Topical Corticosteroids and Pregnancy

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 professional.

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 doctor 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 through the mother’s blood 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 can be absorbed into the bloodstream 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.

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 bloodstream and get into the baby’s 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 healthier skin. More medicine is thought to be absorbed through broken skin or if applied under a bandage or dressing. The more times that you apply the medicine will also increase the amount that can be absorbed.

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

It is unlikely that the use of a topical corticosteroid would increase the risk for birth defects. Some studies looking at exposure to oral corticosteroids have suggested a slight increase in the risk for cleft lip and/or cleft palate when taken in the first trimester. A number of other studies have not supported this association. Taking a corticosteroid by mouth would result in a much greater amount of the medicine in your blood stream. Only a small amount of the corticosteroid is absorbed with topical exposure. This results in much less of the medicine getting into your blood stream. Studies looking at topical corticosteroid exposure have not found a significant increase in the risk for birth defects.

*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.

*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, exposure of the father is unlikely to increase the risk for birth defects because the father does not share a blood connection with the developing baby. For more information, please see the MotherToBaby fact sheet *Paternal Exposures and Pregnancy.*

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**References:**


