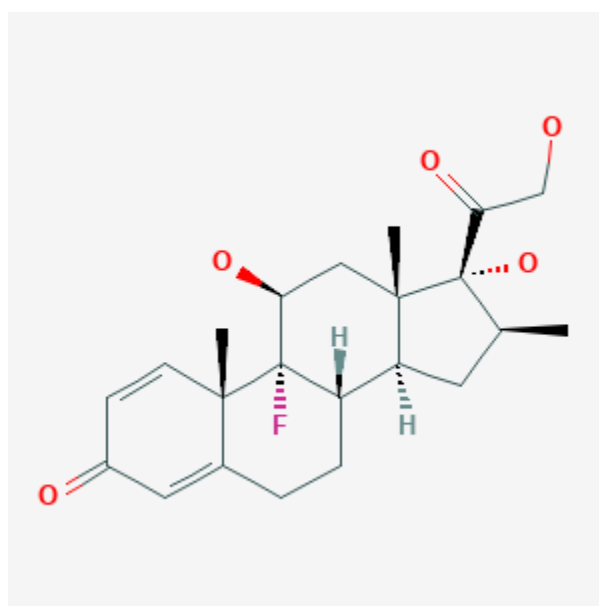




Betamethasone, Topical

Revised: October 31, 2018.

CASRN: 378-44-9



Drug Levels and Effects

Summary of Use during Lactation

Betamethasone ointment appears to have no advantage over lanolin for treating sore nipples during breastfeeding.[1] Since only extensive application of the most potent corticosteroids may 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. Only the lower potency corticosteroids should be used on the nipple or areola where the infant could directly ingest the drugs from the skin; topical betamethasone should be avoided on the nipple.[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] Any

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topical corticosteroid should be wiped off thoroughly prior to nursing if it is being applied to the breast or nipple area.

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]

A woman who was nursing (extent not stated) her newborn infant was treated for pemphigus with oral prednisolone 25 mg daily, with the dosage increased over 2 weeks to 60 mg daily. She was also taking cetirizine 10 mg daily and topical betamethasone 0.1% twice daily to the lesions. Because of a poor response, the betamethasone was changed to clobetasol propionate ointment 0.05%. She continued breastfeeding throughout treatment and her infant was developing normally at 8 weeks of age and beyond.[5]

Effects on Lactation and Breastmilk

In a randomized, double-blind trial, lanolin was compared to an all-purpose nipple ointment containing betamethasone 0.05%, mupirocin 1%, and miconazole 2% for painful nipples while nursing in the first 2 weeks postpartum. The two treatments were equally effective in reducing nipple pain, nipple healing time, breastfeeding duration, breastfeeding exclusivity rate, mastitis and nipple symptoms, side effects or maternal satisfaction with treatment.[1]

Alternate Drugs to Consider

(Topical) [Hydrocortisone](#), Topical

References

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4. De Stefano B, Bongo IG, Borgna-Pignatti C et al. Factitious hypertension with mineralocorticoid excess in an infant. *Helv Paediatr Acta.* 1983;38:185-9. PubMed PMID: 6874387.
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Substance Identification

Substance Name

Betamethasone, Topical

CAS Registry Number

378-44-9

Drug Class

Breast Feeding

Lactation

Corticosteroids, Topical

Glucocorticoids

Anti-Inflammatory Agents