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## Antihistamines and Breastfeeding

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### Optimal treatment choice

- Non sedating antihistamine
- Nasal spray
- Eye drops

### Can breast feeding mothers take antihistamines for allergies?

Whilst many mothers prefer to take as few medicines as possible whilst they are breastfeeding, allergies may need to be treated urgently.

Most of the drugs to treat allergies are available to buy over the counter but the leaflets may say that they are not suitable to take whilst you are breastfeeding. This does not necessarily mean that they are dangerous, merely that the drug company has not undertaken trials itself and has chosen not to recommend its use in this situation. (See information sheet on Patient Information leaflets [www.breastfeedingnetwork.org.uk/dibm/patient%20info%20info%20leaflet.pdf](http://www.breastfeedingnetwork.org.uk/dibm/patient%20info%20info%20leaflet.pdf)).

For treatment of hayfever please see sheet "Hayfever and breastfeeding"  
[www.breastfeedingnetwork.org.uk/drugs-factsheets/](http://www.breastfeedingnetwork.org.uk/drugs-factsheets/)

### Nasal sprays

Some people have chronic allergies to things like dust mite or cat fur. Steroid nasal sprays can be very effected with virtually no passage into milk as they act only locally. (Jones 2018)

e.g. Beclometasone (Beconase®), Fluticasone (Flixonase® Pirinase®), Budesonide (Rhinocort®), Dexamethasone (Dexa-Rhinospray®), Mometasone (Nasonex®) Triamcinolone (Nasocort®).

Other products are designed to block the passage of pollen into the nose thus preventing the reaction e.g. Prevalin allergy®, NasalGuard Allergie Block® and similar own brand pharmacy products. These will not pass into breastmilk.

**To speak to a Breastfeeding Supporter call the National Breastfeeding Helpline 0300 100 0212**

Calls to 0300 numbers cost no more than calls to UK numbers starting 01 and 02 and will be part of any inclusive minutes that apply to your provider and call package

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## Tablets

Non-sedating antihistamines are the preferred choice for a breastfeeding mother:

- **Loratadine** (Clarityn®) (Powell 2007, Hilbert 1997),
- **Cetirizine** (Zirtek®, BecoAllergy®, Piriteze®, Benadryl®) reaches low levels in breastmilk and is recommended by the British Society for Allergy and Clinical Immunology (Powell 2007)
- **Fexofenadine** (Telfast®) is a newer antihistamine with similar low levels of transfer and no reports of adverse events (LactMed).
- **Acrivastin** (Benadryl relief®) can cause drowsiness in mother and baby (Lucas 1995). As there is less research it is the least favoured option in younger babies unless it is the only drug that the mother finds effective. In such a situation the baby should be observed for drowsiness.

Most multiple pharmacies make their own brands of these drugs. Many are both available as paediatric syrups to be given to children over 2 years.

Short courses of sedating antihistamines e.g. chlorpheniramine (Piriton®, Promethazine (Phenergan®) and Trimeprazine (Vallergan®) taken three times a day to control urticaria (nettle rash) or severe reaction to an insect bite are unlikely to cause significant drowsiness in the baby but are best avoided long term as use may cause the baby to become drowsy, miss feeds and fail to thrive (LactMed).

## Eye Drops

Eye drops also act only locally and can be used during lactation. e.g. sodium cromoglycate (Opticrom®) (Jones 2018)

## References

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- Powell RJ, Du Toit GL, Siddique N et al. BSACI guidelines for the management of chronic urticaria and angio-oedema. Clin Exp Allergy. 2007; 37:631-50.

**Bibliography;** British National Formulary

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