Clonazepam (Klonopin®)

This sheet is about exposure to clonazepam in pregnancy and while breastfeeding. This information is based on available published literature. It should not take the place of medical care and advice from your healthcare provider.

**What is clonazepam?**

Clonazepam is a medication that has been used to treat seizures, anxiety, panic attacks, and insomnia (trouble sleeping). It belongs to a class of medications called benzodiazepines. Clonazepam is sold under the brand name Klonopin®.

Sometimes when people 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 anxiety, see our fact sheet here: [https://mothertobaby.org/fact-sheets/anxiety-fact/](https://mothertobaby.org/fact-sheets/anxiety-fact/).

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

It is not known if clonazepam can make it harder to get pregnant.

**Does taking clonazepam increase the chance of miscarriage?**

Miscarriage is common and can occur in any pregnancy for many different reasons. It is not known if clonazepam can increase the chance of miscarriage. One study found that people who were taking more than 4 mg/day of clonazepam had a slightly higher chance of miscarriage. As there can be many causes of miscarriage, it is hard to know if a medication, the medical condition, or other factors are the cause of a miscarriage.

**Does taking clonazepam increase the chance of birth defects?**

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. Data on the use of clonazepam only in pregnancy is limited. Information from a small number of studies of people taking clonazepam only during pregnancy has not found an increased chance of birth defects. There may be different risks for people who take clonazepam in combination with other medications.

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

It is not known if clonazepam can 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). Two prescription record studies suggested that babies exposed to clonazepam during pregnancy might be more likely to be born preterm or with low birth weight. Studies based on filled prescriptions/prescription records cannot tell if a person took the medication. This makes it hard to know if the study outcomes are related to the medication or other factors.

**I need to take clonazepam throughout my entire pregnancy. Will it cause withdrawal symptoms in my baby after birth?**

The use of clonazepam during pregnancy can cause temporary symptoms in newborns soon after birth. These symptoms are sometimes referred to as withdrawal. Some babies exposed to clonazepam at the end of pregnancy may have trouble breathing, poor circulation, and low muscle tone (floppy baby syndrome). Some babies may need to spend some time in the neonatal intensive care unit (NICU). Not all babies exposed to clonazepam will have these symptoms. It is important that your healthcare providers know you are taking clonazepam so that if symptoms occur your baby can get the care that is best for them.

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

It is not known if clonazepam increases the chance for behavior or learning issues. A study of 314 children exposed to clonazepam during pregnancy found an increased chance of intellectual disability and delayed developmental milestones. One study of 269 children exposed to clonazepam during pregnancy did not find an increased chance of autism.
A prescription record study found no increased chance for autism or intellectual disability when clonazepam was used in the first trimester of pregnancy to treat seizures. This report did find an increased chance for intellectual disability in those exposed to clonazepam for something other than seizures. Studies based on filled prescriptions/prescription records cannot tell if a person took the medication. This makes it hard to know if the study outcomes are related to the medication or other factors.

**Breastfeeding while taking clonazepam:**

Clonazepam gets into breastmilk in small amounts. It can cause sedation (sleepiness) and levels might build up in the infant’s body. Other medications might be preferred while breastfeeding a newborn or an exclusively breastfed infant. If you suspect the baby has any symptoms (sleepiness, not gaining weight, delayed milestones) contact the child’s healthcare provider. If excessive sleepiness occurs, contact a healthcare provider immediately.

The product label for clonazepam recommends people who are breastfeeding not use this medication. However, the benefit of using clonazepam along with the benefits of breastfeeding your baby may outweigh the possible risks. Your healthcare provider can talk with you about using clonazepam and what treatment is best for you. Be sure to talk to your healthcare provider about all your breastfeeding questions.

**If a male takes clonazepam, could it affect fertility or increase the chance of birth defects?**

Studies have not been done to see if clonazepam could affect male fertility (ability to get partner pregnant) or increase the chance of birth defects above the background risk. 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/](https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/).

Please click here for references.