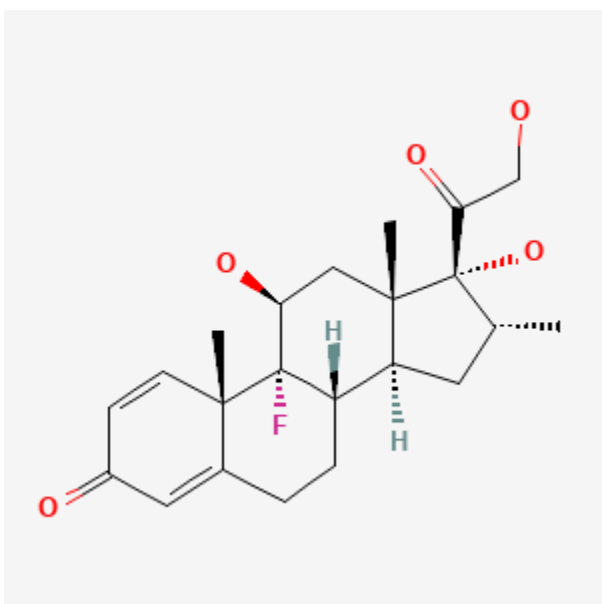




Dexamethasone, Topical

Revised: January 15, 2024.

CASRN: 50-02-2



Drug Levels and Effects

Summary of Use during Lactation

Topical dexamethasone has not been studied during breastfeeding. Since only extensive application of the most potent corticosteroids cause systemic effects in the mother, it is unlikely that short-term application of topical corticosteroids would pose a risk to the breastfed infant by passage into breastmilk. However, it would be prudent to use the least potent drug on the smallest area of skin possible. It is particularly important to ensure that the infant's skin does not come into direct contact with the areas of skin that have been treated. Current guidelines allow topical corticosteroids to be applied to the nipples just after nursing for eczema, with the nipples cleaned gently before nursing.[1,2] Only water-miscible cream or gel products should be applied to the breast because ointments may expose the infant to high levels of mineral paraffins via licking.[3]

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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Because absorption from the eye is limited, ophthalmic dexamethasone, including ocular inserts, would not be expected to cause any adverse effects in breastfed infants. To substantially diminish the amount of drug that reaches the breastmilk after using eye drops, place pressure over the tear duct by the corner of the eye for 1 minute or more, then remove the excess solution with an absorbent tissue.

Drug Levels

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

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

Effects in Breastfed Infants

Topical application of a corticosteroid with relatively high mineralocorticoid activity (isofluprednone acetate) to the mother's nipples resulted in prolonged QT interval, cushingoid appearance, severe hypertension, decreased growth and electrolyte abnormalities in her 2-month-old breastfed infant. The mother had used the cream since birth for painful nipples.[4]

Effects on Lactation and Breastmilk

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

Alternate Drugs to Consider

(Ophthalmic) [Prednisolone](#); (Topical) [Hydrocortisone](#), [Topical](#), [Triamcinolone](#), [Topical](#)

References

1. Vestergaard C, Wollenberg A, Barbarot S, et al. European task force on atopic dermatitis position paper: treatment of parental atopic dermatitis during preconception, pregnancy and lactation period. *J Eur Acad Dermatol Venereol* 2019;33:1644-59. PubMed PMID: 31231864.
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3. Noti A, Grob K, Biedermann M, et al. Exposure of babies to C(15)-C(45) mineral paraffins from human milk and breast salves. *Regul Toxicol Pharmacol* 2003;38:317-25. PubMed PMID: 14623482.
4. De Stefano P, Bongo IG, Borgna-Pignatti C, Severi F. Factitious hypertension with mineralocorticoid excess in an infant. *Helv Paediatr Acta* 1983;38:185-9. PubMed PMID: 6874387.

Substance Identification

Substance Name

Dexamethasone, Topical

CAS Registry Number

50-02-2

Drug Class

Breast Feeding

Lactation

Milk, Human

Corticosteroids, Topical

Corticosteroids, Ophthalmic

Glucocorticoids

Anti-Inflammatory Agents

Dermatologic Agents