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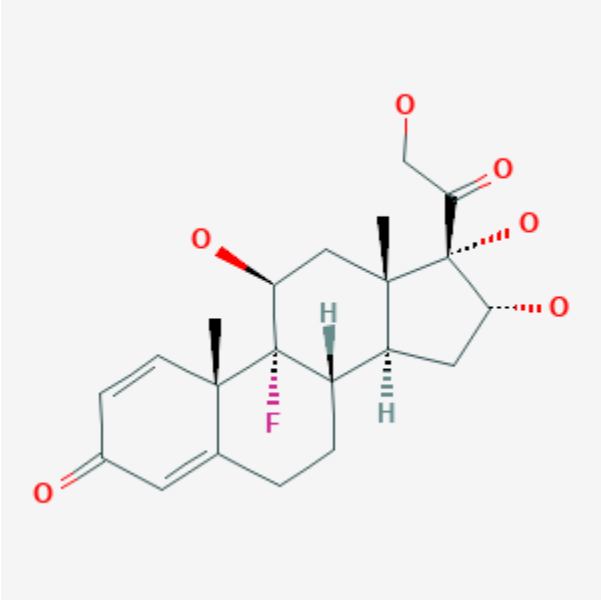
Triamcinolone

Revised: October 31, 2018.

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. Reviewers and an expert panel consider inhaled and oral corticosteroids acceptable to use during breastfeeding.[1][2][3] Local injections, such as for tendinitis, would not be expected to cause any adverse effects in breastfed infants, but might occasionally cause temporary loss of milk supply. See also Triamcinolone, Topical.

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

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 galactogogue. 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. A dose of depot methylprednisolone injected into the wrist has also been reported to cause temporary cessation of lactation.[5]

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.[6] 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.[7] 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.[8]

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

Corticosteroids, Systemic

Glucocorticoids

Anti-Inflammatory Agents