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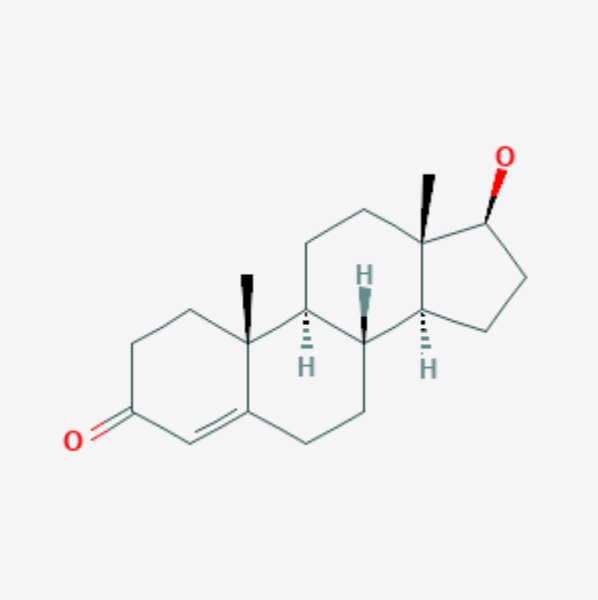
Testosterone

Revised: December 3, 2018.

CASRN: 58-22-0



Drug Levels and Effects

Summary of Use during Lactation

Limited data indicate that a low-dose (100 mg) subcutaneous testosterone pellet given to a nursing mother appears not to increase milk testosterone levels markedly. Testosterone has low oral bioavailability because of extensive first-pass metabolism, so it is unlikely to affect the breastfed infant. One breastfed infant seemed not to be adversely affected by low-dose maternal testosterone therapy.

Drug Levels

Maternal Levels. A woman received testosterone for depressive symptoms sublingually (drops, dose unspecified), vaginally (cream, dose unspecified), and subcutaneously (pellet, 100 mg). Foremilk samples were obtained at various times over the first 24 hours after administration of the sublingual and vaginal administration and on days 2, 3 and 7 after the implanting of the testosterone pellet. The highest milk level recorded following the pellet

implantation was 101 ng/L on day 7. Testosterone levels in breastmilk were not increased above baseline with any of these preparations.[1]

Infant Levels. After implantation of a 100 mg pellet of testosterone subcutaneously in a postpartum woman, serum levels of testosterone in her breastfed infant (extent and age not stated) were <100 mcg/L on days 2, 3 and 7, and at 5 months after the implanting of the testosterone pellet.[1]

Effects in Breastfed Infants

An infant (age not stated) was breastfed (extent not stated) after implantation of 100 mg of testosterone subcutaneously. No adverse effects were noted in the infant over a 5-month period.[1]

Effects on Lactation and Breastmilk

Supraphysiologic serum levels of testosterone, either from a tumor[2][3] or from exogenously administered testosterone,[4] reduces milk production in postpartum women. Testosterone alone reduces serum prolactin;[4] however, when given in combination with estrogen and progestin, serum prolactin levels are not markedly reduced.[5] Testosterone was previously used therapeutically to suppress lactation, usually in combination with an estrogen.[4][5][6][7][8][9][10]

References

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Substance Identification

Substance Name

Testosterone

CAS Registry Number

58-22-0

Drug Class

Breast Feeding

Lactation

Androgens

Hormones