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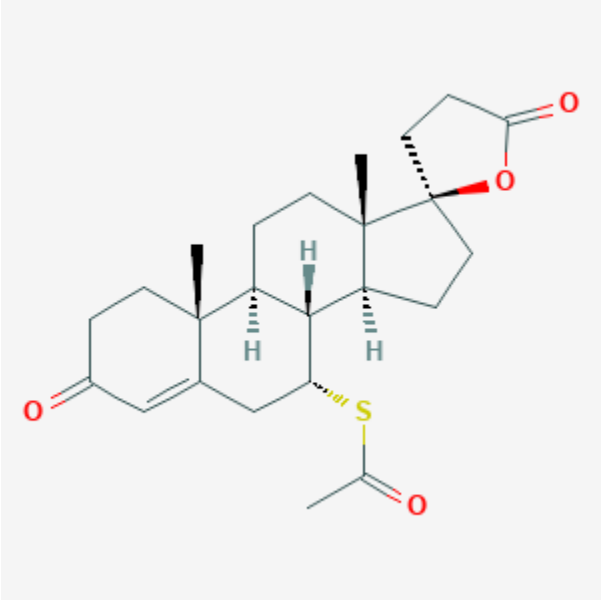
Spironolactone

Revised: April 1, 2019.

CASRN: 52-01-7



Drug Levels and Effects

Summary of Use during Lactation

Spironolactone appears acceptable to use during breastfeeding.

Drug Levels

Maternal Levels. The major metabolite of spironolactone, canrenone, was measured in the serum and milk of a 17-day postpartum woman who was taking 25 mg of spironolactone four times daily. Milk canrenone levels 2 hours after the dose were 104 mcg/L, and 47 mcg/L at 14.5 hours after the dose. The authors estimated that the nursing infant would receive about 0.2% of the mother's total daily dosage in the form of canrenone.[1] Active sulfur-containing metabolites were not measured.

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

Effects in Breastfed Infants

In 17-day-old breastfed (extent not stated) infant whose mother was taking 25 mg of spironolactone 4 times daily since pregnancy, serum sodium and potassium remained normal.[1]

Spironolactone 75 mg every other day was taken orally by a mother while nursing a newborn. She was also taking 400 mg of bretylium tosylate every 8 hours, atenolol 25 mg daily, propranolol 20 mg 3 times a day, and multivitamin, potassium and magnesium supplements. Jaundice, thought to be unrelated to the drug, occurred at 60 hours of age, but resolved. The infant had appropriate weight gain and development during the first 4 months of life.[2]

A transgender woman took and spironolactone 50 mg twice daily to suppress testosterone, domperidone 10 mg three times daily, increasing to 20 mg four times daily, oral micronized progesterone 200 mg daily and oral estradiol to 8 mg daily and pumped her breasts 6 times daily to induce lactation. After 3 months of treatment, estradiol regimen was changed to a 0.025 mg daily patch and the progesterone dose was lowered to 100 mg daily. Two weeks later, she began exclusively breastfeeding the newborn of her partner. Breastfeeding was exclusive for 6 weeks, during which the infant's growth, development and bowel habits were normal. The patient continued to partially breastfeed the infant for at least 6 months.[3]

Effects on Lactation and Breastmilk

Intense diuresis can suppress lactation;[4][5] however, it is unlikely that spironolactone alone is sufficiently potent to cause this effect. Spironolactone can also cause gynecomastia.[6]

References

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Substance Identification

Substance Name

Spironolactone

CAS Registry Number

52-01-7

Drug Class

Breast Feeding

Lactation

Antihypertensive Agents

Diuretics