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Hayfever and breastfeeding

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Optimal treatment choice

- Non-sedating antihistamine
- Nasal spray
- Eye drops

Hay fever is an allergic reaction to pollen, typically when it comes into contact with your mouth, nose, eyes and throat. Pollen is a fine powder from plants. Allergies can also be caused by other substances e.g. dust, cat fur

Symptoms

- sneezing and coughing
- a runny or blocked nose
- itchy, red or watery eyes

Non drug treatments

Apply Vaseline around your nostrils to trap pollen, wear wraparound sunglasses to stop pollen getting into your eyes, shower and change your clothes after you've been outside to wash pollen off, stay indoors whenever possible, keep windows and doors shut as much as possible, vacuum regularly and dust with a damp cloth. Avoid cutting the grass or having flowers indoors. Some people find that eating local honey helps symptoms.

Can breast feeding mothers take antihistamines for Hayfever and other allergies?

Whilst many mothers prefer to take as few medicines as possible whilst they are breastfeeding, hayfever can make life particularly unpleasant during the summer months if left untreated. It is not necessary to stay indoors or suffer because you are breastfeeding if medication helps.

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

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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www.breastfeedingnetwork.org.uk/dibm/patient%20info%20leaflet.pdf). Technically pharmacists are within their rights to refuse to sell to a mother who they know is breastfeeding. Many GPs are asked not to prescribe antihistamines that are available, reasonably priced over the counter and are available from pharmacies, supermarkets and even garages.

Nasal sprays

Nasal sprays act locally and are unlikely to pass into breastmilk in significant quantities (Hale 2016). Corticosteroids may be used to block the allergic response locally 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.

Tablets

Non-sedating antihistamines such as **loratadine** (Claritin®) are the preferred oral antihistamines (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⁽⁴⁾. **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).

Oral decongestants such as pseudoephedrine and phenylephrine should be avoided as they can reduce milk supply (see cough and cold remedies information sheet).

Benadryl plus® contains an antihistamine with a decongestant and should be avoided as it may reduce milk supply.

Eye Drops

Eye drops also act only locally and can be used during lactation. e.g. sodium cromoglycate (Opticrom®) (Jones 2013)

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