

# Topical Corticosteroids

## The safety of topical corticosteroids during pregnancy

The information provided below is for readers based in the United States of America. Readers outside of the United States of America should seek the information from local sources.

### **THIS MEDICATION CAN CAUSE HARM TO YOUR BABY:**

High potency topical corticosteroids used during pregnancy can increase the risk that your baby is born at a low birth weight.

#### **What are topical corticosteroids?**

Topical corticosteroids are medications that are applied externally to the surface of your skin. They are available as gels, ointments, creams, foams, solutions, or lotions. These medications may also be prescribed as a shampoo that you apply to your scalp. Topical corticosteroids are used to relieve itching, redness, swelling, and irritation of the skin that may be caused by many different problems. They are available in a variety of potencies, or strengths, to treat different age groups and conditions. Except for low-strength hydrocortisone which can be purchased over-the-counter, these medications are only available by prescription from your doctor. Types of topical corticosteroids that are available include: betamethasone, triamcinolone, amcinonide, fluocinonide, desoximetasone, clobetasol, desonide, and methylprednisolone.

#### **What are topical corticosteroids used to treat?**

Topical corticosteroids are used to treat skin conditions that are caused by inflammation or reactions from your bodys immune system. Some of these conditions include: diaper rash, allergic reactions, eczema, psoriasis, and seborrheic dermatitis (a condition affecting the scalp that causes red skin, scaly patches, and dandruff). Topical corticosteroids are also used to treat skin reactions or rashes that are caused by insect bites, cosmetics, soaps, detergents, or jewelry, as well as poison ivy, sumac, and oak. It is important to note that topical corticosteroids should not be used on fungal infections because they can worsen these conditions.

## **How do topical corticosteroids work?**

These medications interfere with the activity of cells that are involved with inflammation and the immune system. This results in reduced inflammation of the skin and improvement of skin conditions. Topical corticosteroids reduce redness on the skin by narrowing blood vessels on the skin's surface to reduce blood flow to the area. They also reduce the rate at which skin cells are created, which thins the skin. This can improve conditions, such as psoriasis, where skin lesions may be present.

Side effects of topical corticosteroids may include acne and symptoms of redness, burning, irritation, or thinning of the skin. These medications can sometimes get absorbed through your skin and into your blood, where they can cause side effects throughout your body. Some of these side effects may include: high blood pressure, high blood sugar, weight gain around the face or upper back, or slow wound healing.

## **If I am using a topical corticosteroid, can it harm my baby?**

Topical corticosteroids should be avoided during pregnancy unless they are medically necessary. If these medications are used, mild or moderate strengths are preferred. Potent and very potent topical corticosteroids have been associated with low birth weight in babies and should be avoided if possible. It is unclear whether topical corticosteroids can increase the risk of birth defects. Some studies have shown that there may be an increased risk, while others have not associated topical corticosteroids with a higher risk of birth defects. Risks to your baby are determined by how much of the topical corticosteroid gets absorbed into your blood, where the drug can affect your baby. The amount of medication that gets absorbed increases with skin that is injured or broken (when your skin is not fully intact), when the topical corticosteroid is applied to a larger area of your body, when higher strength corticosteroids are used, or when these medications are applied to more sensitive areas of skin, such as your face or the groin.

## **Evidence:**

One study looked at 106 children, 9 of which had cleft lip or palate (birth defect in the lip or mouth, respectively) and whose moms used a topical corticosteroid during the first trimester of pregnancy. It was found that the use of topical corticosteroids during pregnancy increased the likelihood of a baby having one of these birth defects. The majority of studies or reviews that followed this small study have found that there is not an increased risk of birth defects with the use of topical corticosteroids during pregnancy.

A study that looked at 35,503 pregnant women who were prescribed a topical corticosteroid found no increased risk of cleft lip or palate, preterm delivery, or death of the baby. The use of potent and very potent topical corticosteroids shortly before and during pregnancy was associated with an increased risk of the baby being born at a low birth weight. A higher risk of low birth weight was also found in a study looking at 28 expecting moms who used potent topical corticosteroids.

Another study analyzed data from 2,658 expecting moms who used a topical corticosteroid. Upon the first analysis, this study found that there was not an increased risk of cleft lip or palate, preterm delivery, death of the baby, or low birth weight. However, using a different type of analysis, it was found that there was an increased risk of babies being born at a low birth weight when potent or very potent topical corticosteroids were used during pregnancy.

Finally, a 2015 review in the Cochrane Database of Systematic Reviews looked at all of the studies discussed above in addition to others. After analyzing multiple studies that looked at the safety of topical corticosteroids in pregnancy, the review found that there was not an increased risk of cleft lip or palate, hypospadias (a birth defect in the urinary tract of baby boys), preterm delivery, or death of the baby. They found that there may be a correlation between the use of high potency corticosteroids during pregnancy and low birth weight.

