Hidradenitis Suppurativa: When HS Joins the Pregnancy Journey

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/

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Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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