

A handy fact sheet on lorazepam in pregnancy and breastfeeding

This fact sheet should be read alongside our other Choice and Medication leaflets, which include more information on this medicine and its side effects

What should I do if I am taking lorazepam and want to start a family?

The best option is always to plan in advance. If you plan to start a family talk about this with your prescriber.

We don't know much about whether lorazepam affects your chances of getting pregnant.

Depending on your situation, you may be able to:

- **Continuing to take lorazepam**
- **Adjust your dose**, but only with advice from your prescriber (reducing or stopping suddenly can make you unwell)
- **Switch to another medicine** that may carry fewer risks in pregnancy.
- **Reviewing other medicines** you are taking and stopping those you no longer need.

Lorazepam is usually recommended for **short-term use (up to about 4 weeks)**. If you are taking it long-term, your prescriber may suggest lowering the dose, but this needs to be done carefully to avoid withdrawal and to keep you well.

Lorazepam is a benzodiazepine.

It usually works best when used for short periods. Think about non-drug ways (e.g. relaxation exercises, music) to help with times of stress and anxiety. If sleep is a problem, you can look at our leaflet on 'sleep hygiene' which has ideas on sleeping better.

I have just found out I am pregnant - should I stop taking lorazepam?

- There is no urgent need to stop lorazepam immediately, as your baby has already been exposed to the medication.
- Speak to your prescriber within the next day or two to discuss your options.
- Decide together on a plan of action. You may need a little time to look through some information and make your choice. The rest of this leaflet should help you with your decision.
- If you and your prescriber decide that stopping lorazepam is the best option, it should be

reduced gradually over several weeks or longer if you have taken it for a long time.

- If you take lorazepam only occasionally rather than regularly, you should have no difficulty stopping it.
- You may choose to restart lorazepam after your baby is born if needed. Discuss this with your prescriber to make the safest decision for you and your baby.

If you stop lorazepam quickly after taking it for several months or longer you might get some withdrawal or discontinuation symptoms. At worst these could include tension, panic attacks, poor concentration, difficulty in sleeping, palpitations, sweating, and stiffness or pains in your face, head and neck (a bit like anxiety itself)

What are the risks of continuing lorazepam during early pregnancy?

- The first trimester (months 1–3) is when your baby's organs develop.
- Research into lorazepam and other benzodiazepines has shown mixed results.
 - Some older studies suggested a possible small increase in certain birth defects (such as cleft lip/palate or heart problems), but better-quality studies have not confirmed this link.
- Overall, if there is a risk of malformations, it seems to be small.
- A few studies have suggested a slightly higher chance of miscarriage, but the results are difficult to interpret.
 - Miscarriage is common in all pregnancies and happens for many different reasons.
- There is no clear evidence that lorazepam increases the chance of stillbirth.
- A recent large study suggested a slightly higher chance of premature birth, and possibly a very small increase in the chance of a baby being born smaller than expected for their age (especially with use in the middle part of pregnancy).

- If lorazepam is needed in pregnancy, it should be used at **the lowest effective dose for the shortest time possible**.

What about later on in pregnancy?

- From the second trimester onwards, your body changes how it handles medicines (for example, increased body weight, more fluid, and changes in kidney and liver function).
- Most people do not need a higher dose, but if you feel the medicine is not working as well, speak to your prescriber.

What about delivery time?

- You will usually be advised to have your baby in hospital, especially if you have taken lorazepam regularly.
- If lorazepam is taken every day in the weeks before birth, your baby may have temporary withdrawal symptoms after delivery.
 - These can include being irritable, crying more, or having feeding or sleeping difficulties. These symptoms are usually mild and settle within a few days without treatment.
- Rarely, babies may develop what is called "floppy infant syndrome", where they can be more sleepy, floppy, or have trouble breathing. In most cases, this improves with monitoring and support from hospital staff.
- To lower the risk of these problems, your prescriber may suggest reducing or stopping lorazepam before your due date, if safe for you.
- After your baby is born and things have settled, you can usually restart lorazepam at the dose you were taking before pregnancy if you still need it.

What about lorazepam and breastfeeding?

- Lorazepam is considered 'very low risk' in breastfeeding
- Lorazepam passes into breast milk in small amounts. It is thought to be safe and you can breastfeed if you have a healthy full-term baby
- Any discontinuation symptoms may be helped if you carry on taking lorazepam whilst breastfeeding as the baby may get some of it via the milk
- Do look out for any extra sleepiness in your baby and make sure they are feeding ok
- If your baby is born early (pre-term) or has any health concerns then get advice from a healthcare

professional first.

- If your baby becomes restless, very sleepy or develops feeding problems stop breastfeeding and quickly seek medical advice.
- Do not share a bed with your baby if you are taking lorazepam, as it may increase your sleepiness and the risk of accidental harm.
- If you feel very sleepy or unable to care for your baby safely, ask a partner or friend to help, perhaps using expressed milk if needed.
- If you have any concerns about breastfeeding while taking lorazepam, or about your baby's behaviour or feeding, please speak to your healthcare provider.

What about later on and baby's development?

- Very large studies have shown that taking lorazepam during pregnancy and breastfeeding does not appear to affect physical or mental development or behaviour during the first years of life.
- A very large recent study looked at children whose mothers took medicines like lorazepam during pregnancy. When the researchers compared brothers and sisters from the same family, they did not find an increased risk of mental health problems.
- Overall, the best evidence we have does not show a clear increase in autism. Any possible link with ADHD is likely to be small and may be due to other factors.

What else can I do to help myself stay well?

- Consider talking therapies, which can be helpful on their own or alongside medication.
- Avoid taking unnecessary medications. Check with a pharmacist before using over-the-counter medicines.
- Eat a healthy, balanced diet with plenty of fruits and vegetables.
- Stay active with regular exercise, as recommended by your healthcare provider.
- Drink enough water to stay hydrated, especially if you feel thirsty.
- If you experience morning sickness, you may be at higher risk of dehydration. Drink plenty of fluids and speak to your doctor—there are treatments that can help.
- Ask your healthcare team if you need any vitamin supplements, such as folic acid, iron, or vitamin D.
- Attend any recommended blood tests or health

check-ups.

- If you're feeling stressed, explore non-medication ways to relax, but try to distinguish between normal pregnancy changes and signs of becoming unwell.
- Build a support network of people who can help

you recognize if you are struggling and offer support when needed.

Remember:
Babies do better with well mums

Make your own notes here. Write down some questions you may want to ask your health care team

The small print: This leaflet is to help you understand more about lorazepam and pregnancy. You **must** also read the manufacturer's Patient Information Leaflet (PIL). Go to our website for fuller answers to many other questions.

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