Zolpidem

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

*What is zolpidem?*

Zolpidem is a sedative medication used to treat insomnia (not able to fall asleep or stay asleep). It belongs to a group of medications called hypnotic benzodiazepine receptor agonists (HBRAs). Although this medication interacts with the benzodiazepine receptor, zolpidem is not a benzodiazepine. Brand names are Ambien®, Edluar®, Intermezzo®, and Zolpimist®.

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

Studies on women have not been done to see if zolpidem could make it harder for a woman to get pregnant.

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

Talk with your healthcare providers before making any changes to this medication. It is important to consider the potential benefits to you of taking zolpidem during pregnancy. Sleep is very important for a person’s general health. You and your healthcare provider may decide to continue zolpidem, or use a different sleep aid during pregnancy, or possibly stop using sleep aids while pregnant. Some people who stop this medication suddenly may have withdrawal symptoms. Symptoms reported can include fatigue, nausea, vomiting, flushing, lightheadedness, crying, nervousness, among others.

*Does taking zolpidem during my pregnancy increase the chance of miscarriage?*

Miscarriage can occur in any pregnancy. Studies have not been done to see if zolpidem increases the chance for miscarriage.

*Does taking zolpidem in the first trimester increase the chance of birth defects?*

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. Several studies have found no significant higher chance for birth defects when using zolpidem during the first trimester of pregnancy.

*Could taking zolpidem in the second or third trimester cause other pregnancy complications?*

Several studies have found no significant higher chance for other problems when using zolpidem during pregnancy. There are some studies that looked at pregnancy outcomes other than birth defects that found that the women who took zolpidem during pregnancy were slightly more likely to deliver early or have smaller babies compared with women who did not take zolpidem during pregnancy. Some of these studies were too small to show any increase in risk. None of these studies fully accounted for the use of other medications, smoking, alcohol, or drug use, or for the underlying medical conditions. Having any of these medical conditions could also increase the chance of early deliveries and babies that are smaller than usual.

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

There are no studies looking at whether taking zolpidem during pregnancy increases the chance of withdrawal symptoms in the baby. While zolpidem is not a benzodiazepine, it is similar to that class of medications. Withdrawal has been reported in babies whose mothers took benzodiazepines close to delivery. The withdrawal symptoms included difficulty breathing, muscle weakness, irritability, crying, difficulty sleeping, tremors, and jitteriness. It is not known if zolpidem use close to delivery can also cause these symptoms in a newborn. It is important that your healthcare provider and your baby’s pediatrician know you are taking zolpidem so that if withdrawal happens your baby can get appropriate care.

*Will taking zolpidem during pregnancy affect my baby’s behavior or cause learning problems?*
There are no studies that have looked at whether taking zolpidem during pregnancy may affect a child’s long-term development.

**Can I breastfeed my baby while taking zolpidem?**

Zolpidem is found in breast milk at a very low level. In a study of five women who took a single 20 mg dose of zolpidem several days after delivery, very little zolpidem was found in their breast milk three hours after taking the medication. No problems were reported in babies whose mothers took zolpidem while breastfeeding in this study. Babies who are very young or were born before 37 weeks of pregnancy (preterm delivery) might be more sensitive to zolpidem in breast milk. The baby can be watched for signs of sedation, poor weight gain, low muscle tone (hypotonia), and respiratory depression. If you suspect that your baby has symptoms caused by zolpidem, contact your baby’s healthcare provider right away.

Taking a sleep aid might affect your ability to respond or care for your newborn during the day or at night. Talk to your healthcare provider about the best way to treat your insomnia as well as all of your breastfeeding questions.

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

There are no studies looking at possible risks to a pregnancy when a father takes zolpidem. 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.