

Microblading in Pregnancy: What to Know before ‘Going under the Needle’

By Angela Messer, MS, Teratogen Information Specialist, MotherToBaby California

“I love the way my eyebrows look!” Emily just found out she was 6 weeks pregnant, and had started the process of microblading (a cosmetic tattooing technique, in which a tool made of small needles is used to add semi-permanent pigment to the skin; resembling the hair on the brow) before she knew she was pregnant. Logging into the MotherToBaby chat for some guidance, after online searching resulted in mixed answers, she wanted to know if it was still ok to continue microblading during her pregnancy.

Emily’s question is a common one we receive here at MotherToBaby. With new and upcoming products in the beauty industry, many women want to know if it is ok to start or continue treatments like microblading when they become pregnant. Procedures like these often require more than one visit, broken up between weeks or even months. For pregnant women, the “nine month stretch” raises questions about their use in pregnancy.

The difficulty in answering a question like Emily’s comes down to the lack of information about these types of procedures in pregnancy and also while breastfeeding. Without the research available, we simply do not know about how they may, or may not, affect your pregnancy or your breastfed infant.

Ink

The pigments used in microblading are made up of different types of chemical compounds, like oxides, which can be pre-mixed and purchased by the cosmetic tattoo artist. They may also be mixed by the professionals themselves. A few unknowns are how much pigment, if any, is going into the skin, is entering the mom’s blood, crossing the placenta, and reaching the baby – which also means we do not know if the ingredients in the pigment could pose any risk. The same goes for breastfeeding moms – without good data, we do not know how much pigment, if any, is getting into the milk reaching the breastfed baby.

Possibility of infection

Another thing to consider about microblading in pregnancy and breastfeeding is the risk for infection. As previously mentioned, during the microblading process, a cosmetic tattoo artist deposits pigment into the outer layer of the skin by penetrating the skin with tiny needles. There is a possibility that the needles used may not be completely sterilized, which can lead to a higher risk of health issues such as staph infection, abscess, skin inflammation, or other infections like Hepatitis B and HIV. Medications like antibiotics may be needed to treat these conditions, sometimes requiring weeks or months of treatment. If left untreated, they can lead to health issues for mom and baby. Visiting a reputable business with good hygiene practices in place is a good idea should you choose to have microblading done during pregnancy or while breastfeeding.

Pain

Some women report that the microblading treatment can be painful. If that’s the case, the cosmetic tattoo artist may recommend the use of additional medications to control the pain (e.g. a topical lidocaine cream, or Tylenol). During pregnancy and breastfeeding, Tylenol (acetaminophen) is considered by most healthcare professionals to be the preferred pain reliever: <https://mothertobaby.org/fact-sheets/acetaminophen-pregnancy/>. With topical exposures, like lidocaine cream, a significant amount is generally not expected to enter the mom’s blood and result in an exposure to the pregnancy. Consider these additional exposures during pregnancy or while breastfeeding when deciding whether or not to book an appointment.

With all these unknowns in mind, it can be difficult to evaluate what possible risks a developing baby or breastfed infant might face. Ultimately it comes down to weighing the risks vs. the benefits, and this is exactly what I discussed with Emily on our chat. Having gone to a licensed cosmetic tattoo artist, Emily was reassured that her microblading procedure early in pregnancy was unlikely to be a concern. Moving forward, she decided that given the lack of research, she would prefer to wait until she was no longer pregnant or breastfeeding to resume further treatment. “My eyebrows might not look as great for the next year, but I won’t have to constantly worry about the ink reaching the

baby or the possibility of infection from having this done!” she shared as we wrapped up the chat.

If you have questions about microblading while pregnant or breastfeeding, don’t hesitate to contact a MotherToBaby specialist via phone, text, chat, or email.



Angela Messer, MS, is a Teratogen Information Specialist with MotherToBaby California. She earned her undergraduate degree in psychology from Chapman University and her Master’s degree from Kansas State University in academic advising/counseling. Angela has been with MotherToBaby since 2009 and holds a special interest in maternal medical conditions in pregnancy. In her free time, she enjoys spending time in her hometown of San Diego, CA with her husband and 9 month old daughter.

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By Al Romeo, RN, PhD, MotherToBaby Utah

If you are pregnant or breastfeeding, you might wonder if it is safe for you to go to the nail salon. After all, there are chemicals in nail treatments, and (let’s face it) nail salons often smell like they could be toxic! But are they?

What’s in nail treatments? And could they be harmful if I’m pregnant or nursing?

