

Diazepam (Valium®)

This sheet is about exposure to diazepam 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 diazepam?

Diazepam is a medication that has been used to treat anxiety, sleeplessness, muscle spasms, and alcohol withdrawal. It is sometimes used with other medications to treat seizures. Diazepam is in the class of medication called benzodiazepines. It is sold under the brand name Valium®.

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 this medication. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy. Some people may have a return of their symptoms (relapse) if they stop this medication during pregnancy.

If you plan to stop this medication, your healthcare provider may suggest that you slowly lower the dose instead of stopping all at once. Stopping this medication suddenly can cause some people to have withdrawal symptoms. It is not known what effects, if any, withdrawal could have on a pregnancy.

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

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

Does taking diazepam increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. It is not known if diazepam increases the chance of miscarriage.

Does taking diazepam 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. Based on the studies reviewed, using diazepam is not expected to increase the chance of birth defects above the background risk. Older studies suggested a less than 1 in 100 (less than 1%) increased chance of cleft lip and/or cleft palate if a person uses diazepam in the first trimester of pregnancy. A cleft lip or cleft palate is when the lip and/or roof of mouth formed with a split and can need surgery to correct. More recent studies that are larger and better-designed have not found an increased chance of oral clefts or other birth defects with diazepam use in pregnancy.

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

Some, but not all, studies reported that taking diazepam or other benzodiazepines in pregnancy might increase the chance for pregnancy complications such as preterm delivery (delivery before 37 weeks of pregnancy), low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth), and/or smaller head size. As there can be many causes of pregnancy-related complications, it is hard to know if a medication, the medical condition, or other factors are the cause of the reported complications.

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

The use of diazepam during pregnancy can cause temporary symptoms in newborns soon after birth. These symptoms are sometimes referred to as withdrawal. Symptoms might include breathing problems, jitteriness, excessive crying, and trouble keeping their body temperature. Some newborns may have loose muscle tone, sluggishness, and trouble latching on to feed (called “floppy infant syndrome”). Some babies might need to spend more time in the hospital to help manage these symptoms. The symptoms are expected to go away within a few weeks. Not all babies exposed to diazepam will have these symptoms. It is important that your healthcare providers know you are taking diazepam so that if symptoms occur your baby can get the care that is best for them.

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

It is not known if taking diazepam increases the chance for behavior or learning issues. Two studies have followed children who were exposed to diazepam during pregnancy until the children were up to 18 months or 3 years of age. These studies reported that the children were more likely to show certain behaviors, such as anxiety, sadness, and fearfulness. One study, on benzodiazepines in general, found that using a benzodiazepine medication, including diazepam, in pregnancy might make it slightly more likely for someone to have autism or ADHD. However, when the study compared siblings who were exposed to a benzodiazepine with siblings who were not exposed, they no longer found an increased chance for ADHD or autism. This study suggests that the chance for ADHD or autism is more likely associated with genetic factors. In addition, another study on benzodiazepines, including diazepam, did not report a higher chance for ADHD and autism.

Breastfeeding while taking diazepam:

Diazepam gets into breast milk in small amounts. Diazepam can stay in the body longer than some other benzodiazepine medications. If you use diazepam regularly while breastfeeding, there is a chance it could build up in the baby's system. This might cause sleepiness or affect your child's weight gain. If you suspect the baby has any symptoms like trouble feeding, breathing, gaining weight or being too sleepy, contact the child's healthcare provider.

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

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

It is not known if diazepam 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/>.

Please click here for references.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://mothertobaby.org).

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