

## **Stretch Marks**

More than 90% of pregnant women will develop stretch marks in response to the pulling and stretching of underlying skin during pregnancy. Stretch marks are pink or purple bands in the stomach area and sometimes on breasts or thighs. Exercise and daily use of epizyn can be used to prevent stretch marks from occurring, as it keeps the skin moist and promotes cell proliferation.

## **Rashes**

Pruritic urticarial papules and plaques of pregnancy (PUPPP) are the most common skin condition specific to pregnancy. Women with PUPPP develop small red bumps and hives, and when severe, the bumps form large patches. This rash usually starts on the abdomen and spreads to the thighs, buttocks, breasts, and arms. You feel itchy everywhere during the worst and last trimester. Anti-pruritic (itching) topical medications such as epizyn, antihistamines, and topical steroids can help control the itching.

## **Acne**

If you thought your days of breaking out ended with your senior prom, think again. The biggest problem pregnant women have is that their acne gets worse. Pimples can break out on your face, chest, or back. On the flip side, some women actually report their acne gets better with pregnancy. Acne is a hormonally-driven condition, which is why some women take oral contraceptives to clear up their complexion, so it makes sense that hormone fluctuations during pregnancy would affect acne.. In addition, oil glands respond to androgen, the male sex hormone that increases during pregnancy too. This causes the oil glands to produce large quantities of oil called sebum, which clogs the opening of the oil gland and results in a "blackhead." But don't panic, your skin will most likely clear up after pregnancy. If breakouts are severe while pregnant, there are certain safe medicines that can be used during pregnancy including topical antibiotics and/or epizyn spray. Cleansing daily with an over-the-counter cleanser that contains alpha-hydroxy acid can also keep breakouts to a minimum.

## **Spider Woman?**

Spider angiomas are collections of tiny dilated blood vessels that usually radiate from a central point and resemble the legs of a spider. They are thought to be related to changes in hormone levels, which is why they can come out during pregnancy. Some women develop angiomas during pregnancy on their face, chest, or sometimes on the arms or the abdomen. Angiomas may clear up after pregnancy, but if not, they can be treated effectively with lasers.

## **Mask of Pregnancy?**

Chloasma, also known as melasma or the mask of pregnancy, occurs when the sun-exposed skin on the upper cheeks, forehead, and/or upper lip turns a tan, brownish color because excess pigment is

deposited in the skin's upper layers. This is a similar phenomenon that occurs when women take oral contraceptives and very often it will go away after pregnancy. And in some cases it persists and you can try different treatments including bleaching creams or chemical peels after delivery. It is a good idea to use sunscreen during pregnancy to prevent chloasma from occurring or to prevent existing patches from getting darker.

## **Hair**

Three months after delivery, a lot of women lose hair on their head. This shedding is called telogen effluvium, but often it will grow back. It should, however, be followed by a dermatologist to make sure there is complete regrowth. Hirsutism, which occurs when women grow hair in typical male spots such as the lip and chin, can be triggered by the hormonal changes of pregnancy. It is not too severe most of the time and it's also not permanent and tends to disappear within six months of delivery.

## **Nails**

Nails can change during pregnancy too. Women may report splitting or rough surfaces and the reasons for this are unknown, however epizyn works to keep the the nails smooth and fingertips and cuticles from splitting.

## **Existing Skin Conditions**

Skin tags or benign hanging things around the neck are hormonally related and tend to increase in number during pregnancy. Skin tags increase in numbers, moles can change color slightly and so can benign tumors, scars can become noticeable -- all because the high levels of estrogen have some effect on these tissues. They may go away or change back after delivery. Pregnant women with certain skin diseases are more likely to experience an aggravation, or less often, an improvement in their condition. For example, women with atopic dermatitis, a skin disease causing itchy, irritating skin lesions, may experience a worsening during pregnancy. In some cases, atopic dermatitis may develop for the first time during pregnancy. Psoriasis, a skin condition marked by raised, thickened patches of red skin covered with silvery-white scales, may improve during pregnancy. This improvement may be attributed to the high levels of interleukin-10 in pregnancy, a protein that is released by one cell to regulate the function of another.

## **Post Delivery Applications**

An episiotomy is an incision performed between the vagina and the rectum that is used to increase the opening of the vagina to assist in delivery of a baby. The usual cut (incision) for an episiotomy goes straight down and typically does not involve the muscles around the rectum or the rectum itself. An episiotomy can decrease the amount of pushing the mother must do during delivery. It can also decrease trauma to the vaginal tissues and expedite delivery of the baby when delivery is necessary quickly. The repair is straightforward and is fairly simple to perform. The incision is repaired by suturing (sewing) the wound together. Episiotomy can be associated with extensions or tears into the muscle of

the rectum or even the rectum itself. Other complications include bleeding, infection, swelling and local pain. The typical healing time for an episiotomy is around 4 to 6 weeks depending on the size of the incision and the type of suture material used to close the wound. Epizyn could significantly decrease the time it takes for this wound to heal.

The obstetrical procedure known as Cesarean section is often spelled this way in the U.S. with just an "e" although the Roman emperor remains Caesar in America with an "ae". Also referred to as a C-section. No matter what, it is a procedure in which a baby, rather than being born vaginally, is surgically extracted (removed) from the uterus. As the name "Cesarian" suggests, this is not exactly a new procedure. It was done in ancient civilizations upon the death of a pregnant woman who was near full term in order to salvage the baby. Julius Caesar (or one of his predecessors) was born by this procedure. The term "section" in surgery refers to the division of tissue. What is being divided here is the abdominal wall of the mother as well as the wall of the uterus in order to extract the baby. Postsurgery, you can expect virtually the same suite of symptoms as you would experience in a vaginal delivery: afterpains as your uterus contracts (you may be given oxytocin to speed the process), bloody discharge (lochia), discomfort in the perineal area, fatigue, and breast engorgement. But the physical and emotional recovery from a cesarean takes longer than recovery from a vaginal birth. You can expect to spend around three to four days in the hospital, and at least four to six weeks at home before you feel back to normal. The site of your incision may be quite sore at first; as the pain subsides in a week or so, it may start to feel twitchy and then get annoyingly itchy and there will be pink and purple colors that end up fading. During this time, apply epizyn as directed and the itchiness and healing time will both be significantly improved.