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

**What is triazolam?**

Triazolam is a medication that has been used to treat insomnia (having a hard time falling asleep or staying asleep). Triazolam is in a class of medications called benzodiazepines. A brand name for triazolam is Halcion®.

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 an untreated condition during pregnancy.

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

Studies have not been done to see if using triazolam could make it harder to get pregnant.

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

Miscarriage is common and can occur in any pregnancy for many different reasons. Studies have not been done to see if triazolam could increase the chance of miscarriage.

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

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. Triazolam has not been well studied for use in pregnancy. Based on the studies reviewed, it is not known if triazolam increases the chance for birth defects above the background risk. Experimental animal studies did not find a higher chance for birth defects with exposure to triazolam. One report on 97 people who used triazolam in pregnancy did not suggest an increased chance of birth defects. A report looking at people who filled at least 1 triazolam prescription found no link between triazolam and an increased chance for birth defects. Prescription based studies can not tell us if the person who filled the prescription actually took the medication during their pregnancy.

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

Studies have not been done to see if triazolam increases the chance for pregnancy-related problems such as preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth).

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

The use of triazolam during pregnancy can cause temporary symptoms in newborns soon after birth. These symptoms are sometimes referred to as withdrawal and may include poor muscle tone and trouble feeding. Not all babies exposed to triazolam will have these symptoms. It is important that your healthcare providers know you are taking triazolam so that if symptoms occur your baby can get the care that is best for them.

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

Studies have not been done to see if triazolam can cause behavior or learning issues for the child.

**Breastfeeding while taking triazolam:**

Triazolam has not been well studied for use while breastfeeding. There is 1 case of an infant who was exposed to triazolam through breastmilk without reported side effects. Children exposed to this medication through breastfeeding should be watched for excessive drowsiness (being too sleepy). If you suspect the baby has any symptoms (such as being too sleepy), contact the child’s healthcare provider. Be sure to talk to your healthcare provider about all your breastfeeding questions.

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

Studies have not been done to see if triazolam could affect male fertility or increase the chance of birth defects above the background risk. There is one case report of absence of sperm in a male taking triazolam and other medications; sperm counts returned to normal several months after stopping triazolam. A single case report cannot predict how this medication would affect sperm production in all males. 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.

A pregnancy registry for psychiatric medications, including triazolam, has been organized at the Massachusetts General Hospital. For more information, contact the registry at https://womensmentalhealth.org/clinical-and-research-programs/pregnancyregistry/.