Three Steps to Success When Managing Acne in Pregnant Women

With sensitivity to patients’ needs and regimens built on safe therapeutics, dermatologists can help manage acne in pregnant women.

By Alyson C. Penstein, MD

Both pregnant women with acne and the dermatologists who treat them recognize the need to balance the desire for cutaneous clearance against the safety of the unborn child. But while dermatologists are confident that they can safely and effectively treat cases of mild to moderate acne in pregnant women, patients themselves usually need some reassurance.

Dermatologists who approach patients openly and with sensitivity can find management is actually quite rewarding. Key to success is a three-step approach that successfully addresses the personal and medical needs of patients.

1. Establish Trust
   The majority of women during pregnancy pay special attention to their bodies and their overall health. Perhaps more so than at any other period of their life, pregnant women are likely to closely monitor everything they put into (foods, medications, vitamins) or on (skin care products, medications, hair care chemicals) their bodies. Their wariness of most medications—including the majority of OTC medications, usually regarded as “safe” by the public—leads many pregnant women to assume that treatment for acne is either impossible or at least unadvisable.

   Dermatologists know there are safe and very effective options available to treat mild to moderate acne during pregnancy. But it’s imperative that we take the time to explain to patients that we can help clear their skin without posing a risk to their baby.

   The most important thing a dermatologist can do is take the time to carefully assess the patient’s worries and respond to each specific concern. Proper education about the role of each therapeutic agent and its mechanism of action goes a long way toward allaying fears.

   When appropriate, take the time consult with the patient’s Ob/Gyn. Though not strictly necessary, taking the extra bit of time to communicate with the Ob/Gyn accomplishes two key goals. For one, it helps bolster the comfort level of the patient (and both physicians, for that matter). Second, it’s strategically important for the Ob/Gyn to know that you value his or her opinion and help establish an attitude of mutual respect. Especially if that physician provides regular referrals to your practice, the professional courtesy can strengthen and enhance your working relationship.

2. Implement a Two-Pronged Regimen
   There are many acne medications not used in the pregnant patient. Retinoids, benzoyl peroxides, and sulfur agents are not considered safe. A key component for successful management of acne in a pregnant woman is to use topical antibiotics. As with acne in general, the antibiotics are used for both their effect on propionibacterium acnes and for an anti-inflammatory effect. The safest and most effective agents are a topical erythromycin or clindamycin formulation. These topical antibiotics are rated category B. The patient should apply the topical antibiotic at least once daily, preferably in the morning.

   Choice of a particular agent depends on physician preference. Some women tend to complain of dry skin during pregnancy. For many of these individuals, I find Akne-mycin ointment (erythromycin, Coria Laboratories) is a good
Acne/Rosacea Advances

3. Consider Adjunctive Measures

Treatment of individual cystic lesions with intralional Kenalog is safe and permissible during pregnancy. For patients with a significant comedonal component to their presentation, acne surgery is appropriate. The sometime overlooked intervention helps to hasten clearance.

Glycolic acid peels and/or microdermabrasion are also safe and effective options worth considering in pregnant women. These adjunctive measures are compatible with and augment topical drug therapy as outlined above.

The Rule of Three

While some cases of severe or recalcitrant acne will require additional or alternative interventions, dermatologists will find that the vast majority of patients who present with acne during pregnancy will respond to topical therapy, particularly if adjunctive measures are used to hasten clearance. Investing time in patient counseling and conversations with the Ob/Gyn bolsters patients’ comfort level and is likely to significantly increase compliance, which only improves therapeutic outcomes.

New in Your Practice

Coppertop: Healing Won’t Stop… If you perform fractional photothermolysis, consider Procysy-Photomedix’s recently unveiled Fraxamin One Perfect Healing Face System for post-procedure care. Fraxamin includes a collection of three products formulated in a mildly occlusive, light lotion that contains GHK Copper Peptide Complex technology. Studies show that copper is an important micronutrient involved in several key functions of the skin. It has been shown to stimulate dermal collagen, enhance skin elasticity, and improve skin healing in diabetic and burn wounds and following Moh’s surgery.

Colorful Care. A new skin care line may meet the specific needs of your patients with darker skin tones. Walgreens recently teamed up with a cosmetic surgeon to launch Dr. Jan Adams Women of Color Total Skin Care System. The line includes a facial cleanser, microdermabrasion treatment, face and body SPF 30 moisturizer, skin lightener and night replenishing cream and will be available in Walgreens pharmacies throughout the US.