

Treating Seasonal Allergies while Breastfeeding

The allergy season can last a long time in the Midwest, and allergies can impact a mother's ability to feel her best while taking care of her baby. Mothers who have allergies often have concerns about treating their allergy symptoms while breastfeeding. The two most common questions mothers ask are: Which allergy medications are considered safe to take, and, will a certain medication decrease my milk supply?

Most allergy medication are considered safe for use while breastfeeding and will not impact your milk supply. However, it helps to identify which allergy symptom you are trying to treat when you decide to take a medication. Whenever possible, treat the symptom locally (eye drops for your eyes, or nasal spray for your nose) versus taking a medication that may possibly enter your blood stream and your milk supply.

Pseudophedrine (brand name Sudafed) is a decongestant that decreases prolactin levels and is known to decrease milk supply. It is not known if other decongestants can decrease milk supply. High doses of sedating antihistamines have been reported by mothers to decrease milk production, but there is no scientific proof this occurs. Some allergy medications may have both an antihistamine and a decongestant in them. It is important to read the label of ingredients, or ask your pharmacist, if you do not know what is in the medication you are considering.

Nasal Drainage and Itchy Eyes

Nasal drainage and itchy eyes are two of the most common symptoms during allergy season. Both are caused by the body's response to allergens, specifically through the histamine response. Antihistamines are the medication of choice for these symptoms and are considered safe for your baby and your milk supply.

- Zyrtec (cetirizine) is the preferred antihistamine when breastfeeding. Other second-generation antihistamines are also considered safe, but do not have as much research to support their use. These include Allegra (fexofenadine), Claritin (loratidine), and Xyzal (levocetirizine).
- First generation antihistamines, like Benadryl (diphenhydramine), have effects beyond relieving allergy symptoms. They may decrease supply if used at high doses and for long periods of time. It may be best to avoid these antihistamines if possible.
- Antihistamines such as Zatador (ketotifen) are also available as eye drops, which are helpful for itchy, watery eyes.
- Another good option for nasal drainage is a saline nasal rinse like NeilMed Sinus Rinse. These rinses flush out allergens from the nasal passages. This helps to decrease the amount of drainage produced.

MilkWorks



Community
Breastfeeding
Center

5930 S. 58th Street
(in the Trade Center)
Lincoln, NE 68516
(402) 423-6402

10818 Elm Street
Rockbrook Village
Omaha, NE 68144
(402) 502-0617

For additional
information:
www.milkworks.org

Sinus Pressure and Congestion

Sinus pressure and congestion are two other symptoms often experienced during allergy season.

- **Sudafed** (pseudoephedrine) can decrease milk supply and **should be avoided** if possible. It is not known whether Sudafed PE (phenylephrine) can decrease milk supply, but it may be wise to avoid taking this medication if possible.
- Afrin (oxymetazoline) nasal spray is a nasal decongestant that can be used safely while breastfeeding. Afrin is poorly absorbed from the nasal passages, so it doesn't have the same effect on supply that decongestants taken by mouth can have. However, Afrin should not be used for more than three days in a row because it can cause rebound congestion.
- Flonase and Nasacort (available over the counter or by prescription) are both steroid nasal sprays that can help with sinus pressure and congestion. They are considered safe for supply and baby, but may take several days to a week to fully work. Some people prefer Nasacort because it has less "taste."
- Two additional nasal sprays are Atrovent (prescription only) and Cromolyn (over the counter). Both are considered safe for baby and supply, however, they are carried by fewer pharmacies.

Headaches

Headaches can occur during allergy season due to allergies themselves or changes in the weather.

- Tylenol (acetaminophen) is considered safe for baby and milk supply and may help mild to moderate headaches.
- Motrin (ibuprofen) may help more significant headaches since it relieves both pain and inflammation. Motrin is one of the preferred anti-inflammatory medications when breastfeeding because it is metabolized quite quickly and does not stay in a mother's milk long.

The information above was prepared with the guidance of Leslie Southard, Pharm.D., a registered pharmacist and certified lactation counselor (CLC) in Omaha. For additional information on the use of medications while breastfeeding, visit Dr. Southard's web site at www.thelactationpharmacist.com.

Information on other medications may be available at <https://toxnet.nlm.nih.gov/>. Click on LACTMED on the left side of the screen. Enter the name of the medication, and you will be given the information available. If a medication is not listed, there is no research available.

You may also call Dr. Tom Hale's Infant Risk Center at 1-806-352-2519 for information from his book *Medications and Mother's Milk*.

Reviewed: copyright April 2019