BEAUTY

Pregnancy Mask Is Stubborn, Not Untreatable

The evidence points to effective creams, uncertain procedures and one crucial gap if you are pregnant.

The mirror can make this feel urgent

A change in pigmentation can become the first thing you see in the mirror and the thing you imagine everyone else sees. The name "pregnancy mask" hardly helps: it makes a chronic skin disorder sound like a temporary cosmetic inconvenience. Melasma, also called chloasma, can significantly affect self-esteem and quality of life.

It is also common, particularly among women and people with darker skin types. A 2022 systematic review reported prevalence estimates ranging from 8.8% to 40%, depending on ethnicity and geography. Those wide numbers are a warning against treating melasma as one uniform condition with one predictable course.

The difficult truth is that melasma tends to relapse. Even when treatment improves the pigmentation, recurrence remains high across treatment groups. That does not make treatment pointless, but it changes the promise: improvement is possible; a permanent erasure is not something the evidence can guarantee.

And if you are pregnant, the available reviews leave an important question unanswered. They compare treatments for melasma, but they do not establish which options are appropriate during pregnancy. That gap matters more than any enthusiastic claim attached to a cream, peel, tablet or injection.

Creams still carry the evidence

The most convincing evidence is not attached to the newest or most dramatic option. A 2021 review examined 113 studies involving 6,897 participants and found that hydroquinone alone and a triple-combination cream were the most effective and best-studied treatments. The combination contained hydroquinone, tretinoin and a corticosteroid.

That finding is reinforced by the 2022 review, which described topical hydroquinone as the gold standard against which procedures such as microneedling and chemical peeling still need to prove superiority. Combination approaches generally produced better results than single therapies.

This does not turn an ingredient list into a personal treatment plan. The 2022 review said treatment should be selected after examination with a Wood's lamp and dermatoscopic evaluation so that it can be matched to the melasma subtype. In other words, what looks like a simple pigmentation problem may still require a closer clinical look before choosing what to put on it.

Side effects in the 2021 evidence review were usually mild, but they were real: irritation, dryness, burning, redness and post-inflammatory hyperpigmentation. A treatment intended to reduce visible pigmentation can therefore irritate the skin or leave additional pigmentation. That is one reason to resist assembling a strong combination from product claims alone.

The route is dramatic; the result is not convincing.

Procedures bring more uncertainty

Chemical peels occupy an awkward middle ground. A 2024 systematic review of 24 studies, including 1,075 participants, concluded that peels were safe and effective for melasma. Glycolic acid appeared to be the safest and most effective peel among those studied.

But that review could not perform a meta-analysis because the studies were too different from one another. They lasted between eight and 36 weeks and used several kinds of assessment, including participant ratings, physician ratings and the Melasma Area and Severity Index (MASI). A positive overall picture is not the same as a precise estimate of what any one peel will achieve.

The broader 2021 review was less encouraging. It found mixed results for chemical peels and for laser- and light-based devices. Compared with topical treatments, those options were equal or inferior and carried a higher risk of adverse effects. The apparent disagreement is useful: procedures may help, but the evidence does not show that greater intensity reliably buys a better result.

Microneedling, lasers and light devices have also produced benefits in studies, according to the 2022 review. Yet none escapes the central problem. Recurrence remains high. A procedure can be active, expensive-looking and medically delivered without offering certainty that the pigmentation will stay away.

Promising does not mean settled

Oral tranexamic acid has attracted attention for moderate or severe recurrent melasma. Both the 2021 and 2022 reviews called it promising, but the later review also linked it with systemic

side effects. The 2021 authors said more research was needed to establish its long-term safety and effectiveness.

That caution reflects the state of the evidence more broadly. Melasma trials vary in design, are often small and frequently lack long-term follow-up. This is especially limiting for a disorder known to recur: short-term improvement cannot tell you how durable the result will be.

Glutathione offers another lesson in separating a biological idea from a dependable treatment. A 2025 systematic review found some improvement with topical and oral forms, but judged the results unsustainable and noted variable costs. The included studies were divided roughly evenly between low and high risk of bias.

The intravenous form is the clearest case. The review found insufficient efficacy and side effects, and concluded that intravenous (IV) glutathione is contraindicated. An injection may appear more powerful than a cream, but the evidence does not support using IV glutathione for this purpose. The route is dramatic; the result is not convincing.

Take one question to your appointment

The point where this stops being a beauty-shopping decision is before you begin an active cream, tablet, peel, microneedling session, laser treatment or injection-especially if you are pregnant. The supplied treatment reviews do not establish pregnancy safety, so they cannot support a do-it-yourself recommendation for that situation.

Ask a dermatologist or the clinician overseeing your pregnancy to identify what they believe the pigmentation is and whether it needs examination with a Wood's lamp or dermatoscope. Then ask which, if any, studied option is appropriate for you now. That conversation should come before choosing treatment, not after irritation or worsening pigmentation appears.

Be specific about the trade-off you want explained: likely improvement, possible irritation, systemic side effects and the chance of recurrence. If a procedure is proposed, ask why it is being chosen over the better-studied topical treatments. If glutathione is suggested, ask which form and what evidence supports it; IV glutathione is not supported by the review.

On Monday, make the appointment and take one written question: "Which treatment is appropriate during my pregnancy, and what evidence supports it?" That step takes a clinician who can assess your skin and your pregnancy-not another promising jar.

Where this comes from

- Melasma treatment: a systematic review.

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