

# DR JUSTIN TUCKER

OBSTETRICS | FERTILITY

## HAYFEVER IN PREGNANCY

*During your pregnancy, you might find you are more sensitive to hay fever and other allergies. While allergies won't harm you or your baby, they can have an impact on your general well being - giving you a stuffy nose, and causing sneezing or a lack of sleep.*

*First things first, the best thing to do is to try to avoid allergy triggers - but when that is not possible, there are a variety of nasal sprays, drops and oral medications that you can safely take in pregnancy to manage your symptoms. You will find below some recommendations endorsed by the Mothersafe team. Give them a try and feel free to reach out to our team if you find your allergy symptoms are not resolving.*



Warmest,



## Medical Treatment in Pregnancy

### *Nasal Irrigation and Saline Nasal Sprays*

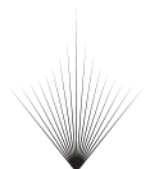
Rinsing the nose with saline (salt water) solution or saline spray helps to clean the nasal lining and rinse out the allergens and irritants from the nose. They can be used before applying medicated sprays to get a better effect from the medication. They are safe for both pregnancy and breastfeeding

### **Oral and Nasal Antihistamines**

Antihistamines act to reduce symptoms of itching, sneezing and runny nose due to allergy but generally won't reduce nasal congestion. 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.

### **Corticosteroid Nasal Sprays**

Corticosteroid nasal sprays act locally to reduce inflammation in the nose. Some symptom relief will be achieved within the first day of use; however maximum effectiveness only occurs after 2 weeks of regular use.



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Pharmacy over the counter nasal sprays include mometasone, beclomethasone, fluticasone, budesonide and triamcinolone.

## **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 overuse. 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. Pseudoephedrine passes into breast milk in small quantities and has been associated with reducing milk supply and causing irritability in the breastfed baby. 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 paediatrics.

## **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 regime for severe congestion. It is available over the counter. These are also considered safe to use in pregnancy and breastfeeding.

## **Eye Drops**

Eye drops include single ingredients such as naphazoline, azelastine, ketotifen, levocabastine, olopatadine, sodium cromoglycate and other various combinations of naphazoline, antazoline and pheniramine. Although there is 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 for one minute after application of the eye drop and blotting any excess medicine with a tissue.

