Chlordiazepoxide (Librium®)

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

What is chlordiazepoxide?
Chlordiazepoxide is a medication that has been used to treat anxiety and symptoms of alcohol withdrawal syndrome (such as anxiety and agitation). Chlordiazepoxide is in a class of medications called benzodiazepines. MotherToBaby has a general fact sheet on benzodiazepines at https://mothertobaby.org/fact-sheets/benzodiazepines-pregnancy/pdf/. A brand name for chlordiazepoxide is Librium®.

I take chlordiazepoxide. Can it make it harder for me to get pregnant?
Studies have not looked at whether using chlordiazepoxide could make it harder to get pregnant.

I just found out I am pregnant. Should I stop taking chlordiazepoxide?
Talk with your healthcare providers before making any changes in how you take this medication. If you take this medication regularly and then suddenly stop taking it, you could have withdrawal symptoms. We don’t know what effects withdrawal might have on a pregnancy. Your healthcare providers can help with slowly stopping this medication if you plan to stop using chlordiazepoxide during a pregnancy.

Does taking chlordiazepoxide increase the chance for miscarriage?
Miscarriage can occur in any pregnancy. Studies have not been done to see if chlordiazepoxide could increase the chance for a miscarriage.

Does taking chlordiazepoxide in the first trimester increase the chance of birth defects?
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. Chlordiazepoxide has not been well studied for use in pregnancy. While there have been some reports of birth defects with first trimester use, no clear pattern of birth defects has been associated with this medication. Also, most reports did not find a higher chance for birth defects with first trimester use of chlordiazepoxide.

Could taking chlordiazepoxide in the second or third trimester cause other pregnancy complications?
Chlordiazepoxide has not been well studied for use during pregnancy. One study found a higher chance for low birth weight when the mother used chlordiazepoxide during pregnancy.

I need to take chlordiazepoxide throughout my entire pregnancy. Will it cause withdrawal symptoms in my baby after birth?
If a woman is taking a benzodiazepine near the time of delivery, then a newborn might have withdrawal symptoms, which are treatable. If chlordiazepoxide is used at the end of pregnancy, the baby can be monitored for “floppy infant syndrome” (poor muscle tone), difficulty feeding, irritability, or low body temperature. Not every baby exposed to chlordiazepoxide will have withdrawal symptoms.

Does taking chlordiazepoxide in pregnancy cause long-term problems in behavior or learning for the baby?
Studies have not been done to see if chlordiazepoxide use in pregnancy could increase the chance for behavior changes or learning difficulties.
Can I breastfeeding while taking chlordiazepoxide?

Chlordiazepoxide has not been well studied for use while breastfeeding. Since chlordiazepoxide stays in your body for a long time, talk with your healthcare provider to see if another, better studied medication would work for you while you are breastfeeding. Talk with your healthcare providers about all your breastfeeding questions.

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

Chlordiazepoxide has not been studied for use in men who are trying to get a partner pregnant. However, a study in experimental animals and one human case report noted that chlordiazepoxide might make it harder to ejaculate. 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/.

Selected References:


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