Common nail products include nail polish and types of acrylic nails including gels, liquids, and powders. There are a few ingredients that are commonly found in those products, including:

- Dibutyl phthalate (DBP)
- Toluene
- Formaldehyde
- Camphor
- Paraffin
- Methacrylic
- Acetone
- Acetonitrile

The names of those ingredients may sound scary, but let’s look at each of them.

Dibutyl phthalate (DBP) is used in nail polish to make the polish more flexible and less likely to crack or break. Small amounts have been found in humans. Those small amounts are not expected to cause increased chances of problems for the pregnancy or breastfed baby based on the available research.

Toluene is a solvent that is used to thin nail polish so it goes smooth after being painted on with a brush. Solvents are known to be harmful to the nervous system. Sniffing or huffing spray paint, glue, and gasoline can cause dizziness and fainting in addition to damaging brain cells. But when it comes to nail treatments, the amount of toluene that is absorbed through the skin or inhaled from applying nail polish to finger and toe nails is small and not expected to increase the chance of problems for your pregnancy or breastfed baby.

Formaldehyde is used to harden nail polish. Nail salons might also use formaldehyde to disinfect nail care tools. Some people may be allergic to formaldehyde, even in the small amounts found in nail polish. Women with those allergies should use nail care products without formaldehyde and ask about its use in nail salons. Our bodies make formaldehyde and it can be found in healthy foods, such as apples. Just as too much water or oxygen can be dangerous for our bodies, too much formaldehyde can be a problem. However, the amount in nail polish is small and the amount that would be absorbed through the skin, nails, and from the fumes is also very small. That small amount is not expected to cause problems for your pregnancy or breastfed baby.

Camphor is also used to make nail polish soft or flexible and give it a pleasant odor. Camphor is found in some pain-relieving products that are applied to the skin. The amount of camphor in nail polish is far less than in those pain-relieving creams. Based on the limited information available, the use of camphor on the skin has not increased risks for a pregnancy or breastfed babies.

Paraffin is a mineral oil used in cosmetics and ointments to soften the skin. It isn’t part of the nail polish or remover, but your hands or feet might soak in it as part of the manicure or pedicure. As an oil, it mainly stays on the skin and

isn't absorbed into the bloodstream. The small amount of paraffin that is expected to get absorbed into the skin is not expected to increase the chance of problems for your pregnancy or breastfed baby.

Methacrylate is a chemical in acrylic nails. Not much of the methacrylate is left after it reacts with other chemicals to form the acrylic nails. However, the small amount that is left in the acrylic nails could cause irritation, redness, and swelling in the tissues under and below the nails. The small amount of methacrylate that is expected to be absorbed by the skin or lungs from using acrylic nails is not expected to cause an increased chance of problems for your pregnancy or breastfed baby.

Acetone is a solvent used in nail polish removers. Acetone, when ingested, can cause problems in the body. The small amount of acetone that is expected to be absorbed by the skin or lungs when it is used to remove nail polish is small and not expected to cause an increased chance of problems for your pregnancy or breastfed baby. After using nail polish remover, you might want to wash your hands or feet to reduce the amount that is left on the skin that could be absorbed.

Acetonitrile is another solvent used for removing artificial nails. It is less commonly used in cosmetics than acetone. The small amounts that are expected to be absorbed through the skin, nails, or lungs are not expected to increase the chances of problems for your pregnancy or breastfed baby.

But what about the smell?

The smell in nail salons is caused by the chemicals in the various treatments they offer. If there is good air flow and plenty of fresh air, then it is not likely that much of the chemicals will get into the body by breathing the fumes. But if you have headaches, dizziness, or nausea while around nail care products, take a break and get some fresh air outside.

So what's the take-away?

Go ahead, pamper yourself with pretty nails! Using these cosmetic products as part of routine nail treatments should not cause you any concern, as there are no known increased risks for your pregnancy or your breastfed baby.

If you have questions about exposures during pregnancy or breastfeeding, contact an expert at MotherToBaby. You can reach us by phone at 866-626-6847 or by text at 855-999-3525. You can also email or live chat with us by visiting <https://MotherToBaby.org>.



Alfred Romeo, RN, PhD, is a nurse and health educator. He has been with MotherToBaby for fifteen years, has served as the chair of various committees, and has served in many roles on the Board of the Organization of Teratology Information Specialists (OTIS)/ MotherToBaby. His experiences include working as a nurse in newborn intensive care units, training medical homes to improve services for children with special needs, and training young adults with disabilities in leadership and advocacy.

