



# Respiratory Care WA

Asthma | COPD | Respiratory Health



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## Pregnancy and Asthma

This information sheet is a guide for pregnant and lactating women who have asthma, providing information on medications, self-help measures and the importance of having an action plan.

### Important Information

- It is important to continue to take asthma medication while you are pregnant;
- An action plan should be discussed with your doctor; and
- Breastfeeding is safe while using asthma medication.

Whether a person is pregnant or not, the treatment for asthma is essentially the same. The treatment aims to control asthma and prevent asthma flare-ups. Asthma flare-ups occur when sensitive airways come into contact with a “trigger factor”. The airways become inflamed (red and sore) and narrow caused by swelling of the lining of the airways, excess mucus production and muscle spasms in the walls of the airways.

### Asthma and Pregnancy

Well controlled asthma should have little effect on pregnancy, labour or breastfeeding. Asthma may improve, worsen or remain unchanged during pregnancy, but for most women symptoms tend to improve during the last trimester of the pregnancy. As the baby grows and the uterus enlarges, some may experience increased breathlessness. Even mothers who do not have asthma experience this because movement of the diaphragm becomes restricted. An Asthma Action plan is important, and this should be reviewed regularly throughout pregnancy. The obstetrician needs to be advised if a patient is taking oral cortisone.

For those women who have severe or unstable asthma despite best asthma management, their action plan should include a plan for the conduct of labour, including anaesthetic options. This should be arranged in consultation between mother, obstetrician and specialist. Asthma that is not controlled is associated with slightly increased numbers of low-birth-weight babies and pre-term deliveries.

### Medications

By reducing maternal inflammation and preventing exacerbations, asthma treatment is safe for use in pregnant women and contributes to improved outcomes for both the mother and her growing baby. Asthma medications play an important role in controlling maternal asthma exacerbations and reducing inflammation during pregnancy.



## Pregnancy and Asthma

### Labour

Asthma medication does not delay or lengthen the time taken for labour or delivery. Women with well controlled asthma have the same choice of pain relief during labour, and complications occur at the same rate as women without asthma. Asthma flare-ups during labour are very rare, but if they do occur, they are treated exactly the same as an asthma flare-up in a non-pregnant person. The risk to the baby of uncontrolled asthma is a far greater concern than any risks from the medication used to treat it.

Uncontrolled asthma is a far greater concern to the baby than any risks from the medication used to treat it.

### Self-Help

- **Smoking:** Help avoid asthma flare-ups in pregnancy by not smoking. Smoking restricts the baby's growth causing reduced birth weight. It is associated with a higher rate of foetal death, stillbirth and Sudden Infant Death Syndrome (SIDS). Babies of smokers are more likely to suffer from asthma and respiratory infections than those of non-smokers.
- **Peak Flow Monitoring:** Peak flow monitoring can be helpful during pregnancy as it allows measurement of changes in lung function. Peak flows may decrease late in pregnancy which is normal due to the enlarged uterus and smaller space for the lungs to expand. By measuring your lung function, changes can be easily seen and, with an asthma action plan, medication may easily and quickly be changed to ensure asthma is under control.
- **Exercise:** Remember moderate levels of low impact exercise eg walking and swimming can be helpful during pregnancy.

### Breastfeeding

Breastfeeding is safe with asthma medications. Other drugs including some antibiotics and over the counter medications are not always safe. Always check with your doctor or pharmacist.