

# Allergies, Asthma and Pregnancy...Oh My! Wait. Don't Panic.

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**By Mara Gaudette, MS, CGC, Teratogen Information Specialist, MotherToBaby**

My friend Jocelyn, newly (and unexpectedly!) pregnant called in a bit of a panic. Her cardiologist was switching her high blood pressure medication now that she was pregnant. Jocelyn was still waiting for her asthma doctor to call her back but she figured her asthma treatment plan was another of the many changes she needed to make to accommodate the pregnancy. "Does anything stay the same?" she asked.

Jocelyn was relieved to learn that at least in the case of asthma, the answer is, often, YES! The general thought is that the medications working to treat asthma in a non-pregnant woman are the same ones that should be continued during pregnancy. This is because the main concern is with asthma itself and making sure the developing baby is getting a good supply of oxygen. Improving asthma control is thought to be best for both mom and baby.

Jocelyn had been taking an inhaled corticosteroid for the past five years-ever since she otherwise needed to use her fast-acting rescue inhaler almost daily. Fortunately, for Jocelyn, if a daily preventative is needed, an inhaled corticosteroid like Pulmicort® that she was already taking is a preferred treatment. Why? Well, for one thing, it often works well to stop symptoms. Secondly, because it is inhaled, less of the medication should be able to reach a pregnancy compared to most oral medications. For the same reasons, albuterol for relief of immediate asthma symptoms is also considered a preferred treatment during pregnancy. But, had Jackie been on other types of inhalers when she identified her pregnancy, and they were working well for her, they probably would not need to be changed either.

Maternal asthma that is not well controlled is associated with higher rates of pregnancy complications, such as decreased growth of the baby and preterm delivery (birth before week 37). Therefore, it is important that asthma management during pregnancy continues to include the medications that best control an individual's asthma symptoms. "Ok," Jocelyn said. "I will keep going with my inhalers and bug the doctor's office again to get back to me to confirm."

Thankfully, the next call I got from Jocelyn wasn't so panic-stricken. "It sounds like my doctor wants me to continue my asthma inhalers." With a calmer tone to her voice since our first conversation, she added, "although I would never be a guinea pig, it would be nice if I could help other pregnant women with asthma so they wouldn't have to go through the scare I just went through." I told her we can never have too much information when it comes to asthma and treatments during pregnancy and let her know that at MotherToBaby we are still enrolling pregnant women with asthma, pregnant women taking asthma medicines, and even pregnant women without asthma. There is no cost and you are not asked to take any medication... so guinea pigs need not apply! Just call 877-311-8972 or volunteer for a study [through our website](#).

"Oh, what about my allergy medicine?" Jocelyn remembered to ask. "When I don't take Zyrtec®, my asthma flares, and my allergies have been crazy this spring." I let her know that antihistamines in general have relatively reassuring pregnancy profiles, but it is always good to check on the specific medication. Pregnancy studies with cetirizine, the medication found in Zyrtec®, have found no increase in birth defects. You can check the product label to make sure cetirizine is the only medication in your product since brand name products can make different formulations. As with any medication in pregnancy, check in with your healthcare provider and follow their dosing recommendations.

More detailed medication information can be found in the following fact sheets:

<https://mothertobaby.org/fact-sheets/albuterol-pregnancy/>

<https://mothertobaby.org/fact-sheets/asthma-and-pregnancy/>

<https://mothertobaby.org/fact-sheets/cetirizine/>

<https://mothertobaby.org/fact-sheets/inhaled-corticosteroids-icss-pregnancy/>

Bottomline, breathe in, breathe out, and enjoy your pregnancy as best as possible!



***Mara Gaudette is a genetic counselor and received her Masters Degree from Northwestern University. Drawn to the satisfaction of providing immediate reassurance to worried women, she began educating the public about teratogens at MotherToBaby's Illinois affiliate more than a decade ago. Today, she counsels for MotherToBaby California via phone and live chat.***

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Tanya called in on a Monday morning. "I'm getting married in a few months and we want to start trying to get pregnant right away. What should I be doing now to have the best chance of a healthy baby?"

