Hale’s Breastfeeding Safety Ratings: Part 5 – Anxiolytics & Benzodiazepines

Thomas Hale’s Medications and Mothers’ Milk, now in its 14th edition, has become the standard reference for the breastfeeding safety of medications. In this series, we provide a summary of Dr. Hale’s ratings and recommendations for the major classes of psychiatric medications. In this entry in the series, we summarize Dr. Hale’s findings regarding the safety of Anxiolytics & Benzodiazepines during breastfeeding.

<table>
<thead>
<tr>
<th>Lactation Category</th>
<th>Generic Name</th>
<th>Brand Name(s)</th>
<th>Medication Class</th>
<th>Use(s)</th>
<th>Relative Infant Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>L2 - Safer</td>
<td>Midazolam</td>
<td>Versed</td>
<td>Benzodiazepine</td>
<td>Hypnotic (medical procedures)</td>
<td>0.6%</td>
</tr>
<tr>
<td></td>
<td>Nizatempam</td>
<td>Mogadon</td>
<td>Benzodiazepine</td>
<td>Hypnotic</td>
<td>2.9%</td>
</tr>
<tr>
<td></td>
<td>Quazepam</td>
<td>Doral</td>
<td>Benzodiazepine</td>
<td>Hypnotic</td>
<td>1.4%</td>
</tr>
<tr>
<td>L3 – Moderately Safe</td>
<td>Alprazolam</td>
<td>Xanax</td>
<td>Benzodiazepine</td>
<td>Anxiolytic</td>
<td>8.5%</td>
</tr>
<tr>
<td></td>
<td>Buspirone</td>
<td>Buspar</td>
<td>Azaiprine</td>
<td>Anxiolytic</td>
<td>Not reported</td>
</tr>
<tr>
<td></td>
<td>Chlordiazepoxide</td>
<td>Librium</td>
<td>Benzodiazepine</td>
<td>Anxiolytic</td>
<td>Not reported</td>
</tr>
<tr>
<td></td>
<td>Clonazepam</td>
<td>Klonopin</td>
<td>Benzodiazepine</td>
<td>Anxiolytic, anticonvulsant</td>
<td>2.8%</td>
</tr>
<tr>
<td></td>
<td>Clorazepate</td>
<td>Tranxene</td>
<td>Benzodiazepine</td>
<td>Anxiolytic, anticonvulsant</td>
<td>Not reported</td>
</tr>
<tr>
<td></td>
<td>Diazepam¹</td>
<td>Valium</td>
<td>Benzodiazepine</td>
<td>Anxiolytic, anticonvulsant, muscle relaxant</td>
<td>0.2% - 0.4%</td>
</tr>
<tr>
<td></td>
<td>Estazolam</td>
<td>Prosom</td>
<td>Benzodiazepine</td>
<td>Hypnotic</td>
<td>Not reported</td>
</tr>
<tr>
<td></td>
<td>Flunitrazepam¹</td>
<td>Rohypnel</td>
<td>Benzodiazepine</td>
<td>Hypnotic</td>
<td>Not reported</td>
</tr>
<tr>
<td></td>
<td>Flurazepam</td>
<td>Dalmane</td>
<td>Benzodiazepine</td>
<td>Hypnotic</td>
<td>Not reported</td>
</tr>
<tr>
<td></td>
<td>Halazepam</td>
<td>Paxipam</td>
<td>Benzodiazepine</td>
<td>Anxiolytic</td>
<td>Not reported</td>
</tr>
<tr>
<td></td>
<td>Lorazeepam</td>
<td>Ativan</td>
<td>Benzodiazepine</td>
<td>Anxiolytic, anticonvulsant</td>
<td>2.9%</td>
</tr>
<tr>
<td></td>
<td>Lormetazepam</td>
<td>Loramet</td>
<td>Benzodiazepine</td>
<td>Hypnotic</td>
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<td></td>
<td>Oxazepam</td>
<td>Serax</td>
<td>Benzodiazepine</td>
<td>Anxiolytic</td>
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<td></td>
<td>Prazeepam</td>
<td>Centrax</td>
<td>Benzodiazepine</td>
<td>Anxiolytic</td>
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<tr>
<td></td>
<td>Temazepam</td>
<td>Restoril</td>
<td>Benzodiazepine</td>
<td>Hypnotic</td>
<td>Not reported</td>
</tr>
<tr>
<td></td>
<td>Triazolam</td>
<td>Halcien</td>
<td>Benzodiazepine</td>
<td>Hypnotic</td>
<td>Not reported</td>
</tr>
<tr>
<td>L4 – Possibly Hazardous</td>
<td>Diazepam¹</td>
<td>Valium</td>
<td>Benzodiazepine</td>
<td>Anxiolytic, anticonvulsant, muscle relaxant</td>
<td>0.2% - 0.4%</td>
</tr>
<tr>
<td></td>
<td>Flunitrazepam¹</td>
<td>Rohypnel</td>
<td>Benzodiazepine</td>
<td>Hypnotic</td>
<td>Not reported</td>
</tr>
<tr>
<td>L5 - Contraindicated</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Unrated</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

¹Diazepam and flunitrazepam are rated L3 for short-term use and L4 for “chronic use” by Hale.

Additional Thoughts from the Emory WMHP

- **Benzodiazepine Safety Management** – Nursing infants exposed to benzodiazepines should be monitored for sedation, poor feeding effort, poor muscle tone (“floppy”), and breathing difficulties including apnea. Safety can be improved by: 1) using minimal doses, 2) avoiding chronic use, 3) using agents with no active metabolites (e.g., alprazolam, clonazepam, lorazeepam, oxazepam) to minimize the potential for accumulation in the infant, 4) “pumping and dumping” (cf. Hale’s Breastfeeding Safety Ratings – Part 1).