Psoriasis, Psoriatic Arthritis and Pregnancy
Pregnancy is often an exciting and busy time full of questions, hopes and changes. For women living with a chronic disease like psoriasis or psoriatic arthritis (together called psoriatic disease), there are often big questions that come up during this time. Many women who are pregnant or are planning to become pregnant wonder how pregnancy might affect their psoriatic disease and what treatments are available to them.

While everyone’s journey with psoriatic disease is unique, this guide is designed to provide information about making treatment decisions, changes in psoriatic disease before and after pregnancy and working with your health care providers to have a plan in place that works well for you. Included you will find information on:

- Creating a plan with your health care team
- Making treatment decisions
- Psoriatic disease changes during and after pregnancy
- Treatment options
- Managing flares
Creating a plan with your health care team

Psoriasis and psoriatic arthritis symptoms change throughout pregnancy for many people. Some treatments require special considerations regarding pregnancy. Meet with your health care team early and often to collaborate on a treatment plan that meets your needs. Your health care team may include a dermatologist, rheumatologist, obstetrician, midwife and primary care provider as well as other practitioners.

Over 100,000 women in the U.S. with psoriatic disease give birth each year and most have happy, healthy pregnancies and babies. Whenever possible, keeping each member of your team informed of the treatments you’re on and any changes in your psoriasis or psoriatic arthritis is advisable. It can also be beneficial to have your health care providers communicate with one another whenever possible.

A few things to keep in mind while working with your care team:

- Be sure to let your obstetrician or midwife know that you have psoriasis and/or psoriatic arthritis and inform them of any treatments you’re on.

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

- If you have psoriatic arthritis that impacts your hips, you will want to let your obstetrician or midwife know so you can prepare a plan for delivery. Some women with arthritis in their hips find birth by cesarean section is a better option if their hips are unable to separate far enough for a vaginal delivery.

- Having psoriasis and/or psoriatic arthritis makes people more likely to experience other health conditions (comorbidities) such as diabetes, heart disease and obesity which impact pregnancy. Work with your health care team during pregnancy to screen for other health conditions and manage your overall health.

- Studies have shown that women with severe psoriasis are at a higher risk for having a low birth weight baby than women without psoriasis. Talk with your obstetrician or midwife about your risk and options for monitoring.
Making treatment decisions

Considering the health needs for both you and your baby can make choices feel daunting. Understanding and evaluating your options with the support of your health care team will help you feel empowered in these decisions and lead to a treatment plan that you feel comfortable with.

Talking through your treatment and health history, current disease severity and thoughts on treatments with your providers will lead to a collaborative plan of care. Some people don’t feel comfortable being on any medications while pregnant, while others choose from a range of treatments. According to the Food and Drug Administration, there are about 6 million pregnancies in the U.S. each year, and 50 percent of pregnant women say that they take at least one medication.

Because treatment recommendations are different for conception, pregnancy and breastfeeding, it is helpful to meet with your health care providers before pregnancy to build a comprehensive treatment plan that includes options for each stage of this time in your life, as well as a plan to manage potential flares.

About half of pregnancies are not planned. For those who find they are pregnant and have not yet had the opportunity to create a treatment plan with their health care providers, it is important to reach out to your care team to talk about a plan that is safe for pregnancy.

There is no right or wrong answer to the question of how to treat during pregnancy. Your journey will be your own and will be based on your unique needs and what you feel comfortable with. A tool that can help you evaluate your options is to consider the positives and negatives by considering the benefits, risks, alternative options, your intuition and the impact of doing nothing (also called BRAIN).

**Benefits:** What are the positive things that could happen if you started on this treatment?

**Risks:** What are the negative things that could happen if you started on this treatment?

**Alternatives:** Are there other treatments available to consider?

**Intuition:** How are you feeling about this treatment option?

**Nothing:** What would happen if you did nothing or chose not to treat?

Gathering information about your treatment options can help facilitate collaborative discussions with your health care providers. Additional resources that can help you feel prepared to make a treatment decision include:

- The Patient Navigation Center here at the National Psoriasis Foundation (psoriasis.org/navigationcenter), which offers personalized support and educational materials.

- Mother to Baby (mothertobaby.org) is an organization 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.

- Talking with others who have made treatment decisions while pregnant. This can be people you know, through online support groups or our One to One program that matches people with psoriatic disease to chat via phone or email (psoriasis.org/one-to-one).
Psoriatic disease changes during and after pregnancy

There is much we still don’t know about the connection between pregnancy, birth and psoriatic disease. Researchers have found that some women experience changes in their psoriatic disease during times of significant hormonal shifts like pregnancy, birth and menopause.

