ESTHETIC PROCEDURES IN PREGNANCY

Undergoing an esthetic procedure may not be associated with fetal risks; however, esthetic procedures lack ‘high quality’ pregnancy safety data.

With an increasing number of esthetic procedures and devices, it is important to know which esthetic procedures can be considered safe, which are likely safe but lack ‘high quality’ pregnancy safety data, and which are contraindicated in pregnancy. The lack of ‘high quality’ prospective, randomized controlled studies (i.e. studies in which pregnant females are allocated at random to those that receive the procedure vs. those that do not) addressing fetal safety makes recommendations regarding these procedures challenging. Pregnant females should consult their cosmetic health care provider regarding the safety of such procedures in pregnancy.

Safety of esthetic procedures in pregnancy

Procedures that are considered safe
Most minimally invasive cosmetic procedures, such as cryotherapy, shave/punch removal or electrocautery destruction of benign lesions, are considered safe in pregnancy because they have stood the test of time. The standard volumes of local anesthetics utilized in such procedures pose no fetal risks.

Procedures that are likely safe but lack ‘high quality’ pregnancy safety data
Clinical data, often of retrospective nature, have not shown any substantial fetal risks with such procedures. Appropriately performed laser treatment of skin lesions and superficial chemical peels are likely safe in pregnancy. Botulinum toxin A injection has not been associated with fetal risks in a large recent retrospective study at the usual cosmetic doses. Cosmetic procedures may not be contraindicated but are not recommended for the types of cosmetic problems that may recur during gestation and often improve spontaneously after delivery, e.g. increased hair or facial pigmentation (melasma or ‘mask of pregnancy’) or spider leg veins.

Procedures contraindicated in pregnancy
Elective cosmetic procedures that lack pregnancy safety data are contraindicated. Those that require large volumes of topical anesthetics such as tumescent liposuction or general anesthesia or intravenous sedation, such as facial plastic surgical techniques, should not be performed in pregnancy because of fetal risks associated with these types of anesthesia, stress exposure of patient secondary to increased length and/or complexity of the procedure, and risks associated with a prolonged recovery.

Ethical dilemmas relating to esthetic procedures in pregnancy
Ethical dilemmas may arise when a pregnant female requests an esthetic procedure, but the cosmetic health care provider identifies fetal risk or a lack of ‘high quality’ pregnancy safety data regarding the procedure. The health care provider has obligations of beneficence (act in the best interests of the patient) and non-maleficence (to do no harm – to minimize the risk to the patient) to the fetus, which becomes a ‘patient’ at the age of viability (around 24 weeks’ gestation) or when the mother confers this status on her fetus. The well-being of the fetus takes priority over the cosmetic needs of the mother. A thorough counseling about risks, benefits, and alternatives and good communication between the health care provider and pregnant patient are essential to minimizing ethical dilemmas.

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