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A Special Edition Baby Blog in Partnership with SafetyNEST®

By Chris Stallman, Certified Genetic Counselor at MotherToBaby Arizona and host of The MotherToBaby Podcast

As a teratogen information specialist, one of the questions I frequently get asked is “can this product be harmful to me or my pregnancy?” What a perfect time to address this question during June’s National Safety Month, which aims to raise awareness about reducing the leading causes of unintentional injury in the home! What is the answer to that common safety question? Usually yes, a product **can** be harmful to you or your pregnancy. But before you throw out everything in your house and live in a bubble for nine months, let me explain...

Anything can be toxic if too much is ingested or absorbed into the body – even water. What matters is the dose – how much of something you are exposed to. For example, in a healthy person, drinking 8-10 glasses of water a day would not be expected to cause water toxicity. However, drinking 8-10 gallons can be dangerous. Again – **all in the dose**.

There may be beauty products you use before pregnancy that may not be recommended for use during pregnancy. We’ll look at a few common products below:

Retinoids

When it comes to treating acne outside of pregnancy, there are many options. Vitamin A (retinol) and vitamin A derivatives (such as retinoic acid and isotretinoin) are often referred to as “retinoids”, and can be found in some acne treatment products. It’s well-known that the drug Accutane® (a pill taken by mouth that contains isotretinoin) can cause birth defects in pregnancy, but it’s less clear if topical retinoids (like gels or creams) have the same effects. When applied on the skin, usually much less of the medication makes it into the bloodstream. This means less of the medication would make it across the placenta to the fetus. However, even though the risk with topical use is different than when taking a pill, women who are pregnant, planning to become pregnant, or breast-feeding should discuss this with their healthcare provider.

Salicylic acid

This relative of aspirin can be found in some beauty products, including cleansers and toners. Low dose aspirin (less than 81 mg/day), taken by mouth, has been well studied in pregnancy and does not appear to increase the chance of birth defects or other pregnancy complications. When applied on the skin, the amount of salicylic acid that enters the body would be much less than when a woman takes low dose aspirin. The amount that can be absorbed depends on the health of the skin, the levels (dose) of active ingredients, the area exposed (how much skin comes in contact with the product) and how often you use it. It’s important to use as directed by the product label or by your healthcare provider. When used as directed, it is unlikely that topical salicylic acid would pose any risk to a developing baby. Too much of this ingredient can cause symptoms such as nausea, vomiting, dizziness, headache, problems with breathing, abnormal heart rhythm or coma, and can be fatal.

Hair dye

In general, when used as recommended, the amount of dye that is absorbed by the healthy skin of the scalp is small and is not expected to cause problems in a pregnancy. However hair products made outside of the US might have dangerous substances or contaminants such as heavy metals, including lead, cadmium, nickel, arsenic or mercury. So it may be best to avoid beauty products made in other countries. Gloves should be worn to protect the skin on your hands, although this does not protect the scalp, neck, forehead, ears, and eyelids. If a temporary dye gets into your eyes, minor irritation is expected. For semi-permanent and permanent dyes, effects on the eyes can be more serious, which is why it is recommended that these products are not to be used to dye eyebrows or eyelashes. If eaten (ingested), effects can be minor irritation of the mouth, nausea, vomiting, allergic reactions, and possibly chemical burns. It's best to keep these (and all) products out of the reach of children, and to wash any areas of the skin where dye was present.

So, can beauty products be used in pregnancy? Absolutely, depending on the specific ingredients, how much you use, and how often you use it. When in doubt, ask a professional.

If you suspect you had a toxic exposure to a product, call Poison Control at 1-800-222-1222. If you have questions about everyday exposures during pregnancy or breastfeeding, call MotherToBaby at 1-866-626-6847.



Chris Stallman is a certified genetic counselor based in Tucson, Arizona and proud mother of three. She is the new host of **The MotherToBaby Podcast**, a show answering moms' questions with evidence-based answers about exposures during pregnancy and breastfeeding. Listen to the episode on beauty products in pregnancy and breastfeeding on **iTunes**, **Google Play Music** or **Spotify**. She currently works for The University of Arizona as a Teratogen Information Specialist at MotherToBaby Arizona, formerly known as the Arizona Pregnancy Riskline. Her counseling experience includes prenatal and cardiac genetics. She has also served as MotherToBaby's Education Committee Co-chair.

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By Chris Colón, Certified Genetic Counselor at MotherToBaby Arizona

We here at MotherToBaby are always looking for new and interesting topics to write about in our monthly blog series. We like to make sure that we do our best to target questions and concerns that are important to our readers. We of course spend a lot of time focused on over-the-counter and prescription medications, but not everyone feels comfortable taking traditional remedies. In fact, more and more people are looking to alternative medicine practices to treat a variety of conditions. Practices such as hypnosis, massage therapy and the use of essential oils is becoming more common.

