



PREGNANCY AND ITS EFFECTS ON ASTHMA & ALLERGIES

Pregnancy and its associated changes may affect either your asthma or rhinitis, or both. Should you become pregnant please notify your OAAC physician as soon as possible. This will allow us to work closely with the physician providing your obstetrical care. A team approach to the assessment and care of the pregnant allergic patient will result in the best care for your condition.

Remember, the final decisions on your medications and treatments are always made by the physician providing the obstetrical care. However, your OAAC physician should follow your asthma closely during the pregnancy. We can provide advice about continuation or discontinuation of treatments you are already on for your allergy/asthma prior to the pregnancy.

ALLERGY IMMUNOTHERAPY (SHOTS)

There is no reason to discontinue immunotherapy during pregnancy. It does not pose a risk to the development of your baby. However, we do not want to present an increased risk for systemic reaction during the pregnancy.

Therefore all immunotherapy during a pregnancy must be at a stable or maintenance dose. We do not build or increase the dose of your shots during pregnancy. If you are on build-up of your immunotherapy and you become pregnant, contact your OAAC provider immediately to discuss how to proceed. If you are on your maintenance dose and are having symptoms from the injections or other concerns, contact your OAAC provider.

RHINITIS (NASAL SYMPTOMS)

Your nasal allergy symptoms may improve (15%), worsen (34%) or stay unchanged (46%) during your pregnancy. Some patients develop unrelated non-allergic nasal congestion (rhinitis of pregnancy) during the second half of their pregnancy. If you are having problems please contact your OAAC physician. Some medications are considered safer than others during pregnancy. Non-medical approaches like saline nasal rinses and external nasal dilator strips are very safe.

ASTHMA

Asthma symptoms during pregnancy appear to worsen, improve or remain unchanged in roughly equal proportions (1/3, 1/3, 1/3). This means that some patients with even very mild asthma may develop more severe symptoms when pregnant. The period of greatest increased incidents of increased symptoms is the third trimester (24-36 weeks).

Since the well-being of the baby depends on the severity of the asthma in the mother, close monitoring is necessary. We want to work with your obstetrical physician to maintain your asthma control with the least amount of medications possible. However, because uncontrolled asthma presents the greatest risk to the baby (versus drug side effects) it is imperative not to discontinue or change your asthma medications without the consultation of your OAAC physician. Inhaled steroids for example are considered safe and effective in pregnancy.