

Breastfeeding and Medication



Acne Vulgaris and breastfeeding

I've a long history of suffering with acne and prior to becoming pregnant had tried topical treatments/antibiotics, long term oral antibiotics and Roaccutane which worked miracles, but blemishes started to reappear when the treatment finished.

My acne returned with vengeance whilst I was pregnant. My skin is now unbearable. I have tried topical cream etc. but need oral antibiotics again. My GP is not very knowledgeable about the impact on breastfeeding or my baby.

The pain/inflammation is so bad I can barely touch my face/ or rest my face on a pillow. The pustules regularly weep and trying to wash my face can make it bleed. I do not want to give up feeding but I may need to so I can restart Roaccutane.

Description

Acne affects around 95% of people between the ages of 11 and 30 years to some extent. It usually disappears in the mid-20s but 3% of people still have symptoms beyond 35 years. It most commonly develops on the face but 50% of sufferers have lesions on their backs and 15% on their chest as well.

There are several types of spots associated with acne:

- Blackheads – the inner lining of the hair follicle produces the colour, not dirt
- Whiteheads – will not empty when squeezed (should be avoided)
- Papules – small red bumps which are tender and sore
- Pustules – white tip in the centre caused by build-up of pus
- Nodules – hard lumps under the skin which are painful
- Cysts – large pus-filled lumps which look like boils and can cause permanent scarring.

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June 2022 *The information on this sheet is based upon my professional experience as a pharmacist with a specialised interest in the safety of drugs in breastmilk, supported by evidence from expert sources. However, I cannot take responsibility for the prescription of medication which remains with the healthcare professionals involved. I am happy to discuss the evidence by email wendy@breastfeeding-and-medication.co.uk*

Scarring can result from the spots at any stage. Symptoms can lead to loss of self-worth, anxiety and depression without treatment and acne should not be ignored as a cosmetic issue. Nor should a mother be discouraged from continuing to breastfeed for as long as she and her baby wish.

Treatment

Acne may take several months to show improvement. Antibacterial resistance of Propionibacterium acnes is increasing.

Topical products. Creams, lotions, and gels are available often containing benzyl peroxide. These can be used during breastfeeding.



- Adapalene (Differin™) - there is no research published on the transfer into milk, but it is virtually unabsorbed when applied topically (Hale), it has a low oral bioavailability so can be used during breastfeeding.
- Azelaic acid (Skinoren™)- works by killing the bacteria commonly associated with acne and decreases the production of keratin. It is also used in the treatment of rosacea. It is found in wheat, barley, and rye. Topical absorption is poor so it can be used during breastfeeding although lack of published research.
- Topical applications of erythromycin (Zineryt™) or clindamycin (Dalacin T™) can be used by breastfeeding mothers
- Salicylic acid is useful to exfoliate the skin and is useful for blackheads and white heads. There is no research on passage into milk, but appreciable absorption is unlikely, so it is compatible with breastfeeding.

Antibiotics – the tetracycline family of antibiotics are frequently used to treat acne. Lymecycline and doxycycline are the most commonly used. Minocycline is now less popular due to adverse effects. Treatment is usually for 2-6 months. There is a risk of damage to the infant's teeth and bones from passage of these drugs through breastmilk and so they should be avoided. Erythromycin can be used long term although it may cause runny motions in the breastfed baby.



Co-cyprindiol (Cyproterone with ethinyl-oestradiol) is available as a contraceptive pill with activity to help with symptoms of acne. There is a possibility of anti-androgen effects in breastfed infants. It is licensed for use in women with moderate to severe acne that has not responded to topical therapy or oral anti-bacterial drugs but is associated with increased risk of blood clots. It is therefore contra indicated in those overweight or who smoke. It is not recommended during breastfeeding.



Oral Tretinoin – transfer into breastmilk is assumed so contra indicated in breastfeeding

See also on topical retinoids which may be used either in beauty creams or for acne. <https://breastfeeding-and-medication.co.uk/fact-sheet/retinoid-beauty-creams-and-breastfeeding>

Further information

British Skin Foundation www.britishskinfoundation.org.uk/acne

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