



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS
FAQ169
PREGNANCY

Skin Conditions During Pregnancy

- What causes dark spots during pregnancy?
- What is chloasma?
- What is the linea nigra?
- What are stretch marks?
- How can I reduce the effects of stretch marks?
- What hair changes may occur during pregnancy?
- What nail changes may occur during pregnancy?
- What causes spider veins during pregnancy?
- What are varicose veins?
- How common is pruritic urticarial papules and plaques of pregnancy?
- What are the effects of prurigo of pregnancy?
- What is pemphigoid gestationis?
- What is cholestasis of pregnancy?
- Glossary

What causes dark spots during pregnancy?

During pregnancy, many women notice dark spots on their breasts, nipples, or inner thighs. These dark areas come from an increase in the body's melanin. This natural substance gives color to the skin and hair. More than 90 percent of pregnant women will get these dark areas. Women with darker skin tones may notice them more.

What is chloasma?

Brownish marks that appear around the eyes, nose, and cheeks are called **chloasma** or “mask of pregnancy.” Spending time in the sun makes them darker. These dark areas are harmless and usually fade a few months after delivery. However, they are unlikely to go away completely. If you notice any new or rapidly changing dark spots (or “moles”), show them to your health care provider right away.

What is the linea nigra?

Some women also notice a faint, dark line that runs from their belly button to their pubic hair. This is called the **linea nigra**. This line is always there, but before you become pregnant it is the same color as the skin around it.

What are stretch marks?

As your belly and breasts grow during pregnancy, they may become stretched and marked with reddish lines. These marks occur when the skin stretches quickly to support the growing fetus. By the third trimester, almost all pregnant women will get stretch marks on their abdomen, buttocks, breasts, or thighs. There is little you can do to keep them from appearing or to make them go away.

How can I reduce the effects of stretch marks?

There are many creams, lotions, and oils sold that claim to prevent stretch marks; however, there is no proof these treatments work. Using a heavy moisturizer may help keep your skin soft, although it will not help get rid of stretch marks. Applying a

sunless tanning lotion also can help hide the marks. Most stretch marks will slowly fade after the baby is born. Some marks may remain.

What hair changes may occur during pregnancy?

The hormone changes in pregnancy cause an increase in hair growth. Many pregnant women notice that their hair is thicker. Sometimes women grow hair in areas where they do not normally have hair, such as the face, chest, and arms. This new hair growth is called **hirsutism** and can be caused by the body's changing hormones. Your hair should return to normal within 6 months after you give birth.

What nail changes may occur during pregnancy?

Nails, like hair, can change during pregnancy. Some women find their nails grow faster. Others find their nails tend to split and break more easily. Like the changes to your hair, those that affect your nails will ease after birth.

What causes spider veins during pregnancy?

The increased amount of blood in your body during pregnancy can cause changes in your blood vessels. Tiny red veins, known as spider veins, may appear on your skin. Spider veins are most common during the first half of pregnancy. Again, the redness should fade after giving birth.

What are varicose veins?

The weight and pressure of your uterus can slow blood flow from your lower body and cause the veins in your legs to become swollen, sore, and blue. These are called varicose veins. They also can appear near your vagina and rectum (usually called hemorrhoids). In most cases, varicose veins are not a problem.

How common is pruritic urticarial papules and plaques of pregnancy?

Pruritic urticarial papules and plaques of pregnancy (PUPPP) occurs in 1 out of every 200 pregnant women. The small, red bumps and hives usually start later in pregnancy. The bumps can form large patches that can be very itchy. It often starts on the abdomen and can spread to the thighs, buttocks, and breasts. PUPPP will go away after you give birth. In the meantime, your health care provider may prescribe an anti-itch cream or steroid cream to help stop the itching.

What are the effects of prurigo of pregnancy?

With prurigo of pregnancy, itchy, tiny bumps that look like insect bites appear almost anywhere on the skin. This condition can occur anytime during pregnancy and usually starts with a few bumps that increase each day. Prurigo can last for several months, and may even continue a while after the baby is born. It is usually treated with medications.

What is pemphigoid gestationis?

Pemphigoid gestationis is a rare skin condition that usually starts during the second and third trimesters or sometimes right after a woman gives birth. With this condition, blisters appear on the abdomen, and in severe cases, the blisters can cover a wide area of the body. Sometimes the condition returns during future pregnancies.

If your health care provider diagnoses pemphigoid gestationis after checking your blisters, you and your baby will be monitored closely during the last part of pregnancy. Your health care provider also may give you medications to control the outbreak of blisters and help relieve your discomfort. Adding oatmeal to your bath water and using anti-itch creams also can help.

What is cholestasis of pregnancy?

Cholestasis is the most common liver condition that occurs only during pregnancy. The main symptom is severe itching on the palms of the hands and soles of the feet that also can spread to the trunk of the body.

Symptoms usually start during the third trimester but often go away a few days after delivery. Cholestasis can come back, however, in future pregnancies.

If your health care provider diagnoses the condition after taking blood tests, you and your baby will be monitored closely during the third trimester. Cholestasis may increase the risk of **preterm** birth and other problems, including fetal death.

Glossary

Chloasma: The darkening of areas of skin on the face during pregnancy.

Hirsutism: Excessive hair on the face, abdomen, and chest.

Linea Nigra: A line running from the navel to pubic hair that darkens during pregnancy.

Preterm: Born before 37 weeks of pregnancy.

If you have further questions, contact your obstetrician–gynecologist.

FAQ169: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

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