

# Testosterone & Bodyfeeding

Many transgender, Two-Spirit, and non-binary (TTNB) people take testosterone to affirm their gender. **While testosterone is considered unsafe to take during pregnancy, it is likely safe to use when bodyfeeding.**

Research on testosterone while bodyfeeding is limited to two case studies<sup>1,2</sup> and one self report in a larger study of transmasculine parents.<sup>3</sup> None of these articles reported negative side effects for parents or infants; however, **there is not enough research to conclude that testosterone is absolutely safe when bodyfeeding.**

During bodyfeeding, gender incongruence or dysphoria can improve, develop, or worsen. These feelings can range in intensity and affect people in different ways. To manage these feelings you can try lightly binding your chest, wearing affirming clothing, meeting with other TTNB parents (online or in-person), and accessing mental health supports.

Other resources that may have useful information include:

- [What to Expect During & After Pregnancy](#)
- [Binding During Pregnancy & Bodyfeeding](#)

If dysphoria becomes overwhelming, negatively impacts your mental health, causes difficulty completing daily tasks, or interferes with caring for your baby, taking testosterone while bodyfeeding may offer more benefits than risks.

## Key Points

- If you are having strong feelings of dysphoria while bodyfeeding, taking testosterone may decrease these feelings enough for you to continue providing your baby with some human milk.
- While the limited research available is reassuring, **we do not have enough information to confirm that taking testosterone while bodyfeeding is always safe for every parent and baby.**
- Parents using transdermal testosterone should follow directions carefully to avoid accidental transfer through skin-to-skin contact.
- To make an informed decision about taking testosterone while bodyfeeding, discuss the possible benefits, risks, and your feeding goals with your care provider.



## Potential benefits

- Taking testosterone may help to decrease feelings of dysphoria.<sup>3</sup>
- Feeling increased comfort in your body may allow you to bodyfeed your baby for a longer period of time than if you had not taken testosterone.<sup>2,3</sup>
- Giving your infant any amount of human milk decreases their risk of infections, offers comfort, and can increase the feeling of bonding with your baby.<sup>4</sup>

## Reasons testosterone is likely safe while bodyfeeding

- One case study described a cisgender woman who had low testosterone levels and was experiencing depression, anxiety, memory loss, and fatigue in the postpartum period. Although the dose of testosterone was lower than a dose typically taken for gender affirmation, no testosterone was detected in her milk. The case study did not report on whether testosterone lowered milk production.<sup>1</sup>
- Testosterone is usually given as an injection or as a topical medication because it is poorly absorbed by the gastrointestinal system. If it is present in milk, it is unlikely an infant will absorb it through their stomach.
- One case study that looked at gender-affirming doses of testosterone found detectable levels of testosterone in the parent's milk but no detectable levels in the infant's bloodstream. The amount of testosterone found in the milk (called the relative infant dose or RID) was less than 1% of the parent's dose per kilogram. This means that the testosterone level in the milk was 100 times weaker than a comparable dose for an infant. For most medications, a RID of less than 10% is considered safe.<sup>5</sup>

## Potential risks

- In theory, if testosterone transfers to your milk and is absorbed into your infant's bloodstream, it could cause virilization (the development of secondary sex characteristics related to testosterone like body hair) or affect growth.<sup>1-3</sup> However, this has not been observed in the limited research available.
- Testosterone may block prolactin, one of the hormones that regulates milk production.<sup>6</sup> Taking testosterone may decrease the amount of milk you produce, but this was not measured in any of the available research.

## Things we don't know much about

- Both reports of testosterone taken at a gender-affirming level involved infants over 12 months old.<sup>2,3</sup> These infants were old enough to eat solid foods and a decrease in milk production may have gone unnoticed by the parent.
- We do not know if taking gender-affirming doses of testosterone before 12 months postpartum will impact your milk production.

For more information, visit [transcarebc.ca](https://transcarebc.ca)

## References

1. Glaser RL, Newman M, Parsons M, Zava D, Glaser-Garbrick D. Safety of maternal testosterone therapy during breast feeding. *Int J Pharm Compd*. 2009;13(4):314–7.
2. Oberhelman-Eaton S, Chang A, Gonzalez C, Braith A, Singh RJ, Lteif A. Initiation of gender-affirming testosterone therapy in a lactating transgender man. *J Hum Lact*. 2022 May;38(2):339–43. doi:[10.1177/08903344211037646](https://doi.org/10.1177/08903344211037646)
3. MacDonald T, Noel-Weiss J, West D, Walks M, Biener M, Kibbe A, et al. Transmasculine individuals' experiences with lactation, chestfeeding, and gender identity: A qualitative study. *BMC Pregnancy & Childbirth*. 2016 May 16;16:1–17. doi:[10.1186/s12884-016-0907-y](https://doi.org/10.1186/s12884-016-0907-y)
4. Spencer B, Chamberlain K. Scientific evidence supporting lactation. In: *Lactation Education Accreditation and Approval Review Committee, Spencer B, Campbell SH, Chamberlain K, Lauwers J, Mannel R, editors. Core curriculum for interdisciplinary lactation care. Second edition. Burlington, MA: Jones & Bartlett Learning; 2022.*
5. Versteegen RHJ, Anderson PO, Ito S. Infant drug exposure via breast milk. *Brit J Clinical Pharma*. 2022;88: 4311–4327. doi:[10.1111/bcp.14538](https://doi.org/10.1111/bcp.14538)
6. Drugs and Lactation Database (LactMed®). Testosterone. National Institute of Child Health and Human Development. 2022 May 15.

This document is designed for informational purposes only and should not be taken as medical advice. Please discuss any ongoing questions or concerns with your health care team.

July 2024

*Financial contribution:*



Health Canada Santé Canada

*The views expressed herein do not necessarily reflect those of Health Canada.*

Page 3 of 3