Lorazepam

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

**What is lorazepam?**

Lorazepam is a medication commonly used to treat anxiety. It may also be used to treat insomnia, seizures, and alcohol withdrawal. Lorazepam is marketed under the brand name Ativan® and belongs to the class of medications known as benzodiazepines. MotherToBaby has fact sheets on benzodiazepines at https://mothertobaby.org/fact-sheets/benzodiazepines-pregnancy/ and anxiety at https://mothertobaby.org/fact-sheets/anxiety-fact/.

**I take lorazepam. Can it make it harder for me to become pregnant?**

It is not known if lorazepam can make it harder to become pregnant.

**I just found out I’m pregnant. Should I stop taking lorazepam?**

Talk with your healthcare provider before making changes to how you take your medication. It is important to discuss the benefits of taking lorazepam compared with stopping the medication. Some people have physical symptoms (called withdrawal) when they suddenly stop taking lorazepam. If it is decided to stop taking lorazepam, your healthcare provider may suggest that you decrease your dose over time.

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

Miscarriage can occur in any pregnancy. There is one study looking at benzodiazepines, including lorazepam, that suggests there is an association between miscarriage between 6 and 20 weeks of pregnancy and exposure to benzodiazepines in early pregnancy. The data is limited to this one study, and does not prove that lorazepam increases the chance for miscarriage.

**Does taking lorazepam 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. It is unlikely taking lorazepam increases the chance of birth defects. One study found a possible association with anal atresia (bottom of the intestinal tract is closed off), and another study found increased chance of pulmonary valve stenosis (abnormal development of the baby’s heart). There have also been two other studies have not found an increased chance of birth defects.

**Could taking lorazepam cause other pregnancy complications?**

Some studies have suggested a higher rate of preterm deliveries (delivery before 37 weeks of pregnancy) and low birth weight in infants that are exposed to lorazepam in the second half of the pregnancy. However, not all studies found these risks. It is possible that other factors, not lorazepam, caused these complications.

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

If you are taking lorazepam near the time of delivery, your baby might have temporary symptoms of withdrawal. These symptoms include irritability, crying, sleep disturbances, tremors, jitteriness, trouble breathing, or muscle weakness. If symptoms develop, they usually go away within a few weeks as the drug leaves the baby’s system. These symptoms are not expected or known to have any long-term effects for the baby.

**Should I stop taking lorazepam before the third trimester?**

You and your healthcare team can decide if you should continue or stop taking lorazepam during pregnancy. Studies have shown that when anxiety is left untreated during pregnancy, there can be a higher chance for pregnancy complications such as preterm delivery and/or low birth weight.

**Does taking lorazepam in pregnancy cause long-term behavior or learning problems for a child?**

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November 1, 2020
It is not known if lorazepam can cause behavior or learning issues.

**Someone told me not to take my benzodiazepine with the medication diphenhydramine. Why not?**

One human report and some animal data have suggested that taking a specific benzodiazepine called temazepam at the same time as diphenhydramine (Benadryl®) may increase the chance for stillbirth or death shortly after birth. It is not known if this interaction will occur with all benzodiazepines or not. Talk with your healthcare provider before taking diphenhydramine while you are taking lorazepam during pregnancy.

**Can I breastfeed while taking lorazepam?**

Lorazepam is found in breast milk in low levels. No negative effects were found in a study with 64 breastfeeding children. When using lorazepam while breastfeeding, watch your child for sleepiness, low energy, or poor suckling. If you suspect that the baby has symptoms, contact the child’s healthcare provider. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

**I take lorazepam. Can it make it harder for me to get my partner pregnant or increase the chance for birth defects?**

An increased chance of birth defects or pregnancy complications is not expected when a male takes lorazepam. 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 on Paternal Exposures at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/.

Please click here for references.