Psoriatic disease and pregnancy

Planning to become pregnant? You may wonder how psoriatic disease may affect you and your baby.

Psoriatic disease is known to be genetic, although there is much we don’t yet understand about the genes involved. Scientists believe there are two things that normally cause a person to develop psoriasis or psoriatic arthritis. First, the person must inherit specific genes for psoriatic disease. Second, the person experiences a trigger that cause a flare.

A child with one parent with psoriasis has a 28% chance of developing psoriasis. This number goes up to 65% for children with two parents with psoriasis.

Symptoms of psoriasis and psoriatic arthritis can increase or decrease during and after pregnancy. Approximately two out of three pregnant women see an improvement in symptoms during pregnancy, some see no change while others see a worsening in symptoms. Flares can also occur during the postpartum period, most often in the immediate weeks following delivery.

Speak with your health care provider about:

- Any changes you notice in your psoriatic symptoms during or after pregnancy
- Building a treatment plan for before, during and after pregnancy
- Treatment options in case you experience a flare
- Risks of adverse effects to you or your child

Be sure to let your obstetrician know that you have psoriasis and/or psoriatic arthritis and inform them of any treatments you’re on. A study published in the Journal of the American Academy of Dermatology found that women with severe psoriasis are at a higher risk of having a low birth weight baby than women without psoriasis. In contrast, women with mild psoriasis do not face this higher risk.

If you have genital psoriasis, it is important to let your healthcare providers, so they can be sure to care properly for your skin during exams and birth.

**Which medicines are safe to use during pregnancy and while breastfeeding?**

Many psoriasis treatments require special precautions before and during pregnancy. It is important to consult with your doctor to verify your psoriasis treatments are safe for pregnancy and breastfeeding. When considering treatment options it's important to look at the benefits, risks, and how you feel about your options. Treatment decisions are ultimately yours to make, in consultation with your healthcare providers, and it is worthwhile to take the time to create a treatment plan that works well and you feel comfortable with.

The most common treatment options for women with psoriasis who are pregnant or breastfeeding include topical treatments and phototherapy. For women with moderate to severe psoriasis and/or psoriatic arthritis, some oral and biologic medications may also be recommended on a case-by-case basis.
Topicals

Topicals are often a recommended treatment option for women with psoriasis who are pregnant or breastfeeding. Options include limited use of low- to moderate-dose topical steroids or vitamin D derivatives. Over-the-counter products, such as moisturizers, can also help manage symptoms. If you are breastfeeding, it is advised to use caution when applying topical treatments to the breasts to avoid passing the medication to the baby.

It is not recommended that pregnant women use Tazorac (tazarotene), which is a topical vitamin A derivative, due to concern about possible birth defects.

Phototherapy

Treatment with UVB phototherapy is generally safe during pregnancy and is a commonly prescribed treatment for pregnant and breastfeeding women. Wearing a covering or sunscreen on the face is recommended to prevent melasma (a condition common in pregnant women that causes the appearance of brown spots).

A type of phototherapy called PUVA (light sensitizing medication psoralen and UVA light exposure) should be avoided women trying to conceive and women who are pregnant due to the potential for birth defects.

Biologics and oral treatments

Biologic or oral treatments may be appropriate for pregnant or breastfeeding women. For some treatments, there is research available to support or discourage their use in pregnant or breastfeeding women. For other treatments, researchers and doctors want to learn more about how they affect pregnant or breastfeeding women.

Methotrexate and Soriatane (acitretin) are both oral treatments that are known to cause birth defects and should be avoided during pregnancy. Women should avoid taking methotrexate for 3 months prior to trying to conceive. Due to the high rate of birth defects and length of time it stays in your system, it is recommended that women discontinue using Soriatane for 3 years before becoming pregnant. If you are taking methotrexate or Soriatane and are considering pregnancy, it is important to talk with your doctor.

For other oral treatments and biologics, there is less information available about safety during pregnancy and breastfeeding. Women considering pregnancy and pregnant women should work closely with their doctor to weigh the benefit and the risks of using these treatments. Small studies have been done on pregnant women using biologics that showed no increased risk for low birth weight or birth defect. Researchers and providers are working hard to gain more information on the use of these treatments for women who are pregnant and breastfeeding.

Are there treatments that men should avoid when trying to conceive?

Most psoriatic disease treatments are safe for men to take while trying to conceive. It is not recommended that men use PUVA (light sensitizing medication psoralen and UVA light exposure) when trying to conceive due to the potential for birth defects. It is also recommended that men discontinue use of methotrexate for at least 3 months before trying to conceive due to the potential for birth defects.

For more information

Mother to Baby (www.mothertobaby.org) is a website that offers a robust amount of information on the safety of medications during pregnancy and breastfeeding. They have fact sheets on many of the treatments for psoriatic disease and the ability to call, chat or email with an expert in the field at no cost.