



Zolpidem (Ambien®)

This sheet is about exposure to zolpidem in pregnancy and while breastfeeding. This information is based on published research studies. It should not take the place of medical care and advice from your healthcare provider.

What is zolpidem?

Zolpidem is a sedative-hypnotic medication (causes calm and sleep) that has been used to treat insomnia (not being able to fall asleep or stay asleep). It belongs to a group of medications called hypnotic benzodiazepine receptor agonists, or HBRAs (sometimes called z-hypnotics or z-drugs). HBRAs are not benzodiazepines, but they work in a similar way. Some brand names of zolpidem are Ambien®, Edluar®, and Intermezzo®.

Sometimes when women 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 your medication. Some people who stop taking zolpidem suddenly might experience withdrawal symptoms like fatigue, nausea, vomiting, flushing, lightheadedness, crying, and nervousness. Your healthcare providers can talk with you about the benefits of treating insomnia, and the risks of untreated insomnia during pregnancy.

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

Studies have not been done to see if taking zolpidem can make it harder to get pregnant.

Does taking zolpidem increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. It is not known if zolpidem can increase the chance of miscarriage.

Does taking zolpidem increase the chance of birth defects?

Birth defects can happen in any pregnancy for different reasons. Out of all babies born each year, about 3 out of 100 (3%) will have a birth defect. We look at research studies to try to understand if an exposure, like zolpidem, can increase the chance of birth defects in a pregnancy. Several studies have reported no increased chance of birth defects with the use of zolpidem during pregnancy.

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

Several studies have found that using zolpidem during pregnancy does not greatly increase the chance of other 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). Other studies have found that women who took zolpidem during pregnancy were slightly more likely to deliver early or have smaller babies compared with women who did not take these medications during pregnancy. These studies did not consider other factors, such as the use of other medications, smoking, alcohol or drug use, or the underlying medical condition that the medication was used to treat. This makes it hard to know if the medication, illnesses being treated, or other factors are the reason for the reported issues.

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

It is not known if zolpidem can increase the chance of behavior or learning issues for the child.

Breastfeeding while taking zolpidem:

Zolpidem passes into breast milk in small amounts. One small study and a case report found that 6 women who took zolpidem during the days after delivery had small amounts of the medication in their breast milk three hours after taking it. No problems were reported in their babies. If you suspect the baby has any symptoms (being very sleepy, trouble gaining weight, low muscle tone or floppiness, or slow breathing), contact the child's healthcare provider. Be sure to talk to your healthcare provider about all your breastfeeding questions.



If a man takes zolpidem, could it affect fertility or increase the chance of birth defects?

Studies have not been done to see if zolpidem could affect men's fertility (ability to get a woman pregnant) or increase the chance of birth defects. 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.

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