

# Hidradenitis Suppurativa: When HS Joins the Pregnancy Journey

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During my own three pregnancies, I learned how even the smallest skin discomforts can feel like a lot. Pregnancy had a way of making me hyperaware of every sensation in my body. Most of the skin problems I had during pregnancy were minor irritations, like dry skin and acne, and they eventually went away. This was not the case with my hidradenitis suppurativa (HS). HS didn't take a break just because I was pregnant. So, what happens when the discomfort is something more chronic, something that doesn't come and go with a particular week or trimester, but shows up again and again, like HS?

## ***What is hidradenitis suppurativa (HS)?***

HS is a long-term skin condition that causes repeated painful lumps, areas that drain (abscesses), or pits and tunnels under the skin. These areas tend to show up where skin folds and rubs together, such as the armpits, groin, inner thighs, under the breasts, or along the buttocks. Over time, HS may also cause ropelike scars to develop, which can limit movement in some areas. For example, scarring in the armpits may make it difficult to fully lift the arms. HS can also cause pain, which can make daily activities, work, and intimate relationships hard for people with HS.

Symptoms of HS can include ingrown hairs, infections, or cysts, which is why diagnosis by a healthcare provider familiar with HS, like a dermatologist, is important. HS is considered an inflammatory condition because the same spots can get inflamed over and over again, often described as "flares." HS is not caused by infection, poor hygiene, diet, or anything you did or didn't do. HS is not contagious (it does not spread from person to person). Instead, HS is "multifactorial," meaning it is influenced by several things at once, including the immune system, genetics, hormones, and more.

## **How do pregnancy and HS interact with each other?**

Everyone's experience with HS in pregnancy is different. Some people notice that their symptoms get better in pregnancy, others notice little change, and some find that their symptoms worsen and flares increase. Experiences can also be different between pregnancies. For two of my pregnancies, my symptoms stayed the same, but in the third, the number of my flares increased, and I had much more pain.

## **Can HS affect pregnancy outcomes?**

Pregnancy hormones, increased body heat, and sweating can sometimes make areas with HS feel more inflamed or tender. And as your body grows and shifts during pregnancy, areas that weren't rubbing before may suddenly start rubbing now. Occasionally, an area of the skin may become more irritated or develop signs of infection. Because HS can get better or worse during pregnancy, it is helpful to check in with your healthcare provider whenever you notice new symptoms or changes in how HS feels in your body.

Pregnancy complications, like miscarriage, are common and can occur in any pregnancy for many different reasons. Birth defects can also happen in any pregnancy for different reasons. Out of all babies born each year, about 3 out of 100 (3%) will have a birth defect.

Many people with HS have no complications during pregnancy. At the same time, recent research has suggested that HS may increase the chance for certain pregnancy-related problems, not because HS directly causes them, but because the underlying inflammation in HS may play a role.

Several studies looking at more than 5,000 pregnant women with HS found that pregnant women with HS had a higher chance of miscarriage and of developing high blood pressure and/or diabetes in pregnancy when compared with pregnant women without HS. And when looking at babies, these studies found that babies born to moms with HS had a slightly higher chance of being born preterm (birth before week 37). One study did show a slightly higher chance of birth defects, which was not seen in other studies. Learning that for the first time can feel scary, and I remember feeling that way too. However, while having HS **may** increase the chance for certain pregnancy related problems, it does not mean that if you have HS something **will** happen. We are still learning a lot about HS and pregnancy.

## What do we know about HS medications in pregnancy?

Some people may not need any treatment during pregnancy or may be able to pause certain medications. Others may need ongoing therapy to manage and treat their HS symptoms. For some people, the potential benefits of treatment may outweigh the risks of using medication. In addition to reduce inflammation, treating HS in pregnancy may help improve comfort for some people and might reduce pain or lower the chance of infections.

Thinking about treatments during pregnancy can feel confusing, especially when your symptoms change. For me, because I had no flares in my first two pregnancies and required no treatment, I felt very nervous when my breakouts increased during my third pregnancy. Yes, I was in pain and uncomfortable every time I walked, but that wasn't what was worrying me most. I was anxious about the stress HS was placing on my body and how constant inflammation might affect my baby. It was the first time pregnancy made me feel unsure about what my own body might do next. I needed to make decisions about the best course of treatment, and that felt overwhelming at first. The good news is that I didn't have to make those decisions alone. With the help of my healthcare providers, and resources available at MotherToBaby, we talked through what was known about my treatment options and what made the most sense for my HS and made me more confident in my pregnancy.

Some of the treatments options we discussed included **topical antibiotics**, such as clindamycin, and **antiseptic washes**, such as chlorhexidine or diluted bleach baths. Based on available data, using washes and antibiotics on the skin is not known to increase risks to a pregnancy because most of the medication is not well absorbed into the bloodstream, where it could reach the baby. Small amounts of **corticosteroids** may be injected directly into inflamed bumps to help calm down painful flares. When a corticosteroid is injected into the skin, it primarily stays in that area, and very little of the medication enters the bloodstream.

Antibiotics taken by mouth (**oral antibiotics**) are sometimes used to help manage HS symptoms or treat suspected infections. The antibiotics most often used to manage HS symptoms, **cephalexin (Keflex)** and **clindamycin**, are not expected to increase the chance for pregnancy complications or birth defects when they are used as prescribed. Some other antibiotics, however, have been associated with certain pregnancy-related complications.

People with HS may also use medications called **biologics**, which target the inflammation caused by HS. These may include medications such as **adalimumab (Humira)**, **secukinumab (Cosentyx)**, and **bimekizumab (Bimzelx)**. Some biologics, like adalimumab, have been used to treat other inflammatory or autoimmune conditions in pregnancy and have been very reassuring. For newer biologics such as secukinumab and bimekizumab, we don't have as much

information yet. Because antibiotic or biologic choices can vary based on your HS symptoms, you can always contact MotherToBaby to talk through what is known about a specific medication.

Other things that can also make a big difference for some pregnant women, especially as your body changes, include wearing loose, breathable clothing, minimizing friction in skin folds, using gentle non-scrubbing body soaps, changing out of damp or sweaty clothing as soon as possible, and trimming (not shaving) in areas that are more sensitive to HS. Some healthcare providers may also recommend taking an extra **zinc** supplement.

Even if you take medication and follow all these steps, you may still experience HS flares in pregnancy. That is not your fault. HS is a long-term condition, and pregnancy can add new layers to how it feels day to day. But you don't have to navigate it alone. I didn't either. Understanding how HS and pregnancy interact, along with having reliable resources like MotherToBaby, may give you comfort and confidence throughout your pregnancy. Your experience matters, and so does feeling supported during it.

## **What can you do to help us understand more about HS and pregnancy?**

We continue to learn about the relationship between HS and pregnancy to better support pregnant women and their babies. If you are pregnant and living with HS, your experience matters. MotherToBaby is currently enrolling participants in a study on HS in pregnancy, and your story could help us learn more. Participation is simple, completely confidential, and can be done from home. You can learn more at: <https://mothertobaby.org/ongoing-study/hidradenitis-suppurativa/>

## **HS Resources:**

- HS Connect at <https://hsconnect.org/>
- HS Foundation at <https://www.hs-foundation.org/>

## **References:**

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The runs, the trots, the green apple quickstep. You have heard all the nicknames for it, but even hearing something as cute as “bubble guts” does not make diarrhea any better, especially during pregnancy or breastfeeding.

Just last week, I got a call from someone in a panic: “Leah, it is really bad. I am so uncomfortable. I thought you were supposed to get constipated during pregnancy.”

That caller was not wrong – constipation can be common during pregnancy. Hormones like prostaglandins – which help

signal to your intestines that it is time to **move things along** – tend to slow down during pregnancy. Even still, constipation does not always happen.

Food poisoning, viral illnesses (like COVID-19), and chronic conditions (like IBS or Crohn’s disease) can all cause diarrhea, even during pregnancy or breastfeeding. No matter where it comes from, everyone asks the same question, “How do I make this stop?” Before we answer that question, let us talk about what is really going on when you have diarrhea.

### ***Diarrhea: What is Actually Going On?***

What makes diarrhea different from your regular poops? Diarrhea is when you have loose or watery stools (poops). Diarrhea can look brown, but it can sometimes look yellow, mucous-y, or mostly clear. Some other symptoms of diarrhea can include abdominal cramping, feeling the urge “to go,” or gas. Diarrhea can be caused by lots of different things. Sometimes, diarrhea can be caused by food or drinks (such as food poisoning, contaminated water, or allergies to food products like lactose). Diarrhea can also be caused by other conditions (such as viral infections, conditions that affect the GI system, or medications). When you have diarrhea, your body gets rid of water and electrolytes much faster than usual. It is always important (but especially when you have diarrhea) to wash your hands for at least 20 seconds with soap and water after going to the bathroom. This helps prevent the spread of infections.

