

The Common Cold in Pregnancy and Breastfeeding

Updated July 2023

Information in this leaflet is general in nature and should not take the place of advice from your healthcare provider. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect or developmental problem. Breastmilk provides optimum nutrition for babies and conveys many additional health benefits to mother and baby.

What is the common cold?

The common cold is an infection of the respiratory tract. The throat, nose, sinuses, airways and lungs may be affected. Symptoms include sneezing, coughing, sore throat, blocked or runny nose, blocked ears, headache, and muscle aches. If fever occurs, it is generally very mild. Symptoms usually last for 5-7 days.^{1,2} It is not the same as the “flu” (influenza virus), which is a more serious viral infection.

What causes a cold?

Common colds are caused by viruses. They are not serious infections and will get better on their own. Antibiotics do not work on infections caused by viruses, so are not necessary for treatment of colds unless there is also a bacterial infection.^{1,2}

Why treat a cold?

Treating your cold symptoms is reasonable as it will help to make you feel better. However, it will not alter the duration or severity of your illness. It is important to treat any fever and to avoid dehydration in pregnancy. While cold viruses are not harmful to your pregnancy, a sustained high fever may be (see **Fever and Pregnancy** in MotherSafe factsheets).³

Non-drug treatments

- Rest will help to fight the virus and make you feel better.
- Drink plenty of fluids such as water and juice to help loosen mucus and avoid dehydration.

- Sore throats or coughs may be soothed by drinking warm drinks with honey and lemon, gargling with warm salty water or sucking throat lozenges (see **sore throat section**)
- Saline (salt water) nasal sprays, drops or flushes clear mucus, relieve sinuses and dry a runny nose. Inhaling steam in the shower or using a bowl of hot water may also be helpful^{1,2}

Drugs of choice in pregnancy for symptom relief include

For fever: Paracetamol may be taken at the recommended dose of 2 x 500mg tablets every 4-6 hours (but not more than 8 x 500mg tablets in 24 hours). Paracetamol has not been shown to increase the risk for pregnancy loss or birth defects.^{3,4} **Nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen or diclofenac are no longer recommended in pregnancy and should only be used under medical supervision.** Inadvertent use is not considered to be of concern but there are various reasons to avoid NSAID's at different stages of pregnancy.⁵

For sore throat: Throat lozenges often contain flavourings such as honey and menthol, as well as antibacterial and local anaesthetic agents to numb and soothe the throat. They can be used in pregnancy following the directions for use. Throat gargles containing iodine can affect a baby's thyroid function if used long-term. Short-term use of a few days at the recommended dose is not anticipated to have this effect, however it is generally not recommended. Lozenges that contain anti-inflammatories (eg **benzydamine**) are best avoided in pregnancy.⁵

For nasal congestion: Locally acting nasal decongestants (nasal sprays or drops) such as **oxymetazoline** and **xylometazoline** can be used to help with a runny or blocked nose. These are considered safe to use in pregnancy.^{3,4} These preparations should not be used for longer than 5 days. This is because the nasal decongestant itself can cause further nasal congestion (“rebound”) if

overused. Antihistamines commonly found in oral (taken by mouth) cold preparations such as diphenhydramine or chlorpheniramine are also safe to use in pregnancy.^{3,4} They may help to dry up a runny nose (although they can also cause a dry mouth). They are sedating so may be the preferred option for use at night.

For cough: Cough suppressants containing dihydrocodeine or dextromethorphan can be used to help stop a dry, persistent cough. Chesty cough mixtures containing bromhexine and/or guaifenesin can be used to assist relief of a productive ('chesty') cough.^{3,4} There is currently no large published studies on these medications but they have been widely used for many years and are considered safe in pregnancy and breastfeeding. Ensure you only take the recommended doses and see your doctor if symptoms persist.^{3,4,6} Note that pholcodine has been recalled in Australia due to interactions with some agents used during general anaesthesia, resulting in anaphylaxis (severe allergic reaction).⁷

Cold and flu tablets

Pseudoephedrine and phenylephrine are the oral decongestants in many combination cold and flu tablets. There is no conclusive data that these drugs are harmful in the first trimester and inadvertent exposure should not be regarded as cause for concern when taken at the recommended dose. Pseudoephedrine and phenylephrine also constrict blood vessels which may increase blood pressure in some individuals. Therefore, do not use in the 2nd and 3rd trimester if you have high blood pressure. As cold and flu tablets contain multiple ingredients, it is best to check with MotherSafe, your doctor or pharmacist about specific ingredients in these tablets and their safety in pregnancy. **Locally acting nasal decongestants are preferred over cold and flu tablets for the treatment of nasal congestion in pregnancy.**³

Complementary therapies for treatment of the common cold

These therapies include vitamin and herbal remedies popular for the treatment of colds. There is variable evidence on the effectiveness of many of these preparations and even less information about their safety in pregnancy or breastfeeding. Furthermore, complementary products are not regulated as strictly as conventional medicines. On this basis, use of complementary medicines would not be advised.

