



MotherToBaby

Medications & More During Pregnancy & Breastfeeding
Ask The Experts

Fact Sheet

by the **Organization of Teratology Information Specialists (OTIS)**

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Metoclopramide

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. This sheet talks about whether exposure to metoclopramide may increase the risk for birth defects over that background risk. This information should not take the place of medical care and advice from your health care provider.

What is metoclopramide?

Metoclopramide is a medication that has been used to treat gastrointestinal 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®.

I have been taking metoclopramide and just found out I am pregnant. Should I stop?

You should always speak with your health care provider before making any changes in your medication. If you are experiencing nausea and vomiting that is impacting your ability to function, you should speak to your healthcare provider about which medication would be best for you and your baby. For more information on nausea and vomiting in pregnancy, please see the MotherToBaby fact sheet on [Nausea and Vomiting in Pregnancy](http://mothertobaby.org/fact-sheets/nausea-vomiting-pregnancy-nvp/) at <http://mothertobaby.org/fact-sheets/nausea-vomiting-pregnancy-nvp/>.

Can taking metoclopramide during pregnancy cause birth defects?

This would be unlikely. Current information does not suggest an increased chance for birth defects when metoclopramide is taken early in pregnancy.

Can taking metoclopramide during pregnancy cause other pregnancy complications?

Perhaps. There are case reports of women 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 women developed movement disorders (known as tardive dyskinesia) and two other women 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 women got well with treatment and went on to have healthy newborns. If you are taking metoclopramide tell your healthcare provider about any changes in your mood or any movement disorders such as lip smacking, jerky eye movements, or jerky limb movements.

Can I breastfeed while taking metoclopramide?

There is little information on the use of metoclopramide during breastfeeding. However, it has been shown that while metoclopramide can cross into the breastmilk, most reports have not listed any side effects in the nursing infants. If your baby was to experience side effects, it would most likely be stomach discomfort and gas. Metoclopramide use while breastfeeding might increase your chance for post-partum depression. Any changes in your mood should be reported to your healthcare provider.

Is it true that metoclopramide can increase the amount of milk that I make?

There have some small studies looking at whether metoclopramide increases or causes milk production. One study found that metoclopramide use could slightly increase the amount of milk produced while a similar study found that it did not increase milk production at all. If you are having trouble with milk production, research shows that working with a lactation consultant may be the most helpful in increasing your breastmilk production. Be sure to talk to your health care provider about all your choices for breastfeeding.

What if the father of the baby takes metoclopramide?

There is no evidence that suggests that a man's metoclopramide use would cause any problems during his partner's pregnancy. In general, medications that the father takes do not increase risk to a pregnancy. For more information, please see the MotherToBaby fact sheet on Paternal Exposures at <http://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/>.

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