Life with psoriatic disease is different for each person. This variation in symptoms and severity is also true during and after pregnancy. Many women see an improvement in the severity of their psoriatic disease during pregnancy, some see no change in symptoms, while others report a worsening of symptoms.

During pregnancy

Studies show that about 40 to 60 percent of women with psoriasis experience an improvement in their symptoms during pregnancy. Some women notice no change at all, while about 10 to 20 percent experience a worsening of symptoms. Research on the effects of pregnancy on psoriatic arthritis is more limited but follows similar trends. It is most common for women to experience improvement in symptoms while pregnant, particularly in the first two trimesters, but then experience a flare within 4-12 weeks following delivery.

While researchers are still exploring what causes these changes in psoriatic disease symptoms, it is believed to be related to the changes in hormone levels and the immune system that occur during pregnancy.

After delivery

While it is common for the focus of care to shift to your little one after birth, be sure to keep your own wellness in mind. While you will likely be very busy during this time, managing your health needs is just as important as it was when you were pregnant.

Hormonal, emotional and immune changes after delivery may lead to changes in psoriatic disease symptoms. Studies show that 40 to 90 percent of women with psoriasis experience a flare (worsening of symptoms) within 4-12 weeks after giving birth. Flares in psoriatic arthritis symptoms are also common after giving birth. Knowing that a flare after delivery is possible can help you and your health care team adjust your treatment plan ahead of time in case you experience an increase in symptoms (new plaques forming, increased joint pain, etc.).

Psoriasis flares in locations where there was an injury to the skin (called the Koebner phenomenon) are also possible. Some women report a psoriasis flare at the site of their cesarean section incision or on their nipples due to chaffing from breastfeeding.

Depression is also a major concern. Many women experience postpartum depression after giving birth and those with psoriatic disease are already at an increased risk of experiencing depression. Be sure to talk with someone on your health care team if you notice signs of depression, as postpartum depression is common and treatable.
The genetics of psoriatic disease

Our genes control everything, from height to eye and hair color, by telling specific cells how to act. Differences between people result from having different versions of particular genes. When a misstep occurs in the way a gene works, a genetic disease such as psoriasis or psoriatic arthritis may result. Research on what genes may be involved in the development of psoriatic disease is ongoing.

Scientists believe that at least 10 percent of the general population has one or more of the genes that create a predisposition (higher likelihood) for developing psoriasis. However, only 2 to 3 percent of the population develops the disease. Researchers believe this is because only 2-3 percent of people have a combination of genes that lead to the development of psoriasis.

For psoriatic disease to occur there also needs to be a triggering event that causes a change in the immune system. Common triggers for psoriasis include stress, illness, injury to the skin and certain medications.

Some people with psoriatic disease have family members who also have it, while others are the only ones in their family. Having psoriasis does not necessarily mean that your children will also have it.

Odds that a child will develop psoriasis

- One parent has psoriasis
- Both parents have psoriasis

28% 65%
Treatment options

Many psoriatic disease treatments require special precautions before and during pregnancy and while breastfeeding. 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.

While some treatments are established as safe or unsafe during pregnancy, there are many treatments where research on their safety is ongoing. Clinical trials for treatments are rarely done with pregnant women, so most of the information available about the safety of medications during pregnancy comes from animal studies, case reports and pregnancy registries.

Treating when trying to become pregnant

While most treatments for psoriatic disease are safe to take when trying to become pregnant, there are some medications that are known to potentially cause complications during pregnancy or birth defects.

**Methotrexate** is capable of causing miscarriages or birth defects. The National Psoriasis Foundation medical board recommends that both men and women discontinue using methotrexate at least 12 weeks before trying to conceive.

Methotrexate is not known to cause fertility issues and poses little or no risk to pregnancies that occur after it has been discontinued for the recommended time. Methotrexate decreases the body’s ability to utilize folic acid, which is important to fetal development. If you’ve recently discontinued taking methotrexate and plan to become pregnant, talk with your health care provider about what dosage of folic acid you should take.

**Acitretin (Soriatane)** is not a safe treatment for women who are planning for pregnancy due to a high risk of birth defects. It is recommended that women not take Acitretin for at least three years before getting pregnant. Women who have the possibility of becoming pregnant must be enrolled in a registry program called Do Your P.A.R.T. (which requires at least two forms of birth control and regular pregnancy tests) to be prescribed Acitretin.

Women who may become pregnant are typically advised not to drink alcohol while on acitretin as it can cause the treatment to stay in the body longer than the recommended three-year waiting period for safe pregnancy. Acitretin is not known to affect sperm and is safe for men who are trying to conceive.

Treating during pregnancy

Psoriatic disease treatments fall into one of three categories during pregnancy:

<table>
<thead>
<tr>
<th>Typically safe during pregnancy</th>
<th>Moisturizers, low- to moderate-potency topical steroids, UVB phototherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommended on a case-by-case basis during pregnancy</td>
<td>Cyclosporine, biologics, NSAIDs, Otezla</td>
</tr>
<tr>
<td>Not safe during pregnancy</td>
<td>Acitretin, methotrexate, topical vitamin A derivatives, topical vitamin D derivatives, coal tar, salicylic acid</td>
</tr>
</tbody>
</table>
Topicals

Certain topicals are often the first line treatment for pregnant women with psoriasis. Options include low- to moderate-potency topical steroids and over-the-counter products, such as moisturizers. It is recommended that pregnant women avoid the use of topical vitamin A derivatives, topical vitamin D derivatives, coal tar and salicylic acid due to possible risks.

Phototherapy

Narrow-band UVB phototherapy is a commonly prescribed treatment for psoriasis that is generally safe during pregnancy and for breastfeeding women. Phototherapy is a prescription treatment that involves exposing the skin to particular wavelengths of light on a regular basis to slow the rate of skin cell growth. Wearing a cloth covering or sunscreen on the face is recommended to prevent melasma (a condition common in pregnant women that causes the appearance of dark spots on the face).

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

Oral treatments

For some oral treatments for psoriasis and psoriatic arthritis, 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. In particular, methotrexate and acitretin (Soriatane) are off-limits for pregnant women and those trying to conceive. If you are considering taking other oral treatments during pregnancy, talk with your doctor about your options.

Biologics

Research on the use of biologic treatments during pregnancy is ongoing. Biologics may be prescribed to pregnant women with moderate to severe psoriasis or those with psoriatic arthritis after weighing the risks and benefits. Small studies have been done on pregnant women using biologics that showed no increased risk for low birth weight or birth defects. Women taking biologics who are considering pregnancy and those who are pregnant should work closely with their doctor to determine the appropriate treatment option for their specific needs.

Pregnancy registries

Pregnancy registries gather information from participating pregnant women to help fill the gaps in information about the safety of the medications used during pregnancy. They are strictly observational, meaning you are not asked to change anything about your normal routine, including the medications you are taking. MotherToBaby is currently conducting studies with pregnant women with psoriasis and psoriatic arthritis. To learn more visit: mothertobaby.org/ongoing-study/psoriasis/ or mothertobaby.org/ongoing-study/psoriatic-arthritis/.
Treating while breastfeeding

For those who breastfeed, the question of what treatments are safe to use during this time often comes up. Treatments that are unsafe during pregnancy are not necessarily unsafe while breastfeeding. According to the American Academy of Pediatrics, there are very few medications that should be avoided during breastfeeding since most medications don’t make their way into breast milk. **Acitretin (Soriatane) and PUVA phototherapy are not recommended while breastfeeding.**

While most medications either don’t end up in breast milk or are in such low doses that they have no impact on the child, it is important to consider the safety of all medications and over-the-counter products used while breastfeeding.

For more information, talk with your specialist and your child’s pediatrician about your treatment plan and if there are any risks you should be aware of. The National Institutes of Health has an app called LactMed that provides information on how drugs and dietary supplements can affect breastfeeding.

Topicals and breastfeeding

If you are breastfeeding, use caution when applying topical treatments to the breasts to avoid passing the medication to the baby. Depending where on the body the topical is applied, you may need to wash off the topical or create a barrier with clothing.

For example, some women who use topicals on their torso put gloves or pajamas with hand covers on their babies while breastfeeding so that the baby’s wiggling hands don’t get medication on them.

Talk with your health care provider and your baby’s pediatrician about how long you need to let medications absorb into your skin before it is safe for your baby to touch without needing a barrier, as this will differ from one topical to another.
Managing flares

Part of the treatment plan you build with your health care team should include a plan for what to do if you experience a flare. Tracking your symptoms over time can help you notice flare patterns and identify when to check back in with your providers to adapt your treatment plan or talk about other things you can do to manage your symptoms during this period where treatment options are more limited.