Echinacea is a herbal product often used in the management of colds. There is limited information

regarding its effectiveness and safety during pregnancy. A few studies have been published which found no increased risk of miscarriage or birth defects in children of women who took echinacea throughout pregnancy.⁸ Although this is reassuring, more research is required to confirm its safety.

Influenza vaccine

Influenza is a more severe viral infection and can be very serious, especially to women in late pregnancy (see **Influenza Vaccine in Pregnancy and Breastfeeding** in MotherSafe factsheets). It is recommended that all women who will be pregnant or planning to be pregnant during the flu season receive the vaccine as early as possible. The vaccine can safely be given before pregnancy or at any stage of pregnancy, including the first trimester.⁹

Breastfeeding when you have a cold

Continue to breastfeed your baby when you have a cold. Cold viruses do not pass through to breastmilk.

- If you take medication, it is best to breastfeed your baby first and then take medication afterwards.
- Ensure you rest and drink plenty of fluids (eg: water or juice).
- Wash your hands and wear a mask to minimise the spread of infection to others, including your baby.
- Treat symptoms as for pregnancy. However NSAID benzydamine lozenges may be used in breastfeeding.
- Avoid the use of aspirin for pain or fever but **ibuprofen** is safe in breastfeeding.¹⁰

The oral decongestant, **pseudoephedrine**, found in some cold and flu tablets, transfers poorly into breastmilk.¹⁰ However, it has been associated with reducing milk supply and causing irritability in the breastfed baby. Therefore, it is not recommended for breastfeeding mothers, particularly in young infants and if there are concerns about milk supply.

The oral decongestant **phenylephrine** has not been studied during breastfeeding. Although it has poor transfer into breast milk, it is similar to the medication, pseudoephedrine. Therefore, it may reduce breastmilk supply. **Locally acting nasal decongestants such as oxymetazoline and xylometazoline are preferred for the treatment of nasal congestion while breastfeeding.**

References

1. NPS Medicinewise: Respiratory tract infections (RTI's) - nose, throat and lungs. April 2017. Available at <https://www.nps.org.au/consumers/respiratory-tract-infections-rtis-nose-throat-and-lungs#common-cold> Accessed July 2023
2. National Library of Medicine. Medline Plus. Common Cold: July 2019. Available at <http://www.nlm.nih.gov/medlineplus/ency/article/000678.htm> Accessed July 2023
3. Erebara A. Treating the common cold during pregnancy. Canadian Family Physician. May 01, 2008; 54(5): 687-9
4. Rossi S(ed).Australian Medicines Handbook 2023. Australian Medicines Handbook Ltd. Adelaide January 2023 [online]
5. USFDA 10-15-2020 Drug Safety Communication. FDA recommends avoiding use of NSAIDs in pregnancy at 20 weeks or later because they can result in low amniotic fluid NSAIDs may cause rare kidney problems in unborn babies. Available at <https://www.fda.gov/media/142967/download> Accessed July 2023
6. Loke, Yuan C (ed). The Royal Women's Hospital (Victoria). The Women's Pregnancy and Breastfeeding Medicines Guide. Parkville, (online). Accessed July 2023
7. Therapeutics Goods Administration. Available at <https://www.tga.gov.au/safety/information-about-specific-safety-alerts-and-recalls/about-pholcodine-cough-medicines-cancelled-tga-and-recalled-pharmacies-safety-reasons> Updated March 2023. Accessed July 2023
8. Heitmann K, Havnen GC, Holst L, Nordeng H. Pregnancy outcomes after prenatal exposure to echinacea: the Norwegian Mother and Child Cohort Study. Eur J Clin Pharmacol. 2016;72(5):623-630
9. Australian Government Department of Health. Australian Immunisation Handbook. Vaccination of women planning pregnancy, pregnant or breastfeeding. Available at [Vaccination for women who are planning pregnancy, pregnant or breastfeeding | The Australian Immunisation Handbook \(health.gov.au\)](#) Updated May 2023. Accessed July 2023
10. Lactmed; Drug and Lactation Database. National Library of Medicine. See individual medications. Available at <https://www.ncbi.nlm.nih.gov/books/NBK501922/?report=classic> Accessed July 2023