



Benzodiazepines

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 that have been used to treat anxiety, sleeplessness, seizures, muscle spasms, and alcohol withdrawal. Diazepam (Valium®), alprazolam, (Xanax®), clonazepam (Klonopin®), temazepam (Restoril®), and lorazepam (Ativan®) are some examples of benzodiazepines, but there are 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 providers before making any changes in your medication. If you suddenly stop taking your medication, you could have withdrawal symptoms. We don't know what effects withdrawal would have on a pregnancy. Your health care providers can help you decide if the benefit of taking the medicine outweighs any possible risk to your pregnancy.

Will taking a benzodiazepine medication make it harder for me to get pregnant?

It is unknown. There have not been studies looking at whether benzodiazepines, as a group, can make it harder for women to get pregnant. Ask your health care provider or a MotherToBaby information specialist about your specific medication.

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

Probably not. Some early studies 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 found any increase in birth defect risks.

Can taking benzodiazepines cause other pregnancy problems?

It is unclear. Some studies have suggested a higher rate of preterm deliveries and low birth weight in infants when women take benzodiazepines during pregnancy. However, not all studies found these risks. More research is needed in order to answer this question. It is possible that other factors, 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. These include difficulty breathing, muscle weakness, irritability, crying, sleep disturbances, tremors, and jitteriness. It is important that your healthcare providers and your baby's pediatrician know you are taking a benzodiazepine. This is so extra care can be provided should your baby need it. If symptoms develop, they usually resolve over a few weeks as the drug leaves the baby's system. This is not expected to have any long-term effects.

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

It is unclear. Very few studies have looked at the long-term effects on children exposed during pregnancy. One human study suggested that children might be more likely to show certain behaviors, such as fearfulness and social

withdrawal. However, more long-term studies are needed to understand if there are any concerns.

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

One human report and some animal data have suggested that the combination of temazepam and diphenhydramine (Benadryl®) may increase the chance for stillbirth or death shortly after birth. It is not known 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?

It depends. Some benzodiazepines are not recommended during breastfeeding because they stay in the body a long time and might cause sedation (sleepiness) in a breastfed infant. If a benzodiazepine is needed during breastfeeding, it is best to use one that is removed from the body rapidly. 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 child's pediatrician right away. Be sure to talk to your health care provider about all your breastfeeding questions.

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 <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/>.

References Available Upon Request

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