Preconception health and pregnancy planning present a terrific opportunity to assess a wide range of factors that can give your baby the best start. This blog will outline the things to consider, as I relayed to Tanya:

## **Your Personal Health**

Are you generally healthy? If you already get headaches or have acid reflux, know that pregnancy can make these more frequent. Ask your doctor if the way you treat these common conditions should change once you are pregnant. Ask about your current **exercise** routine and if you need to alter it during pregnancy. Get checked for sexually transmitted infections because some may not show symptoms. Also discuss your medications – some should be stopped before you start trying to conceive, such as Valproic acid, leflunomide (e.g. Arava®), teriflunomide (Aubagio®), methotrexate, and isotretinoin (e.g. Accutane®) to name just a few. For others, you'll want to weigh the risks vs. the benefits with your health provider before you conceive. Talk with your doctors now to make a plan.

## **Caffeine**

Do you drink caffeinated coffee, tea, or soda? What about **energy drinks, protein powders, or Kombucha**? MotherToBaby's fact sheet on **caffeine** may put your mind at ease and encourage you to think about all your beverage options.

## **Body Weight**

Is your **weight** a concern? One of the best things you can do before conception is to get to a healthy weight. Women who are overweight or obese have increased risks for miscarriage, birth defects, gestational diabetes, high blood pressure and preeclampsia, and unplanned cesarean birth. Now is a good time to meet with a nutritionist or go on a sensible diet to get to a healthy weight in anticipation of pregnancy. Once you are pregnant, continue to watch what you eat but don't try to lose weight. Weight gain is inevitable during pregnancy but guidelines from the American College of Obstetricians and Gynecologists (or ACOG, the leading professional society for OB/GYNs) advise women to gain anywhere from 11-40 pounds, depending on your pre-pregnancy weight. It's a myth that you need to "eat for two," so don't set yourself up for postpartum weight gain by eating more than you should. After delivery of an average 7-8 lb. baby, you may lose 2 lbs. in amniotic fluid, 1.5 lbs. of placenta, 5-7 lbs. in blood volume, and 2 lbs. as the uterus returns to its normal size. That could still leave you with 10 pounds of excess weight, or more if you gained more weight during the pregnancy. Some women never take off those extra pounds, and their weight creeps up with successive pregnancies and age, which can lead to pregnancy complications and chronic health problems later on. See our exercise fact sheet for more information.

## Chronic Health Conditions

Do you have chronic health conditions like **diabetes**, high blood pressure, migraines, **asthma**, **high cholesterol**, heart conditions, varicose veins, or anemia? Do you have an autoimmune disease like **Crohn's** or **ulcerative colitis**, **lupus**, **rheumatoid arthritis**, **ankylosing spondylitis**, **multiple sclerosis**, **psoriasis** or **psoriatic arthritis**? Meet with your obstetrician for a “preconception” appointment to discuss how a pregnancy might impact your health, and how your health might affect a future pregnancy. Your specialist can provide an important opinion too. A maternal-fetal medicine specialist (MFM) is a doctor who specializes in high-risk pregnancies, and consulting with a MFM once you are pregnant could help you learn how to optimize your and your baby's health.

## Mental Health

What about your mental health? If you have a history of **anxiety** or **depression**, **ADHD** or other conditions, ask your psychiatrist and OB about treatment, and don't make changes before you do. Many medications can be continued during pregnancy and while breastfeeding. In fact, mental health is incredibly important - for example, when a woman doesn't treat her mood disorder or inadequately treats it, some studies suggest risks for miscarriage, premature birth, low birth weight, and preeclampsia. Talk therapy is vitally important too. And if you struggle with mental health concerns during the pregnancy, you are at risk for postpartum depression. Let's face it - pregnancy and caring for a new baby is stressful, so now is the time to marshal your helpers - friends, relatives, therapists and doctors - to ensure you have enough support. Your obstetrician should ask about mental health but if not, speak up. Your doctor can be your ally here, helping you get treatment and addressing concerns related to pregnancy and postpartum mental health. And MotherToBaby can give you an overview of the research related to any prescriptions you might choose to take.

