Topical Corticosteroids

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

**What are topical corticosteroids?**

Topical corticosteroids are medications applied directly on the skin that are used in the treatment of skin conditions like eczema, psoriasis and other rashes. They may be in the form of a lotion, cream, ointment or gel. There are many different corticosteroids with different generic and brand names. Each medication will vary in how strong the active ingredient is and also in how much of the medication is in the product. Topical corticosteroids include over the counter medication such as hydrocortisone and also stronger prescription medications such as clobetasol, betamethasone or triamcinolone. Your healthcare provider can best determine which topical corticosteroid is right for your condition.

**Are topical corticosteroids safer to use in a pregnancy than oral corticosteroids?**

Topical corticosteroids are often a first line treatment during pregnancy for various skin conditions. This is because the amount of the medication that can reach the developing baby by absorption through the skin is much lower than with medications taken by mouth. Topically used medication would need to be absorbed in high enough levels to reach the mother’s blood stream in order to reach the developing baby.

**Does how much you put on your skin matter?**

Yes. When used over large areas of skin, more medication can be absorbed into a woman’s blood stream than when used on smaller areas of skin. The area on the body that the cream is applied to can also influence how much is absorbed. Skin on certain parts of the body can absorb this medication more easily than other areas of the body. For example, more is absorbed through the face than from the souls of the hands and feet.

**Does the strength of the topical medication matter?**

Yes. The stronger the topical corticosteroid, the more likely a higher amount will be absorbed into the blood stream and get into your system. Therefore, the lowest effective strength needed to treat your condition is preferred.

**Are there other factors that influence how much medication is absorbed?**

Yes. Less medicine is likely to be absorbed through healthy, intact skin. More medicine is thought to be absorbed through broken skin or if applied under a bandage or dressing. The more times a medicine is applied on the skin, the more of it will be absorbed.

**Can using topical corticosteroids during pregnancy cause 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 a woman’s background risk. Using a topical corticosteroid is unlikely to significantly increase this background chance for birth defects.

Only a small amount of the corticosteroid is absorbed with topical exposure, resulting in little medication getting into the blood stream. Studies looking at topical corticosteroid exposure have not found an increased chance for birth defects. There has been some conflicting information about the use of oral corticosteroids (taken as pills) during the first trimester. Older studies suggested a possible increased chance for having a baby with a cleft lip (split in the lip) with or without a cleft palate (opening in the roof of the mouth). Newer studies and further review of the older studies do not support this. Furthermore, taking a corticosteroid by mouth would result in a much greater amount of the
medication in your blood stream, compared to topical use (applying it on the skin).

**Can using topical corticosteroids during pregnancy cause other pregnancy complications?**

Not all corticosteroids have been well studied in pregnancy. However, only a small amount of the corticosteroid is absorbed with topical exposure, resulting in little medication getting into the blood stream. When used as directed, topical corticosteroids would be unlikely to significantly increase the chance for pregnancy complications. The use of very strong corticosteroids over large areas for a long time might be associated with lower birth weight. You can discuss your particular medication with your healthcare provider or a MotherToBaby specialist.

**Can I breastfeed while using topical corticosteroids?**

Yes. Topical corticosteroids have not been studied in women who are breastfeeding. However, significant absorption into the blood stream and then into the milk would only be expected with very potent corticosteroids used on large areas of the body. Make sure medication is not placed on the breast area (especially high potency corticosteroids) or in any area that may come in contact with your baby’s skin and mouth. Also be sure to wash your hands thoroughly after applying the medication. Be sure to talk to your healthcare provider about any question or concerns regarding breastfeeding.

**What if the father of the baby uses topical corticosteroids?**

There are no studies looking at possible risks to a pregnancy when the father uses topical skin treatments. 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 and Pregnancy at [https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/](https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/).

**Selected References:**