

Hay Fever in Pregnancy and Breastfeeding

MotherSafe - Royal Hospital for Women

Updated June 2021

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 hay fever?

Hay fever (also known as allergic rhinitis) refers to inflammation of the lining of the nose. Symptoms include itchy, swollen, runny nose and/or eyes, and post-nasal drip (mucus in the back of the throat). Hay fever can be *seasonal* (occurring during specific seasons) or *perennial* (occurring year round). Seasonal triggers include allergens in the air such as pollens from trees, grasses or weeds. Perennial triggers include household allergens such as dust mites, cockroaches, animal dander or moulds.^{1,2,3} Although hay fever is not a life-threatening medical condition, it can affect day to day functioning. In pregnancy, symptoms of allergy can increase by up to 30%.^{1,4}

Medical treatment for pregnant women

First line therapy is to avoid allergy triggers.^{2,3}

If that is not possible, medical treatment is based on length of symptoms and how severe these symptoms are. In general, nasal sprays and eye drops enter the bloodstream in very small amounts and are preferred in pregnancy as the amount of medication reaching the unborn baby is very small compared to an oral medicine (taken by mouth). However, oral antihistamines are also considered safe (see **Oral and nasal antihistamines** below).^{1,3,4}

If symptoms of hay fever are infrequent (less than 4 days per week) or mild, consider taking a nasal or oral antihistamine as needed.^{2,3} If symptoms occur on four or more days of the week, corticosteroid nasal sprays are preferred.^{2,3} With moderate to severe hay fever, combination treatment of oral and nasal medication may be required to adequately control symptoms and is considered safe.³ Specific medications are considered below.

• **Nasal irrigation and saline nasal sprays**

Rinsing the nose with a saline (salt water) 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 breastfeeding.^{2,3}

• **Oral and nasal antihistamines**

Antihistamines act 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 and non-sedating formulations. The older antihistamines such as promethazine and dexchlorpheniramine are sedating. Less sedating antihistamines include loratadine, desloratadine, cetirizine, levocetirizine, and fexofenadine. All these antihistamines are considered reasonable to use as there has been adequate follow up regarding safety in pregnancy. Choice of antihistamine depends on previous success and the nature of the symptoms. If one antihistamine does not work, another should be tried as it may work better.^{2,5} Using sedating antihistamines regularly at the time of delivery may rarely make baby more drowsy or develop withdrawal symptoms at birth.¹ It is recommended that oral antihistamines are used on an as needed basis for treatment of allergy, rather than for regular daily use.

Azelastine and levocabastine are both over-the-counter antihistamine nasal spray ingredients 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.² There are no studies in pregnancy but as they act locally at the nose and are likely to enter the mother's bloodstream in very small amounts only, they are considered safe in pregnancy.^{1,6}

• **Corticosteroid nasal sprays**

Corticosteroid nasal sprays reduce the inflammation in the nose. Examples of over-the-counter corticosteroid nasal sprays include mometasone, beclomethasone, fluticasone and budesonide. Some symptom relief will be achieved

within the first day of use; however greatest effectiveness occurs only after 2 weeks of regular use. Because these medications act locally at the nose and are likely to enter the mother's bloodstream in very small amounts only, they are considered safe in pregnancy. Other stronger corticosteroid nasal sprays are available on prescription. Due to the numerous studies supporting the safe use of corticosteroid puffers in asthma during pregnancy, these prescription nasal sprays are also considered safe.^{1,2,3}

- **Oral and nasal decongestants**

Oral and nasal decongestants are usually not effective in the treatment of hay fever or allergic rhinitis, although they are commonly used. For information on these medications, see **The Common Cold in Pregnancy and Breastfeeding** in the MotherSafe factsheets.

- **Other medicated nasal sprays**

Sodium cromoglycate can be used to prevent symptoms of hay fever. It should be used regularly two to four times a day, preferably before symptoms have begun.^{1,5} Ipratropium acts to reduce nasal/sinus congestion and can be added to your treatment if you suffer from severe congestion.² It is available over-the-counter. These medications are also considered safe to use in pregnancy.^{1,5,6}

- **Eye drops**

Eye drops include single ingredients such as naphazoline, azelastine, ketotifen, levocabastine, olopatadine, sodium cromoglycate and varying combinations of naphazoline, antazoline and pheniramine. There are no studies in pregnancy. They act locally at the eyes and would enter the mother's bloodstream in very small amounts only. This can be further reduced 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 medication with a tissue. They are considered safe to use in pregnancy.^{2,3}

Breastfeeding

If you are breastfeeding, symptoms of allergy and hay fever can be treated safely similarly to pregnancy with **nasal sprays and eye drops** (see **Medical treatment for pregnant women**).

However, if you need an **oral antihistamine**, non-sedating antihistamines (loratadine, desloratadine, fexofenadine and cetirizine) are preferred because it is known that they pass into breastmilk in very small quantities. Sedating formulations (such as dexchlorpheniramine) are best avoided with younger babies in breastfeeding due to the potential risk of drowsiness in baby and the possible association with Sudden Infant Death Syndrome (SIDS).⁷

References

1. Incaudo GA, Takach P. The diagnosis and treatment of allergic rhinitis during pregnancy and lactation. *Immunology and Allergy Clinics of North America* 2006; 26(1):137-54
2. Therapeutic Guidelines (eTG March 2021 edition). Allergic rhinitis. West Melbourne. Updated December 2020. Accessed May 2021
3. Rossi S (ed). *Australian Medicines Handbook* (internet). Adelaide: Australian Medicines Handbook Pty Ltd; Jan 2021. Accessed May 2021
4. So M, Bozzo, Inoue M, Einarson A. Safety of antihistamines during pregnancy and lactation. *Canadian Family Physician* 2010; 56(5):427
5. Gilbert C, Mazzotta P, Loebstein R, Koren G. Fetal safety of drugs used in the treatment of allergic rhinitis: a critical review. *Drug Safety* 2005; 28(8):707-19
6. Briggs GG, Towers CV, Forinash AB. *Briggs Drugs in Pregnancy and Lactation: A Reference Guide to Fetal and Neonatal Risk* (internet). 12th Edition. Lippincott Williams & Wilkins. Philadelphia, 2022. Accessed May 2021
7. Hale TW. *Hale's Medications and Mothers' Milk* (internet). New York: Springer Publishing Company; 2020. Accessed May 2021

Other resources

Otis. Loratadine. Organization of Teratology Information Specialists. February 2020. Available at <http://www.mothersafe.org/factsheets/loratadine-pregnancy/>



NSW Medications in Pregnancy & Breastfeeding Service

For more information call MotherSafe: NSW Medications in Pregnancy and Breastfeeding Service on 9382 6539 (Sydney Metropolitan Area) or 1800 647 848 (Non-Metropolitan Area) Monday -Friday 9am-5pm (excluding public holidays)