## **What Does That Mean if I am Pregnant or Breastfeeding?**

One of the main concerns with diarrhea is the risk of dehydration. If you are severely dehydrated during pregnancy, this can increase the risk of some pregnancy-related issues, like oligohydramnios (not enough amniotic fluid). If you are severely dehydrated while breastfeeding, this can lower the amount of breastmilk that you produce. Yellow or dark urine, being unable to urinate, feeling dizzy or faint, and feeling thirsty are some signs of dehydration. Typically, rehydration includes giving yourself more water and more electrolytes to replace the water and electrolytes that you lost from the diarrhea. If you are experiencing dehydration, you should check with your healthcare team about what you can do to rehydrate yourself.

## **Over-The-Counter Options**

Over-the-counter medications might be a helpful way to treat diarrhea, depending on the situation. Let us explore what we know about the common over-the-counter antidiarrheal medications: loperamide (Imodium) and bismuth subsalicylate (Pepto-Bismol). For more information on these types of medications, or any others, contact a specialist at MotherToBaby.

### **Loperamide**

Loperamide is a common over-the-counter antidiarrheal. Loperamide works by attaching to certain receptors in your intestines to say, “please don’t move things along so much.” Taking loperamide slows the movement in your intestines, which slows down how often you have a bowel movement.

When you take loperamide as directed, most of the medication stays in your intestines and it is not expected that you would absorb a lot of the loperamide into your bloodstream where it can then reach the baby. Loperamide, however, is not well-studied in pregnancy and it is not known if taking loperamide as directed during pregnancy changes the chance of miscarriage or pregnancy-related issues, like preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces at birth). One study showed that taking loperamide during the first trimester of pregnancy might increase the chance of birth defects and another study did not find an increased chance.

Because there is not a lot of information about using loperamide during pregnancy, you and your healthcare provider may need to decide what's best for you. Treating diarrhea is important especially to prevent dehydration, but it is also important to consider the limited information we have about this medication in pregnancy.

Loperamide does pass into breastmilk. If you decide to take loperamide while breastfeeding, your infant will get a very small exposure. It is not expected that exposure to loperamide through breastmilk will lead to side effects in the infant.

## **Bismuth Subsalicylate**

Bismuth subsalicylate is another over-the-counter medication that is commonly used for diarrhea. Some common names for bismuth subsalicylate are Pepto-Bismol, Kaopectate, and BisBacter. Bismuth subsalicylate works by slowing prostaglandins down (which helps to lower inflammation and slow intestinal movements) and encouraging your body to reabsorb water from the intestines (which helps make bowel movements less watery). Bismuth subsalicylate turns into two components in the body: bismuth and salicylate.

Most of the bismuth stays in your intestines and it is not expected that you would absorb a lot of the bismuth into your bloodstream where it can reach the baby.

However, salicylate can be absorbed into your bloodstream. Taking something that has salicylate in it during pregnancy (like bismuth subsalicylate or NSAIDs, like aspirin or ibuprofen), can cause problems with how the baby's heart works or how baby's kidneys work which may cause oligohydramnios (not enough amniotic fluid around the baby) and poor lung development. It may also cause bleeding concerns for you. Because of this, it is generally recommended to avoid any medications that have salicylate in them, especially in the second and third trimester of your pregnancy.

If you take something that has salicylate in it while breastfeeding (like bismuth subsalicylate or NSAIDs, like aspirin or ibuprofen), some salicylate will most likely be present in your breastmilk. There is concern about giving salicylate directly to an infant. Infants tend to metabolize (or process) salicylate slower than adults do. Reye's syndrome, a rare condition involving brain swelling and liver damage, can happen if an infant is recovering from a viral infection and is exposed directly to salicylate.

For more information on bismuth subsalicylate, check out our "[Managing Tummy Troubles During Pregnancy](#)" blog.

## **The Bottom Line - No Pun Intended**

Diarrhea is uncomfortable, exhausting, and when you are pregnant or breastfeeding, often stressful on a whole new

level. You should not have to choose between feeling better and worrying about your baby.

Staying hydrated is always a priority, but when symptoms don't improve, medications might be helpful, depending on your situation. As always, if you notice any changes in your body during pregnancy or in your infant during breastfeeding (like an increase in stools, or a change in color or consistency of stools), you can reach out to a healthcare provider for guidance on what to do next.

And remember, if you ever feel unsure about an exposure, medication, or symptom during pregnancy or breastfeeding, you don't have to figure it out alone. Evidence-based guidance can bring peace of mind — even on the days your stomach has other plans. Contact a MotherToBaby specialist to talk to someone about your concerns.

Good luck and I hope your tummy feels better soon!

## References

<https://www.acog.org/womens-health/faqs/problems-of-the-digestive-system>

<https://www.acog.org/womens-health/faqs/morning-sickness-nausea-and-vomiting-of-pregnancy>

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