

Sinusitis

Information for women who have sinusitis during pregnancy or breastfeeding

The information provided below is for readers based in the United States of America. Readers outside of the United States of America should seek the information from local sources.

What is sinusitis?

Sometimes known as rhinosinusitis (inflammation of the nasal cavity and sinuses), sinusitis is inflammation or infection of one or more sinuses, which are spaces inside the bones of the skull. Sinusitis can be acute, meaning with intense symptoms that develop rapidly over hours to days, or chronic, meaning ongoing, with symptoms being mild to moderate and coming and going over a long period. Sinusitis is usually the result of infection, which can be viral (caused by a virus such as the kind of virus that causes the [common cold](#)) or bacterial (caused by infection with bacteria).

How common is sinusitis in pregnancy?

Rhinitis from the common cold, often with sinusitis symptoms, occurs in 20 - 40 percent of women of childbearing age. 10-30 percent of women with colds during pregnancy develop acute sinusitis, while others may suffer chronic sinusitis during pregnancy. Additionally, the hormonal changes of pregnancy can worsen sinusitis or trigger a non-infectious kind of sinusitis.

How is sinusitis diagnosed?

Often sinusitis is a clinical diagnosis, meaning that the diagnosis is based on your history and physical examination, during which your physician looks for symptoms such as runny or stuffed nose, red or irritated eyes, sneezing, and [headache](#). [Fever](#) is also very common and can be the result of the cold itself or the sinusitis. The pain of sinusitis usually worsens when you lean forward, which is something that the doctor will ask you to do on the physical exam, plus the doctor may shine a light on your sinuses to see how much light shows through them. To obtain more information, blood tests and imaging, such as computed tomography (CT), may be ordered.

Does sinusitis cause problems during pregnancy?

Sinusitis can cause problems, especially if its acute bacterial sinusitis. Any type of sinusitis can give you very bad headaches, and dripping in the back of your throat (postnasal drip) can make you [cough](#), which interferes with sleep. However, acute bacterial sinusitis causes high fever in many cases, which can make you more uncomfortable and lead to dehydration.

Does sinusitis during pregnancy cause problems for the baby?

Maternal sinusitis with high fever increases the risk of birth defects involving the heart and other organs. A study has suggested that maternal fever may possibly put the baby at risk of developing autism spectrum disorder.

What to consider about taking medications when you are pregnant:

- The risks to yourself and your baby if you do not treat the sinusitis
- The risks and benefits of each medication you use when you are pregnant
- The risks and benefits of each medication you use when you are breastfeeding

What should I know about using medication to treat sinusitis during pregnancy?

Treatment of viral sinusitis requires no more than cold medications, such as oral [decongestants](#) and fever medication. Fever medicine includes [acetaminophen](#) in the United States and [paracetamol](#) in many other countries. Non-steroidal anti-inflammatory drugs ([NSAIDs](#)), such as [ibuprofen](#) and [naproxen](#) work well against both the fever and inflammation of sinusitis, as does a related group of drugs called salicylates, the most well-known one being [aspirin](#). NSAIDs and salicylates may be harmful to the developing baby, especially late in pregnancy, but paracetamol and acetaminophen are considered safe. Other options include antihistamines for sinusitis related to allergic rhinitis and intranasal (nasal spray) steroids which are useful for chronic sinusitis.

If you develop bacterial sinusitis, you may require antibiotics, which can include penicillin, [amoxicillin](#), [azithromycin](#) or clarithromycin. Amoxicillin, [clindamycin](#), and several other antibiotics are thought to be safe during pregnancy.

Who should NOT stop taking medication for sinusitis in pregnancy?

If you need acetaminophen or paracetamol to combat fever during pregnancy, you should not stop taking the medication, because fever could be harmful to the baby. If your physician prescribes an antibiotic for acute bacterial sinusitis, you should not stop the treatment until it is complete, unless your doctor switches you to a different antibiotic because you do not react well to the first antibiotic

that is offered to you.

What should I know about choosing a medication for sinusitis in pregnancy?

You may find Pregistrys expert reports about the individual medications to treat sinusitis [here](#).

Additional information can also be found in the sources listed at the end of this report.

What should I know about taking a medication for sinusitis when I am breastfeeding?

Some medications, including some antibiotics, may enter breast milk in large enough quantities to affect a nursing infant, while others do not. NSAIDs, acetaminophen, paracetamol, certain antibiotics, and steroids are thought to be relatively safe in mothers who breastfeed.

What alternative therapies exist besides medications to treat sinusitis during pregnancy?

You may find that using a nasal rinse of salt water from a neti pot or nasal spray helps your sinuses to heal and flushes some of the irritants out. If the salt water is warm it may also be soothing.

Surgical treatments, including removal of nasal polyps can be helpful. Usually, such surgery is delayed until after pregnancy.

What can I do for myself and my baby when I have sinusitis during pregnancy?

Follow the instructions of your physician, and be assured that this is a treatable, easily managed condition.

Resources for sinusitis during pregnancy:

For more information about **sinusitis** during pregnancy, contact <http://www.womenshealth.gov/> (800-994-9662 [TDD: 888-220-5446]) or read the following articles:

- Healthline: [Sinus Infection While Pregnant](#)
- American Academy of Otolaryngology: [What is Sinusitis](#)

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General information

It is very common for women to worry about having a miscarriage or giving birth to a child with a birth defect while they are pregnant. Many decisions that women make about their health during pregnancy are made with these concerns in mind.

For many women these concerns are very real. As many as 1 in 5 pregnancies end in a miscarriage, and 1 in 33 babies are born with a birth defect. These rates are considered the background population risk, which means they do not take into consideration anything about the health of the mom, the medications she is taking, or the family history of the mom or the baby's dad. A number of different things can increase these risks, including taking certain medications during pregnancy.

It is known that most medications, including over-the-counter medications, taken during pregnancy do get passed on to the baby. Fortunately, most medicines are not harmful to the baby and can be safely taken during pregnancy. But there are some that are known to be harmful to a baby's normal development and growth, especially when they are taken during certain times of the pregnancy. Because of this, it is important to talk with your doctor or midwife about any medications you are taking, ideally before you even try to get pregnant.

If a doctor other than the one caring for your pregnancy recommends that you start a new medicine while you are pregnant, it is important that you let them know you are pregnant.

If you do need to take a new medication while pregnant, it is important to discuss the possible risks the medicine may pose on your pregnancy with your doctor or midwife. They can help you understand the benefits and the risks of taking the medicine.

Ultimately, the decision to start, stop, or change medications during pregnancy is up to you to make, along with input from your doctor or midwife. If you do take medications during pregnancy, be sure to keep track of all the medications you are taking.