Pregnancy for people with psoriatic disease can be a roller coaster both emotionally and physically, but it is also often a time of incredible growth and joy. Finding moments for self-care and reminding yourself that these changes are temporary can help with stress relief during a flare.

Home care

For those who experience a flare during or after pregnancy, having a home care plan can make symptoms more manageable. For psoriasis, keeping the skin moisturized with lotions, soaks and humidifiers can help with itch and comfort. Always check with your health care provider before using new over-the-counter products.

Warm compresses and light exercise can help with psoriatic arthritis symptoms. Regularly stretching and moving around as well as exercising can help maintain a healthy pregnancy and lessen fatigue and joint stiffness. Talk with your health care provider about what type and level of exercise is right for you during pregnancy.

Adaptive equipment

For people with psoriatic arthritis or psoriasis that impacts their physical function, it can be helpful to use assistive devices and strategic planning to manage the physical strains of maintaining a pregnancy and caring for a baby. From belly bands to pregnancy pillows, there are many products that can help lessen the strain the extra weight of pregnancy can put on already painful joints.

Adjusting the height of changing tables, using carriers and strollers to transport your baby from place to place and setting up stations throughout your house where everything you need (baby clothes, wipes, diaper cream, etc.) is within easy reach can help reduce the amount of strain on your body.

Some people find it helpful to work with a physical therapist or occupational therapist:

**Occupational therapists** teach proper body mechanics to help patients move safely and efficiently. Occupational therapists customize ways of completing daily activities for each patient and may recommend adaptive equipment.

**Physical therapists** treat patients through physical intervention, with the goal of decreasing pain and maintaining/improving mobility. Physical therapists may work with patients using exercise, stretching, massage, hot/cold therapy and other techniques.
Your health care team
You’ll have various providers working with you to manage your psoriatic disease and help you have a healthy pregnancy. Keep track of your health care team below.

Primary care provider

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Best way to contact with questions</th>
</tr>
</thead>
</table>

Provider managing my psoriasis (if applicable)

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Best way to contact with questions</th>
</tr>
</thead>
</table>

Provider managing my pregnancy

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Best way to contact with questions</th>
</tr>
</thead>
</table>

Provider managing my psoriatic arthritis (if applicable)

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Best way to contact with questions</th>
</tr>
</thead>
</table>

Your treatment plan
Your treatment plan may change throughout your pregnancy journey based on what treatments are safe at each stage and how severe your symptoms are. Use this guide to help plan for treatments at each step, knowing that you can always adapt the plan as needed.

Treatment plan while trying to become pregnant


Treatment plan for pregnancy


Treatment plan after delivery


Plan if flare (increase in symptoms) occurs


Psoriasis, Psoriatic Arthritis and Pregnancy 10
Questions for your health care team
Keep notes, questions or top priorities for upcoming appointments here:
Next steps

Connecting with others

Communicating with others who have managed psoriatic disease through pregnancy to hear and share experiences can feel supportive and inspiring.

**NPF’s One to One program allows you to connect with trained volunteers who have psoriasis and/or psoriatic arthritis.** Share experiences, get tips and receive emotional support. Sign up and connect with someone today via phone or email. Visit [psoriasis.org/one-to-one](http://psoriasis.org/one-to-one) to get started.

Our message board, TalkPsoriasis ([talkpsoriasis.org](http://talkpsoriasis.org)), is also a great place to communicate with others.

Contact our Patient Navigation Center

**NPF’s Patient Navigation Center provides free and personalized assistance to anyone impacted by psoriatic disease.**

It doesn’t matter if you have one question or need ongoing assistance, your patient navigator will help you find the information you need. We can help you:

- Understand pregnancy and psoriatic disease
- Find a health care provider
- Learn about new treatments
- Deal with insurance issues
- Find financial help for treatments
- Connect with others living with psoriatic disease

**You can reach our navigators by phone, email, text and instant chat:**

Phone: **800-723-9166** | Text: **503-410-7766**

Email: education@psoriasis.org

Learn more or chat: [psoriasis.org/navigationcenter](http://psoriasis.org/navigationcenter)

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NPF’s educational materials are reviewed by members of our Medical Board and are not intended to replace the counsel of a physician.

NPF does not endorse any medicines, products or treatments for psoriasis or psoriatic arthritis and advises you to consult a physician before initiating any treatment.