Loxapine

This sheet is about exposure to loxapine in pregnancy and while breastfeeding. This information is based on published research studies. It should not take the place of medical care and advice from your healthcare providers.

What is loxapine?

Loxapine is a medication that has been used to treat mental health conditions including schizophrenia and bipolar disorder. Some brand names for loxapine are Loxitane® and Adasuve®.

Sometimes when women 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 your medication. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy. Some people might have a return of their symptoms (relapse) if they stop this medication during pregnancy.

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

Loxapine might increase the blood levels of the hormone prolactin. Levels of prolactin that are higher than normal can cause irregular periods in some women, which might make it harder to get pregnant. Talk to your healthcare provider if you are having trouble getting pregnant.

Does taking loxapine 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 loxapine can increase the chance of miscarriage.

Does taking loxapine increase the chance of birth defects?

Birth defects can happen in any pregnancy for different reasons. Out of all babies born each year, about 3 out of 100 (3%) will have a birth defect. We look at research studies to try to understand if an exposure, like loxapine, might increase the chance of birth defects in a pregnancy.

Studies have not been done to see if loxapine can increase the chance of birth defects.

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

Studies have not been done to see if loxapine can increase the chance of 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 loxapine throughout my entire pregnancy. Will it cause symptoms in my baby after birth?

The use of some medications similar to loxapine during pregnancy can cause temporary symptoms in newborns soon after birth. These symptoms are sometimes referred to as withdrawal. The symptoms can include too much or too little muscle tone (stiff or floppy), sleepiness, agitation (irritability), problems with breathing and feeding, or unusual muscle movements (tremors). Not all babies exposed to these medications will have these symptoms, and it is unknown if taking loxapine would cause these symptoms. It is important that your healthcare providers know you are taking loxapine so that if symptoms occur your baby can get the care that is best for them.

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

Studies have not been done to see if loxapine can increase the chance of behavior or learning issues for the child.

Breastfeeding while taking loxapine:

It is not known how much loxapine gets into the breast milk or how it might affect a breastfeeding infant. The product label for loxapine recommends people who are breastfeeding not use this medication, if possible. But the benefits of using loxapine might outweigh possible risks. Your healthcare providers can talk with you about using loxapine and

what treatment is best for you. If you take loxapine and suspect the baby has any symptoms such as sedation (extreme sleepiness), irritability, constipation, or tremors, contact the child's healthcare provider. Be sure to talk to your healthcare provider about all your breastfeeding questions.

If a man takes loxapine, could it affect fertility or increase the chance of birth defects?

Taking loxapine might increase levels of the hormone prolactin in some males, which might cause problems with fertility (ability to get a woman pregnant). In general, exposures that fathers or sperm donors 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/.

Please click here for references.

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

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