

# Topical corticosteroid use in pregnancy not tied to SGA, LBW

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unexposed pregnancies (relative risk ratio, 0.92; 95 percent confidence interval, 0.88 to 0.97). No [increased risk](#) for SGA or low birth weight was seen in association with exposure to potent or very potent topical corticosteroids at any amount. Post hoc analyses also showed no significantly increased risk among those receiving large amounts of potent or very potent topical corticosteroids (>200 g throughout pregnancy) versus unexposed pregnancies.

"These findings suggest that [topical corticosteroids](#), including potent to very potent agents, in large amounts can be used in [pregnancy](#) without increased concerns of SGA and [low birth weight](#)," the authors write.

One author disclosed financial ties to the pharmaceutical industry.

**More information:** [Abstract/Full Text](#) ([subscription or payment may be required](#))

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(HealthDay)—Topical corticosteroid use in pregnancy is not associated with increased risks for small for gestational age (SGA) or low birth weight, according to a study published online May 5 in *JAMA Dermatology*.

Niklas Worm Andersson, M.D., from the Statens Serum Institut in Copenhagen, Denmark, and colleagues examined whether topical corticosteroid use in pregnancy is associated with increased [risks](#) for SGA and low birth weight from a source cohort of 1.1 million pregnancies. A total of 60,497 topical corticosteroid-exposed pregnancies were identified and matched with 241,986 unexposed pregnancies on the basis of propensity scores.

The researchers found that 9.4 percent of the delivered infants of pregnancies exposed to topical corticosteroids were born SGA compared with 9.4 percent among the matched unexposed pregnancies (relative risk ratio, 1.00; 95 percent confidence interval, 0.98 to 1.03). Low birth weight occurred in 3.3 and 3.6 percent of exposed and

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