Metoclopramide

This sheet is about exposure to metoclopramide 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 provider.

What is metoclopramide?

Metoclopramide is a medication that has been used to treat certain stomach conditions such as gastroesophageal reflux (when stomach contents flow backward into the esophagus), gastric stasis (when the stomach empties food more slowly than normal), nausea and vomiting, and to increase the amount of milk the body makes while breastfeeding. It has been sold under brand names such as Reglan®, Maxolon® or Metozolv ODT®.

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.

For more information on nausea and vomiting, please see the MotherToBaby fact sheet at https://mothertobaby.org/fact-sheets/nausea-vomiting-pregnancy-nvp/.

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

It is not known if metoclopramide can affect fertility (ability to get pregnant). There have been some reports of menstrual problems and galactorrhea (milk production that is not related to breastfeeding) with metoclopramide use. These issues might make it harder to get pregnant.

Does taking metoclopramide increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. A small number of studies did not find an increased chance of miscarriage with metoclopramide use in pregnancy.

Does taking metoclopramide 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 metoclopramide, might increase the chance of birth defects in a pregnancy. Taking metoclopramide during pregnancy has not been shown to increase the chance of birth defects.

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

Taking metoclopramide has not been shown to increase the chance of 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).

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

It is not known if metoclopramide can increase the chance of behavior or learning issues for the child. One study has reported an increased chance of attention deficit hyperactive disorder or other neurodevelopmental delays, but it had important limitations. Also, 1 study alone is not enough to make firm conclusions.

Breastfeeding while taking metoclopramide:

Metoclopramide passes into breast milk in varied amounts, but the amount ingested by a breastfed child is expected to be low. Most reports have not reported side effects in nursing infants. In rare cases, gastrointestinal issues such as stomach discomfort or gas have been reported. If you suspect the baby has any symptoms, contact the child's healthcare provider.

Metoclopramide is sometimes used to try and increase milk supply (called a galactagogue). Studies looking at whether metoclopramide increases milk production are limited, and results of these studies have been mixed. Overall, it is not known if taking metoclopramide will help to increase your milk supply. If you are having trouble with milk production, talk with your healthcare provider or a lactation consultant. Be sure to talk to your healthcare provider about all your breastfeeding questions.

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

Studies have not been done to see if metoclopramide could affect male fertility (ability to make healthy sperm) or increase the chance of birth defects. 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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