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SPECIALIZING IN THE EVALUATION
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ALLERGIES AND ASTHMA
IN ADULTS AND CHILDREN

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PREGNANCY AND ITS AFFECTS ON ASTHMA & ALLERGIES

Pregnancy and its associated hormonal changes may affect either your asthma or rhinitis, or both. **Should you become pregnant please notify your OAAC physician as soon as possible.** This will allow us to work closely with the physician providing your obstetrical care. **A multiple disciplinary approach to the assessment and care of the pregnant allergic patient will result in the best care for your condition.**

Remember, the final decisions on your medications and treatments are always made by the physician providing the obstetrical care. However, your OAAC physician should follow your asthma closely during the pregnancy. We can provide advice about continuation or discontinuation of treatments you are already on for your allergy/asthma prior to the pregnancy.

◆ ALLERGY IMMUNOTHERAPY (SHOTS)

There is no reason to discontinue immunotherapy during pregnancy.

It does not pose a risk to the development of your baby. However, we do not want to present an increased risk for systemic reaction during the pregnancy.

Therefore all immunotherapy during a pregnancy must be at a stable or maintenance dose. We do not build or increase the dose of your shots during pregnancy because the majority of shot reactions at the Oklahoma Allergy & Asthma Clinic occur during the build-up phase of treatment (69-70%)

◆ RHINITIS (NASAL SYMPTOMS)

Your nasal allergy symptoms may improve (15%), worsen (34%) or stay unchanged (46%) during your pregnancy. Some patients develop unrelated non-allergic nasal congestion (rhinitis of pregnancy) during the second half of their pregnancy. **If you are having problems please contact your OAAC physician.**

Many medications are not allowed during pregnancy. Some treatments are safer than others. Non-medical approaches like saline nasal rinses and external nasal dilator strips are very safe. The most recent position paper from ACOG (American College of Obstetrics & Gynecology) and the ACAAI (American College of Allergy, Asthma & Immunology) stated that chlorpheniramine and tripelemnamine were considered the antihistamines of choice during pregnancy based upon duration of action, availability, and reassuring animal and human studies. Please check with your obstetrical physician as well as your allergist before adding or changing medications for your rhinitis.

◆ ASTHMA

Asthma symptoms during pregnancy appear to worsen, improve or remain unchanged in roughly equal proportions (1/3, 1/3, 1/3). This means that some patients with even very mild asthma may develop more severe symptoms when pregnant. The period of greatest increased incidents of increased symptoms is the third trimester (24-36 weeks).

Since the well-being of the baby depends on the severity of the asthma close monitoring is necessary. We want to work with your obstetrical physician to maintain your asthma control with the least amount of medications possible. **However, because uncontrolled asthma presents the greatest risk to the baby (versus drug side effects) it is imperative not to discontinue or change your asthma medications without the consultation of your OAAC physician.**