Topical Corticosteroids

This sheet talks about exposure to topical corticosteroids during 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 products such as hydrocortisone and 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 better 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. Topical medication would need to be absorbed in high enough levels to reach the bloodstream in order to reach the developing baby.

**Does the amount that you put on your skin matter?**

When used over large areas of skin, more medication can be absorbed into a person’s bloodstream 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 soles of the hands and feet.

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

The stronger the topical corticosteroid, the more likely a higher amount will be absorbed into the bloodstream 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?**

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

**I use topical corticosteroids. Can it make it harder for me to get pregnant?**

Many topical corticosteroids have not been studied or well-studied in humans, and so it is not known if using them can make it harder to become pregnant. You can contact a MotherToBaby specialist to get the most current information available for the topical corticosteroid you are taking.

**I just found out I am pregnant. Should I stop taking topical corticosteroids?**

Talk with your healthcare providers before making any changes to how you take your medication(s). The benefit of treating your condition may outweigh any potential risks to a pregnancy.

**Does using topical corticosteroids increase the chance for miscarriage?**

Miscarriage can occur in any pregnancy. Based on the data available, the use of topical corticosteroids is not expected to increase the chance for miscarriage.

**Can using topical corticosteroids during pregnancy cause birth defects?**

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. Studies looking at topical corticosteroid exposure have not found an increased chance for birth defects. In many cases, only a small amount of the corticosteroid is expected to be absorbed with topical exposure, resulting in little medication.
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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. Also, taking a corticosteroid by mouth would result in a much greater amount of the medication in your blood stream, compared to topical use.

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

Not all corticosteroids have been well studied in pregnancy. 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.

**Does using topical corticosteroids in pregnancy cause long-term problems in behavior or learning for the baby?**

It is not known if using topical corticosteroids can cause behavior or learning issues.

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

Use of many topical corticosteroids have not been well studied in people who are breastfeeding. In most cases, significant absorption into the blood stream and then into the milk would only be expected with very strong corticosteroids used on large areas of the body. If medication is placed on the breast or nipple area, a lower strength is preferable and should be thoroughly wiped off before breastfeeding or coming into contact with your baby’s skin and mouth. Be sure to wash your hands well after applying the medication. Be sure to talk to your healthcare provider about all your breastfeeding questions.

**I use topical corticosteroids. Can it make it harder for me to get my partner pregnant or increase the chance of birth defects?**

Topical corticosteroid use and male fertility has not been well-studied in humans. It is not known if there are risks to a pregnancy when the father or sperm donor uses topical corticosteroids. In general, exposures that fathers or sperm donors 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/.

Please click here for references.