Clorazepate (Tranxene®, Gen-Xene®)

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

**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. MotherToBaby has a general fact sheet on benzodiazepines at [https://mothertobaby.org/fact-sheets/benzodiazepines-pregnancy/pdf/](https://mothertobaby.org/fact-sheets/benzodiazepines-pregnancy/pdf/). Brand names for clorazepate include Tranxene® and Gen-Xene®.

**I take clorazepate. Can it make it harder for me to get pregnant?**
Studies have not looked at whether using clorazepate could make it harder to get pregnant.

**I just found out I am pregnant. Should I stop taking clorazepate?**
Talk with your healthcare providers before making any changes in how you take this medication. If you take this medication regularly and then suddenly stop taking it, you could have withdrawal symptoms. We don’t know what effects withdrawal might have on a pregnancy. Your healthcare providers can help with slowly stopping this medication if you plan to stop using clorazepate during a pregnancy.

**Does taking clorazepate increase the chance for miscarriage?**
Miscarriage can occur in any pregnancy. Studies have not been done to see if clorazepate could increase the chance for a miscarriage.

**Does taking clorazepate in the first trimester increase the chance of birth defects?**
In every pregnancy, a woman starts out with a 3-5% chance of having a baby with a birth defect. This is called her background risk. Clorazepate has not been well studied for use in pregnancy. Experimental animal studies did not report a higher chance for birth defects.

**Could taking clorazepate in the second or third trimester cause other pregnancy complications?**
If a woman is taking a benzodiazepine near the time of delivery, then a newborn might have withdrawal symptoms, which are treatable. If clorazepate is used at the end of pregnancy, the baby can be monitored for “floppy infant syndrome” (poor muscle tone), difficulty feeding or breathing, or irritability. Not every baby exposed to clorazepate will have withdrawal symptoms.*

**Does taking clorazepate in pregnancy cause long-term problems in behavior or learning for the baby?**
Studies have not been done to see if clorazepate use in pregnancy could increase the chance for behavior changes or learning difficulties.

**Can I breastfeed while taking clorazepate?**
Clorazepate has not been well studied for use while breastfeeding. Clorazepate can cross into breastmilk. Clorazepate stays in the body for a long time, so medication levels can build up in the nursing infant. Since clorazepate stays in your body for a long time, talk with your healthcare provider to see if another, better studied medication would work for you while you are breastfeeding. Talk with your healthcare providers about all your breastfeeding questions.

If a man takes clorazepate, could it affect his fertility (ability to get partner pregnant) or increase the chance of birth defects?

Clorazepate has not been studied for use in men who are trying to get a partner pregnant. In general, exposures that fathers have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/.

* Section Updated April 2020

Selected References: