Psoriasis and Psoriatic Arthritis

This sheet talks about having psoriasis and / or psoriatic arthritis in a pregnancy or while 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 usual. This can leave dry, thick patches on the skin. Plaque psoriasis is the most common form of this 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 (about 33 percent) living with psoriasis will also develop swollen and painful joints, called psoriatic arthritis (PsA). Like psoriasis, symptoms of PsA can range from mild to severe.

*I have psoriasis and / or psoriatic arthritis. Can it make it harder for me to get pregnant?*

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

**Does having psoriasis and / or psoriatic arthritis increase the chance for miscarriage?**

Miscarriage can occur in any pregnancy. Based on the data available, it is not known if psoriasis or psoriatic arthritis can increase the chance of miscarriage.

**Does having psoriasis and / or psoriatic arthritis 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. Based on the data available, it is not known if psoriasis or psoriatic arthritis increases the chance for birth defects above the background risk.

**Would having psoriasis and / or psoriatic arthritis cause pregnancy complications?**

It isn’t clear, but there is no established risk. Some people might be more likely to develop gestational diabetes or high blood pressure. Some studies have suggested that psoriasis increases the chance for miscarriage, pre-eclampsia, premature delivery (delivery before week 37) or the need for c-section. Pre-eclampsia is a serious form of high blood pressure that can cause life-threatening complications for mother and baby.

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

However, there are also studies that have not found an increased chance for pregnancy complications.

The chance for pregnancy complications might depend on whether the symptoms of psoriasis are mild or severe. Chances for pregnancy complications will also depend on the overall health of the person who is pregnant.

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

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

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

**How will pregnancy affect my symptoms?**

Healthcare providers are not able to predict how a person’s symptoms might change, if at all, during pregnancy.
People who are pregnant have reported symptoms that improved, stayed the same, or became worse during pregnancy. In general, it appears that more people report that their disease symptoms improve or stay the same rather than get worse during pregnancy. However, a flare up of symptoms after delivery is common.

**Can I breastfeed while I have psoriasis or psoriatic arthritis?**

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.

**I have psoriasis and / or psoriatic arthritis. Can it make it harder for me to get my partner pregnant or increase the chance of birth defects?**

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 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 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](https://mothertobaby.org/join-study).

**Please click here for references.**

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

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