As a teratogen information specialist I’ve fielded more than a few calls about the use of essential oils during pregnancy and breastfeeding. While information on the use of FDA-approved medications in pregnancy and breastfeeding is improving, reliable information on the use of products that are not regulated by the FDA is uncommon. Still, when callers want answers, it’s our job to provide them with the most current and accurate data we can find.

Having no personal experience of my own with the use of essential oils, I wanted to talk to someone who did. Luckily, my friend, colleague and mom of three, Nicole Greer, was willing to share her personal story.

Nicole came to find out about the use of essential oils through a friend. “Three years ago, a friend invited me to her ‘oils’ party, and while I had no idea what that meant, because she was a good friend, I went to support her,” she said. “When I arrived at the party, there were people trying different oils and discussing the life-altering differences oils had made for their families. Each of them had a story about changes such as elevated mood, better digestion issues, increased overall health – the list goes on.”

While curious, Nicole was not ready to take the full plunge into oil therapy without some more information. “I went looking for credible sources to validate what I was hearing before I invested any time or money. I thought, if this is as great as they say it is, why haven’t I heard about them before and why don’t more people use them? Why isn’t there use of these products in medical settings?”

Turns out there is. As the approaches to total patient care continue to change, more institutions are looking “outside the box” for treatments. There are many alternative medicine practitioners who use oils as part of their patient care routine. Vanderbilt University began using essential oils in their emergency room and their own study showed that the use of essential oils reduced stress and improved overall wellness among staff and patients. The Department of Integrative Medicine at Beth Israel Hospital in New York launched a program to help encourage self-care of its staff

members, which includes essential oil therapy. And, there are large organizations both in the United States and abroad, that offer guidance on the practice of aromatherapy and the use of essential oils.

So what does all this mean for pregnancy and breastfeeding? Well, let's start with the basics. Before the use of any products, it's recommended to consult your healthcare provider to discuss the risks and the benefits. If you're looking for information on the use of oils during pregnancy and breastfeeding that can be found on the internet, here are a few tips:

Information is limited. Depending on the product in question, there may be few studies on its use in pregnancy and breastfeeding. For many products, there is no information at all. That doesn't mean that the oils are necessarily helpful or harmful; it means that they haven't been studied. The lack of data can sometimes make it hard to decide if the product should be used or not.

Not all information is created equal. Some information available is based on sound research and scientific proof. Some is "anecdotal", meaning it's based on people's experiences and not necessarily facts. When deciding what is best for you, make sure you're getting information from a reliable source.

Still talk with your healthcare provider. Information from books, media, and/or the internet may be helpful, but it cannot predict what exactly will happen with you. Everyone is different, and every pregnancy is different, too. What works for others may not work for you. There may be something in your medical history that makes using certain products potentially more risky- even products that are not a problem for others. It's best to always check with a medical professional.

If you have used a product without knowing its possible side effects, don't panic. Call your healthcare provider. The use of products on the skin (topical) usually does not lead to large absorption by the person using them. That means not a lot is getting to the bloodstream, or to the baby. Constant use, use on broken or diseased skin, use over large areas of the body, use on certain body parts and swallowing of products have a greater rate of absorption by the body. However, assessing if there a possibility of negative effects on pregnancy or breastfeeding depends on what product is used, when in pregnancy it was used, and how much was used.

Nicole's experience with oils has been a positive one. "For me, the defining moment came when I had a headache, and decided to give some oils a try. I have been plagued by headaches my entire life. I have used over-the-counter pain medication for years, and still my headaches never completely went away until I used a few dabs of oils on my temples. Also, after using the oils for almost two years, I believe the amount of times my three children have been sick is much lower than before. I have many friends who all have similar stories now, and my kids and husband have certainly gotten on board now that they have seen results," she said.

Like everything else, the use of essential oils in pregnancy and breastfeeding is a very personal decision, and one that should be made after careful information gathering and thinking about what's best for you and your baby. MotherToBaby is available to help provide information for questions on the use of essential oils during pregnancy and breastfeeding. You can reach a teratogen information specialist by calling 866-626-6847 or by visiting www.MotherToBaby.org.



Chris Colón is a certified genetic counselor based in Tucson, Arizona and proud mother of two. She currently works for The University of Arizona as a Teratogen Information Specialist at MotherToBaby Arizona, formerly known as the Arizona Pregnancy Riskline. Her counseling experience includes prenatal and cardiac genetics, and she has served as MotherToBaby's Education Committee Co-chair since 2012.

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