



MotherToBaby

Medications & More During Pregnancy & Breastfeeding
Ask The Experts

Fact Sheet

by the **Organization of Teratology Information Specialists (OTIS)**

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Psoriasis and Psoriatic Arthritis

This sheet talks about having psoriasis or psoriatic arthritis and how that might affect a pregnancy or breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

What is psoriasis and psoriatic arthritis?

Psoriasis is a skin condition in which skin cells grow faster than expected. This can leave dry, thick patches on the skin. Plaque psoriasis is the most common form of this chronic condition. It usually affects skin on the elbows, knees, buttocks and scalp. Psoriasis is not contagious so you cannot catch it from another person. While the exact causes are not known, the immune system is probably involved. In addition to having dry skin, up to one out of every three people (approximately 33 percent) living with psoriasis will also develop swollen and painful joints (this is called psoriatic arthritis or PsA). Like psoriasis, symptoms of psoriatic arthritis can range from mild to severe.

Will psoriasis or psoriatic arthritis make it harder for me to get pregnant?

We don't know if fertility is affected by psoriasis or psoriatic arthritis, but there is no established risk. One study did not find an increase in time to become pregnant among women with mild to moderate psoriasis. Another study has suggested that ovarian reserve (the number of eggs that a woman has) might be affected by psoriasis. However, the women with psoriasis in this study were still able to become pregnant. No study has been found looking specifically at psoriatic arthritis.

How will pregnancy affect my symptoms?

Health care providers are not able to predict how a woman's symptoms might change, if at all, during pregnancy. Women report symptoms that improve, stay the same, or worsen during pregnancy. In general, it appears that more women report that their disease symptoms improve or stay the same rather than get worse. However, a flare up of symptoms after delivery is common.

I have psoriasis or psoriatic arthritis. Will this increase the chance of a birth defect?

In every pregnancy, a woman starts out with a 3-5% chance of having a baby with a birth defect. This is called her background risk. There are no studies that look at the effects of psoriasis or PsA and the chance of having a baby with a birth defect. Treating your condition with medication may or may not affect your chances. We recommend discussing your treatment options with your health care provider, so they can work with you to manage your medical condition during pregnancy.

Can having psoriasis or psoriatic arthritis increase the chance for pregnancy complications?

It isn't clear, but there is no established risk. Some studies have suggested that psoriasis increases the chance for miscarriage, pre-eclampsia or the need for cesarean delivery. Pre-eclampsia is a serious form of high blood pressure that can cause life-threatening complications for mother and baby. However, other studies have found no increased chance for these pregnancy complications. Some women may be more likely to develop gestational diabetes or high blood pressure.

Whether psoriasis can affect the growth of the baby is also not clear. While one study found that women with severe psoriasis were more likely to have a baby with low birth weight, another study found women with moderate to severe psoriasis were more likely to have a baby with a heavier birth weight.

The chance for pregnancy complications may depend on whether the symptoms of psoriasis are mild or severe. Chances for these pregnancy complications will also depend on the overall health of the woman.

We did not locate controlled studies specific to pregnancy outcomes with PsA alone.

I am taking medication for psoriasis or psoriatic arthritis. Can I take my medication during pregnancy?

Some medication used to treat psoriasis and psoriatic arthritis might increase the chance for birth defects, but others have not been associated with a risk to the developing baby. For information on specific therapies, see our medication fact sheets at <https://mothertobaby.org/fact-sheets-parent/> or contact MotherToBaby to speak with a specialist. It is important that you discuss treatment options with your healthcare providers when planning pregnancy, or as soon as you learn that you are pregnant.

I would like to breastfeed my baby. Are my medications safe to use while breastfeeding?

Breastfeeding with psoriasis is acceptable since it is a non-contagious condition. Many medications can be used while breastfeeding. However, while most medications are low risk, others may be concerning or require a special follow-up for the baby. For information on specific medications, see our fact sheets or contact MotherToBaby. Be sure to talk to your healthcare provider about your breastfeeding questions.

My partner has psoriasis or psoriatic arthritis and uses medication to treat his symptoms. Will this affect his ability to have children or increase our chances of having a child with a birth defect?

Autoimmune diseases like psoriasis might also affect a man's fertility. Certain medications used to treat psoriasis or psoriatic arthritis could also affect a man's sperm production. This could make it harder to get a partner pregnant. There are some medications that are not thought to have an effect on sperm. In general, exposures that fathers have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures and Pregnancy at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/>.

MotherToBaby is currently conducting a study looking at autoimmune diseases like psoriasis and the medications used to treat autoimmune diseases in pregnancy. If you are interested in taking part in this study, please call 1-877-311-8972 or visit <https://mothertobaby.org/join-study>.

Please click [here](#) for references.

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