

Pregnancy - Managing Asthma and Allergy

Asthma affects up to 7% of pregnant women and can cause serious complications for both the mother and child if not controlled during pregnancy. Poorly controlled asthma may decrease oxygen to the fetus, therefore, putting the baby at risk. Most allergy and asthma medications are NOT dangerous and can be used safely during pregnancy. Discuss all of your medications /treatment plans with both your allergy/asthma provider as well as your obstetrician as soon as you learn that you are pregnant.

The major goals of therapy include:

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

1. Techniques for objectively assessing lung function during pregnancy

- a. Use a peak flow meter regularly to monitor lung function.
- b. Call your asthma physician immediately if there are significant drops in your peak flow measurements; formal pulmonary functions (e.g. Spirometry) may be indicated.

2. Avoid asthma triggers

- a. Environmental Control: Avoid known asthma triggers that may precipitate an asthma attack (e.g. pollen, animal dander, passive tobacco smoke).
- 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. It is strongly recommended that allergy shots not be initiated during pregnancy.
- c. Vaccines: Influenza vaccine is strongly recommended for pregnant women with moderate to severe asthma. 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

Below are a list of medications that have been deemed safe to take during pregnancy by the American College of Obstetrics and Gynecology. Medications that are **not listed** below are either known to be unsafe or their safety has yet to be determined. If you are taking any medications that are not listed in the box below, contact your OB doctor immediately to determine their safety.

Drug Class	Preferred Drug
Anti-Inflammatory Asthma Medications (reduces respiratory passage irritation)	budesonide (Pulmicort), Prednisone/Medrol Leukotrine Modifying Agents (e.g. montelukast (Singulair))
Bronchodilator (relaxes bronchial spasms and constriction)	albuterol (ProAir, Proventil, Ventolin, Xopenex)
Antihistamine (reduces nasal itching and drainage, sneezing)	chlorpheniramine (Chlor-Trimeton), cetirizine (Zyrtec), loratidine (Claritin)
Decongestant (reduces nasal congestion)	pseudoephedrine (Sudafed), Do NOT use in first trimester oxymetazoline (Afrin), Do NOT use for more than 5 Days
Cough	guaifenesin (Mucinex)
Antibiotic	penicillin/amoxicillin, azithromycin (Zithromax), cephalexin (Keflex), cefdinir (Omnicef), clindamycin
Nasal Steroids	budesonide (Rhinocort)
Gastritis/acid reflux	ranitidine (Zantac), famotidine (Pepcid), pantoprazole (Protonix), lansoprazole (Prevacid)