

# Diazepam (Valium®)

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

## ***What is diazepam?***

Diazepam is a medication that has 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 medications 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. If you stop this medication, you might have a return of the symptoms that diazepam helps control. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy.

If you choose to stop taking diazepam, it is important to slowly lower your dose of the medication, under the direction of your healthcare provider. People who suddenly stop taking diazepam might 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 could make it harder to get pregnant.

## ***Does taking diazepam increase the chance for miscarriage?***

Miscarriage is common and can occur in any pregnancy for many different reasons. Based on the studies reviewed, it is not known if diazepam increases the chance for 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 have reported an increased chance for 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 in babies born to a person who was using diazepam and other benzodiazepines in pregnancy. Two of these studies followed the exposed children as they grew and reported they had reached normal weight ranges by 8-10 months of age. In one study head circumferences remained smaller than expected at 18 months of age.

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

Babies that were exposed to diazepam throughout pregnancy or late in pregnancy might have withdrawal symptoms starting soon after delivery or within several days of birth. Symptoms might include breathing problems, jitteriness, excessive crying, and trouble maintaining 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.

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

Based on the studies reviewed, 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.

***Breastfeeding while taking diazepam:***

Diazepam gets into breast milk in small amounts. Diazepam stays in the body longer than some other benzodiazepines do. If you use diazepam regularly while breastfeeding there is a chance it could build up in the baby's system and 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 overly 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. If you need to use a benzodiazepine regularly while breastfeeding, it might be preferred to use one that clears from the body more quickly than diazepam does. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

***If a male takes diazepam, could it affect fertility (ability to get partner pregnant) or increase the chance of birth defects?***

Based on the studies reviewed, it is not known if the use of diazepam can affect fertility 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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