Diazepam (Valium®)

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

**What is diazepam?**

Diazepam (Valium®) is a medication 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.

**Can taking diazepam make it harder for me to get pregnant?**

Studies have not looked at whether using diazepam could make it harder to get pregnant.

**I just found out I am pregnant. Should I stop taking diazepam?**

Talk with your healthcare provider before making changes to your prescription medication. Women who suddenly stop taking diazepam might have withdrawal symptoms. We do not know what effects withdrawal would have on a pregnancy. If you choose to stop taking diazepam while pregnant, it is important to slowly wean off the medication, under the direction of your healthcare provider. For some women, the benefits of staying on diazepam during pregnancy may outweigh any potential risk. If you stop this medication, you might have a relapse of the symptoms that diazepam helps control. Your healthcare provider can help you decide if you should continue taking diazepam while pregnant.

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

Studies have not looked at whether using diazepam could increase the chance for a miscarriage.

**Does taking diazepam increase the chance of having a baby with a birth defect?**

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. Using diazepam is unlikely to increase the chance of birth defects above the background risk. Older studies suggested a small (less than 1%) increased chance of cleft lip and/or cleft palate if a woman uses diazepam in the first trimester of pregnancy. Since that time, larger and better-designed studies have not found an increased chance of oral clefts or other birth defects with diazepam use in pregnancy.

**Could diazepam cause other pregnancy complications?**

Some, but not all, studies have reported an increased chance for preterm delivery (before 37 weeks of pregnancy), low birth weight, and/or smaller head circumference in babies whose mothers use diazepam and other benzodiazepines in pregnancy. Two of these studies followed the babies as they grew and reported they had reached normal weight ranges by 8-10 months, but 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 of mothers who take 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 normal body temperature. Some newborns may have loose muscle tone, sluggishness, and difficulty latching on to feed (called “floppy infant syndrome”). Although some babies might need to spend additional time in the hospital to help manage these symptoms, the symptoms are expected to go away...
Will taking diazepam during pregnancy affect my baby’s behavior or cause learning problems?

There is not enough information to know. Two studies have followed children 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. But more studies are needed to know about any possible long-term effects on behavior or learning.

Can I breastfeed my baby if I am taking diazepam?

Only small amounts of diazepam are expected to enter the breast milk. However, 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 your baby’s system and cause sleepiness or affect the infant’s weight gain. Symptoms may be more likely to occur if your baby is premature or younger than 2 months old. 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. If you are worried about any symptoms your baby has, contact your child’s healthcare provider. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

What if the baby’s father takes diazepam?

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/.

Please click here for references.