Melbourne Respiratory & Sleep Services

9459 0555 9455 0786
reception@mrss1.com.au
www.melbourne respiratoryandsleep.com.au
226 Burgundy Street Heidelberg VIC 3084

# ASTHMA AND PREGNANCY

Asthma is common in the community and may occur during pregnancy. This is a time in your life when you will be especially concerned about the best way to manage your asthma. It is usual to have many questions regarding your asthma, its treatment and possible effects on your pregnancy and baby. Here are some answers to questions you may have.

## Will Being Pregnant Affect the Severity of my Asthma?

You may notice a reduction of symptoms of asthma during pregnancy. In general one third of women improve, one third remain stable and one third experience some worsening of their asthma. As your baby grows and the womb enlarges you may notice some increased breathlessness. This is common as even non-asthmatic mothers experience some discomfort during the last three months of pregnancy due to the enlarging womb restricting movement of the diaphragm. After your baby is born your asthma is likely to be unchanged or improve. Only the occasional asthmatic woman finds that her symptoms get worse after her baby is born.

## How Will Being Asthmatic Effect My Baby?

If your asthma is well controlled during pregnancy you will have no reason to expect any increase in complications such as prematurity, jaundice or malformations compared to a non asthmatic woman. Very severe asthmatics who need continuous corticosteroid tables may have a slightly increased incidence of high blood pressure and fluid retention. Your baby may also have a low blood sugar level temporarily after birth. You may wish to discuss this further with your doctor.

## Are Drugs Used to Treat Asthma Safe in Pregnancy?

Good control of asthma during pregnancy is important. Low levels of oxygen in the blood caused by poorly controlled asthma can be dangerous to both mother and child. Normal preventive asthma drugs e.g. inhaled steroid or cromoglycate should never be stopped in pregnancy without the advice of your asthma doctor. It is natural to be concerned about the many drugs used in the treatment of asthma and particularly whether they are safe to use while you are pregnant. Fortunately there are few problems with drugs used to treat asthma. Ventolin™, Respolin™ and Bricanyl™ are the most commonly used drugs in asthma and are known to be very safe throughout pregnancy. There is a theoretical risk that these drugs can delay the onset of labour if taken by mouth but this does not occur when they are inhaled using metered dose inhalers (puffers), Turbuhaler or by using an asthma pump. Ask your doctor if you are concerned about this. Theophylline drugs such as Theodur™ and Nuelin™ may aggravate the nausea and reflux experienced by some women during pregnancy but they have not been shown to be harmful to the baby. However it is important to have the blood theophylline level measured from time to time as the concentration of this drug in the blood may change during pregnancy. Inhaled corticosteroid drugs such as Aldecin™, Becotide™, Pulmicort™ and Becloforte™ are safe in pregnancy. As at any other time it may be necessary during pregnancy to take corticosteroid drugs such as Prednisolone™ by mouth. They have been found to be safe in pregnancy for both mother and baby.

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## Will Being an Asthmatic Affect my Labour and Delivery?

No special extra drugs are required to induce labour because of asthma. Emergency caesarean sections are not performed more commonly in asthmatic women. Where such procedures are performed, they will be performed for similar reasons as in a non asthmatic mother. It is, however, possible that women with very severe asthma may be advised to undergo elective caesarean section at a time when their asthma control is good. If you fall into this group your doctor will discuss this with you. Symptoms of asthma in labour are generally easily controlled. Acute attacks of asthma in labour are rare.

## Will I Be Able to Breastfeed My Child?

If you are breast feeding you may be concerned that your asthma medicines will be passed in the breast milk to your baby. Small amounts of some drugs used to treat asthma are passed in this way but these are not known to be harmful to the baby. However, you should avoid tetracycline antibiotics and iodine containing mixtures. Once again, consult your doctor if in doubt.

## Will My Baby Develop Asthma?

The cause of asthma is not known. However the chances of developing asthma are slightly increased if a parent or other family member is an asthma sufferer. Similarly hayfever and eczema are also more likely to occur in families with a history of asthma. Encouraging research now suggests that continuous breast feeding for eighteen months or more, a diet high in oily fish, living in a non-smoking house, and reduction in exposure to house dust mite all help to reduce your baby's chances of developing asthma.

## Summary

Untreated and poorly treated asthma in pregnancy can be dangerous to mother and child, hence good control of asthma during pregnancy is vital. The common drugs used to maintain good control of asthma are generally free of side-effects and certainly pose less risk to the mother and baby than a bad attack of asthma. Well controlled asthma should have little effect on pregnancy, labour or breastfeeding. As with asthma at any age, it is important to take your medication as prescribed and follow your own asthma action plan. Your asthma doctor can provide you with such an asthma management plan.

**Please Note:** This information is intended by The Australian Lung Foundation to be used as a guide only and is not an authoritative statement. Please consult your family doctor or specialist respiratory physician if you have further questions relating to the information provided here.