



MotherToBaby

Medications & More During Pregnancy & Breastfeeding
Ask The Experts

Fact Sheet

by the **Organization of Teratology Information Specialists (OTIS)**

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Topical Corticosteroids

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. This sheet talks about whether exposure to topical corticosteroids may increase the risk for birth defects over that background risk. This information should not take the place of medical care and advice from your health care 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. Corticosteroids vary by the potency of the active ingredient and also the amount of the medication in the product. Topical corticosteroids include over the counter hydrocortisone and stronger prescription medicines such as clobetasol, betamethasone and triamcinolone. Your health care provider can best determine which topical corticosteroid is right for your condition.

Are topical corticosteroids safer than oral corticosteroids?

Topical corticosteroids are often a first line treatment during pregnancy for various skin conditions. This is because the amount of the medicine that can reach the baby by absorption through the skin is much lower than with medicines taken by mouth.

Does how much you put on your skin matter?

Yes. The larger the area of skin that the medicine is applied to, the greater the amount of medication that be absorbed into the blood stream and get into the baby's system. 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 the medicine more easily than other areas of the body, for example, more is through the face than from the soles of the hands and feet.

Does the strength of the topical medicine 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 is preferred.

Are there other factors that influence how much medicine 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?

Probably not. It is unlikely that the use of a topical corticosteroid would increase the risk for birth defects. Only a small amount of the corticosteroid is absorbed with topical exposure, resulting in little medicine getting into the blood stream. Studies looking at topical corticosteroid exposure have not found an increase in the risk for any 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 risk 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. Taking a corticosteroid by mouth would result in a much greater amount of the medicine in your blood stream, compared to applying it on the skin.

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 health care 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 (<https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/>).

References:

- Alabdulrazzaq F and Koren G 2012. Topical corticosteroid use during pregnancy. *Can Fam Physician*. 58(6):643-644.
- Chi CC et al. 2013. Pregnancy outcomes after maternal exposure to topical corticosteroids: a UK population-based cohort study. *JAMA Dermatol*. 149(11):1274-1280.
- Edwards MJ et al. 2003. Case-control study of cleft lip or palate after maternal use of topical corticosteroids during pregnancy. *Am J Med Genet A* 120A (4):459-463.
- Mahe A et al. 2007. The cosmetic use of skin-lightening products during pregnancy in Dakar, Senegal: a common and potentially hazardous practice. *Trans R Soc Trop Med Hyg* 101(2):183-187.
- Mygind H et al 2002. Risk of intrauterine growth retardation, malformations and other birth outcomes in children after topical use of corticosteroid pregnancy. *Acta Obstet Gynecol Scand* 81(3):234-239

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