

# Benzodiazepines

## Drug Information;

Benzodiazepines belong to a group of drugs known as minor tranquillisers. Benzodiazepines are depressants and slows the messages going to and from the brain to the body, including physical, mental and emotional responses.

Drugs in this group include: Diazepam (Valium, Ducene), Oxazepam (Serepax, Murelax), Temazepam (Normison, Euhypnos) and Clonazepam (Rivotril).

Usually benzos are prescribed by doctors for short term use. This is because you can become dependent on them and may need to take them in increasing amounts to get an effect. You can also experience withdrawal symptoms when you stop taking them.

Sometimes benzos are used to make you feel better or assist with heroin withdrawal symptoms.

Non Medical Benzo use can lead to overdose and death in particular with the following use:

- Injecting Benzos
- Binge Use
- Mixing with other drugs and alcohol

## Effects on Pregnancy;

The use of benzodiazepines in pregnancy on their own is not associated with any increase in the risk of abnormalities in your baby.

Benzodiazepines can pass through the placenta to your baby. If you are taking more than a prescribed dose of benzodiazepines, it is possible that your baby will be lethargic and quite floppy when delivered. This effect will wear off over a day or two. Some babies will experience symptoms of withdrawal over the next several days. These symptoms can include excessive irritability and poor feeding. Withdrawal appears to be a problem if you are taking other drugs in addition to benzodiazepines. Sometimes the withdrawal is severe enough to require medication to settle your baby.

## Counselling;

The use of benzodiazepines over a period of time (more than 2-3 weeks) and non-medical use is not recommended in pregnancy. Benzodiazepines can help relieve symptoms in the short-term but they do not solve your problems. Counselling can assist you in resolving issues related to your benzodiazepine use and help you reduce your intake during pregnancy and after the birth of your baby.

## Pregnancy Care;

During pregnancy, it is preferable that the dose of benzodiazepines be slowly reduced rather than ceased abruptly, as this may cause you to experience withdrawal symptoms, which may be harmful to your baby.

Abruptly stopping long term use of benzodiazepines should not be considered without advice from a health professional.

You may need dietary supplements such as iron and calcium throughout your pregnancy. All women should take folate before conceiving and for at least the first three months of their pregnancy.

Nausea, vomiting and constipation commonly occur in pregnancy. Speak with your midwife or doctor - they may refer you to a dietitian.

Eating well during pregnancy and whilst you are breastfeeding is important for the health of you and your baby.

## **Breastfeeding;**

Breast feeding is the best method of feeding your baby. It is also good for your health. If you are planning to breastfeed, please talk to your doctor or midwife during your pregnancy. They can assist you to get accurate information and make an informed decision.

Safe breastfeeding depends on a combination of the following factors:

- which benzo you are taking
- how much you use
- interactions with other drugs or medicines
- your doctor may recommend that you transfer to a shorter acting benzo to reduce the benzo levels in your breast milk.

Benzos levels can build up in breast milk. Your baby needs to be observed to ensure she/he is not drowsy, feeding well and gaining weight. To safely breastfeed your baby, it is recommended that you and your baby have regular contact with your Maternal and Child Health Nurse.

## **Infant Development;**

Your baby will be seen by a Paediatrician (baby doctor) in hospital to check she/he is well. You may have to stay in hospital a little longer than usual to ensure your baby is feeding well and gaining weight.

Some babies may need care in the Special Care Nursery (SCN) for:

- Low body temperature. Your baby may have difficulty maintaining a warm body temperature.
- Hypotonia. This is a condition causing your baby's muscles to be temporarily relaxed.
- Slow feeding. Your baby may have a weak sucking action and be slow to feed.
- Breathing problems. Your baby may experience breathing difficulties and may need oxygen and assistance with breathing until she/ he is ready to breathe without this help.

These conditions are temporary and resolve over a varying period of time.

## **Care of Infant;**

Following birth, your baby will be seen by a paediatric doctor to ensure he/she is well. Your baby may need to stay in hospital a little longer than usual to ensure he/she is settled, feeding well and gaining weight.

If you use benzodiazepines, co-sleeping with your baby is not recommended as drugs and/or alcohol can make you sleep more deeply. You may be less aware of where your baby is in your bed and less responsive to your baby's needs. Please refer to SIDS information below.

It is important that you provide a smoke free environment for your baby at all times.

## **Sudden Infant Death Syndrome;**

SIDS is the sudden unexpected death of a baby from no known cause. It is the most common cause of death for infants in Australia between the ages of one and twelve months. The risk of SIDS is greater if you smoke or use drugs and alcohol during pregnancy or after your baby is born.

For more information, speak with your midwife or doctor or contact SIDS and Kids by phoning, for the cost of a local call, 1300 308 307 or log on to <http://www.sidsandkids.org>

## **Other services;**

DirectLine is part of Turning Point's statewide telephone service network, providing 24-hour, seven day counselling, information and referral to alcohol and drug treatment and support services throughout Victoria. DirectLine is a free, anonymous and confidential service.