This sheet talks about exposure to oral prednisone or prednisolone in a pregnancy or while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

**What are prednisone and prednisolone?**

Prednisone and prednisolone belong to a group of medications called corticosteroids. In the body, prednisone is broken down into prednisolone. Prednisone and prednisolone are used to treat many conditions, such as: asthma, autoimmune diseases and skin conditions. They help to prevent or suppress inflammation (swelling and irritation) and immune responses. Prednisone and prednisolone are prescribed in a wide range of doses, depending on what condition is being treated. These medications are taken by mouth (orally).

**I am taking prednisone or prednisolone during the first trimester of my pregnancy. Is there a chance for birth defects?**

In every pregnancy, a woman starts out with a 3-5% chance of having a baby with a birth defect. This is called her background risk. Using prednisone or prednisolone is not expected to significantly increase this background chance. There has been some conflicting information about the use of prednisone/prednisolone during the first trimester. Older studies suggested a small increased chance for having a baby with a cleft lip with or without a cleft palate. Newer studies and further review of the older studies do not support this. If there is a risk, it appears that it is very small and most pregnancies would not be affected.

Talk with your healthcare provider before making any changes to this medication. The benefits of taking prednisone or prednisolone and treating your condition should be weighed against any possible risk to the pregnancy.*

**I have to take prednisone or prednisolone every day during my pregnancy. Will this cause any other harmful effects?**

Taking an oral corticosteroid like prednisone or prednisolone long-term during pregnancy has been associated with an increased chance for delivering a baby that is premature (born before 37 weeks of pregnancy) and/or has a lower birth weight than expected. However, corticosteroids are used to treat medical conditions that have a risk for prematurity and low birth weight. This suggests that the effects are likely related to the mothers’ illnesses and not the medicines alone. Also, other studies have shown that the use of prednisone or prednisolone might improve some pregnancy outcomes.*

**Can I take prednisone/prednisolone while breastfeeding?**

Small amounts of prednisone and prednisolone enter breast milk. Prednisone is very similar to the body’s natural hormones, which are needed for milk production and the health of infants. Since people produce these hormones naturally, it is unlikely that the amount of prednisone and prednisolone in the breast milk would cause harmful effects in the nursing infant or the mother’s milk production.*

The amount of prednisone/prednisolone in breast milk might be higher if taking higher doses. Levels in breast milk are likely highest about one hour after taking your medicine. To limit the amount in the breast milk, you can wait four hours after taking prednisone/prednisolone before breastfeeding your baby. Keeping your dose as low as possible will also help to limit the amount of medicine in your breast milk.

There are reports of women who safely breastfed infants while taking prednisone or prednisolone.

**The father of my baby was taking prednisone or prednisolone when I got pregnant. Will this affect my baby?**
There is no information to suggest that a father’s use of prednisone/prednisolone causes problems getting pregnant or birth defects. In general, exposures that fathers have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf./

* Section Updated May 2020

Please click here for references.