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

References
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.