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Managing Your Allergies During Pregnancy

In the United States, 1 in 5 pregnant women suffer from allergies. If you're one of them – and you were managing your condition successfully before pregnancy – you may experience new or worsening symptoms and/or have questions about the safety and efficacy of your current allergy medications and treatment.

With the right care, you can safely manage your allergies and enjoy a healthy pregnancy.

Allergy Symptoms

Allergy symptoms are the same for pregnant women as they are for non-pregnant women and can vary daily, monthly, or seasonally.

Examples include:

- Itchy, watery eyes
- Sneezing
- Sore or itchy throat
- Runny nose
- Sinus congestion



Talk with your allergist if:

- You have hay fever or other allergy symptoms several months out of the year.
- Antihistamines and over-the-counter medications do not control your allergy symptoms or cause unwelcome side effects

like drowsiness.

- Your allergies are interfering with your ability to carry on day-to-day activities.
- You've had reactions to foods, medications or stinging insects.

Why is my nose always stuffy?

If your nose starts getting stuffy in the second trimester, it could be "vasomotor rhinitis of pregnancy" or pregnancy rhinitis. Often confused with a cold, this syndrome – which occurs in up to 30% of pregnant women – causes mucus membranes in the nose to swell and soften. Nosebleeds and/or postnasal drip can result and may make you cough or gag at night. The good news? Pregnancy rhinitis goes away soon after pregnancy ends.

Allergy trigger avoidance

As a first defense, your allergist or prenatal care provider may recommend ways to reduce symptoms that don't involve medications. These strategies vary by your allergy type.

Dust Allergies

- Use a vacuum with a HEPA filter or a wet mop to reduce dust in the air when cleaning your home, but give someone else, if possible, sweeping duties.

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- Keep your home humidity under 50% to control dust mite and mold growth.

- Wash your sheets and bedding once a week in 130 degrees F water; dry-clean comforters periodically to kill dust mites.

- Talk with your allergist about special dust mite-proof casings for your pillows, mattresses, and box springs.

Pollen Allergies

- Close windows, use air-conditioning and avoid outdoor activity when pollen is at its highest – between 5 a.m. and 10 a.m.
- In the spring and summertime, try to stay inside where the air is filtered and air conditioned.
- Wear sunglasses when outside to keep the pollen out of your eyes; when you come back inside, wash your hands and face and change your clothes.
- To help relieve nighttime symptoms, take a shower, and wash your hair before bed.

Pet Allergies

- Before visiting any dog- or cat-owning friends and family, let them know of your allergy so they can plan.
- If you're suddenly allergic to your own pet during pregnancy, try making at least one room in your house pet-free and talk with your allergist about treatment options.

Is it safe to have a cat in a home where someone is pregnant?

You can safely keep your cat while pregnant, but it's important to avoid cleaning the litter box and try to keep your cat off your bed. This is because of [toxoplasmosis](#), a harmful bacteria found in cat feces that can infect you and spread to your baby if you touch it and don't

wash your hands well. It's most dangerous if contracted in the first and second trimesters.

Food allergies

- Eat a balanced diet with plenty of fruit, vegetables, and vitamin D – especially if you have a history of allergies. Avoiding foods like peanuts, tree nuts, milk and wheat during pregnancy does not prevent your baby from developing allergies.
- Talk with your allergist or prenatal care provider before considering any changes to your diet or [food allergy management plan](#).



Will my baby inherit my seasonal or environmental allergies?

- **If neither parent has allergies:** The chance for allergies in the child is about 5–16%.
- **If one parent has allergies:** The risk increases to 20–40% (father: 33%, mother: 45%).
- **If both parents have allergies:** The risk is greater than 40–60%.
- **If both parents have the same allergy:** The risk is between 50–80%.

Allergy medications during pregnancy

In general, any medication use should be limited in the first trimester and should not replace the avoidance of allergens or irritants. Always talk with your allergist about any medications you were taking before conceiving and ask about their safety during pregnancy.

The benefits of medication should outweigh the potential risks of both the medication and the uncontrolled allergies

Antihistamines

If nasal and eye allergy symptoms are affecting your ability to eat or sleep or causing harm to your emotional well-being, your allergist may recommend an antihistamine – the most common allergy medicine taken by mouth. It is best to take antihistamines after the first trimester.



