopic dermatitis, could it affect fertility (ability to get partner pregnant) or increase the chance of birth defects?***

Studies have not been done to see if atopic dermatitis could affect male fertility or increase the chance of birth defects above the background risk. In general, exposures that fathers or sperm donors have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/>.

**Selected References:**

- Adam DN, et al. 2023. Expert consensus on the systemic treatment of atopic dermatitis in special populations. J Eur Acad Dermatol Venereol
- American College of Obstetricians and Gynecologists (ACOG). 2018. Committee Opinion No. 753: Assessment and Treatment of Pregnant Women with Suspected or Confirmed Influenza. Obstet Gyn 132(4):e169-e173.
- Hamann CR, et al. 2019. Pregnancy complications, treatment characteristics and birth outcomes in women with atopic dermatitis in Denmark. J Eur Acad Dermatol Venereol. Mar;33(3):577-587.
- Kim J, et al. 2019. Pathophysiology of atopic dermatitis: Clinical implications. Allergy Asthma Proc. 40(2):84-92.
- Koutroulis I, et al. 2011. Atopic dermatitis in pregnancy: current status and challenges. Obstet Gynecol Surv. 66(10):654-63.
- Napolitano M, et al. 2021. New emergent therapies for atopic dermatitis: A review of safety profile with respect to female fertility, pregnancy, and breastfeeding. Dermatol Ther. 34(1):e14475.
- Pfaller B, et al. 2020. Biologicals in atopic disease in pregnancy: an EAACI position paper. Allergy.
- Torres T, et al. 2019. Update on Atopic Dermatitis. Acta Med Port. 32(9):606-613.
- Vaughan Jones SA, et al. 1999. A prospective study of 200 women with dermatoses of pregnancy correlating the clinical findings with hormonal and immunopathological profiles. Br J Dermatol. 141:71-81.
- Vestergaard C, et al. 2019. European task force on atopic dermatitis position paper: treatment of parental atopic dermatitis during preconception, pregnancy and lactation period. J Eur Acad Dermatol Venereol. 33(9):1644-1659
- Wollenberg A. et al.2022. European guideline (EuroGuiDerm) on atopic eczema - part II: non-systemic treatments and treatment recommendations for special AE patient populations. J Eur Acad Dermatol Venereol. 2022 Nov;36(11):1904-1926.