Bottom line: **Topical corticosteroids should be avoided during pregnancy unless medically necessary.** If they are used, a mild or moderate strength medication is recommended. Potent or high potency topical corticosteroids can cause your baby to be born at a lower birth weight.

### **If I am using a topical corticosteroid and become pregnant, what should I do?**

If you become pregnant while using a topical corticosteroid, you should contact your doctor immediately. Your doctor will determine if the medication is necessary to treat your condition or if there is a safer alternative.

### **If I am using a topical corticosteroid, can I safely breastfeed my baby?**

The effects of topical corticosteroids have not been studied in breastfed infants. Topical corticosteroids that are used at a low strength for a short period of time are unlikely to enter your blood or pass into breast milk. Higher potency topical corticosteroids that are used for longer periods of time would pose a higher risk to the breastfed infant. If a topical corticosteroid is necessary for treatment, the lowest strength should be used for the shortest amount of time. **Nursing moms who are using a topical corticosteroid must ensure that their baby's skin does not come into contact with any area to**

## **which the medication has been applied.**

Some guidelines recommend that moms should not apply topical corticosteroids to the nipple area, while others recommend to exercise caution if these medications are used in this area. There is one case report of a mom who used a higher potency corticosteroid cream for painful nipples after her baby was born. At 2 months, the breastfed baby developed side effects from the topical corticosteroid, including heart rhythm abnormalities, high blood pressure, and reduced growth. If your doctor determines that these medications are necessary around the nipple area, only lower potency creams or gels should be used. The area also must be washed thoroughly before the baby nurses to avoid accidental ingestion.

Bottom line: Your doctor will determine whether topical corticosteroids are necessary for treatment or whether they should be avoided. If these medications are used, you should ensure that your baby does not come into contact with the treated area.

## **If I am using a topical corticosteroid, will it be more difficult to get pregnant?**

There are no studies discussing the effects of topical corticosteroids on fertility. Topical corticosteroids can rarely result in Cushing's syndrome, which can cause irregular menstrual cycles in women and problems with fertility in men. If you are planning to become pregnant, you should contact your doctor about your pregnancy plans. Your doctor will determine if your medication should be continued or if an alternative should be used. Additionally, if your male partner is using a topical corticosteroid, he may wish to contact his doctor if he is experiencing erectile dysfunction or difficulty fathering a child.

## **If I am using a topical corticosteroid, what should I know?**

Topical corticosteroids should be avoided during pregnancy unless medically necessary. Most studies have not found an increased risk of specific birth defects (cleft lip and palate) with the use of topical corticosteroids during pregnancy. However, higher potency topical corticosteroids have been associated with causing low birth weight in babies. If these medications are necessary, they should be used at the lowest strength and for the shortest amount of time possible.

You should speak with your doctor before using any topical corticosteroid while breastfeeding. If these medications are used, it is important to ensure that your baby does not come into contact with treated areas.

## **If I am taking any medication, what should I know?**

This report provides a summary of available information about the use of topical corticosteroids during pregnancy and breastfeeding. Content is from the product label unless otherwise indicated.

You may find Pregistry's expert report about psoriasis [here](#) and reports about the individual medications used to treat skin disorders [here](#). Additional information can also be found in the resources below.

For more information about **topical corticosteroids** during and after pregnancy, contact <http://www.womenshealth.gov/> (800-994-9662 [TDD: 888-220-5446]) or check the following links:

- Institute for Quality and Efficiency in Health Care: [Eczema: Steroids and other topical medications](#)
- WebMD: [How to Pick a Topical Corticosteroid for Psoriasis](#)

**Last Updated: 31-01-2018**

## General information

It is very common for women to worry about having a miscarriage or giving birth to a child with a birth defect while they are pregnant. Many decisions that women make about their health during pregnancy are made with these concerns in mind.

For many women these concerns are very real. As many as 1 in 5 pregnancies end in a miscarriage, and 1 in 33 babies are born with a birth defect. These rates are considered the background population risk, which means they do not take into consideration anything about the health of the mom, the medications she is taking, or the family history of the mom or the baby's dad. A number of different things can increase these risks, including taking certain medications during pregnancy.

It is known that most medications, including over-the-counter medications, taken during pregnancy do get passed on to the baby. Fortunately, most medicines are not harmful to the baby and can be safely taken during pregnancy. But there are some that are known to be harmful to a baby's normal development and growth, especially when they are taken during certain times of the pregnancy. Because of this, it is important to talk with your doctor or midwife about any medications you are

taking, ideally before you even try to get pregnant.

If a doctor other than the one caring for your pregnancy recommends that you start a new medicine while you are pregnant, it is important that you let them know you are pregnant.

If you do need to take a new medication while pregnant, it is important to discuss the possible risks the medicine may pose on your pregnancy with your doctor or midwife. They can help you understand the benefits and the risks of taking the medicine.

Ultimately, the decision to start, stop, or change medications during pregnancy is up to you to make, along with input from your doctor or midwife. If you do take medications during pregnancy, be sure to keep track of all the medications you are taking.