Rhinitis and Pregnancy

Chronic nasal symptoms occur commonly in pregnant women, adding to the array of health care concerns during this exciting (yet intimidating) time of life. Some studies indicate that substantial symptoms of rhinitis occur in 30 percent of all pregnant women.

**Rhinitis of Pregnancy** - pregnancy-associated hormones have been linked to swelling of the mucosal lining of the nose. These hormones may also indirectly affect the nose through their effect on blood volume during pregnancy. Circulating blood volume increases to 40 percent above non-pregnant levels, which may lead to increased nasal airway resistance during pregnancy.

Non-specific post-nasal drainage is post nasal drainage with clear or white mucus. Nasal congestion in this condition is not a major symptom. If neither allergy nor infection can be documented it may be directly related to the gestational hormone effects on nasal mucosa. In **vasomotor rhinitis** congestion is prominent (especially alternating nostril congestion), and possibly related to the nasal vascular effects of pregnancy. Both of these conditions usually improve substantially after the birth of the baby.

**Allergic rhinitis**, characterized by sneezing, runny nose, nasal itching, and perhaps eye itching, is probably the most common overall cause of gestational nasal symptoms. While allergic rhinitis may occur for the first time during pregnancy it usually has occurred previously. It may be seasonal and is frequently triggered by allergens such as cigarette smoke, house dust, grass, and animals.

Avoidance of any known allergen is especially important during pregnancy. In particular, avoidance of cigarette smoke is significant, not only because of the potential adverse effects on the baby, but because of the effects of smoking on chronic rhinitis/sinusitis. If a patient has been taking allergy injections, these should be continued during pregnancy. A slightly lower maintenance dose may be prescribed to decrease the chance of a systemic reaction. Immunotherapy should not, however, be started during pregnancy.

**Rhinitis medicamentosa** is congestion that is brought on by inappropriate use of over the counter vasoconstricting nose sprays like Afrin, Neo-Synephrine and others. Especially during pregnancy, use of any over-the-counter medication should be approved by your physician.

**Bacterial rhinosinusitis** is an infection of the sinuses. It may follow an upper respiratory infection and seems to occur with increased frequency during pregnancy, is accompanied by sinus pain, post nasal drainage, and a purulent discharge.
Treatment

In treating rhinitis in a pregnant patient every attempt should be made to use as little medication as possible. Before medication is suggested, non-medical solutions should be tried. For example, a buffered saline nasal spray may be useful for the dryness, bleeding, and vascular congestion associated with rhinitis during pregnancy. Patients with prominent post-nasal drip during pregnancy may benefit from twice daily nasal saline lavage / irrigation. Several studies support the use of nasal saline lavage with 1ml of buffered saline twice daily for one month!

The avoidance of allergens and non-specific irritants (cigarette smoke, aerosols, alcohol, temperature changes) cannot be stressed enough as a valuable approach to rhinitis symptoms.

Medications should be considered for symptoms which remain uncontrolled by non-pharmacologic measures and which cause substantial maternal discomfort. When alternative medications exist for the treatment of rhinitis the medication choice should be based on consideration of the safety information available for the various medications as well as on the comparative effectiveness of the alternative medication. The patient should be fully informed of the benefits, risks, and alternatives of any medication prescribed.

I encourage all of my allergy patients to notify me when they become pregnant. If problems do arise we can jointly devise a treatment program so that - optimally - rhinitis does not cause distressing physical symptoms during pregnancy.

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