Hayfever/Allergy in Pregnancy and Breastfeeding

Information in this leaflet is general in nature and should not take the place of advice from your health care provider. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect.

What is Hayfever?
Hayfever or allergic rhinitis refers to inflammation of the nasal passages due to allergy. Common symptoms include itchy, swollen, runny nose and/or eyes, and post-nasal drip (mucus in the back of the throat). Hayfever can be seasonal (occurring during specific seasons) or perennial (occurring year round). Seasonal triggers include airborne allergens such as pollens from trees, grasses, weeds, fungi or moulds whereas perennial triggers include household allergens such as dust mites, cockroaches, animal dander, fungi or moulds. 

Although hayfever is not a life-threatening medical condition, it can be extremely troublesome. In pregnancy, symptoms of allergy can actually increase in severity by up to 10 to 30%. It is not known why but possible explanations include increased circulating blood volume and hormonal influences.

Medical Treatment:
Treatment depends on the duration and intensity of symptoms. First line therapy is avoidance of allergy triggers. If that is not possible, medical treatment is based on the duration and severity of symptoms. Generally, if a person is experiencing symptoms four or more days of the week, an intranasal corticosteroid and/or eye drop is preferred. 

1. Nasal irrigation and saline nasal sprays
Rinsing the nose with a salt water (saline) solution or saline spray helps to clean the nasal lining and rinse out allergens and irritants from the nose. They can be used before applying medicated sprays to get a better effect from the medication. These are considered safe to use in pregnancy and lactation.

2. Corticosteroids nasal sprays
Corticosteroid nasal sprays act locally to reduce the inflammation in the nose. Pharmacy over-the-counter nasal sprays include beclomethasone, fluticasone and budesonide. Prescription nasal corticosteroids include budesonide, fluticasone, mometasone and triamcinolone. Some symptom relief will be achieved within the first day of use; however, maximum effectiveness occurs with regular use after a few days. These are considered safe to use in pregnancy and breastfeeding.

3. Nasal and Oral decongestants
Decongestant nasal sprays such as oxymetazoline, xylometazoline and tramazoline can be used to help decrease the congestion in your nose. These preparations should not be used for more than 3 to 5 days at a time due to the risk of rebound congestion (further congestion as a result of medication over-use). These are considered safe to use in pregnancy and breastfeeding and are available over the counter. Oral decongestants include pseudoephedrine and phenylephrine. When possible, it is best to avoid them during the first trimester and use sparingly thereafter. Pseudoephedrine passes into breastmilk in small quantities and may decrease your milk supply.
4. Other medicated nasal sprays
Sodium cromoglycate is used to prevent symptoms of allergic rhinitis. It acts on allergy cells to prevent the release of chemicals that cause inflammation. It should be used regularly two to four times a day, preferably before symptoms have begun, to effectively prevent the symptoms of allergic rhinitis. Ipratropium acts locally to reduce nasal/sinus congestion and can be added to your regimen for severe congestion. It is available over the counter. These are also considered safe to use in pregnancy and breastfeeding.

5. Oral and Nasal Antihistamines
Antihistamines can help to reduce symptoms of itching, sneezing and runny nose due to allergy but generally won’t help reduce nasal congestion. Antihistamines can be divided into two categories: sedating (or drowsy) and non-sedating (non-drowsy) formulations. Drowsy formulations include the older antihistamines such as promethazine, dexchlorpheniramine and pheniramine. Non-drowsy formulations include loratadine, desloratadine, levocetirizine, fexofenadine and cetirizine. All antihistamines are considered safe to use at any stage in pregnancy. They are not associated with an increased risk in birth defects or miscarriage. Choice of antihistamine depends on previous success and the nature of the symptoms. No two antihistamines are the same and if one does not work, success may be had with another.

In breastfeeding, non-drowsy formulations of loratadine, desloratadine and fexofenadine are preferred because it is known that they pass into breastmilk in very small quantities. Sedating formulations are best avoided long-term in breastfeeding due to the risk of potential drowsiness in baby and the theoretical association with Sudden Infant Death Syndrome (SIDS).

Azelastine and levocabastine are both over the counter antihistamine nasal sprays that can be used daily or when needed to relieve symptoms of post-nasal drip, congestion, and sneezing. They start to work within minutes after use.

6. Eye drops
Eye drops include single ingredients such as naphazoline, azelastine, ketotifen, levocabastine, olopatadine, sodium cromoglycate; and varying combinations of naphazoline, antazoline and pheniramine. Although there are no published data on their safety during pregnancy, eye drops act locally and very little is absorbed into the bloodstream. This can be further minimised by blocking off the tear duct (the corner of the eye by the bridge of the nose) for one minute after application of the eye drop and blotting any excess medicine with a tissue.

References:

Additional Information: