Asthma and pregnancy

Written by
Caron Jack and Prof Gill Ainslie (2008)
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Based on an original by Dr John O'Brien

NATIONAL ASTHMA EDUCATION PROGRAMME

naepr@netactive.co.za

www.asthmasa.org

SOUTH AFRICAN THORACIC SOCIETY

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Asthma can be a serious disease, but if you understand the disease and take the right medication to control it, you should have no problems or symptoms due to your asthma, even when you are pregnant. To be free from asthma attacks, you should also check your lung function and use an action plan if any symptoms occur.

The pregnant woman with asthma may have concerns about her asthma as well as her medications. All commonly used medications for asthma treatment are safe in pregnancy. Women must be careful to control their asthma well and not avoid medication for fear of effects on the baby. Poorly controlled asthma is a much greater risk to your unborn child than asthma medication.

How will pregnancy affect my asthma?

Asthmatics who become pregnant can fnd their asthma severity staying the same, improving (about 23%) or deteriorating (about 30%). Severe asthma is more likely to deteriorate. Women who have asthmatic symptoms around the time of their periods are more likely to have deteriorating asthma during pregnancy. The course of asthma is similar in successive pregnancies.

The control of asthma may also vary according to the stage of pregnancy. Worsening of asthma is more likely to occur in the second and third trimesters, especially around the sixth month. With good medication and monitoring one should achieve good control of asthma during pregnancy. During pregnancy, exacerbations of asthma which require medical intervention occur in about 10-20% of women, with approximately 6% requiring admission to hospital.

Women who are pregnant often feel short of breath, and this can be diffcult to differentiate from asthma. If you are asthmatic and are feeling short of breath, you need to see your doctor.

How will asthma affect my pregnancy?

Well controlled asthma should have no effect on your pregnancy. The only effects on pregnancy have been shown in poorly controlled asthmatics. These women may give birth to preterm or low birth weight infants. Because of this it is very important to control asthma well during pregnancy and particularly to avoid severe attacks.

How will asthma drugs affect my baby?

There is no need to be concerned that asthma medication will have any effect on the baby. Numerous studies have shown these medications to be quite safe. The currently used asthma medications include relievers, oral theophylline and controllers, i.e. inhaled corticosteroids.

These are all safe in pregnancy. Because it has the most published reassuring human pregnancy safety data, budesonide is considered the inhaled corticosteroid of choice for asthma during pregnancy. However, there is no evidence that other inhaled corticosteroid preparations are unsafe. Therefore inhaled corticosteroids other than budesonide can be continued in patients whose symptoms were well controlled by these agents before pregnancy, especially if it is thought that changing formulations might jeopardise asthma control.

In addition, over recent years there has been an increase in use of the inhaled long-acting bronchodilators. All of these medications, including the combination inhaled corticosteroids and long-acting bronchodilators can be taken safely in pregnancy and if required should be prescribed in adequate doses. Although oral corticosteroids have been associated with possible increased risks during pregnancy (oral clefts, prematurity and lower birth weight), they should be used if needed because these risks are less than the potential risks of severe uncontrolled asthma. Some of the newer asthma preparations e.g. the Leukotriene antagonists have not been adequately studied to be recommended in pregnancy. (See "Asthma medicines and how they work")

How should I control and monitor my asthma during pregnancy?

The principles of asthma treatment are unchanged in pregnancy. The important thing to remember is that in asthma, there is infammation and swelling in the airways. Therefore an anti-infammatory controller medication will be needed to control the swelling and prevent asthma attacks. The most effective of these are the inhaled steroid preparations. These are very safe in pregnancy and have been shown to prevent asthma attacks in pregnancy.

Most problems arise in pregnancy because patients have unnecessary fears about their medications and stop taking them. If you are using an inhaled controller medication, continue to do so during your pregnancy and use reliever medications when necessary. If you need to use your reliever more frequently, this means your asthma is out of control and you need to see your doctor. Your doctor might review your technique, give you an action plan, assess whether you are taking your medications regularly and if necessary will increase your controller treatment. (See "Keeping asthma under control")

Because of the changes during pregnancy it is important to monitor your asthma. This should be done with morning and evening peak fow readings which are recorded and discussed with your doctor. He/she will discuss with you an action plan as how to modify your asthma medication should you have increased symptoms or a deteriorating peak fow reading. Remember that poor control of asthma is of much more concern than the use of asthma medications.

Will asthma interfere with labour?

Asthma medicines used at recommended doses do not interfere with labour. Well controlled asthma will not limit your choice of pain control or method of delivery. If asthma is poorly controlled, diffculty with labour may be felt.

Need I be concerned about asthma attacks during or after delivery?

Acute asthma attacks are very rare during delivery. After delivery of the baby there are a number of body changes taking place and this is an "at risk" period for asthma attacks. However, like with other risk factors in asthma attacks, good asthma control before delivery will cut down this risk. It is important to continue around the time of delivery and not to skip any doses.

Is it safe to breastfeed if I am using medication for my asthma?

Yes. The commonly used asthma medications are quite safe for breast feeding. Less than 0.1% of oral steroids are excreted in breast milk. The oral theophyllines do, however, pass into the breast milk and may cause irritability and gastro-intestinal upset in the baby, and should be avoided if possible. Breast feeding is the healthiest feeding option for your child, and breastfed babies may even have less allergies and asthma than bottle fed babies!

Is my baby at high risk of developing asthma or allergy? If so, is there anything I can do to prevent this?

The tendency towards allergic response (or atopy) is inherited and children of allergic parents are more likely to develop an allergy. The most important factor to avoid is cigarette smoke either during pregnancy or exposure of the baby to cigarette smoke after it is born. (See "Risk factors for asthma and triggers for asthma attacks")

Conclusion

While the control of asthma can vary during pregnancy, the vast majority of asthmatics should have a normal pregnancy and a normal, healthy infant.

It is much more dangerous to avoid asthma medication and run the risk of poor asthma control than to take asthma medication regularly as required and as prescribed.

Because of the changes in a woman's body during pregnancy, monitoring of your asthma with a peak fow meter may be recommended and, if your asthma starts getting out of control, you need to see your doctor and make the necessary changes to your medication plan.

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