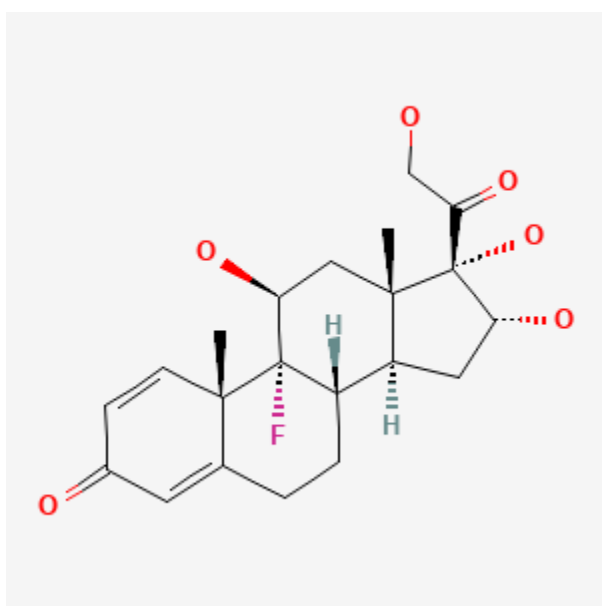




Triamcinolone

Revised: January 15, 2024.

CASRN: 124-94-7



Drug Levels and Effects

Summary of Use during Lactation

Because no information is available on the use of oral or injectable triamcinolone during breastfeeding, an alternate drug may be preferred, especially while nursing a newborn or preterm infant. However, use of triamcinolone as a nasal spray or local injections, such as for tendinitis, would not be expected to cause any adverse effects in breastfed infants. Expert opinion considers inhaled and oral corticosteroids acceptable to use during breastfeeding.[1,2] Local injections, such as for tendinitis, would not be expected to cause any adverse effects in breastfed infants. Medium to large doses of corticosteroids given systemically or injected into joints or the breast have been reported to cause temporary reduction of lactation.

See also [Triamcinolone, Topical](#).

Disclaimer: Information presented in this database is not meant as a substitute for professional judgment. You should consult your healthcare provider for breastfeeding advice related to your particular situation. The U.S. government does not warrant or assume any liability or responsibility for the accuracy or completeness of the information on this Site.

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Drug Levels

Maternal Levels. A woman with idiopathic granulomatous mastitis received an injection of 40 mg of triamcinolone acetonide into erythematous areas of the affected breast. She pumped milk samples 1 and 4 hours after the injection, then daily at the same time of day for 1 week. No triamcinolone was detected (<0.78 mcg/L) in any of the collected samples.[3]

Infant Levels. Relevant published information was not found as of the revision date.

Effects in Breastfed Infants

None reported with any corticosteroid.

Effects on Lactation and Breastmilk

A mother was nursing her 14-month-old 3 to 7 times daily. She had 5.7 mg of betamethasone sodium phosphate and acetate mixture injected into her shoulder for bursitis with no effect on lactation. Four weeks later, she continued to have pain in her thoracic cervical regions and was diagnosed with neural sensitization. She had 80 to 120 mg of triamcinolone diacetate injected into her cervical and thoracic spine epidurally and into the facets. Three days later, she noticed a decrease in milk supply and a reduced ejection reflex which continued to worsen over the next 5 days. She began using a breast pump with frequent pumping and domperidone as a galactagogue. Her milk slowly increased over several days and was normal by 21 days after the injection when she stopped domperidone. At that time, her serum prolactin levels were elevated.[4] The decrease in the mother's milk supply was possibly caused by the corticosteroid injections. Medium to large doses of corticosteroids given systemically or injected into joints or the breast have been reported to cause temporary reduction of lactation.[3-7]

A study of 46 women who delivered an infant before 34 weeks of gestation found that a course of another corticosteroid (betamethasone, 2 intramuscular injections of 11.4 mg of betamethasone 24 hours apart) given between 3 and 9 days before delivery resulted in delayed lactogenesis II and lower average milk volumes during the 10 days after delivery. Milk volume was not affected if the infant was delivered less than 3 days or more than 10 days after the mother received the corticosteroid.[8] An equivalent dosage regimen of triamcinolone might have the same effect.

A study of 87 pregnant women found that betamethasone given as above during pregnancy caused a premature stimulation of lactose secretion during pregnancy. Although the increase was statistically significant, the clinical importance appears to be minimal.[9] An equivalent dosage regimen of triamcinolone might have the same effect.

A nursing mother who was 7 months postpartum had triamcinolone 40 mg injected into the first dorsal compartment of the wrist along with 2 mL of 1% lidocaine for de Quervain tenosynovitis. Twenty-four hours after the injection, the patient reported a 90% decrease in lactation as measured by breast pumping before and after the injection. She continued to pump her breasts and began taking fenugreek to stimulate lactation. Within 1 week, her milk supply increased by 50% and by 1 month after the injection, she was able to meet her infants breastfeeding needs.[6]

A woman with idiopathic granulomatous mastitis received an injection of 40 mg of triamcinolone acetonide into erythematous areas of the affected breast. Her milk production decreased from the injected left breast. She had originally been able to express 60 mL on that side with an electric breast pump, and after the injection she was only able to express 10 mL. Her milk supply on the affected side recovered over the course of 2 weeks. Production on the unaffected right breast did not decrease.[3]

Alternate Drugs to Consider

(Systemic) [Methylprednisolone](#), [Prednisolone](#), [Prednisone](#)

References

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Substance Identification

Substance Name

Triamcinolone

CAS Registry Number

124-94-7

Drug Class

Breast Feeding

Lactation

Milk, Human

Corticosteroids, Systemic

Glucocorticoids

Anti-Inflammatory Agents