Hidradenitis Suppurativa (HS)

This sheet is about having hidradenitis suppurativa (HS) in pregnancy or while breastfeeding. This information is based on research studies. It should not take the place of medical care and advice from your healthcare provider.

What is hidradenitis suppurativa (HS)?

Hidradenitis suppurativa is a condition that causes small, painful lumps to form under the skin. The lumps usually develop in areas where skin rubs against skin, such as the armpits, groin, buttocks and breasts. The lumps tend to heal slowly. They also tend to keep coming back (recur). This can lead to tunnels under the skin and scarring. Hidradenitis suppurativa is sometimes called HS. HS has also been called acne inversa.

HS symptoms might stay the same, become better, or become worse during pregnancy. Following pregnancy, some women with HS have reported that their symptoms can be worse in the postpartum period (up to 8 weeks after childbirth).

I have HS. What should I talk about with my healthcare team before I get pregnant?

It is important to talk with your healthcare team (including your obstetrician and dermatologist) about plans for treating HS before and during pregnancy, during delivery, and after delivery. If possible, talk with your healthcare team before getting pregnant. Things to talk about with your healthcare team include:

- Ways to monitor your pregnancy and your HS symptoms
- Any medications you should take during pregnancy
- Any other questions or concerns you have

I have HS. Can it make it harder for me to get pregnant?

This has not been well studied. It is not known if having HS can make it harder to get pregnant. One study has suggested that HS might be linked to infertility in females.

Does having HS increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. It is not known if HS can increase the chance of miscarriage. Some studies have not found an association between HS and miscarriage. Other studies have suggested that there might be a higher chance of miscarriage among women with HS. Since there can be many causes of miscarriage, it is hard to know if a medication, the medical condition, or other factors (age, health, other exposures) were the cause of a miscarriage in these studies.

Does having HS increase the chance of birth defects?

Birth defects can 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. We look at research studies to try to understand if an exposure, like HS, might increase the chance of birth defects in a pregnancy. It is not known if HS can increase the chance of birth defects because this has not been well studied.

Would having HS increase the chance of other pregnancy related problems?

HS has been linked to a greater chance of preterm delivery (birth before week 37) in some studies. One study has also suggested a possible increased chance of stillbirth.

Studies have reported that people with HS have a greater chance of developing high blood pressure. This could also affect a pregnancy for women with HS, as high blood pressure and preeclampsia (a pregnancy related condition that

can include high blood pressure and problems with the kidneys) have been reported.

Gestational diabetes and bleeding after delivery (post-partum hemorrhage) have also been reported to be more common among women with HS. One article reported a higher chance for postpartum sepsis (infection that happens after childbirth that can lead to organ failure).

It is hard to know from the way these studies were done if these findings could also be related to a medication, a different medical condition, or other exposures (such as age, smoking, or obesity).

Does having HS in pregnancy affect future behavior or learning for the child?

Studies have not been done to see if HS can increase the chance of behavior or learning issues for the child.

Breastfeeding with HS:

Most women with HS can breastfeed if they desire. Some females with HS might have a harder time with lactation if their HS is affecting the breast glands that secrete breastmilk, or if an HS flare affects their nipple/areola area of the breast.

If you have questions about medications used to treat HS, please reach out to MotherToBaby with your specific treatment. Be sure to talk to your healthcare providers about all your breastfeeding questions.

If a man has HS, can it affect his fertility or increase the chance of birth defects?

It is not known if HS can affect male fertility. One study did not report a lower chance of fertility, while another study suggested a higher chance of erectile dysfunction, which could make it harder to get a partner pregnant. In general, exposures that fathers or sperm donors have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/.

MotherToBaby is currently conducting a study looking at medications used to treat hidradenitis suppurativa (HS) in pregnancy. If you are interested in learning more, please call 1-877-311-8972 or visit our study page at: https://mothertobaby.org/join-study/.

Please click here for references.

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