## Dental Health

Have you seen a dentist lately? Oral health can impact a pregnancy, meaning that if you have swollen or bleeding gums, a toothache or an infection, it can increase risks to the pregnancy. If you need to have a dental x-ray, take antibiotics, or have local anesthesia for a dental procedure, these are generally acceptable during pregnancy, but best to complete before you get pregnant. Contact MotherToBaby for more details.

## Your Workplace

Where do you work? MotherToBaby can give you information to minimize exposures in a **veterinarian office**, dry cleaners, **salon**, laboratory/hospital, **imaging center**, **pest control** service, or other **business**. Your occupational safety department can recommend personal protective equipment (PPE) and tell you about ventilation that may be in place to ensure workplace safety. Safety data sheets (SDS) give an overview of chemicals used in industry and are available online or at work.

## Food Safety

Read up on food safety and learn how to minimize your exposure to foods that have commonly been associated with foodborne illness such as **E. coli** or **listeria**. Get in the habit of washing your fresh fruits and vegetables well. Check out [other blogs](#) on our website too.

## Vitamins and Supplements

Have you started taking a **prenatal vitamin**? Are you getting enough folic acid? ACOG recommends that women take at least 400 mcg of folic acid before getting pregnant and at least 600-800 mcg/day once they are pregnant. This can help prevent birth defects of the brain and spinal cord. Call MotherToBaby if you want to learn the recommended daily intake for specific vitamins or minerals. In general, taking more than what is recommended is not advisable – we haven't studied how mega-doses of vitamins may impact a pregnancy. Other supplements beyond taking a prenatal vitamin are not advisable either – the Food & Drug Administration (FDA) doesn't supervise their manufacturing plants and past surveys have shown some supplements actually contain contaminants. Furthermore, we've seen instances where the label didn't match the contents of the bottle and could cause ill effects. Pregnant and breastfeeding women should avoid herbal supplements unless specifically recommended by your doctor.

## Alcohol, Cannabis, and Tobacco

Do you smoke cigarettes? Do you use cannabis for medicinal or recreational purposes? Do you drink alcohol? Recent research has demonstrated that marijuana use very early in pregnancy causes changes in brain development, which could result in behavioral or learning challenges we see later in the child's life. Cigarettes increase risks for pregnancy loss, among other things. And alcohol is known to cause a variety of birth defects known as fetal alcohol spectrum disorder (FASD). We don't believe that there is a "safe" amount of alcohol which when consumed doesn't cause issues for a developing child. Now is the time to quit smoking, drinking, and using cannabis – your baby will be healthier for it. MotherToBaby can provide resources, or check with your doctor.

## Vaccinations

Are you up to date on all your **vaccines**? Did you get a **flu shot** this past season? You don't want a vaccine-preventable illness to have an impact on your pregnancy. **Flu infection** can increase risks for more severe symptoms, longer-lasting illness, pregnancy loss and premature delivery, which can have a lifelong impact on your baby. Flu vaccine helps prevent infection. Another benefit to vaccinating during pregnancy? Studies show the protection extends to your baby, and gives them a little extra immunity from birth until they can receive vaccines. Also good to know: some vaccines can be given and are recommended during pregnancy, like a **flu shot or TDAP**, but others are best given before you conceive to avoid a small risk of spreading the illness to the fetus (e.g. the measles, mumps, and rubella (MMR) vaccine, as well as the Varicella (chicken pox) vaccine) – so try to get these done at least a month before trying to conceive. Check your medical records to see the last time you received any of these vaccinations. If you don't know if you were previously vaccinated, your doctor can draw blood to check if you have immunity.

## Your Pets

Do you have a cat? There is some concern in pregnancy about an infection called toxoplasmosis, which is caused by a parasite that can be found in cat feces. Read our [blog](#) for more info on what you can do to prevent this infection if you have a fur baby at home.

## Other Illnesses

Do your upcoming travel plans involve travel to a warm tropical place? Check out our [Zika fact sheet](#) to learn more before you book nonrefundable tickets. In general, women will want to wait to try to conceive for eight weeks from the time of your return home; the wait time is three months if your male partner travels with you. **COVID-19** is also spreading around the globe and our fact sheet can give you the latest information on whether and how it could affect a pregnancy.

Finally, your obstetrician or primary care doctor would be glad to see you for a Preconception consultation. Make an appointment to discuss your personal history and health. It's a great way to get you and your baby off to the best start.

**Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://www.MotherToBaby.org).**

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**By Jennifer Namazy, MD,  
Allergist & Immunologist, MotherToBaby Pregnancy Studies Asthma Study Consultant**

My first patient of the day was an urgent visit for a woman with shortness of breath. Her name was Heather and she had found out she was pregnant about two months ago. She was thrilled since she had been trying to have a baby for about two years. Once she found out she was pregnant she did three things: she shared the wonderful news with family, she began plans on her new nursery and she stopped all of her asthma medications. She is in her 30s and prior to her pregnancy had been on no medications other than those needed to control the asthma she has had since she was a toddler. These medications include an inhaled corticosteroid, a long acting bronchodilator and rescue medicine in the form of a short acting bronchodilator. She felt that since she was lucky to have become pregnant, she did not want to harm the tiny baby now growing inside her - thus her decision to stop taking her asthma medications. So while she started plans on bringing this baby into the world, the inflammation in her lungs began to go unchecked. At first, she noticed that when she would go to the gym it was harder for her to catch her breath. Then she noticed she was waking up at night feeling like an elephant was sitting on her chest. She attributed the symptoms to being "out of shape" and "anxiety" about the new baby. Finally, while she was having lunch with some friends, someone told a funny story, and her laugh quickly became a wheezy cough. That's when she ended up in my office.

Asthma is one of the most common serious medical problems to complicate pregnancy. We know that asthma can get better, get worse or stay the same during pregnancy. Uncontrolled asthma may cause problems for both mom and baby. Having flares of asthma during pregnancy can lead to low oxygen levels in mom which translates to low oxygen levels for baby. This may lead to problems with baby's growth.

As we embark on May's National Asthma and Allergy Awareness Month, I thought it'd be a perfect time to go over some critical reminders if you have asthma and find out you're pregnant. Here are some things you should do to keep you and your baby healthy:

**Don't stop your asthma medications** - Managing asthma during pregnancy is not different than before you were pregnant. The majority of commonly used medications such as those used by Heather that are described above, which include inhaled corticosteroids, are generally safe. If you have questions about the safety of the medications you are taking, call your doctor or **contact MotherToBaby**.

**Keep those appointments** - Since asthma can change during pregnancy, it is important to visit with your doctor on a monthly basis to assess your asthma. Waiting until you have symptoms can often be too late. Lung function testing can detect small changes in airway blockage that can then be treated right away.

**Join an Asthma and Pregnancy study** - Fewer than 10% of all medications have enough information to determine their safety for use in pregnancy. You can help change that by joining a pregnancy study! These studies provide more safety information on commonly used medications during pregnancy, and they do not require you to change your medications. To learn more, visit **MotherToBaby's Asthma and Pregnancy Study page**.

**Don't forget your allergies** - While having bad allergies during pregnancy has not been shown to have an effect on the baby, it can affect your sleep and general quality of life. Avoiding those triggers, such as: dust, pet dander, pollens, etc. and using allergy medications when needed, can make for a less stuffy, and more pleasant, pregnancy.



***Dr. Jennifer Namazy is an allergist and immunologist, specializing in treating asthma and other respiratory conditions in children, adults and pregnant women. She practices at Scripps Clinic Medical Group in La Jolla, CA. She currently serves as an expert consultant for MotherToBaby's asthma in pregnancy studies.***

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