



Understanding Asthma: Pregnancy Facts

- Asthma affects almost 7 percent of pregnant women.
- The disease can cause complications for both mother and child if not properly controlled during pregnancy.
- Asthma complications for an expectant mother may include high blood pressure and preeclampsia. Preeclampsia is a disorder that occurs when high blood pressure is accompanied by fluid retention and leaking of protein into the mother's urine. It can potentially damage her kidneys, brain, liver and eyes. If the condition results in seizures, it can be deadly for both the mother and baby.
- Risks of uncontrolled asthma for the baby include premature birth, low birth weight, slow growth and stillbirth.
- During pregnancy, asthma or asthma episodes will become worse for an estimated one-third of pregnant women, particularly women who have severe asthma. One-third will experience an improvement in their condition and another third will experience no change in the disease. Worsening is likely to occur during 24 to 36 weeks of pregnancy, and asthma severity will usually return to how it was before the pregnancy within three months of the baby's birth.
- Only one out of every 10 asthma patients experiences asthma symptoms during labor and delivery.
- Excellent medications are available for treating asthma and other allergic diseases, and although no medication can be proven entirely safe for use during pregnancy, the potential risks of the medications are lower than the risks of uncontrolled asthma.
- Inhaled asthma medications are generally preferred since they have a more localized effect with only small amounts entering the bloodstream.
- Time-tested older asthma medications are often recommended since there is more experience with their use during pregnancy.
- Medication use is limited as much as possible during the first trimester when the baby is developing the most, although birth defects due to medications are rare, causing no more than 1 percent of all birth defects.
- Medications that can be used during pregnancy also are considered safe during labor, delivery and when nursing.
- A nursing mother can lower the concentration of a medication in breast milk by taking medication 15 minutes after nursing or three or four hours before a baby's feeding.
- If an asthma patient is currently receiving allergen immunotherapy (allergy shots) for the treatment of asthma and allergies, it can be carefully continued during pregnancy. Immunotherapy should not be initiated during a pregnancy.
- All asthma patients should discuss the use of asthma and allergy medication during pregnancy with their doctor.