This sheet is about exposure to clorazepate in pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare providers.

**What is clorazepate?**

Clorazepate is a medication that has been used to treat anxiety, seizures, and symptoms of alcohol withdrawal syndrome (such as anxiety and agitation). Clorazepate is in a class of medications called benzodiazepines. Brand names for clorazepate include Tranxene® and Gen-Xene®.

Sometimes when people find out they are pregnant, they think about changing how they take their medication, or stopping their medication altogether. However, it is important to talk with your healthcare providers before making any changes to how you take this medication. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy.

If you take this medication regularly and then suddenly stop taking it, you could have withdrawal symptoms. It is not known what effects, if any, withdrawal might have on a pregnancy. Your healthcare providers can help with slowly stopping this medication if you plan to stop using clorazepate.

**I take clorazepate. Can it make it harder for me to get pregnant?**

It is not known if clorazepate can make it harder to become pregnant.

**Does taking clorazepate increase the chance for miscarriage?**

Miscarriage can occur in any pregnancy. It is not known if clorazepate increases the chance for miscarriage.

**Does taking clorazepate in the first trimester increase the chance of birth defects?**

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. It is not known if clorazepate increases the chance for birth defects above the background risk. Experimental animal studies did not report a higher chance for birth defects.

**Does taking clorazepate in pregnancy increase the chance of other pregnancy-related problems?**

Studies have not been done to see if clorazepate increases the chance for pregnancy-related problems such as preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces (2500 grams) at birth).

**I need to take clorazepate throughout my entire pregnancy. Will it cause withdrawal symptoms in my baby after birth?**

If a person who is pregnant is taking a benzodiazepine (such as clorazepate) near the time of delivery, then a newborn might have withdrawal symptoms, which are treatable. The baby can be monitored for “floppy infant syndrome” (poor muscle tone), trouble with feeding or breathing, or irritability. Not every baby exposed to clorazepate will have withdrawal symptoms.

**Does taking clorazepate in pregnancy affect future behavior or learning for the child?**

It is not known if clorazepate can cause behavior or learning issues.

**Breastfeeding while taking clorazepate:**

Use of clorazepate while breastfeeding has not been well studied. Clorazepate can pass into breastmilk and stays in the body for a long time, so medication levels can build up in a nursing infant. Talk with your healthcare provider about the treatment that would be best for you while breastfeeding. Be sure to talk with your healthcare providers about all your breastfeeding questions.

**If a male takes clorazepate could it affect fertility (ability to get partner pregnant) or increase the chance...**
of birth defects?

Studies have not been done to see if clorazepate could affect male fertility or increase the chance of birth defects. In general, exposures that fathers or sperm donors have are unlikely to increase the risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/.

Please click here to view references.