



BENZOS

About Benzos

Benzos or benzodiazepines, belong to a group of drugs known as minor tranquillisers. Benzos are depressants. This means that they slow the messages going to and from the brain and body, affecting 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 treat anxiety or to help you withdraw from heroin or cannabis.

If benzo's have not been prescribed by a doctor, use can lead to overdose and death, particularly when used with other drugs and alcohol.

Effects on pregnancy

The use of benzos in pregnancy on their own is not associated with any increase in the risk of abnormalities in your baby. However, benzos can pass through the placenta to your baby. If you are taking more than a prescribed dose of benzos, it is possible that your baby will be lethargic and 'floppy' or have trouble feeding after the birth. This effect will wear off over a day or two. Some babies will have withdrawal symptoms such as excessive irritability and poor feeding. Withdrawal symptoms seem to be more common if you are taking other types of drugs as well as benzos. Sometimes the withdrawal is severe enough for the baby to need medication and be cared for in the Neonatal Intensive and Special Care unit.

Counselling in pregnancy

If you are relying on any kind of medication to help you with emotional issues during pregnancy, it can be very helpful to talk to a professional counsellor. You will need support to help you reduce your use of benzos while you are pregnant and after your baby is born.

Pregnancy care

During pregnancy, it is better to reduce your dose of benzos slowly rather than stopping it too quickly. Stopping quickly can cause withdrawal symptoms, which can be harmful to you and your baby.

A doctor can help you to manage your use of benzos. They may recommend that you transfer to a longer acting benzodiazepine, which is safer in pregnancy.

It's recommended that all women take folate before getting pregnant and for at least the first three months of their pregnancy. You may also need dietary supplements such as iron and calcium.

Many pregnant women will have nausea, vomiting and constipation during pregnancy. If necessary, your midwife or doctor can 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

Breastfeeding is the best way to feed your baby. It is also good for your health. If you are planning to breastfeed, your doctor or midwife can make sure you have good information to make a decision about how to feed your baby.

If you are using benzos, safe breastfeeding depends on a combination of the following:

- » which benzodiazepine you are taking
- » how much you are using
- » what other drugs or medications you are taking.

Benzo levels can build up in breast milk. In hospital your baby will be observed to make sure they are feeding well and not drowsy. To safely breastfeed your baby, it is recommended that you and your baby have regular contact with your Maternal and Child Health Nurse.

Care of your baby

After the birth, a doctor will check your baby.

If babies have had a lot of exposure to benzodiazepines, they may show symptoms of withdrawal in the first few days or weeks of life. They will need to stay in hospital to be monitored for at least five days following birth.

During this time a midwife will check on your baby every few hours to look for signs of withdrawal. Some babies may be sleepy and have trouble waking up to feed, while others will not show any signs of withdrawal. If babies show significant signs of withdrawal, they may need to be cared for in the Neonatal Intensive and Special Care Unit.

Sudden Unexpected Death in Infancy (SUDI)

Sudden Unexpected Death in Infancy (SUDI) is a sleep related death in the first year of life. Research has identified several ways to care for your baby that will reduce the risk of SUDI.

If you smoke, use drugs, alcohol or medicines that make you feel drowsy, sleeping with your baby is dangerous.

Anything that makes you sleep deeply will make it hard for you to respond properly to your baby's needs and ensure their safety.

Safe Sleeping Guidelines

The six ways to sleep your baby safely and reduce the risk of Sudden Unexpected Death in Infancy (SUDI) are:

- » Sleep baby on back
- » Keep head & face uncovered
- » Keep baby smoke free before & after birth
- » Safe sleeping environment night & day
- » No soft surfaces or bulky bedding
- » Sleep baby in safe cot in parents' room
- » Breastfeed baby

For more information, speak with your midwife or doctor or visit www.rednose.com.au/section/safe-sleeping

For more information

On the Women's website

www.thewomens.org.au/wm-pregnancy-drugs-alcohol

Women's Alcohol and Drug Service

Royal Women's Hospital
8.30am–5.30pm Monday to Friday
Tel: (03) 8345 3931
Email: wads@thewomens.org.au

DirectLine

DirectLine is part of Turning Point's state-wide 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. | Tel: 1800 888 236

Quit

Visit this website to help you quit or help you find out more about how smoking harms you.
Tel: 137848 | www.quit.org.au

Red Nose

Tel: 1300 308 307 | www.rednose.com.au

Reconnexion

Reconnexion provides a benzodiazepine withdrawal support service through counselling, telephone support and resources to help people recover from dependency on sleeping pills or tranquillisers.
Tel: 1300 273 266 or (03) 9809 8200
www.reconnexion.org.au