This sheet is about having atopic dermatitis in a pregnancy or while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

**What is atopic dermatitis?**

Atopic dermatitis has also been called atopic eczema and sometimes just eczema, for short. Atopic dermatitis is a medical condition that can make the skin red and itchy. For most people, atopic dermatitis starts in childhood, but it can also start in adulthood. For some people, atopic dermatitis is a chronic disorder with dermatitis (skin) symptoms that can be ongoing for a time period and then symptoms go away but come back, on and off (flares).

Atopic dermatitis symptoms can be different from person to person. They can include: dry skin; itchy skin; red to brownish-gray patches, especially on the hands, feet, ankles, wrists, neck, upper chest, eyelids, inside the bend of the elbows and knees; small, raised bumps, that might leak fluid and crust over when scratched; thickened, cracked, or scaly skin; and/or raw/sensitive skin from scratching. Atopic dermatitis can be mild, moderate, or severe.

**How do you get atopic dermatitis?**

Atopic dermatitis is thought to be caused by a combination of genetic and environmental factors.

Genetic factors are factors that are related to gene changes that people have. When someone has gene changes that make them more likely to develop a condition, it’s called genetic susceptibility.

Environmental factors are factors that are related to our surroundings, such as exposures. Some common exposures that have been found to trigger atopic dermatitis symptoms are personal care products (such as soaps, lotions, and/or cosmetics), household cleaning products, weather changes, or eating foods to which the person is sensitive or allergic. Along with exposures, other factors might also play into symptoms such as the current state of the skin (dry, cracked), or other diseases also going on at that time.

When a condition is related to genetic and environmental factors, it means that exposures can trigger the disorder and/or cause symptom flares in individuals with the genetic susceptibility. When genetic susceptibility is passed from parent to child, it’s called inherited. Having a family history of atopic dermatitis is the leading risk factor for developing atopic dermatitis, because a parent can pass their genetic susceptibility to atopic dermatitis to their children.

**I have atopic dermatitis. Can it make it harder for me to become pregnant?**

It is not known if atopic dermatitis can make it harder to get pregnant.

**I am taking medication for atopic dermatitis. Can I take my medication during pregnancy?**

It is important to discuss treatment options with your healthcare providers when planning pregnancy, and as soon as you learn that you are pregnant. For information on specific therapies, see our medication fact sheets at https://mothertobaby.org/fact-sheets/ or contact MotherToBaby to speak with a specialist.

**Does having atopic dermatitis increase the chance for miscarriage?**

Miscarriage can occur in any pregnancy. Atopic dermatitis has not been studied to see if it can increase the chance of miscarriage.

**Does having atopic dermatitis increase the chance of birth defects?**

Every pregnancy starts with a 3-5% chance of having a birth defect. This is called the background risk. It is not known if atopic dermatitis increases the chance for birth defects above the background risk.

**Would having atopic dermatitis cause pregnancy complications?**

It is not known if atopic dermatitis causes pregnancy complications. There have been reports of a person’s atopic dermatitis symptoms becoming worst or flaring during the 2nd or 3rd trimester of their pregnancy.
**Does having atopic dermatitis in pregnancy cause long-term problems?**

It is not known if having atopic dermatitis in pregnancy cause long-term problems for babies after birth.

**Is there information on breastfeeding while I have atopic dermatitis?**

There are no studies on how atopic dermatitis might affect breastfeeding. Talk with your healthcare providers and MotherToBaby about any medications used to treat your atopic dermatitis. Be sure to talk with your healthcare team about all of your breastfeeding questions.

**If a male has atopic dermatitis, can it make it harder for get a partner pregnant or increase the chance of birth defects?**

Fertility in males with atopic dermatitis has not been studied. In general, exposures that fathers or sperm donors have are unlikely to increase the risk to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at [https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/](https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/).

MotherToBaby is currently conducting a study looking at atopic dermatitis and medications used to treat atopic dermatitis in pregnancy. If you are interested in learning more about this study, please call 1-877-311-8972, or visit: [https://mothertobaby.org/join-a-study-form/](https://mothertobaby.org/join-a-study-form/).

Please click [here](https://mothertobaby.org/join-a-study-form/) for references.