

THE COMMON COLD DURING PREGNANCY AND BREASTFEEDING

Your body is working hard to grow a baby and this, coupled with an altered immune system, means pregnancy is a time when you can often get a cold and feel miserable because of it!

The following are some useful tips and ways we can safely aim to make you feel better and are largely based on a similar information sheet produced by MotherSafe and The Royal Hospital for Women. Also remember, never underestimate the healing power of a decent rest and drinking lots of water.

If you need a medical certificate, please send Vivi an email on vivi@drjustintucker.com and we can get one to you. Also, if at any point you feel like you're getting considerably worse and the options below are not giving you relief, please let me know and we can workshop the next steps in getting you the care you need.

Take care of yourself!

Warmest,



What is the common cold?

The common cold is a viral infection of the respiratory tract and the throat, nose, sinuses, airways and lungs can all be affected. Symptoms often include sneezing, coughing, sore throat, blocked or runny nose, blocked ears, headache, and muscle aches. If fever does occur, it is generally very mild and symptoms usually last for 5-7 days.

What causes a cold?

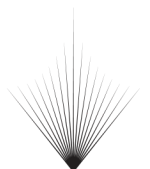
Common colds are caused by viruses and are not serious infections. They will get better on their own. Antibiotics do not work on infections caused by viruses, so are not necessary for colds unless there is also a bacterial infection.

Why treat a cold?

It is important to treat a fever and to avoid dehydration in pregnancy. Cold viruses are not harmful to the pregnancy however a sustained high fever may be. Symptomatic treatment will assist in making you feel better but will not necessarily alter the duration or severity of the cold itself.

How to treat the symptoms of a cold

Non-Drug Treatments:



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- Rest will help to fight the virus and make you feel better. I would be more than happy to supply you with a medical certificate!
- Drink plenty of non-alcoholic fluids 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 on throat lozenges (all of which are safe).
- Saline (salt water) nasal sprays, drops or flushes or inhaled steam (in the shower or using a bowl of hot water) can help clear mucus, relieve sinuses or dry a runny nose

Drugs of Choice for Pregnant Women for symptomatic relief of colds include:

Fever:

- Paracetamol is your friend! It should 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). It has not been shown to increase the risk for pregnancy loss or birth defects and will not be effective if you only take one tablet instead of two.
- Non-steroidal Anti-inflammatory Drugs (NSAIDs) such as aspirin or ibuprofen may be used at the recommended doses from 13 to 30 weeks gestation. This can be used in addition to paracetamol.
- Codeine is found in many cold and flu tablets and is considered safe in pregnancy at the recommended dose. Many cold and flu tablets contain multiple ingredients so it is best to check with the MotherSafe service about their use in pregnancy. MotherSafe can be contacted on 93826539

Sore Throat:

Throat lozenges containing antibacterial and/or local anaesthetic agents can be used to soothe the throat. Throat gargles containing iodine are also safe.

Nasal Congestion:

- Topical nasal decongestants (sprays or drops) such as oxymetazoline and xylometazoline can be used to help a running or blocked nose. These are considered safe to use in pregnancy. These preparations should not be used for longer than 5 days as they can cause further congestion as a result of the medication.
- Antihistamines commonly found in cold preparations such as diphenhydramine or chlorpheniramine are also safe to use in pregnancy. They help to stop a running nose but are sedating so it is probably better to use these at night.

Cough:

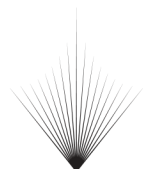
Cough suppressants containing pholcodine, dihydrocodeine or dextromethorphan can be used to help stop a dry persistent cough. Chesty cough mixtures containing bromhexine and/or guaifenesin can be used to assist relieve a productive cough. Both pholcodine, dihydrocodeine and dextromethorphan are considered safe in pregnancy and breastfeeding at the recommended dose. If you're feeling increasingly unwell, please let me know and we can work out the best way I can care for you.

Other Agents:

Pseudoephedrine and phenylephrine are the oral decongestants in many combination cold and flu tablets. There is no conclusive data that these drugs are harmful and inadvertent exposure should not be regarded as cause for concern when taken at the recommended dose. However, topical nasal decongestants are preferred.

Complementary Therapies For The Treatment Of A Cold:

Vitamin and herbal treatments are popular for the treatment of colds and flu. There is variable evidence on the effectiveness of many of these preparations and even less information about their safety in pregnancy or breastfeeding.



Breastfeeding When You Have A Cold:

It is recommended that you continue to breastfeed your baby when you have a cold, as your baby will receive some protection from antibodies in your breast milk.

- Ensure you rest and drink plenty of fluids.
- Use good hygiene practices to minimise the spread of infection to others
- Symptomatic treatment as for pregnancy. Avoid the use of aspirin for pain or fever, but ibuprofen is safe in breastfeeding .
- Codeine, found in many cold and flu tablets, may make your baby drowsy. If your baby becomes excessively drowsy, stop using codeine containing products.
- The oral decongestant, pseudoephedrine, found in some cold and flu tablets, transfers very poorly into breastmilk.

However, it has been associated with reducing milk supply and causing irritability to the breastfed baby. Therefore, it is not generally recommended for breastfeeding mothers. The oral decongestant phenylephrine has not been studied during breastfeeding but has poor transfer into breast milk and additionally, is widely used in paediatrics. Nasal decongestants such as oxymetazoline and xylometazoline are preferred because of their localised action and poor transfer into breast milk.

