MotherToBaby
Medications & More During Pregnancy & Breastfeeding
Ask The Experts

Asthma, Allergies and Pregnancy…Oh My! Wait, Don't Panic.

By Mara Gaudette, MS, CGC, Teratogen Information Specialist, MotherToBaby

My friend Jackie, newly (and unexpectedly!) pregnant called in a bit of a panic. Her cardiologist was switching her high blood pressure medicine since he told her that many times the first choice meds used to treat adults with high blood pressure are not the ones to use for pregnancy. She was still waiting for her asthma doctor to call her back but she figured her asthma treatment plan was another of the many changes she needed to make to accommodate the pregnancy. "Does anything stay the same?!" she lamented.

Jackie was relieved to learn that at least in the case of asthma, the answer is, typically, YES! The general thought is that the medicines working to treat asthma in a non-pregnant person are the same ones that should be continued during pregnancy. This is because the main concern is with asthma itself and making sure the developing baby is getting a good supply of oxygen. Improving asthma control is thought to be the best thing for both mom and baby.

Jackie has been taking an inhaled corticosteroid for the past five years, ever since she otherwise needed to use her fast-acting rescue inhaler almost daily and it was clear her asthma had not been under control without the preventative inhaler. Fortunately, for Jackie, if a daily preventative is needed, an inhaled corticosteroid like Pulmicort that she was taking is a preferred treatment. Why? Well, for one thing, it often works well to stop symptoms. Secondly, because it is inhaled, only a portion of the medicine is absorbed into the blood system to reach a pregnancy. For the same reasons, albuterol for relief of immediate symptoms is also considered a preferred treatment during pregnancy. But had Jackie been on other types of inhalers when she identified her pregnancy, and they were working well for her, they probably would not need to be changed either.

Maternal asthma is associated with higher rates of pregnancy complications, such as poorer growth of the baby and earlier delivery. Therefore, it is important asthma management during pregnancy continues to include the medicines that best control an individual's asthma symptoms. "Ok," Jackie said. "I will keep going with my inhalers and bug the doctor's office again to get back to me to confirm."

Thankfully, the next call I got from Jackie wasn't so panic-stricken. "It sounds like my doctor wants me to continue my asthma medicines." Just like I had assured her, but this time, with a calmer tone to her voice and with a different sense of urgency to her words, she added, "although I would never be a guinea pig, it would be nice if I could help other women with asthma so they wouldn't have to go through the scare I just went through!" I told her we can never have too much information when it comes to asthma and treatments during pregnancy and let her know that at MotherToBaby we are still enrolling women with

asthma, women taking asthma medicines, and even women without asthma. There is no cost and she would never be asked to take a medicine… So guinea pigs need not apply! Just call 877-311-8972 or email **otisresearch@ucsd.edu** for more info.

"Oh, what about my allergy medicine?" Jackie remembered to ask. "When I don't take Claritin, my asthma acts up, and my allergies have been crazy this spring." I let her know that antihistamines in general have relatively reassuring pregnancy profiles with the first generation ones (i.e. the ones that have been around the longest like chlorpheniramine or diphenhydramine) often being preferred for having the most pregnancy data. Newer ones though may be work better or be less likely to make you sleepy so could be preferred for those reasons. Claritin (loratadine) is a second generation antihistamine, but has still been around for a long time, and its overall pregnancy data has been reassuring. For women whose allergies trigger asthma symptoms it is especially important to consider treatment. It would, however, be best to skip the "D" component (oral decongestant) of Claritin-D during the first trimester due to possible, but unproven, small concerns.

More detailed medicine information can be found in the following fact sheets:

http://www.mothertobaby.org/files/Albuterol_Update_with_Link_6_13.pdf
http://www.mothertobaby.org/files/asthma.pdf
http://www.mothertobaby.org/files/Diphenhydramine_8_13_1.pdf
http://www.mothertobaby.org/files/Inhaled_Corticosteroids_7_13.pdf
http://www.mothertobaby.org/files/Loratadine_5_13_Update.pdf
http://www.mothertobaby.org/files/Prednisone_6_13_1.pdf

Bottomline, breathe in, breathe out, and enjoy your pregnancy as best as possible!

Mara Gaudette is a genetic counselor and received her Masters Degree from Northwestern University. Drawn to the satisfaction of providing immediate reassurance to worried women, she began educating the public about teratogens at MotherToBaby's Illinois affiliate more than a decade ago. Today, she not only continues to counsel for MotherToBaby via phone, but she's also using new technology as one of the first ever teratogen live chat counselors on MotherToBabyCA.org, MotherToBaby's California affiliate website.

MotherToBaby is a service of the international Organization of Teratology Information Specialists (OTIS), a suggested resource by many agencies, including the Centers for Disease Control and Prevention (CDC). If you have questions about medications, alcohol, diseases, vaccines, or other exposures during pregnancy or breastfeeding, call MotherToBaby toll-FREE at 866-626-6847 or visit MotherToBaby.org to browse a library of fact sheets and find your nearest affiliate.