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

**What is midazolam?**
Midazolam is a medication that has been used to treat seizures and anxiety. It has also been used with other medications for anesthesia in surgeries. Two brand names for midazolam are Versed® and Seizalam®. Midazolam is in a class of medications call benzodiazepines. MotherToBaby has a general fact sheet on benzodiazepines at https://mothertobaby.org/fact-sheets/benzodiazepines-pregnancy/pdf/. There is also a fact sheet on anxiety at https://mothertobaby.org/fact-sheets/anxiety/pdf/.

**I take midazolam. Can it make it harder for me to get pregnant?**
Midazolam has not been studied to see if taking it could make it harder for a woman to get pregnant. In an experimental animal study, midazolam has not been shown to affect fertility.

**Should I stop taking midazolam once I find out I’m pregnant?**
Talk with your healthcare providers before making any changes to this medication. If you take this medication on a regular basis and then suddenly stop taking it, you could have withdrawal symptoms. We don’t know what effects withdrawal would have on a pregnancy. Your healthcare providers can help you decide if the benefit of taking the medicine outweighs any possible risk to your pregnancy.

**Does taking midazolam increase the chance for miscarriage?**
Miscarriage can occur in any pregnancy. Studies have not been done to see if midazolam could increase the chance for a miscarriage.

**Does taking midazolam 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. Midazolam has not been studied among women for use in the first trimester. Animal studies did not find a higher chance for birth defects with exposure to midazolam.

**I’ve heard that taking a benzodiazepine can cause birth defects like cleft lip and palate. Is this true?**
Probably not. Some early studies that looked at benzodiazepine use in pregnancy suggested a slight increase in the chance for cleft lip and/or cleft palate (the top lip and/or roof of the mouth do not form correctly and can need surgery) if taken during the first trimester. Since these early reports, there have been other studies and reviews that have not found any increase in the chance for birth defect with the use of a benzodiazepine during the first trimester.

**Could midazolam cause other pregnancy complications?**
When used during the time of c-section, there have been some reports of newborns having difficulty breathing. However, there have also been reports of use during c-section without problems for the newborn. C-section itself can cause temporary breathing problem in the baby.

**Will taking midazolam during pregnancy affect my baby’s behavior or cause learning problems?**
Midazolam has not been studied to see if taking it during a pregnancy would affect the child’s behavior or development. Animal studies have reported that midazolam, in combination with other medications for general
anesthesia, might affect the developing brain. Based on this, the US Food and Drug Administration (FDA) has suggested that midazolam be avoided for use as general anesthesia and sedation during the third trimester of pregnancy for surgeries not related to delivery of the baby. If needed for a c-section, the baby would be exposed only for a short period of time; and this has not been associated with learning difficulties. For more information, please see the MotherToBaby fact sheet General Anesthesia at https://mothertobaby.org/fact-sheets/general-anesthesia-pregnancy/.

Can I breastfeed my baby if I take midazolam?

Midazolam has not been well studied for use while breastfeeding. Small amounts of midazolam can get into breast milk after single intravenous (IV) doses. If midazolam is given as part of general anesthesia (including for c-section), or as a single dose, breastfeeding can be restarted as soon as the mother is ready to nurse (after any side effects, such as feelings of sleepiness, have passed). If more than one IV dose is given during breastfeeding, watch the baby for sleepiness (hard to wake for feeding), low energy, or poor suckling. If any of these symptoms are seen, discuss them with your child’s healthcare provider.

What if the baby’s father takes midazolam?

Midazolam has not been studied for use in men who are trying to get a partner pregnant. 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 at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/.

Please click here for references.

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