No11 COMMUNITY CARE PATHWAY FOR ITCHING OR RASH IN PREGNANCY – 01/02/2026 V6

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

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

Treatment:

If requires Antihistamine, consider chlorphenamine/ cetirizine

STEROID CREAM

If test results are positive

Refer for

Obstetric Review

References Health Protection Agency (2019) Guidance on Viral Rash in Pregnancy British Association of Dermatologists (2021) Polymorphic eruption of pregnancy. Monkey Pox guidance: https://www.who.int/publications/i/item/WHO-MPX-Surveillance-2022.2 (correct at time of publication)

This guidance does not replace the need for application of clinical judgment by clinicians to each individual presentation and specifics of the situation. Pathways current at time of Publication.