



Hayfever 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 lining of the nose. 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.¹ Although hayfever is not a life-threatening medical condition, it can be extremely troublesome. In pregnancy, symptoms of allergy can 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.¹

Medical Treatment:

Treatment depends on the duration and intensity of symptoms. First line therapy is avoidance of allergy triggers.^{1,2,3} If that is not possible, medical treatment is based on the duration and severity of symptoms. If symptoms occur on four or more days of the week, a nasal corticosteroid is preferred.⁵ If symptoms of hayfever are infrequent (less than 4 days per week) or mild, consider taking an oral antihistamine as needed. Nasal sprays and eye drops act locally and are preferred in pregnancy and breastfeeding.^{1,2} In moderate to severe allergic rhinitis, a combination treatment of oral and intranasal medication may be required to adequately control symptoms and is considered safe.

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 breastfeeding.^{1,2}

2. Corticosteroid nasal sprays

Corticosteroid nasal sprays act locally to reduce the inflammation in the nose. Pharmacy over-the-counter (OTC) nasal sprays include mometasone, beclomethasone, fluticasone, budesonide and triamcinolone. Some symptom relief will be achieved within the first day of use; however, maximal effectiveness occurs only after 2 weeks of regular use. These medicines are poorly absorbed and produce very low concentrations in the mother. The OTC nasal sprays are considered safe in pregnancy; other stronger corticosteroid nasal sprays are available on prescription. Due to the numerous studies supporting the safe use of steroid puffers in asthma during pregnancy, the prescription nasal sprays are also considered safe when used in pregnancy and breastfeeding.^{1,2,3}

3. 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 and non-sedating formulations. The older antihistamines such as promethazine, dexchlorpheniramine and pheniramine are sedating. Less sedating anti-histamines include loratadine, desloratadine, cetirizine, levocetirizine, and fexofenadine. 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.⁵ Using sedating anti-histamines regularly at the time of delivery may rarely make baby more drowsy or prone to withdrawal symptoms following birth.¹



In breastfeeding, non-sedating anti-histamines (loratadine, desloratadine, fexofenadine and cetirizine) 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 potential risk of drowsiness in baby and the theoretical association with Sudden Infant Death Syndrome (SIDS).⁶

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 in both pregnancy and breastfeeding. They start to work within minutes after use.^{1,5} There are no studies in pregnancy or breastfeeding. Considering that it is minimally absorbed by the rest of the body, it is not expected to pose a risk.^{1,3,6}

4. Oral and nasal decongestants

Decongestant nasal sprays/drops, containing phenylephrine, oxymetazoline, xylometazoline or tramazoline are preferred in pregnancy and breastfeeding because they act locally and very little is absorbed into the bloodstream. They can be used to help decrease the congestion in your nose. These preparations should not be used for more than 5 days at a time as congestion can worsen with over-use.^{1,4} Nasal drops or sprays are available over the counter from a pharmacy.

The oral decongestants pseudoephedrine and phenylephrine are best avoided during the first trimester and used sparingly thereafter.¹ Pseudoephedrine passes into breastmilk in small quantities and has been associated with reducing milk supply⁵ and causing irritability in the breastfed baby⁵. It is therefore not recommended in women with poor milk supply. The oral decongestant phenylephrine has not been studied during breastfeeding but has poor transfer into breast milk and is commonly used in paediatrics⁵.

5. 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.⁵ Ipratropium acts locally to reduce nasal/sinus congestion and can be added to your regimen for severe congestion.⁵ It is available over the counter. These are also considered safe to use in pregnancy and breastfeeding.¹

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.⁵

References:

1. Incaudo GA, Takach P. the diagnosis and treatment of allergic rhinitis during pregnancy and lactation. *Immunol Allergy Clin North Am* 2006;26(1):137-54
2. Gilbert C, Mazzotta P, Loebstein R, Koren G. Fetal safety of drugs used in the treatment of allergic rhinitis: a critical review. *Drug Saf* 2005;28(8):707-19
3. Briggs GG, Freeman RK, Yaffe SY. *Drugs in Pregnancy and Lactation: A Reference Guide to Fetal and Neonatal Risk* 9th edition. Lippincott Williams & Wilkins. Philadelphia, 2011 [online]
4. So M, Bozzo P, Inoue M, Einarson A. Safety of antihistamines during pregnancy and lactation. *Canadian Family Physician* 2010;56(5):427
5. Respiratory Expert Group. Allergic rhinitis. In: *Therapeutic guidelines: respiratory*. Version 4. Melbourne: Therapeutic Guidelines Limited; 2009
6. Hale. TW. *Medications and Mothers' Milk*. 15th ed. Hale Publishing. Amarillo, 2012

Additional Information:

<http://www.mothers-to-baby.org/fact-sheets/loratadine-pregnancy/>

<http://www.mothers-to-baby.org/fact-sheets/pseudoephedrine-phenylephrine-pregnancy/>

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