Getting The Pregnancy Glow!

Editor Chloé Gronow seeks advice on managing skin changes while expecting

I've always suffered with my skin. Some concerns have occurred out of my control – acne breakouts as a teenager and hormonal spots as an adult have been frustrating. Others have definitely been my own fault – laying in the sun too long without adequate sunscreen, along with, I'm ashamed to say, lots of sunbed use in my early twenties, has led to obvious sun damage and hyperpigmentation.

Since I began working in aesthetics seven years ago, however, my understanding and approach to skincare has improved significantly. I am guilty of switching between brands probably too regularly but, hey, perks of the job are lots of exciting freebies that I can't wait to try! Other than that, I stick to a good routine of cleansing morning and evening, using a vitamin C serum for antioxidant protection in the daytime and a light vitamin A in the evening to keep wrinkles at bay. Of course, SPF is now essential, and I never use anything less than factor 30!

As a result, despite a few easily manageable spots the week before my period is due each month, my skin has been in pretty decent condition for the past few years. That was until I got pregnant. Those pre-period spots stuck around and were one of the first signs that I may be expecting a baby. Over the next few months, my skin continued to suffer with more spots, redness, dryness and pigmentation making an appearance.
At the time of writing, I'm 34 weeks pregnant and still awaiting that longed-for 'pregnancy glow'! So, I've sought the advice of Julie Scott – an aesthetic nurse prescriber with lots of experience in treating female skin. Thinking I'm probably not the only one suffering from skin changes during pregnancy, I've shared nurse Scott's advice for you here too...

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Where's my glow?!

"First of all, I think the term 'pregnancy glow' is a little bit of a myth," reassures nurse Scott, explaining, "You've actually got lots of things stacked against you so it's unlikely you will have amazing skin during pregnancy." She notes that when a pregnant patient comes to her clinic with skin complaints, the first thing she does is explain exactly why this may be. The main cause is an increase in oestrogen and progesterone production.

This rise in hormones can exacerbate any pre-existing conditions, while also contributing to new concerns. Of course, nurse Scott says this new combination of hormones may result in a 'glow' for some, but generally most people will experience the more negative side effects.

Nurse Scott explains that treatment will be challenging as there's not a lot of evidence supporting the safety of the products normally used specifically in pregnancy.

She says, "Because we can't test on unborn babies, most pharmaceutical companies take a blanket approach that you can't use their products during pregnancy. It's not necessarily that they will cause harm, there's just no evidence to say that they won't, so it's best to steer clear."

That said, there are things that can help, which nurse Scott outlines here...

Concerns and treatment approaches

Acne

Why does it occur?

Progesterone is linked to increased oil production, which we know leads to acne and spot formation. People who've never had breakouts or been susceptible to them before may find they get spotty during pregnancy, and those with existing oily-skin concerns will find that their acne is exacerbated.

Treatment tips

The first thing to note is that people who become pregnant and suffer from pre-existing acne will have to stop and work out whether they can still use the products they've been using.

The main ingredient to avoid is vitamin A, which comes in various forms such as retinol, retinoic acid and retinyl palmitate. Used in hard-hitting acne drugs such as isotretinoin and tazarotene, the powerful ingredient can lead to birth defects so is a big no-no during pregnancy.

Next, many cleansers, peels and spot creams will contain salicylic or beta-hydroxy acids, which again are usually really effective at treating acne. However as these are systemic treatments – meaning they can enter the bloodstream – they are ruled out as there is a risk of them getting into the uterus or breast milk.

While, unfortunately, there are a lot of effective ingredients we can't use, all is not lost.

Instead, an expectant mother can use products containing azelaic acid which helps kill bacteria and create an even skin tone.

Citric acid will help exfoliate the skin, while lactic acid will have a similar effect. I would also suggest using sulphur or charcoal-based masks. While these won't resolve acne, they will reduce oil production and thus improve the skin's appearance.

An expectant mother should also consider using oil-free moisturisers and sunscreens – try mineral-based SPF instead – to eliminate anything that may be adding to the acne problem. While the ingredients mentioned won't be as proactive as others, they're better than using nothing at all!

Melasma

Why does it occur?

The increase in progesterone seen in pregnant women is linked with the production of melanocytes. In simple terms, melanocytes are the cells that are responsible for the pigment (colour) in your skin. When you're pregnant, production of them is accelerated so you're more susceptible to patches of skin darkening known as hyperpigmentation and melasma, even if you have dark skin.

Hyperpigmentation usually appears as a result of trauma to the skin or sun exposure and is seen in isolated spots across the face and body. Melasma, on the other hand, is more common in pregnancy – often referred to as the 'mask of pregnancy' – and is generally spread across certain areas such as the forehead or cheeks. It's sometimes noticeable across the top lip too.

Treatment tips

Again, there's a lot that we would usually use that we can't during pregnancy! As with acne, various formations of vitamin A are popular ingredients to tackle pigment concerns and are now all off the table.

You should also avoid hydroquinone, which is usually used to lighten dark patches of skin.

So, with melasma, rather than being able to reduce its appearance, the best thing we can do is manage it, to ensure it it doesn't get worse. And to do this, we just need plenty of SPF. Remember, particularly during the summer, your SPF is not going to last all day, so you need to apply it at least three or four times! If your skin is quite dry and you need the extra hydration, the iS Clinical Eclipse SPF 50+ is excellent and suitable to use during pregnancy.

While most people are good at putting SPF on first thing in the morning before their makeup, they often don't want to add anything cream-like afterwards. So, I recommend a mineral-based powder SPF that won't wipe off your makeup. There are lots out there, but my favourite is ZO Sunscreen + Powder Broad Spectrum SPF.

I'd also recommend introducing vitamin C into your routine to help brighten the skin. Be aware, though, some vitamin C serums include salicylic acid so should be avoided during pregnancy. I would recommend trying GENEXC by iS Clinical.

Melasma can be frustrating, but I remind my patients that it will reduce once you've stopped breastfeeding and your aesthetic practitioner can come in afterwards and mop up what you have left!

Redness and dryness

Why do they occur?

Redness and dryness usually occur as a result of a parched barrier function, which is usually responsible for protecting your body's water balance. All the hydration that usually enhances the appearance of your skin is now going to the baby, so your skin is looking thirsty!

In some people the dryness can lead to atopic dermatitis, commonly known as eczema, which can be really itchy and uncomfortable. Psoriasis can also develop or worsen, causing red, flaky patches of skin.

For others, rosacea will present. This consists of redness usually across the nose and cheeks and is as a result of the increased blood to the area. As it's an inflammatory condition, when the skin becomes dry and dehydrated, it can be exacerbated. Frustratingly, rosacea can also involve the occurrence of small pustules known as acne vulgaris rosacea. Blood flow has been reported to increase by 40% during pregnancy, so it's no wonder there's so much change to our skin's appearance!

Treatment tips

In patients who have dry or red skin, we would normally tackle this with vitamin A as it stimulates healing. Unfortunately, as mentioned earlier, vitamin A is to be avoided during pregnancy!

I would instead advise picking ingredients that have hyaluronic acid in them because the acid will attract any water found in the skin to lock in as much moisture as it can. Also consider using products that contain ceramides as they will hydrate the skin. And if someone's more spot-prone, they're not going to feel heavy on the skin.

They may sound a bit basic, but cooling mists can also help. If you spritz throughout the day, you can keep skin cool and hydrated, stopping any redness or dryness from worsening. The iS Clinical Copper Firming Mist would be my top recommendation.

Skin tags

Why do they occur?

While pregnant you may notice the appearance of skin tags – small growths of tissue that stick out beyond the surface of the skin – particularly on the neck! Again, these are caused by accelerated hormones and can be more common in those with a family history or if you have gained significant weight during pregnancy.
Skin tags are usually completely harmless, but if they catch on clothing or just don't look that pleasant then you may want to remove them.

Treatment tips

Once you have a skin tag, you've usually got it for life unless you catch it on something and it comes off. Sometimes they can go really flat, but they are there to stay and can grow.
Not to worry, though, skin tags can easily be removed with something called cryotherapy – where we would freeze them off – or cauterisation – where we cut them off. Again, it's advised to wait until after you've finished breastfeeding for this, and we would never advocate removing them yourself!

Next steps

"Skin changes during pregnancy can be quite upsetting for some, but remember that most are temporary," says nurse Scott. I can relate to this – as grateful and excited as I am to be expecting a baby, some of the bodily changes that come with being pregnant have been a bit of a shock to say the least! Along with the increased hormones sending your emotions into overdrive, it can be frustrating that you can't control something that's been pretty controllable for most of your life.

Having these recommendations from nurse Scott has been reassuring and, like she says, "Your skin is going to be different; it's going to throw everything at you, and you'll experience new things you've never encountered – just like having a baby! The key is to understand what to avoid and what is accessible to you; suck it up and we can hit any existing concerns hard when you cease breastfeeding. Remember, baby always comes first!"

My diagnosis and treatment plan

While usually an in-person consultation with the use of a skin-imaging device would be recommended, due to the pandemic nurse Scott reviewed photographs of my skin to advise what may help while I'm still pregnant and breastfeeding. "With your skin there's a few things going on – a real mixture," she clarifies, adding that she thought I had genetically oily skin. While I'd explained my concerns over redness and pigmentation – clear from the images I sent – I was surprised that nurse Scott noted I also had an issue with oiliness as I hadn't previously outlined this to her. This was reassuring that she knew what she was talking about and we were on the right track!

Images sent to nurse Scott to assess my skin. During pregnancy I've suffered from increased redness, acne breakouts and melasma.

"I can see you've got congestion under your skin as it's uneven, which is likely caused by increased oil production. This adds to the appearance of melasma, which is present across your forehead," she explains, adding that the redness was expected thanks to my increased blood flow!
So, what products to use? Nurse Scott recommends:

iS Clinical Cream Cleanser: the ahnfeltia concinna extract will help clear pores and reduce congestion.
GENEXC vitamin C serum from iS Clinical: will brighten skin to improve the appearance of melasma, while also offering antioxidant protection.
ZO Sunscreen + Powder Broad Spectrum SPF: the minerals will help calm the redness as well as provide general sun protection and reduce the chance of exacerbating melasma.
A clay or sulphur mask: to be used two or three times a week, the mask will minimise oiliness without drying out the skin.

NOTE: this is a personalised recommendation and readers are encouraged to see an aesthetic practitioner to determine the best products for their individual skin concerns.

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