



Managing Asthma and Allergy During Pregnancy

When asthma is properly controlled pregnant women with asthma can maintain a normal pregnancy with little or no increased risk. Most allergy and asthma medications are NOT dangerous and appear to be safe during pregnancy. Asthma attacks (episodes) may cause the fetus to not get enough oxygen therefore putting the baby at risk. Discuss all of your medications, particularly asthma, with your obstetrician as soon as you learn that you are pregnant. The 6 major goals of therapy include:

- Maintaining normal breathing tests
- Controlling symptoms
- Maintaining normal activity levels, including exercise
- Preventing asthma attacks (episodes)
- Avoiding adverse effects from medications
- Giving birth to a healthy baby

1. Objective measures for assessing and monitoring lung function

- a. Monitor shortness of breath: Is it from the pregnancy itself or asthma symptoms?
- b. Use a peak flow meter to monitor lung function
- c. Phone in significant changes or dropping into the yellow zone.

2. Avoid or control asthma triggers

- a. Environmental Control: Eliminate adverse environmental exposures. Avoid asthma triggers to reduce asthma symptoms, bronchial irritation and irritability and the need for additional medications.
- b. Allergy Injections (Immunotherapy): Patients receiving allergy injections usually continue their injections during pregnancy, as there is no evidence that it is harmful to the fetus (unfortunately, it does not "desensitize" the baby either). The dose is generally adjusted. It is very important that you notify us immediately when you find out that you are pregnant. Let your OB doctor know that you are on allergy injections.
- c. Vaccines: Influenza vaccine is recommended. The vaccine is made with a killed virus. There is no evidence of risk to the mother or fetus from receiving the vaccine.

3. Medications

The recommendations listed below are published by the National Asthma Education Program sponsored by the National Institutes of Health, The American College of Obstetrics and Gynecology and the American College of Allergy, Asthma and Immunology. Medications that are not listed, but are commonly used for the treatment of allergies and asthma in non-pregnant patients, are either known to be unsafe in pregnancy or it is unknown if they are safe during pregnancy. These medications include Serevent, Tilade, Singulair, Accolate, Aerobid, Azmacort, Flovent, Zyrtec, Claritin, Flonase, Nasacort, Nasonex, Nasarel, Nasalide, Foradil, and Asmanex.

Drug Class	Preferred Drug
Anti-Inflammatory (reduces respiratory passage irritation)	Budesonide (Pulmicort, Rhinocort) Beclomethasone (QVAR) Prednisone, Cromolyn (Intal, Nasalcrom, Crolom)
Bronchodilator (relaxes bronchial spasms and constriction)	Inhaled beta-agonists (Albuterol, Proventil, Ventolin) oral theophylline (Theo24, Uniphyll)
Antihistamine reduces nasal itching and drainage, sneezing)	chlorpheniramine (Chlor-Trimeton) tripelennamine (PBZ). Claritin, Zyrtec
Decongestant (reduces nasal congestion)	pseudoephedrine (Sudafed), Do NOT use in first trimester oxymetazoline (Afrin), Do NOT use for more than 3-5 Days in a row
Cough	Guaifenesin (Mucinex)
Antibiotic	penicillin/amoxicillin, sulfa, Do NOT use in third trimester Leukotrienes