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 get pregnant.

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

Miscarriage is common and can occur in any pregnancy for many different reasons. Studies have not been done to see if clorazepate increases the chance for miscarriage.

**Does taking clorazepate 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. Studies have not been done to see if clorazepate increases the chance for birth defects. 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?**

Studies have not been done to see if clorazepate might cause withdrawal symptoms in the baby after birth. Based on other benzodiazepine medications, clorazepate may cause temporary withdrawal symptoms in newborns soon after birth, 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 increases the chance for behavior or learning issues.

**Breastfeeding while taking clorazepate:**

Clorazepate gets into breastmilk and stays in the body for a long time, which means medication levels can build up in a nursing infant. If you suspect the baby has any symptoms (very sleepy and hard to wake to feed, poor feeding, or poor weight gain), contact the child’s healthcare provider.

The product label for clorazepate recommends people who are breastfeeding not use this medication. But, the benefit
of using clorazepate may outweigh possible risks. Your healthcare providers can talk with you about using clorazepate and what treatment is best for you. 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 in a partner’s pregnancy?**

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/](https:// mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/).

Please click [here](#) to view references.

---

**Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.**

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). OTIS/MotherToBaby encourages inclusive and person-centered language. While our name still contains a reference to mothers, we are updating our resources with more inclusive terms. Use of the term mother or maternal refers to a person who is pregnant. Use of the term father or paternal refers to a person who contributes sperm. Copyright by OTIS, February 1, 2023.