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

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.

MotherToBaby is a service of the international Organization of Teratology Information Specialists (OTIS), a suggested resource by many agencies, including the Centers for Disease Control and Prevention (CDC). If you have questions about medications, alcohol, diseases, vaccines, or other exposures during pregnancy or breastfeeding, call MotherToBaby toll-FREE at 866-626-6847 or visit MotherToBaby.org to browse a library of fact sheets and find your nearest affiliate.

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Wait. Don’t Panic.

Welcome, spring! Did someone say wildflowers? (***AHHH…) T***rees? ***(AHHH…) Gr***asses? ***(CHOO!) Ugh!*** While many people enjoy renewed energy brought on by the bursting forth of spring color, others feel only the misery of seasonal allergies due to pollen, mold, and other springtime triggers. Combine seasonal allergy symptoms with pregnancy, and you can end up short on sleep, long on fatigue, and with an increased chance of respiratory complications if you have asthma. None of these things are good for you or your baby, and keeping asthma symptoms under control is especially important during pregnancy.

Wash Your Cares Away

A simple over-the-counter (OTC) saline nose spray can rinse pollen, dust, and other allergy triggers from your nose. This option is not expected to result in an exposure for the pregnancy or to increase pregnancy risks.

Sleep, Magical Sleep

To help you sleep better, consider using OTC nasal strips to open your nasal passages at night. Use a pillow cover to reduce dust and other allergens. Also try sleeping with your head slightly elevated to help drain the sinuses and reduce inflammation.

Still Suffering?

It may be worth having a conversation with your healthcare provider about the pros and cons of various allergy medications. Before grabbing an over-the-counter medication to treat your symptoms, consider this:

- With any medication, take the time to read your labels. Some allergy medications marketed for cough and cold contain alcohol, which should be avoided during pregnancy. Also, multi-symptom formulas might contain additional medications that you don’t need. As with any medication in pregnancy, use allergy medications for the shortest amount of time needed, and follow dosing instructions carefully.
- **Antihistamines:** Older antihistamines like diphenhydramine (sold under the name Benadryl® and other brands) and chlorpheniramine can make you sleepy, so they aren’t ideal for daytime use. Newer antihistamines, such as cetirizine (Zyrtec®), fexofenadine (Allegra®), and loratadine (Claritin®), are less likely to make you drowsy and have not been shown to increase the chance of birth defects or other pregnancy complications when used as directed.
- **Eye drops:** Allergy eye drops may contain antihistamines, steroid medications, or other active ingredients. Eye drops result in lower exposure for the pregnancy than oral (swallowed) medications do. However, some eye drops have been better studied for use in pregnancy than others have. Check with your healthcare provider or contact a MotherToBaby specialist for questions about your specific eye drop.
- **Steroid nasal sprays:** OTC options include budesonide, fluticasone, and triamcinolone (you can find the active ingredients listed on the label). Some older studies suggested that using oral steroid medications might increase the chance of cleft lip or palate and affect the baby’s growth, but newer studies don’t find this to be true. In addition, nasal sprays are not well absorbed into the bloodstream when used as recommended, so there is less exposure for the pregnancy. Compared to some other nasal spray ingredients, fluticasone might be absorbed in greater amounts, but these still would not reach the amounts seen with oral medications. No increased pregnancy risks have been seen specifically with OTC steroid nasal sprays.
- **Decongestants:** The overall research does not suggest that using decongestants for a short time would increase pregnancy risks. However, decongestants work by temporarily making the blood vessels narrower. There are concerns that this could limit the supply of oxygen to the placenta and the developing baby. Some healthcare providers recommend avoiding decongestants in the first trimester, and using them with caution any time in pregnancy. Short term use (3 days or less) of nasal spray decongestants results in less exposure for the

pregnancy than oral decongestants do.

- **Allergy shots**: Most reactions to allergy shots (redness, swelling, itching) are not dangerous. If someone is already receiving allergy shots before they get pregnant, there is no general recommendation to stop during the pregnancy. However, there is a small chance that a person could have a life-threatening allergic reaction (anaphylaxis) if they are new to allergy shots or are building up their dose. For this reason, it is not recommended to start getting allergy shots for the first time or to increase the dose during pregnancy.

If you have questions about specific allergy medications during pregnancy, including those available by prescription, talk to your healthcare provider or contact us at MotherToBaby. Happy spring!

Select References:

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