



MotherToBaby

Medications & More During Pregnancy & Breastfeeding
Ask The Experts

Fact Sheet

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

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Benzodiazepines and Pregnancy

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 benzodiazepines 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 a benzodiazepine?

Benzodiazepines are medications used to treat anxiety, sleeplessness, seizures, muscle spasms, and alcohol withdrawal. Valium (diazepam), Xanax (alprazolam), Klonopin (clonazepam), Restoril (temazepam), and Ativan (lorazepam) are a few examples of benzodiazepines, but there are many others. While it is best to study medicines individually, benzodiazepines are often studied together during pregnancy.

Should I stop taking my benzodiazepine once I find out I'm pregnant?

No. You should always talk to your health care provider before making any changes in your medication. If you suddenly stop taking your medication you may have withdrawal and we don't know what effect withdrawal might have on a pregnancy. Your health care provider can help you decide if the benefit of taking the medicine outweighs any possible risk to your pregnancy.

I've heard that benzodiazepines can cause birth defects like cleft lip and palate. Is this true?

Some early studies in animals and humans suggested a slight increase in the risk for cleft lip and/or cleft palate if a benzodiazepine was taken during the first trimester. Since these early reports, there have been studies and reviews that have not supported those earlier results or birth defects in general. It is generally felt that exposure to a benzodiazepine does not increase the risk for birth defects.

Can taking benzodiazepines cause other pregnancy problems?

Two studies have suggested a higher rate of preterm deliveries and low birth weight in infants when women take benzodiazepines during pregnancy. However, a third study did not find these risks, so more research is needed to accurately answer this question. It is possible that other factors and not the medicine were responsible for these findings.

I need to continue taking my benzodiazepine medication. Will it cause any harmful effects in my baby after birth?

If you are taking a benzodiazepine near the time of delivery, your baby may have withdrawal symptoms such as difficulty breathing, muscle weakness, irritability, crying, sleep disturbances, tremors, and jitteriness. It is important that you inform your obstetrician and your baby's pediatrician so extra care can be provided should your baby need it. These symptoms resolve over a period of time as the drug leaves the baby's system and are not expected to have any long-term effects.

Will taking a benzodiazepine have any effect on my baby's behavior and development?

Some studies in animals have suggested an effect on behavior in exposed offspring. However, since animals do not always predict the effects in humans, no conclusions can be made. Presently, there are no well-done, long-term studies looking at children exposed to benzodiazepines during pregnancy. However, these drugs have been on the market for more than 40 years and there has been no evidence to suggest that they have long-term harmful effects on the child's brain or development.

Someone told me not to take my benzodiazepine with my allergy medication diphenhydramine. Why not?

One lone human report and some animal data have suggested that the combination of temazepam and diphenhydramine may increase risk for stillbirth or death shortly after birth. It is unknown if this interaction will occur with all benzodiazepines. To be safe, it is best not to take diphenhydramine while you are taking a benzodiazepine.

Can I take benzodiazepines while I am breastfeeding?

Some benzodiazepines are not recommended during breastfeeding because they stay in the body a long time and can potentially cause sedation in a breastfed infant. If a benzodiazepine is needed during breastfeeding, it is best to use one that is removed from the body rapidly (such as lorazepam). When using a benzodiazepine during breastfeeding, watch your baby for sleepiness, low energy, or poor suckling which may be signs your baby is getting too much of the drug. If any of these symptoms are seen, discuss them with your pediatrician promptly. Be sure to talk to your health care provider about all your choices for breastfeeding.

What if the father of the baby takes a benzodiazepine?

An increased risk of birth defects or pregnancy complications is not expected when the father of the baby takes a benzodiazepine. In general, exposures that fathers have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures and Pregnancy at <http://www.mothersbaby.org/files/paternal.pdf>.

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