

## Asthma in Pregnancy and Breastfeeding

MotherSafe - Royal Hospital for Women

Updated March 2022

*Information in this leaflet is general in nature and should not take the place of advice from your healthcare provider. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect. Breastmilk provides optimum nutrition for babies and conveys many additional health benefits to mother and baby.*

### **What is asthma?**

Asthma is a common condition that causes inflammation and narrowing of the airways. It is difficult to predict the course of asthma when a woman becomes pregnant - about one third of women who already have asthma have worsening of symptoms, one third of women will improve and one third will remain unchanged.<sup>1</sup>

### **Issues for pregnancy- Why treat?**

Untreated or poorly controlled asthma in pregnancy can be serious for both mother and baby. For the mother, it can be dangerous as it may result in difficulty breathing. Severe asthma can be life threatening. Furthermore, if a pregnant woman has poorly controlled asthma, she is at increased risk of pregnancy complications such as preeclampsia (a serious condition of pregnancy associated with high blood pressure), problems with the placenta and abnormal bleeding. Her unborn baby may not receive enough oxygen and will be at increased risk of poor growth and prematurity.<sup>1,2</sup>

If asthma is well controlled, harmful effects are no more likely in the pregnancy for mother or baby than for non-asthmatics.

It is also important that women with asthma have the flu vaccine and COVID-19 vaccination when they are pregnant or trying to conceive as they are at increased risk of complications of influenza and other respiratory infections. **Further information regarding the flu vaccine and COVID-19 vaccination in pregnancy can be viewed in the MotherSafe factsheets - Influenza Vaccination in Pregnancy and Breastfeeding and COVID-19 Vaccines in Pregnancy and Breastfeeding.**

### **Medicines recommended**

Asthma medications either open the airways (relievers such as salbutamol) or are preventers that reduce inflammation (corticosteroids) or are combination treatments. It is preferable to review treatment while planning pregnancy so that asthma is well controlled from the beginning of pregnancy.<sup>1</sup> Most asthma medications are acceptable and would not need to be changed when planning a pregnancy.

Usually asthma medication is inhaled and only small amounts of the medication are expected to reach the mother's bloodstream and cross the placenta to her unborn baby. **Therefore when pregnant, it is generally recommended to continue to use usual asthma treatment.**<sup>1</sup> Changing or stopping medication can potentially lead to more frequent or severe asthma attacks which could be harmful to both the mother and her unborn baby.

If treatment for asthma needs to be started while pregnant, most asthma inhalers would be acceptable to use. However, very new medications would not yet be evaluated for effects in pregnancy so would not be recommended as 1<sup>st</sup> line treatment. If uncertain, please ring MotherSafe for advice.

Oral corticosteroid medication (such as prednisolone) is often used short-term to treat more severe asthma. It would not be anticipated to have harmful effects at any stage of the pregnancy, despite some concerns about long-term use possibly being associated with low birth weight. If oral medications are required, it would be dangerous for both mother and baby to avoid treatment.

Since asthma can change during pregnancy, it is important to monitor asthma control regularly during pregnancy with a GP.<sup>1</sup> Waiting until symptoms have already developed may be harmful for both the pregnant woman and her unborn baby. It is important to have an Asthma Action Plan.

## **Breastfeeding**

Asthma medication in general, is considered compatible with breastfeeding.<sup>1</sup> Inhaled medications would result in only very small levels in breastmilk that would be too low to have an effect on a breastfed baby. Similarly, short term use of oral prednisolone is not expected to have any effects on a breastfed baby.<sup>3</sup>

**Seek immediate medical attention if you are concerned about your symptoms or if these strategies do not help**

**Ask your midwife, doctor or pharmacist for the brand names of these medicines**

## **References**

1. National Asthma Council. Australian Asthma Handbook Version 2.1: Asthma in pregnant women. Available at <https://www.astmahandbook.org.au/populations/pregnant-women> Accessed December 2021
2. Bonham CA, Patterson KC, Strek ME. Asthma Outcomes and Management During Pregnancy. Chest. 2018 Feb; 153(2):515-527
3. Lactmed; Drug and Lactation Database. Prednisolone. National Library of Medicine. December 2021. Available at <https://www.ncbi.nlm.nih.gov/books/NBK501076/> Accessed March 2022



*NSW Medications in Pregnancy &  
Breastfeeding Service*

*For more information call MotherSafe: NSW Medications in Pregnancy and Breastfeeding Service on 9382 6539 (Sydney Metropolitan Area) or 1800 647 848 (Non-Metropolitan Area) Monday -Friday 9am-5pm (excluding public holidays)*