

Treating Rhinitis in Pregnancy

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Rhinitis in Pregnancy

- Rhinitis during pregnancy can be due to allergic rhinitis or non-allergic rhinitis or **both**.
- If the woman has had allergic rhinitis prior to pregnancy, this could worsen, stay the same, or even improve.
- Symptoms may change due to many factors, including allergens and pregnancy hormones.

Rhinitis of pregnancy

- Non-allergic rhinitis in pregnancy
- nasal congestion, runny nose and post nasal drip.
- may be due to an increase in pregnancy hormones
- symptoms mimic AR, but do not respond to anti-histamines.

Rhinitis

In what percentage of pregnant women do significant nasal symptoms occur?

- 5%
- 15%
- 30%
- 50%

Rhinitis of pregnancy

- Affects up to 30% of pregnant women
- can start as early as second month
- tends to worsen later in pregnancy.
- self- limiting condition!
- congestion should ease up soon after birth and be gone completely within two weeks post partum.

SAFETY FIRST



- It is essential to treat rhinitis in pregnancy only with such methods and means, which are completely safe and effective for the mother and her baby.

Treatment of pregnancy rhinitis

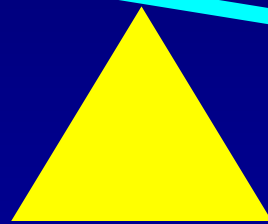
- Drink plenty of fluids
- Keep head elevated at night.
- Steam can temporarily relieve congestion
- Saline nose drops or a buffered saline nasal spray
- Use a humidifier or vaporizer.
- Exercise
- Avoid potential irritants, such as cigarette smoke, alcohol, paint and chemical fumes

Ideal AR Treatment in Pregnancy

No Pharmacological Therapy

Benefit

Right to best possible therapy
Symptom relief improves QoL,
sleep etc.



Risk

Avoid systemic treatment
Use long established treatments

Non-Pharmacological Interventions



Allergen Avoidance



Saline Douching



Nasal Air Guards

Safety of Allergy Medications During Pregnancy

- No drugs are considered completely safe in pregnancy.(FDA)
- Pregnant women are excluded from clinical trials
- FDA risk categories :
- **Pregnancy category “A”** medications are medications in which there are good studies in pregnant women showing the safety of the medication to the baby in the first trimester. There are very few medications in this category, and no asthma/ rhinitis medications.
- **Category “B”** medications show good safety studies in pregnant animals but there are no human studies available.
- **Category “C”** medications may result in adverse effects on the fetus when studied in pregnant animals, but the benefits of these drugs may out weight the potential risks in humans.
- **Category “D”** medications show clear risk to the fetus, but there may be instances in which the benefits outweigh the risks in humans.
- **Category “X”** medications show clear evidence of birth defects in animals and/or human studies and should not be used in pregnancy.

Allergic Rhinitis and Pregnancy

- Chromones [sodium cromoglicate (= cromolyn) and nedocromil sodium]
- Inhibit the degranulation of sensitized mast cells. Inhibiting the release of inflammatory and allergic mediators
- Sodium cromoglicate is weakly effective in rhinitis, with some effect on nasal obstruction
- Safest drug in the first three months of pregnancy

Allergic Rhinitis and Pregnancy

- Intranasal Corticosteroids
- Beclomethasone, fluticasone and budesonide have good safety records
- Probably that with least systemic absorption best-fluticasone.
- Decongestants should be avoided

AR and pregnancy

- Antihistamines
- None of the currently licensed antihistamines have been shown to be teratogenic in humans
- Hydroxyzine and loratadine shown to be teratogenic in animal studies
- Therefore data sheets for cetirizine, loratadine, desloratadine and hydroxyzine advise to avoid

Antihistamines

Chlorphenamine

- No controlled studies examining the safety of chlorphenamine in pregnancy
- But reports of several thousand exposures to chlorphenamine with no evidence of increased incidence of congenital abnormalities
- Collaborative Perinatal Project (n=3931; 1070 taking chlorphenamine in first trimester)

Antihistamines

Loratadine

- Examined rates of congenital malformations in pregnant woman who had taken loratadine (n=1769) – no increase in malformations noted (Kallen et al.; 2002)
- Examined rates of congenital malformations in 210 pregnant women who had taken loratadine in the first trimester (rate of malformations 2.3% v 3% in control group)

Antihistamines

Cetirizine

No excess major or minor congenital malformations compared with the control group (n=39).

Trend for more spontaneous abortions with cetirizine although this did not reach statistical significance (Einarson et al.; 1997)

Antihistamines

- Chlorphenamine, loratadine and cetirizine (category B; US FDA)
- Antihistamines should only be used if clearly needed.
- Use the lowest dose possible chlorphenamine or loratadine
- Cetirizine should only be considered a second-line agent.

Allergic Rhinitis in Pregnancy

- Immunotherapy (IT)
- Allergen IT has no known teratogenic effect
- It should not be initiated in pregnancy
- But for those patients on maintenance and who have tolerated IT well it may be continued

Severe AR / asthma

- Oral corticosteroids
- are not teratogenic
- Slight concern they may be associated with oral clefts
- Association is not definite – varying findings between studies
- Most studies include patients who receive steroids as a daily dose and not for short courses as in asthma

Conclusions

- Steroid tablets should be used as normal when indicated for severe asthma during pregnancy
- Prednisolone is the oral steroid of choice in pregnancy
- Prednisolone is extensively metabolised by placental enzymes
- So only 10% reaches the fetus

Managing Allergic Rhinitis in pregnancy

- Non-pharmacological methods
- Chromones
- Nasal corticosteroids
- Chlorphenamine and loratadine may be added
- Decongestants should be avoided

Conclusions

- The goals and principles of management for rhinitis and asthma are the same during pregnancy as in the general population
- Optimal management of these disorders is vital to ensure the welfare of the mother and the baby
- Although most drugs do not harm the fetus, this knowledge is incomplete
- Any drug may carry a small risk that must be balanced against the benefits of keeping the mother and baby healthy

Any Questions?

