

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

What is metoclopramide?

Metoclopramide is a medication that has been used to treat gastrointestinal (stomach / bowel) motility issues, for nausea and vomiting caused by surgical operations, chemotherapy, or pregnancy, and to help with lactation. This medication has been sold under brand names such as Reglan®, Maxolon® or Metozolv ODT®.

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 are experiencing nausea and vomiting or gastrointestinal problems that are affecting your ability to function, speak with your healthcare provider about which treatment(s) would be best for you during pregnancy. For more information on nausea and vomiting of pregnancy, please see the MotherToBaby fact sheet on Nausea and Vomiting in Pregnancy at <https://mothertobaby.org/fact-sheets/nausea-vomiting-pregnancy-nvp/>.

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

Studies have not suggested that metoclopramide would affect fertility (a person's ability to get pregnant).

There have been some reports of menstrual problems and galactorrhea (milk production that is not related to breastfeeding) among people who have taken metoclopramide. Those who have these side effects might have a harder time becoming pregnant.

Does taking metoclopramide increase the chance for miscarriage?

Miscarriage can occur in any pregnancy. A small number of studies did not find an increased chance for miscarriage among people taking metoclopramide.

Does taking metoclopramide 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. Based on the studies reviewed, an increased chance for birth defects is not expected when metoclopramide is used in pregnancy.

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

Based on the studies reviewed, it is not known if metoclopramide can cause other 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). One study showed no increased risk of stillbirth in pregnancies exposed to metoclopramide.

There are case reports of people who developed severe side effects while taking metoclopramide during pregnancy which required them to be admitted to a hospital for treatment. In these reports, two people developed movement disorders (known as tardive dyskinesia) and two other people developed intermittent porphyria (a condition that affects the body's ability to make red blood cells) which led to psychiatric conditions. All reports showed that these people got well with treatment and went on to have healthy newborns.

Another report describes a person with high blood pressure who was pregnant and taking metoclopramide. It was suggested that the use of metoclopramide was related to headache, fast heart rate (tachycardia) and severe high blood pressure in this person.

These reports do not tell us how often these side effects may occur during pregnancy. If you are taking metoclopramide tell your healthcare provider about any changes in your mood, changes in movement such as lip smacking, jerky eye movements, or jerky limb movements, headache, fast heart rate, or high blood pressure.

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

Studies have not been done to see if metoclopramide can cause behavior or learning issues for the child.

Breastfeeding while taking metoclopramide:

There is limited information on the use of metoclopramide during breastfeeding. Metoclopramide can cross into the breast milk. Most reports have not listed any side effects in nursing infants. If you suspect the baby has any symptoms (such as stomach discomfort and gas), contact the child's healthcare provider.

Metoclopramide use while breastfeeding might increase your chance for post-partum depression. Any changes in your mood should be reported to your healthcare provider. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

Metoclopramide is sometimes used to try and increase milk supply (galactagogue). Studies looking at whether metoclopramide increases or causes milk production are limited, and results of these studies have been mixed. If you are having trouble with milk production, talk with your healthcare provider or a lactation consultant.

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

Studies have not been done to see if metoclopramide could affect male fertility or increase the chance of birth defects. There is no evidence that suggests that a male's use of metoclopramide would cause any problems during a pregnancy. 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.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://mothertobaby.org).

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