

No11 COMMUNITY CARE PATHWAY FOR ITCHING OR RASH IN PREGNANCY - 14.07.2022 V5

REFER TO GP

History taken by GP
Consider exposure to viral infection
Gestational pemphigoid (autoimmune disease of pregnancy- associated with blisters and second/ third trimester
PEP (polymorphic eruption of pregnancy)- not an autoimmune disease- typically occurs in stretch marks on abdomen
Obstetric cholestasis (follow obstetric cholestasis pathway No 2)
Itching without a rash, consider OC and follow pathway no 2

Rash associated with viral infection
Consider review of booking bloods:
Contact with chickenpox or shingles- reliable history of either or two doses of varicella vaccine- if no test for VSV IgG)
Contact with non-vesicular rash (parvovirus B19, rubella or measles)- if parvovirus test for IgG and IgM,
CMV and Epstein Barr Virus may also present as a rash so should be considered as differential diagnosis
Rubella- (if not vaccinated (x2), or x 1 with at least 1 rubella antibody positive test ≤ 10 IU/ml or rubella antibody tests x 2 (at least one ≤ 10 IU/ml) then test for Rubella IgG and IgM
Measles- known to be immune or 2 vaccines containing measles- reassure, if not and confirmed case or confirmed likely case with exposure within 6 days test for measles IgG.
Secondary Syphilis - Update from screening – specific advice 2019 has been issued regarding rising incidence of syphilis nationally but notably in Hampshire & IOW. **Retesting of women should be considered alongside screening for Hepatitis and HIV and reaffirm rubella status.** ‘Common symptoms of secondary syphilis include a rash which may involve the palms and soles, lymphadenopathy, and constitutional symptoms’
Consider any current public health outbreaks (e.g., monkeypox) and follow national guidance on history taking, clinical care/ treatment

Treatment:

If requires Antihistamine, consider chlorphenamine/ cetirizine
STEROID CREAM

If test results are positive
Refer for
Obstetric Review

Related to pregnancy
Itching without a rash – exclude obstetric cholestasis
Refer for Obstetric review
If infectious discuss with on call obstetrician before admission

Review by DAU and follow appropriate pathway