- Loratadine (Claritin, Alavert) and cetirizine (Zyrtec Allergy): Safer for pregnancy
- Chlorpheniramine (ChlorTrimeton) and diphenhydramine (Benadryl): May cause drowsiness

Decongestants

Check with your allergist or prenatal care provider if you want to try a decongestant later in your pregnancy, especially if you've already been diagnosed with high blood pressure or preeclampsia. Frequent use could decrease blood flow to the placenta and raise your blood pressure.

- Pseudoephedrine (Sudafed, SudoGest): Not recommended in the first trimester. Although adverse effects of decongestants taken in the second and third trimesters are less compared to the first trimester, oral decongestants should be used with caution.

Warning: Avoid using antihistamines combined with a decongestant during pregnancy. Research is ongoing on the impact of these medications on pregnant women and their babies.

Corticosteroids (Nasal sprays)

Corticosteroid nasal sprays are prescribed to pregnant women with moderate to severe allergy symptoms that last longer than a few days.

- Budesonide (Rhinocort Allergy): Safest prescription choice
- Mometasone (Nasonex 24HR Allergy) and fluticasone (Flonase Allergy Relief): Also considered safe

The over-the-counter nasal spray, oxymetazoline (Afrin, Neo-Syneprine Long Acting), is considered a safe over-the-counter choice. However, it is known to cause rebound congestion and sinus pressure – worsening the condition for which it's used. Oxymetazoline is associated with risk during the first trimester and should be avoided, though may be used with caution during second and third trimesters. Always talk with your allergist about which nasal spray medication is right for you.

Immunotherapy (Allergy shots and tablets)

Immunotherapy is a long-term solution for people with allergies. These allergy shots and tablets work similarly to vaccines by desensitizing your immune system to your allergens over time.

If you've already started receiving allergy shots or taking tablets before you got pregnant, you can continue at your current dose. However, your allergist may recommend reducing your dose to help prevent an allergic reaction.

There is no evidence that receiving immunotherapy during pregnancy has any influence on preventing allergies in babies.



What if I go into anaphylaxis during pregnancy?

If you are at risk for [anaphylaxis](#), a life-threatening allergic reaction, continue keeping your epinephrine auto-injector with you at all times, and promptly inject epinephrine at the first sign of symptoms. The treatment for anaphylaxis during pregnancy is the same as

for non-pregnant women with allergies to food, insect stings, medications or latex.

What if I'm allergic to penicillin?

Penicillin is an antibiotic commonly used to treat infections in pregnancy such as mastitis, endometritis, and group B strep. If you believe you are allergic to penicillin, talk with your allergist about allergy testing to confirm. Research shows more than 9 in 10 pregnant women can safely disprove a penicillin allergy with either skin testing or an in-office dose of amoxicillin – thus allowing them to receive better treatments for common infections.

Breastfeeding and allergy medication use

In general, the same prescription and over-the-counter allergy medications used during pregnancy can be used during labor and delivery and when breastfeeding.

Talk with your allergist or your baby's pediatrician about:

- **Allergic reactions to watch for in your baby** such as loss of appetite, diarrhea, sleepiness, excessive crying, vomiting, or skin rashes.
- **Taking short-acting allergy medications** immediately after breastfeeding or pumping.
- **Taking long-acting medicines** just before your baby's longest sleep period.



To learn more, visit [LactMed](https://www.lactmed.nlm.nih.gov/), a free online database and mobile app from the National Library of Medicine with the most up-to-date information on which medications are safe for people who are breastfeeding.

To learn more about allergy management during pregnancy, visit acaai.org.

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The best way to take control of your allergies and have a healthy pregnancy is to speak with an [allergist](#). An allergist can work with your prenatal care provider to help you have a safe and healthy pregnancy.

When should I see an allergist?

See an allergist if you have any of these conditions. Allergists treat two of the nation's most common health problems – allergies and asthma. More than 50 million people in the United States have these allergic diseases. Although symptoms may not always be severe, allergies and asthma are serious and should be treated that way. Many people with these diseases don't realize how much better they can feel. Allergists also treat conditions with similar symptoms, such as non-allergic rhinitis.

What is an allergist?

An allergist is trained to find the source of your symptoms, treat it and help you feel healthy. Life's too short to struggle with allergies or asthma. An allergist can help you find the answers you're looking for.

After earning a medical degree, the doctor completes a three-year residency training program in either internal medicine or pediatrics. They then finish two or three more years of study in asthma, allergy and immunology. The best way to manage your allergies or asthma is to see an allergist.