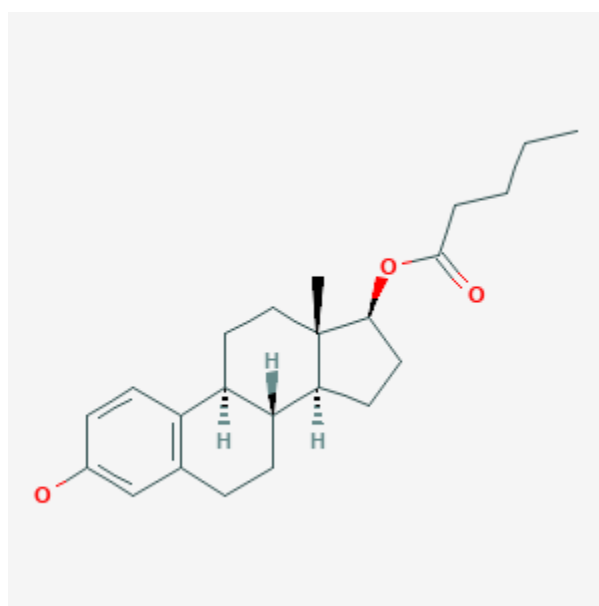




Estradiol Valerate

Revised: December 3, 2018.

CASRN: 979-32-8



Drug Levels and Effects

Summary of Use during Lactation

Estradiol valerate has not been studied during breastfeeding. Injectable estradiol valerate has been used to suppress lactation, usually in combination with testosterone. Generally, it should be avoided in mothers wishing to breastfeed.

Oral estradiol valerate is only available in the United States in a combination oral contraceptive product that also contains dienogest. Based on the available evidence, expert opinion holds that nonhormonal methods are preferred during breastfeeding and progestin-only contraceptives are preferred over combined oral contraceptives in breastfeeding women, especially during the first 4 weeks postpartum. For further information, consult the record entitled, "Contraceptives, Oral, Combined."

Disclaimer: Information presented in this database is not meant as a substitute for professional judgment. You should consult your healthcare provider for breastfeeding advice related to your particular situation. The U.S. government does not warrant or assume any liability or responsibility for the accuracy or completeness of the information on this Site .

Drug Levels

Maternal Levels. Relevant published information on estradiol valerate was not found as of the revision date. However, estradiol appears in breastmilk in small amounts after administration by other routes.[1][2]

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

Effects in Breastfed Infants

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

Effects on Lactation and Breastmilk

Estradiol valerate injection was previously used therapeutically to suppress lactation, usually in combination with testosterone.[3][4][5]

A retrospective cohort study compared 371 women who received high-dose estrogen (either 3 mg of diethylstilbestrol or 150 mcg of ethinyl estradiol daily) during adolescence for adult height reduction to 409 women who did not receive estrogen. No difference in breastfeeding duration was found between the two groups, indicating that high-dose estrogen during adolescence has no effect on later breastfeeding.[6]

Alternate Drugs to Consider

Ethinyl Estradiol

References

1. Nilsson S, Nygren KG, Johansson ED. Transfer of estradiol to human milk. *Am J Obstet Gynecol.* 1978;132:653-7. PubMed PMID: 717472.
2. Perheentupa A, Critchley HO, Illingworth PJ, McNeilley AS. Enhanced sensitivity to steroid-negative feedback during breast-feeding: low-dose estradiol (transdermal estradiol supplementation) suppresses gonadotropins and ovarian activity assessed by inhibin B. *J Clin Endocrinol Metab.* 2000;85:4280-6. PubMed PMID: 11095468.
3. Louviere RL, Upton RT. Evaluation of Deladumone OB in the suppression of postpartum lactation. *Am J Obstet Gynecol.* 1975;121:641-2. PubMed PMID: 1090174.
4. Morris JA, Creasy RK, Hohe PT. Inhibition of puerperal lactation. Double-blind comparison of chlorotrianesene, testosterone enanthate with estradiol valerate and placebo. *Obstet Gynecol.* 1970;36:107-14. PubMed PMID: 4912251.
5. Iliya FA, Safon L, O'Leary JA. Testosterone enanthate (180 mg.) and estradiol valerate (8 mg.) for suppression of lactation: a double-blind evaluation. *Obstet Gynecol.* 1966;27:643-5. PubMed PMID: 5949195.
6. Jordan HL, Bruinsma FJ, Thomson RJ et al. Adolescent exposure to high-dose estrogen and subsequent effects on lactation. *Reprod Toxicol.* 2007;24:397-402. PubMed PMID: 17531440.

Substance Identification

Substance Name

Estradiol Valerate

CAS Registry Number

979-32-8

Drug Class

Breast Feeding

Lactation

Estrogens

Hormones